Community-Campus Partnerships for Health
Board Meeting Minutes
May 4 – 5, 2001 ~ San Antonio, TX

Members present: Monte Roulier, Paul Freyder, Cheryl Maurana, Hilda Heady, Renee Bayer, Terri Kluzik, April Vestal, Mindy Nierenberg, Diane Downing, Ella Greene-Moton, Douglas Simmons, and Vickie Ybarra.

Members not present: Deborah Archer, and Elmer Freeman

Staff present: Sarena Seifer, Piper Krauel, Roselinda Coroneos

Minutes taken by Roselinda Coroneos.

Board and Committee Leadership

Topic: Transfer of leadership
Discussion: At this meeting, the following leadership transitions took place:

- Terri Kluzik is new board chair (taking over from Gretchen Kinder)
- Tom O'Toole is new chair-elect (taking over from Terri Kluzik)
- Douglas Simmons is new secretary/treasurer and chair, financial planning committee (taking over from Elmer Freeman).
- Hilda Heady is completing her board term with this meeting.

The board presented a leadership award in recognition of her valuable contributions to CCPH. A similar award is being mailed to Gretchen, who is also leaving the board and was not at the meeting. "The string that binds us" from CCPH's first board meeting, was passed along from Gretchen to Terri (our tradition is to pass this along from board chair to board chair each year).

Topic: Board member committee assignments
Action:

- Diane Downing will serve on the financial planning committee and the advocacy and policy committee.
- Ella Greene-Moton will serve on the advocacy and policy committee, and the staff-level membership development committee.
- Mindy Nierenberg and April Vestal will serve on the board development committee.
- Hilda Heady volunteered to serve on the new membership committee.

Financial Planning

Topic: Financial planning: our fiscal health
Discussion: Douglas Simmons explained the role of the financial planning committee, expectations and responsibilities. The group discussed the financial statement and budget handouts. A question arose about how to distinguish and document cash and in-kind board contributions. Some organizations document volunteer hours and convert them to a dollar value.
Action:

- The board unanimously approved the 2000 year-end financial statements. Douglas made the motion and Renee seconded.

- All board members will mail in their reimbursement forms and use the form to document in-kind contributions. (Please refer to the reimbursement form and travel policy that was included in the board mailing prior to this meeting).
- The financial planning committee will propose a process for documenting and tracking cash and in-kind board contributions to CCPH. This is to encourage board members to continue making such contributions and to summarize for the board to track and for funding agencies to see the level of board member commitment.

Policy Development and Advocacy

Topic: Policy development and advocacy
Please refer to enclosed handout distributed by Tom O'Toole at the board meeting
Discussion: The group discussion raised several points:

- The policy papers commissioned for the 2000 conference have been positively received and used.
- We need to carefully frame the issues we are seeking to promote and advance. These issues can be used to attract new members to CCPH.
- We need to emphasize CCPH's role as a resource for data that can be used for policy and advocacy purposes. We need to issue an evidence-based report that supports and advances our policy goals.
- The media can be used to attract attention to these issues, for example through press briefings and op-ed pieces.
- Our policy and advocacy goals will have implications for our budget and finances, and staff time.
- The board needs to be more knowledgeable and comfortable communicating with policy makers and legislative leaders. We should consider having at least one board meeting a year in the Washington DC area to provide an opportunity for board members to meet with policy makers.

Action:

- The advocacy and policy committee will prepare a briefing paper on CCPH's policy agenda, priorities and actions for discussion at the fall retreat or January board meeting.
- The fall retreat will include an opportunity to learn from and network with state legislators involved in the creation and reauthorization of the West Virginia Rural Health Education Partnerships program.
- We will aim to have the January board meeting in Atlanta and schedule meetings with key Centers for Disease Control officials.

Organizational Development and Effectiveness

Topic: Regional strategy for CCPH
Discussion: CCPH's strategic plan includes the goal of providing greater value to members at the regional, state and local level. The financial planning committee, seeing financial and fundraising implications of having CCPH regional networks, proposed the formation of a task force to examine the "regionalization" of CCPH and propose a policy and plan. The board as a whole, however, thought the issue deserved greater board discussion before forming such a task force.
Action:

- The "regionalization" of CCPH will be discussed during the fall retreat.

Topic: Assessing our organizational effectiveness
Discussion: Vickie presented the Mission Effectiveness Committee's current thinking and plans for measuring our effectiveness as an organization?

