# COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH
# BOARD RETREAT MINUTES
# September 28 – 29, 2001 ~ Charleston, WV

**Members Present:** Deborah Archer, Renee Bayer, Diane Downing, Elmer Freeman, Paul Freyder, Ella Greene-Moton, Terri Kluzik, Thomas O'Toole, Douglas Simmons and April Vestal

**Members not present:** Cheryl Maurana, Mindy Nierenberg, Monte Roulier, and Vickie Ybarra

**Staff present:** Roselinda Coroneos, Kristina Riemer, Sarena Seifer and Rachel Vaughn

**Minutes taken by Rose, Kristina and Rachel**

## LAST BOARD MEETING

**Topic: Approval of last board meeting minutes**
**Action:** The board unanimously approved the May 2001 board meeting minutes

## MISSION EFFECTIVENESS

**Topic: Strategic plan**
**Discussion:** The board discussed our 5-year strategic plan and made the following comments and observations:

- We need to continue to move toward becoming the premier organization for health-focused community-campus partnerships, with more action in the policy and advocacy arena.
- We need to continue to move our organizational identity beyond academic partners and service-learning.
- We need to increase our efforts to involve more community-based organizations in CCPH and to provide greater value to community-based members.
  - Ella is on a new community advisory committee for the CDC's prevention research centers program and can serve as a liaison between that group and CCPH.
  - We need to better define what we mean by "community" and "community partner"
  - We need to integrate academia and community into everything we do
  - We need to build more research capacity in the community; nearly all the research grants go to the university – this needs to be more equitable.
  - We need to provide more training and capacity building to community organizations. For example, for the research arena: what is an IRB, what are indirect costs.
- We need to pursue many mechanisms for "getting the word out" about CCPH and community-campus partnerships. For example, through articles in local newspapers, the New York Times, other popular media that is more likely to reach community members and community-based organizations.

- We need to pursue partnerships with organizations like AARP, Families USA and Public Citizen.
- We need to ensure that we are balanced and even-handed between our focus on the academic institutions and our focus on the community. Perhaps an exercise for each committee could be to consider what their community agenda is, what their academic agenda is, and what their partnership agenda is.
- We need to further define the concept of regionalization and how our members will benefit
- We need to have a better handle on who our members are, who joins and why, who renews and why, and do a complete analysis with an action plan.
- We need better strategies for recruiting student members and providing value to student members.
- During next meeting, the committee should report on its findings re: the first outcome of focus: service-learning as a core component of health professions education.
- We should start developing our first real "annual report" and include evidence on our outcomes.
- Perhaps a future Partnership Perspectives magazine could focus on outcomes of community-campus partnerships.

**Action:**

- Elmer volunteered to join the Mission Effectiveness Committee.
- Sarena will follow-up with Ella re: her role on the PRC community advisory committee and how the committee and CCPH might collaborate.
- Staff will begin working on CCPH's first annual report (a five-year report).

**Topic: Our accomplishments**
**Discussion:** The board discussed our accomplishments over the past year. We are continuing to move forward in becoming the premier organization for health-focused community-campus partnerships across the country

**Topic: CCPH award**
**Discussion:** The board discussed the idea of offering a "CCPH award" for an outstanding community-campus partnership. Award categories could include outstanding student, faculty, field faculty, community member, agency partner. The West Virginia Rural Health Education Partnerships Program offers a statewide award. National Rural Health Association awards are highly coveted.
**Action:**

- Staff will take these ideas and begin to implement them, with the goal of announcing the first award winner at the May 2002 annual conference.
- April and Rosemary McKenzie (NRHA) will be invited to serve on the award development committee.

## BOARD DEVELOPMENT

**Topic: Assessment of board individual and collective contributions**
**Discussion:** The board discussed the board member self-assessment tool we have been using and suggested that the tool should be linked more explicitly to CCPH's strategic plan: how are individual board members contributing to the achievement of CCPH's strategic plan?
**Action:** The tool will be revised to respond to the above suggestion, by changing the wording of Section III.

**Topic: Board terms.**
**Discussion:** Monte and Vickie have terms that are ending and are eligible for renewal. Monte wants to have his term renewed. Vickie is choosing not to have her term renewed (she has served a total of 5 years on the CCPH board; a 2-year term and a 3-year term). Mindy has resigned from the board. Deb will learn which residency program she will be going to in March 2002; depending on their level of support for her board involvement, she may or may not have to resign from the CCPH board. Last year's recruitment process drew applications from many people who had not previously been involved in CCPH; we would like to attract more current and involved members to apply for board positions this time around.
**Action:**
- The board development committee will initiate the process of recruiting board members, with the goal of recruiting 3-5 new board members to start 3-year terms in May 2002. One of the new board members will fill the remainder of Mindy's term.
- Board members should start talking to prospective board candidates and inviting them to apply.

