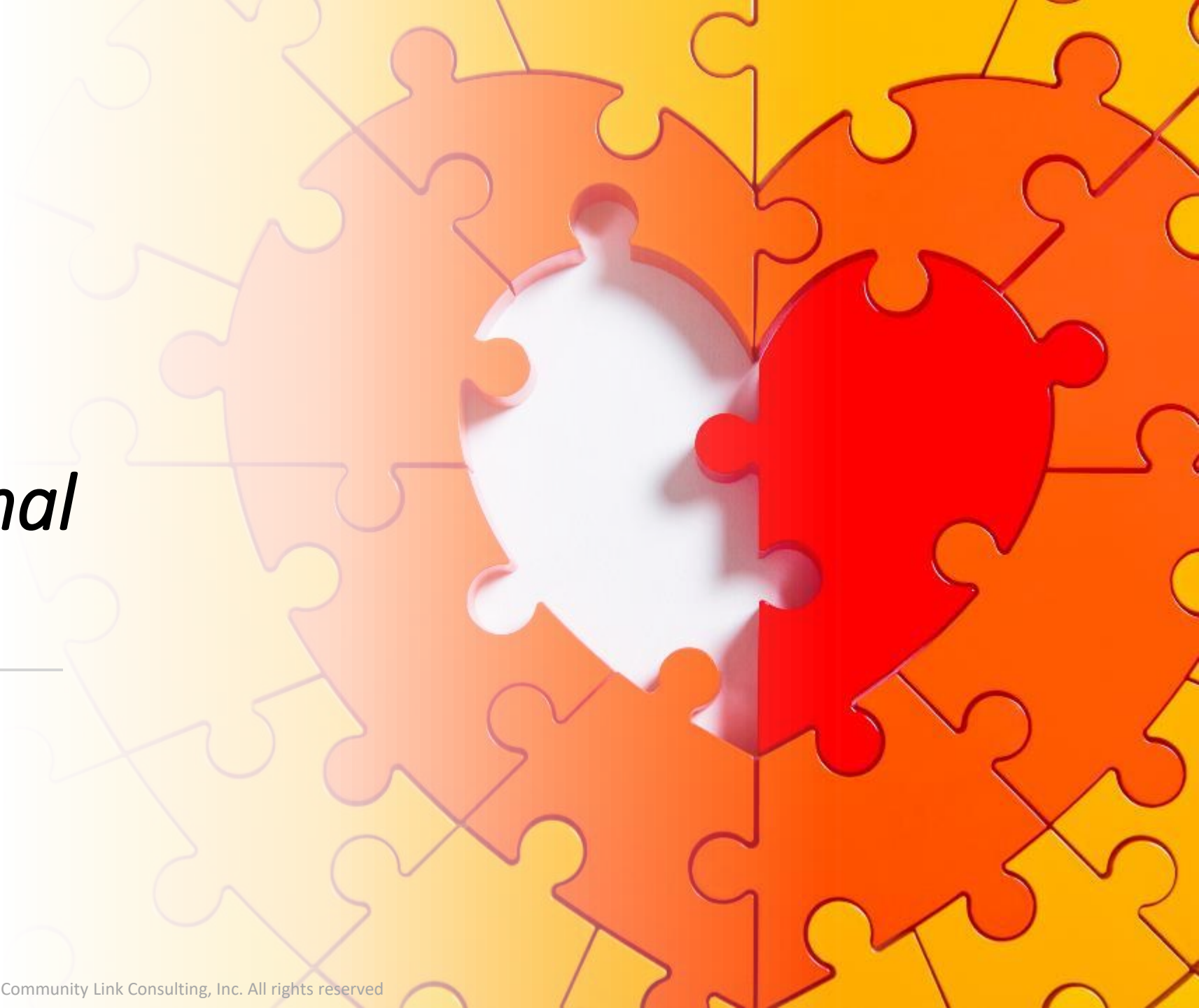
Community Counts:
How CEOs can maximize external relationships



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Learning objectives

- Define the scope of CHC community relations
- Learn considerations to respond to and manage collaboration opportunities
- Discuss best practices in communicating with the community

Why should a CEO invest in community relationships?

The minimalist's perspective

It's probably in your job description (or it should be ☺)

Once again, HRSA requires it!