- The committee has been identifying measurable indicators of our effectiveness, such as changes in faculty promotion and tenure policies. The committee plans to select one indicator and measure it by the end of the year.
- The committee will be gathering information on and from existing school surveys, and possibly conduct our own survey of members and schools via the listserv or web.

The following points were made during group discussion:

- Do not limit data collection to schools only – what about community-based organizations?
- A "top 10" list similar to US News and World Report would be an incentive for programs to complete a survey. Similarly, offering an award or recognition system as an incentive.
- Approach national school organizations to find out what questions they have on their school surveys, see if additional CCPH-relevant questions can be added, and if they would endorse or cosponsor a survey so people would be more likely to respond.

Action:

- The Mission Effectiveness Committee will incorporate these ideas into their plans.
- A priority should be placed on tapping into existing organizations and data, versus collecting our own data.
- The Committee and staff will explore the idea of a US News and World Report-type ranking of health professional schools based on their community-responsiveness and partnerships
- Committee will report back to full board at next meeting.

Topic: CEO Evaluation
Discussion: The CEO's goals for the year are linked to CCPH's strategic plan. Sarena and the executive committee completed a CEO assessment form and the executive committee reviewed it. This will be an annual process culminating in a discussion at the fall retreat, coinciding with timing of the board member self-assessment. Sarena's goals for the year include:

(i) Staff development and growth.
- Growing and developing staff team in Seattle while sustaining staff team in San Francisco.

(ii) Fundraising
- Raising multi-year funding to be fiscally sound
- Devoting time for developing and maintaining relationship with funding agencies.

(iii) Membership development
- Developing and implementing membership plan so members are more actively involved.
- Raising funds to support staff infrastructure for CCPH's greater member responsiveness

(iv) Advocacy and policy
- Raising funds for the community scholarship project
- Raising funds to support staff infrastructure for CCPH's greater involvement in policy development and advocacy.

(v) Professional development
- Spending more time in team building and membership development.
- Working on ability to delegate tasks, pursue priorities and manage time.
- Separating CCPH's "brand identity" from Sarena's.

Action:

- These will be the CEO goals examined at the fall retreat.

Membership

Topic: Membership report
Discussion: The group discussed the membership data presented in the handout.
Action:

- The board unanimously disbanded the board-level membership committee and agreed with the creation of a new staff-level membership committee comprised of both board members and non-board members. This new committee will work on an operational plan to recruit, retain and develop members. Terri Kluzik made the motion and Douglas Simmons seconded it.
- The financial planning committee will take on the issue of raising membership fees for the 2001 year.

Programs

Topic: May 2001 CCPH Conference
Discussion: Piper presented board member roles and responsibilities during the conference and answered last-minute questions and concerns.

Board Development

Topic: New Board Member Q & A
Discussion: New board members were asked for any questions or comments. Additional questions and comments are also welcomed via the board listserv.

- Kudos for our new board chair for a well-prepared, productive board meeting.
- New board members felt very welcomed and were happy for having a chance to have an informal conversation during dinner. CCPH's flexibility to welcome board member's spouse/significant other during dinner was very much appreciated.

Topic: Board training: priority topics for the next year
Discussion:
Priorities for the January board meeting:

- Hold the board meeting in Atlanta, thereby allowing us to access John Carver as a consultant and the Centers for Disease Control officials for learning and networking.
- Identify our position as a board on the Carver model – are we adhering to our principles? Have we evolved at all? Are our board and organizational evaluations linked to Carver principles? Prepare specific questions in advance for board members to consider and discuss at the board meeting.

Priorities for subsequent board meetings:

- Have a representative from an accreditation agency to present their perspectives, and how our agenda can be advanced through the accreditation process.
- Include regular discussions and briefings on policy and advocacy issues during board meetings

Priorities for subsequent board development:

- Determine if it would be worthwhile for new board members to receive the "correspondence course" on the Carver model or other more in-depth orientation to the Carver model

Committee priorities:

- Ongoing recruitment of new board members – cultivating new leadership and maintaining contact with previous applicants.