**Topic: Board officer positions**
**Discussion:** Terri completes her term as chair and Douglas completes his term as secretary/treasurer in May 2002. Tom will take over as chair in May 2002. We therefore are seeking people to start officer positions of chair-elect and secretary/treasurer in May 2002. The board votes on these positions at the February 2002 board meeting. The new executive committee beginning in May 2002 will consist of the chair (Tom), chair-elect (TBD), secretary/treasurer (TBD) and chair emeritus (Terri).
**Action:** Anyone who is interested in either officer position should express his or her interest to Terri, Tom or Douglas by the end of the year.

## CCPH'S REGIONAL STRATEGY

**Topic: Toward a Regional Strategy for CCPH.**
**Discussion:** Board members raised the following questions, issues and concerns:

*Definition of "regionalization"*
- How are we defining "regionalization?" What is the unit that defines a region? The definition is important. Possible definitions include:
  - A group of states
  - One state
  - A group of members focused on a particular topic or issue
- Other organizations, like the national organization of community health workers, are developing subgroups based on shared interests rather than geography (for example: border health, rural health, migrant health, urban health).
- Geographical regionalization becomes very artificial looking at the differences between rural and urban issues. Some groups get "lost" when subsumed into a region (for example: the rural eastern shore of Maryland).
- Taking an issue-oriented approach to subgroups may be a whole different issue than taking a regional approach to subgroups.

- Perhaps we could have regions and then "special interest groups" or coalitions within regions?
- We need to build a structure around people who are from the same geographic region or interested in the same issue. Is it geographically-driven, topic-driven, locally driven?
- We need to distinguish between regional programming and regional strategy.

*Issues of ownership, collaboration and competition*

- Who "owns" the regionalization process? How do we control it? Should we control it?
- We need to be concerned about possible competition between the national CCPH and regional members/activities.
- If something is done regionally, who owns it? Do we want to? There will be times when other groups or universities see value in putting their own name on it. If we put too many restrictions, they may pull out and do it themselves. Grounding in local institutions gives regional efforts their stature and credibility.
- Sarena is speaking at a University of Michigan service-learning workshop in December. Local CCPH members, whether or not they are affiliated with the University of Michigan, are being invited. How do we make this a CCPH event?
- There is a distinction between "capacity building" and "CCPH controlling" in the regions.
- What is the relationship between our strategic plan and the regional groups? For example, how closely tied are we with service-learning? What if a regional network wants to form around service-learning, but we're trying to support our members' involvement in other partnership strategies besides SL? We cannot control everything one does.
- Regionalization falls under our core goal of capacity-building. We want to be pro-active, not paternalistic.
- We need to make sure that whatever we do is capacity-building and collaborative, not competitive or controlling.

*Needs and benefits/outcomes*

- Regional activities are already happening. We have CNS funds to support regional activities and we need to decide how to best invest these funds. We could do nothing and wait until an issue arises that requires board action.
- We need to better define the outcomes we expect from regionalization. What are our goals at the national, regional, local levels?
- Is there sufficient evidence that our members need/want to organize geographically?
- We should engage our members in a discussion of the pros and cons of regionalization during the CCPH conference next May.
- An important benefit of regionalization is networking and information-sharing, i.e., regional listservs and meetings. The Midwest Listserv is already useful for networking.
- Regionalization is a strategy for maximizing member participation and for strengthening the organization.
- One potential outcome of regionalization is recruiting and retaining more members, and providing more opportunities for members to get involved in CCPH.
- Regional programs will get more attendance from community members and students, and may get more attendance from faculty than our national programs.
- Regional efforts can be more sensitive to region-specific issues and concerns.
- We need to mindful of what CCPH can do for regions, not only what regions can do for CCPH. What would we provide networks with that would be capacity-building?
- Our Corporation for National Service grant provides an incentive to develop a regional strategy – it includes funding for regional activities.

*The board's role*

- What role should the board play in this discussion? Are there strategic issues and policies that need board input or decision making? For example:
  - Develop an overarching goal for the regionalization effort
  - Create guidelines on the use of the CCPH name and logo
  - Develop policies concerning membership, i.e., how membership revenue generated through the regions is allocated and used
- We should identify the top 2-3 issues for board attention and policy, flesh out the issue and key questions, and determine how to move forward.
- We could define guidelines we want and members can choose whether to use our name and our guidelines, work toward our goals, and then locally decide how to carry out these goals.

*Membership issues*

- Do members join nationally and then automatically be a member of their regional network?

*Financial issues*

- Can we expect regions to do things without money to support them?
- If members join nationally and pay their dues to the national office, are any of these funds available to the regions or to support regional activities?