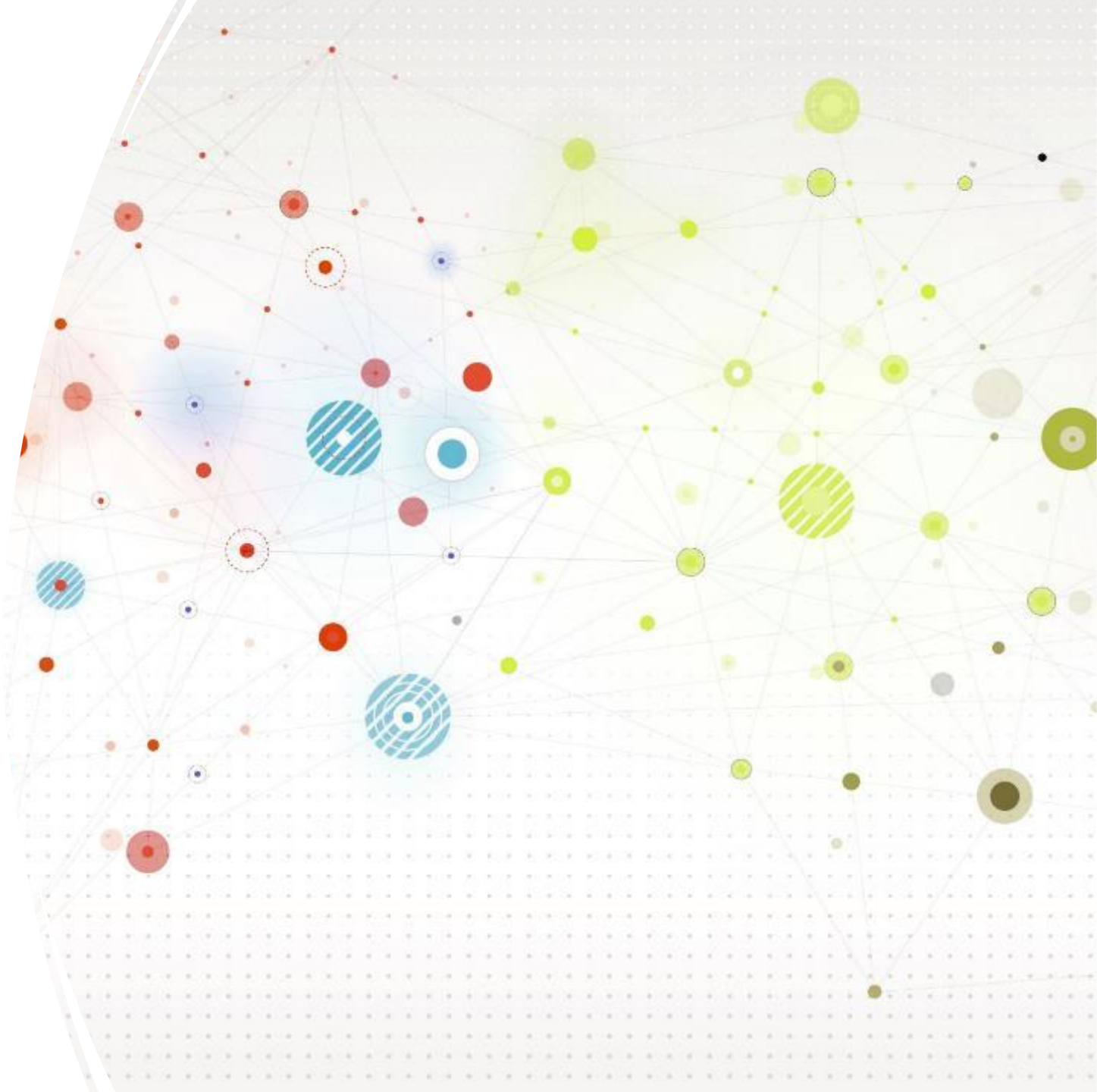
- Chapter 14: Collaborative Relationships
  - The health center has made and ***must continue to make every reasonable effort to establish and maintain collaborative relationships***, including with other health care providers that provide care within the service area…
  - To the extent possible, the health center must coordinate and integrate project activities with the activities of other federally-funded, as well as State and local, health services delivery projects and programs serving the same population

Types of community collaborations

- The community writ large (public relations)
- Governmental agencies, including public health
- Elected officials
- Hospitals and health systems
- Other CHCs
- Other nonprofit organizations and social service providers
- Foundations
- Tribes & Urban Indian Organizations
- Advocacy organizations including state and regional PCAs
- Payors and vendors
- Businesses / Employers
- Schools (Pre-K, K-12, Higher Ed)

A CHC can meet HRSA requirements but largely ignore:

- City government(s)
- County government(s)
- Healthcare transformation efforts
- Federal government (except HHS)
- Local foundations
- Community groups (e.g., Rotary, Kiwanis)
- Smaller social service providers
- Public and private K-12 schools
- Higher education
- University researchers
- Local news
- Pharmaceutical companies
- Most vendors
- And yes, other CHCs



The CEO who loves networking, relationships, and saying “yes” can quickly commit themselves and their health center to:

- Endless externally provided training
- Clinical trials and research projects
- Participation on various committees
- Weekly, monthly, quarterly, semi-annual collaboration meetings
- Surveys for all staff, all the time
- Numerous, one-off health care solutions
- Serving on several nonprofit boards
- Presenting at conferences year-round
- Pulling data in unique ways for a variety of stakeholders

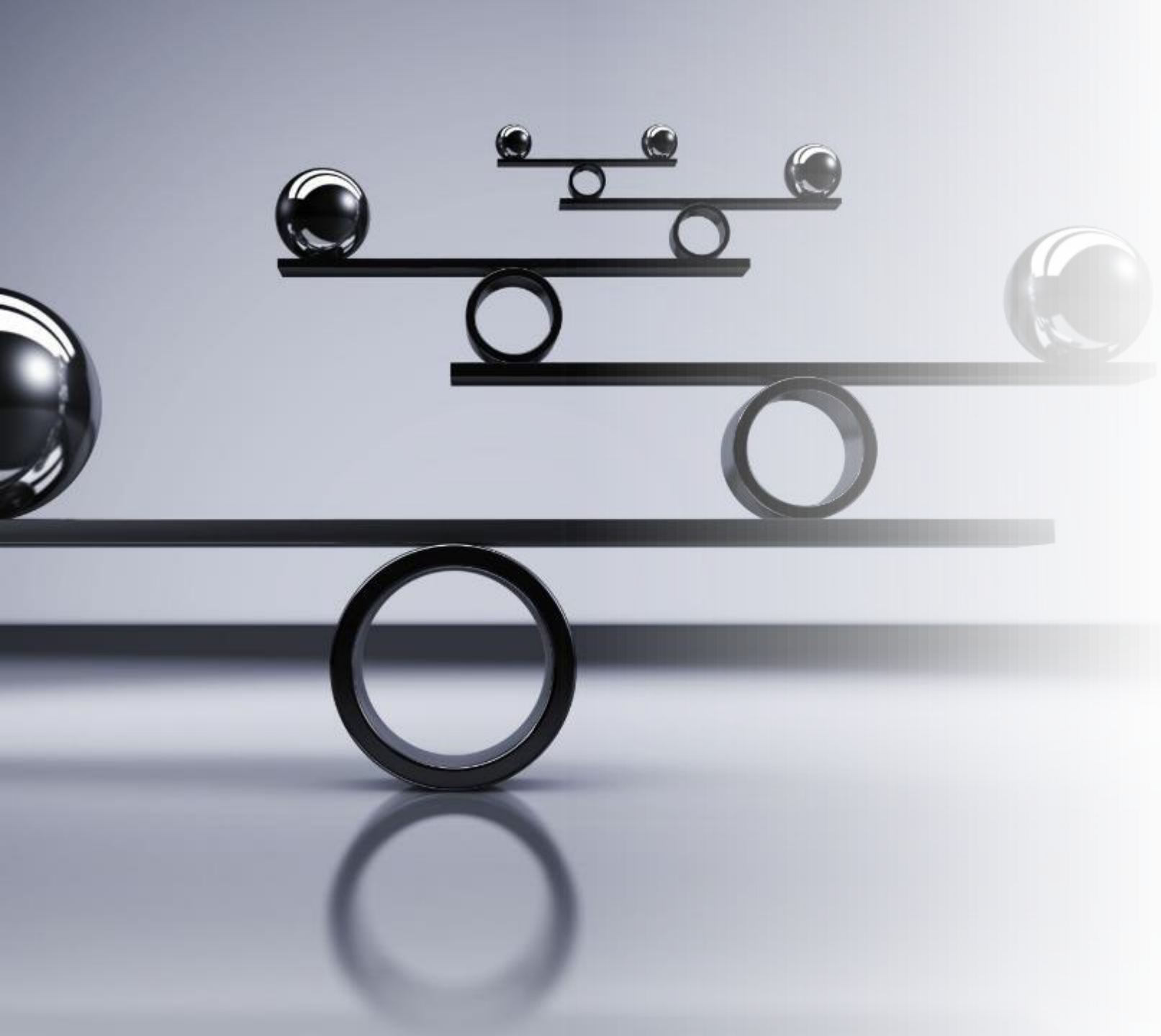
Why should a CEO invest in community relationships? *The realist's perspective*

Costs

- Time
- Presence in your clinic
- Can constrain staff development
- Risk of becoming inauthentic

Benefits

- Get students from local college, and later hire them
- If spreading the relationship, the team can get to know community
- Donations
- Get letters of support easily



Balance freeloading with heroism

The CEOs role

- Align your overall collaboration role with the board
  - Do you they expect you to be the ever-present face of the CHC?
- You don’t have to do it all
  - Do you get energy from it? Then do more. Don’t like it? Others can help
- Define who the face is of the health center to each key community group
  - The mayor and state reps in your district: Probably you, but you can have help
  - Local Health Department: Probably the CMO (unless you are clinical)
- Give your staff cover when needed
  - “The CEO said to limit new partnerships to core priorities this year.”