Agenda for Next Board Meeting

Topic: Agenda for next board meeting, September 28-30, 2001
Discussion: Priorities for the September retreat:

- Meet with state policy makers involved in the West Virginia Rural Health Education Partnerships Program, to learn more about state policy and support for community-campus partnerships.
- Include in the agenda a panel discussion of "a case study of WVRHEP" – how and why did institutional change occur, how and why did the state get involved?
- Pick no more than 4 major issue areas, flesh them out and redefine them during the retreat.
- Share critical ideas/issues for discussion about the Carver model of governance, and include these as background reading. (However, we may end up spending more time on the Carver model at the January board meeting as discussed above).
- Conduct and discuss board member and CEO self-assessment
- Develop a regional strategy for CCPH
- Move forward on plan to assess our organizational effectiveness and impact – report of Mission Effectiveness Committee
- Move forward on advocacy and policy plan – report of Advocacy and Policy Committee
- Discuss and approve the usual financial updates and budget revisions

Options for activities include:

- A site visit to Charleston's coal mining community
- A half-day hike along the river gorge around the mining area, including an interdisciplinary teaching session involving faculty, community members and students.

Action:

- Executive Committee will take suggestions above and flesh out into agenda for the fall retreat and business meeting.
- Board members favored the second option, a half-day hike.

Organizational Partnerships

Topic: Preview of meeting with Dr. Dickey, Dean of Texas Tech Medical School and representative of the Community-Based Deans' Group of the Association of American Medical Colleges
Discussion: Sarena shared background information on why we are meeting with Dr. Dickey and pursuing a relationship with the Association of American Medical Colleges' Community-Based Medical Schools Deans' Group. The group discussed the following issues that could be discussed with Dr. Dickey:

- What are the issues faced by community-based schools.
- What can CCPH do to further their goals?
- What can CCPH do to strengthen our relationship with AAMC?
- We should educate each other and see possible connections between our goals and activities.
- We should emphasize our strengths; our mission, our membership, our understanding of partnerships.

Topic: Meeting with Dr. Nancy Dickey
Discussion: Topics discussed included:
Critical issues for the community-based medical schools.
1. Identifying who/what are community-based schools? How many schools have met their mission?

- The community-based medical schools tend to think of themselves as the "step-children" of the more prestigious and known medical schools)
- There is a shifting paradigm of what constitutes "excellence". For most medical schools, excellence is defined in the way US World and Report tends to define it – research dollars, NIH rankings.
- It is a challenge to educate legislators and others on the definition of a community-based school.
- Decide measures/factors that provide value that resonate to the public and faculty.
- Taxpayers should know where the money goes to. e.g. a recent study showed that a significant percentage of physicians are not practicing medicine but are researchers, editors, or medical faculty.

2. The increased number of uninsured patients due to low funding, low tax revenue, high need for service
3. Definition of community is often confusing: is it geographically based? Is it "adolescent homosexual males in the San Francisco area?" Everyone seems to define "community" differently. We need to create mechanisms to conduct community assessments, establish a strategic planning process, serve as a vehicle to frame the issues.
4. The practice of medicine is changing. We have lost our understanding of "professionalism" and the role of physicians. The profession is moving toward a "9 to 5" job.
5. Hospitals are not supporting community-based clinics/hospitals.
6. Promoting change among resistant senior faculty.
7. Constant change is a challenge.

Who/what effects change within medical schools to be more community-based and responsive?

1. The message should be subtly delivered. Make sure junior faculty delivers the message to deans, who chose to be in the community work and not by "last choice"
2. Educate people about trends and issues in the 21st century, and to be more flexible, open and accepting new changes that are beneficial for all
3. Senior faculty should not interfere with the shift toward community-based education. Students/doctors should be trained early to expose them to community-based services. Have them do their 3rd year in rural communities where the patients are. Get them out of the "clutches" of the sub-specialist
4. Cultivate leadership at all levels – decision makers, senior faculty, junior faculty, students
5. Find ways to get these issues into curriculum at an early stage.
6. Seek feedback from the community on their needs/expectations.
7. The process of accreditation is a leverage point for change.
8. Promotion and tenure poses a challenge to change. We need to work together across community-based medical schools to create a standard for assessing community-based scholarship. A "brand name" school like Johns Hopkins has to make a change to carry weight and authority.

Action:

- Dr. Dickey and the group agreed that there is much common ground between CCPH and the Community-based deans' group. Sarena will schedule a follow-up conference call between Nancy Dickey, Carl Getto, Tom O'Toole, Cheryl Maurana and Terri Kluzik to discuss this common ground and "next steps"
- The group agreed that it made sense to have a follow-up meeting held in connection with the fall Association of American Medical Colleges' conference.