*Possible regional organizational structures*

- An organization can be independent but choose to select to affiliate with CCPH for regional purposes; it can serve as an umbrella group for CCPH members in the region
- We could set up a menu of options and approaches that regions could pick from. Perhaps a set of guidelines, not mandates.
- Is it important to distinguish between individual-level collaboration and institutional-level collaboration? There is a difference between "people meeting for meeting's sake" and coalescing around a mission or focus. For example, the PHENND network in Philadelphia is an institutional-level collaboration for neighborhood development in a particular city.
- What do we need to be able to provide as a national organization to make this work?
- If regional events are only affiliated with universities, community members may not come.
- Different issues may be important in different regions. Therefore, one approach or structure may not work for all regions.

*Other concerns*

- We need to be responsive to the "organic nature" of this process..
- We need to be careful about the use of CCPH's name and when/how it is used in association with an event or activity not directly under our control.
- We need to be deliberative in our actions.
- We need to be sure community groups have equal representation in the regional activities.

*What a task force could do*

- Frame the issues and make recommendations for board and staff action
- The task force needs to know that recommending "no action" is a possibility too.
- Discuss the "boundary issue" – are we talking about member subgroups around a focus (i.e., urban, rural), geography (i.e., state, region), health issue (i.e., asthma), pedagogy (i.e., service-learning)

**Action:**

- During its next conference call, the executive committee will determine the "charge" for a task force on regionalization, with the aim of having the task force being its work in the new year and prepare a final report for the board's May 2002 meeting.
- Elmer volunteered to serve on the task force, and chair it.

## MEMBERSHIP DEVELOPMENT

**Topic: Member input**
**Discussion:** The board met with a handful of CCPH members from West Virginia. Members were asked to share:

1. Their impressions of CCPH
2. Their level of involvement and ideas of how to boost member involvement.
3. Impressions of value of CCPH membership, are we meeting needs? What ideas do you have for the future?

- The networking made possible through CCPH is extremely important.
- Involvement in CCPH has helped the West Virginia partnership gain national recognition and realize their accomplishments.
- CCPH has helped members understand what it means to be a partner in a partnership.
- The annual conference and service-learning institutes are great learning and networking opportunities.
- The last CCPH conference drew a heavy university population. Local CCPH members can help to draw more community and student participation in the conference.
- We need to make sure there is more representation of community-campus partnerships in CCPH.
- More scholarship funds are needed to ensure more community participation in CCPH's annual conference. We might want to include an auction at the CCPH conference to raise funds for scholarships. Could CCPH develop relationships with Lions Club, Rotary International and other groups to raise scholarship funds or sponsor students?
- Rural communities face the challenge of recruiting and retaining health professions – can CCPH provide resources and assistance with this?
- CCPH could provide more assistance and guidance in reaching the deans and presidents of academic institutions and informing them of the importance and value of partnerships.
- It would be great if CCPH could facilitate teams from one partnership being able to visit and learn from other partnerships.
- Initiate an awards program to recognize community-campus partnerships.

**Topic: Board member role in membership recruitment and retention.**
**Discussion:** As we have done during past year's retreats, staff gave each board member a list of current and expired CCPH members from their state. The board discussed briefly what to *do* with this information – for example, should they contact current members and thank them for their membership, should they contact expired members and encourage them to rejoin and ask all about their impressions of CCPH?
**Action:** In the future, such lists will be given to board members with more explicit instructions and a mechanism for reporting back on what they did and found.

## POLICY AND ADVOCACY

**Topic: CCPH's role in advocacy**
Discussion: CCPH's role in advocacy is an evolving process. The advocacy and policy committee (APC) posed two major questions for board discussion:

1. How "dirty" are we willing to get our hands?
2. How engaged do we want to be as a board? As an organization?

In discussing these questions, the following points were made:

- We play an important role in "getting information out" to our members about current policy issues, opportunities for advocacy, etc. There is evidence that our members respond and have important information to share for the policy process. For example, when the HHS Office of Rural Health Policy sought input on federal rural health programs, more than 35 of our members responded with their opinions.
- CCPH's role should be to focus the dialogue, to highlight important issues for discussion, as opposed to saying "here is our stand on the issue."
- CCPH taking a stand and disseminating it from the top down will not work. We need instead to emphasize advocacy skill development among our members.
- We need to champion "advocacy" as a member service (see more discussion on this topic, below)
- We could play an important role in convening decision-making organizations to take a look at key issues. For example, could we be convening credentialing organizations, accreditation bodies, journal editors?
- We need to be careful of being involved in any coalitions that pit one group of our members against another; for example, nursing schools against medical schools, community groups against academic institutions.
- There are several coalitions that seem logical for us to get involved in, even if only as a source of gathering information and disseminating it to our members, i.e., the Health Professions and Nursing Education Coalition
- We might consider appointing DC-area CCPH members as CCPH policy liaisons or advocates.
- We could focus more on state policy issues at the annual national conference, drawing on speakers from the state we're meeting in.
- Several community-campus partnerships have evolved to the point of having policy/advocacy agendas. How are we going to help partnerships shape their own policy agendas, contribute to CCPH's policy agenda?
- How do we view our members? As part of partnerships or organizations, or as individuals? We talk a lot about how the partnership is the leverage point for change.

**Action:**

- The board endorsed the 4 priority issues in the handout:
- The APC will draft a set of principles to determine CCPH participation in advocacy organizations and coalitions.
- Between now and May 2002, the staff will develop an advocacy and policy section to the CCPH website, and will incorporate advocacy skill development into the May 2002 annual conference.

**Topic: Advocacy as a member service**
**Discussion:** The board discussed the role CCPH can play in supporting our member's advocacy efforts:

- Providing advocacy and policy content on our website:

  - Links to policy and advocacy-oriented websites: Families USA, American Academy of Family Physicians, American Public Health Association, Kaiser Family Foundation
  - Develop a web-based advocacy toolkit
- Offering policy and advocacy skill development sessions during the annual conference. Perhaps a discreet module that includes such topics as:
  - Advocacy skills 101
  - Broad stakeholder approach (federal, state, local)
  - Advocacy strategies (using case studies)
  - Working with the media
  - Leadership/change within then academic institutions
  - Issue briefings on the four priority policy issues

**Topic: Board development on policy and advocacy issues**
**Discussion:** What are we doing internally as a Board/staff about the policy agenda? Meeting with the West Virginia legislators during the retreat was an excellent opportunity to learn more about the state policy process and CCPH's role.
**Action:**
- During the February board meeting in Atlanta, we will meet with officials from the Centers for Disease Control and Prevention.
- The advocacy and policy committee and CCPH staff will determine policy-relevant possibilities for the May 2002 board meeting and conference in Miami.

## FINANCIAL PLANNING

**Topic: 2001 financial statements**
**Discussion:** The board reviewed the 2001 financial statements and made these observations:
- CCPH's income tax statement reflects only funds in CCPH's control (i.e., in CCPH's bank account and not the University of California's or the University of Washington's).
- CCPH does carry director's and officer's insurance.
- CCPH has no reserve funds.

**Action:**
- The board unanimously approved the 2001 financial statements. Doug made the motion and Tom seconded it.
- If possible, the end of the year budget and proposed 2002 budget will be distributed for the board's review prior to the next board meeting.
- Future reports on board contributions will include an estimate of the # of hours that board members volunteer for CCPH.

## NEXT BOARD MEETING

**Topic: Agenda for February 2002 board meeting**
**Discussion:** The board developed the following list of agenda items for the next board meeting.
- CCPH's regional strategy – update on the charge, composition, timeline and work plan of a Task Force on Regionalization.

- Elect new officers who will begin terms in May 2002 (board chair-elect and secretary/treasurer)
- Renew terms of board members who have terms ending in 2002
- Policy and advocacy update, including proposed policy for advocacy involvement
- Meetings with Centers for Disease Control and Prevention officials
- Meeting with director of the National Association of Local Boards of Health
- Revise board and staff conflict of interest policy
- Consider board policy on grant funding through the University of Washington
- Financial statements, including 2001 end-of-year statements and 2002 proposed budget
- Report from Mission Effectiveness Committee, including first report on an outcome measure from our strategic plan
- Reports from "CCPH liaisons" to other organizations (i.e., Council on Linkages, National Primary Care Week, National Center on Health Careers) – these could be written reports for board review prior to the board meeting
- Reports from board-level committees on their goals and work plans for the year
- Carver board development training – see topic below.

**Action:**

- The executive committee will review these items and develop an agenda for the next board meeting.
- Diane will introduce the NALBOH director to CCPH and invite him to the reception
- Sarena will contact former board member JoAnn Thomas and invite her to the reception.

**Topic: Carver board development training at the February 2002 board meeting**

**Discussion:** The board determined the following list of priorities and questions for the Carver training.

- Overview of the "Carver governance model"
- What are the benefits of the Carver governance model compared with other models?
- What boards should be spending their time on – what is the effective use of board time?
- What should be board priorities vs. staff priorities?
- How are we doing at following his model?
- How can we incorporate the model more into the work of the committees?
- What financial information should we be reviewing using his model?
- What background reading should we do before the training?

**Action:**

- Sarena and Terri will have a conference call with John Carver to begin to shape the agenda for training and consultation. They will determine what background readings the board should review before the training.