Have some personal rules of thumb handy to help decide whether to enter new community relationships

Do the benefits outweigh the costs?

- Don't forget the hidden costs of staff support and community or partner perception of not participating

What is your stance for the relationship:

- Transactional?
- A clear win-win?
- Support the greater good?

Is it exclusive?

- If not, how to balance multiple overlapping partners (who may be competitors)

If you say "no," are you a freeloader? Is that OK?

- E.g., federal government relations

Is the CHC perspective critical?

- Even if the relationship is not clearly beneficial

Is it aligned with your mission?

Your story

- The CEO communicates the vision of the organization externally also
- Opportunities to connect with stakeholders arise continually
- Have your CHC's story ready in "elevator pitch" format in case you:
  - Run into a legislator on the street
  - Are asked to give an intro at a Rotary meeting
  - Meet a potential funder

Is it memorable?

Does it…

- …include a data point and a patient anecdote?
- …convey the mission?
- …consider the viewpoint of the audience?

When the media comes calling

- News organizations have needs and timelines that sometimes align, but sometimes don't
- Make sure staff know how to direct media inquiries
- Unprepared staff who respond to the media can be more likely to:
  - Disclose PHI
  - Give too many details, allowing the media to craft their own story
  - Share their own opinions that may not be aligned with existing policies
  - Get sidetracked with a controversy not germane to the mission of the health center
  - Go against or ahead of Board interests
- Tips:
  - Consider formal media relations training for you and your leadership team
  - Cultivate relationships with key players (e.g., health reporter for paper)
  - Dry run any media interview
  - No data without a story, no stories without data
  - Be proactive: "free" advertising / earned media

Summary of Practical Tips

- ✓ Some unstructured partnerships are OK but most should have clear and written objectives
  - ➢ Get involved when goals are not being met
- ✓ Consider taking inventory of your CHC's partnerships
- ✓ Have your CHC's story ready
- ✓ Consider formal media relations training for you and your leadership team

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Building Bridges: Strengthening the Board and CEO Relationships for Organizational Success

Learning Objectives

1

Understand the roles, responsibilities, expectations, and duties of a governing board.

2

Have a clear understanding regarding the expectations of the Board to effectively support, lead, and manage the CEO position.

3

Other steps in building a healthy and functional board relationship.

Board Roles and Responsibilities

Duties

Duty of Oversight	Responsible for overall direction of the organization CEO oversight
Duty of Care	Exercise sound judgement in decision making Act in good faith
Duty of Loyalty	Faithful to the organization Never use information for a personal gain (disclose conflicts of interest)
Duty of Obedience	Faithful to the mission Adhere to decisions in a consistent manner

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Roles and Responsibilities

1. **Define and preserve the mission**
2. **Make Policy**
3. **Safeguard Assets**
4. **Select, Evaluate, and Support the CEO**
5. **Monitor and Evaluate Performance**
6. **Plan for the Future**

CEO Oversight Requirements

- Establish position description
- Set and review compensation
- Conduct annual performance review
- Approve CEO succession plan
- Hiring and dismissal/termination, if needed

CEO Role

- Must be a direct hire of the health center (W-2, not 1099)
- Manage, direct, and monitor strategy, goals, and policy
- Safeguard organizational assets
- Lead, manage, hire, and hold staff accountable
- Regularly communicate with the Board and staff
- Problem resolution
- Engage in the community and partnerships to best serve the mission of the health center
- Monitor and ensure compliance

CEO Evaluation

- Assess the CEO's accomplishments
  - Receive feedback from staff and community partners on CEO performance
  - Review position description
  - Provide suggestions for improving skills or performance
- Review CEO compensation (consider use of 3rd party)
- Set goals for upcoming year (CEO participates in goal setting)
- Measure progress on organizational goals

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CEO Selection

- Establish criteria – soft and hard skills
- Have a clear position description - - include the 4 Essential Roles
- Set compensation package
- Develop a clear timeline of activities for the interview process
- Utilize outside hiring support when needed
- Establish the priorities, once hired

CEO Oversight

CEO Support

- Manage and lead without micro-management
- The Board and CEO need to be partners
- Establish mechanisms to monitor performance of CEO individual goals and organizational goals
- Establish regular communication outside of Board meetings
- Set expectations for Board updates - - frequency, content, method

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Board Recruitment

- Not solely done by the Board, CEO, or staff - - team effort
- Take a multi-dimensional approach
- Establish a plan for identifying need
  - Patient board members
  - Specific skill sets and demographics of members
- What is the courting process?
- Board onboarding
- Board self-evaluation - - annually regarding effectiveness, periodically regarding monthly meetings & committee work
    - Utilize an application form developed for Board members

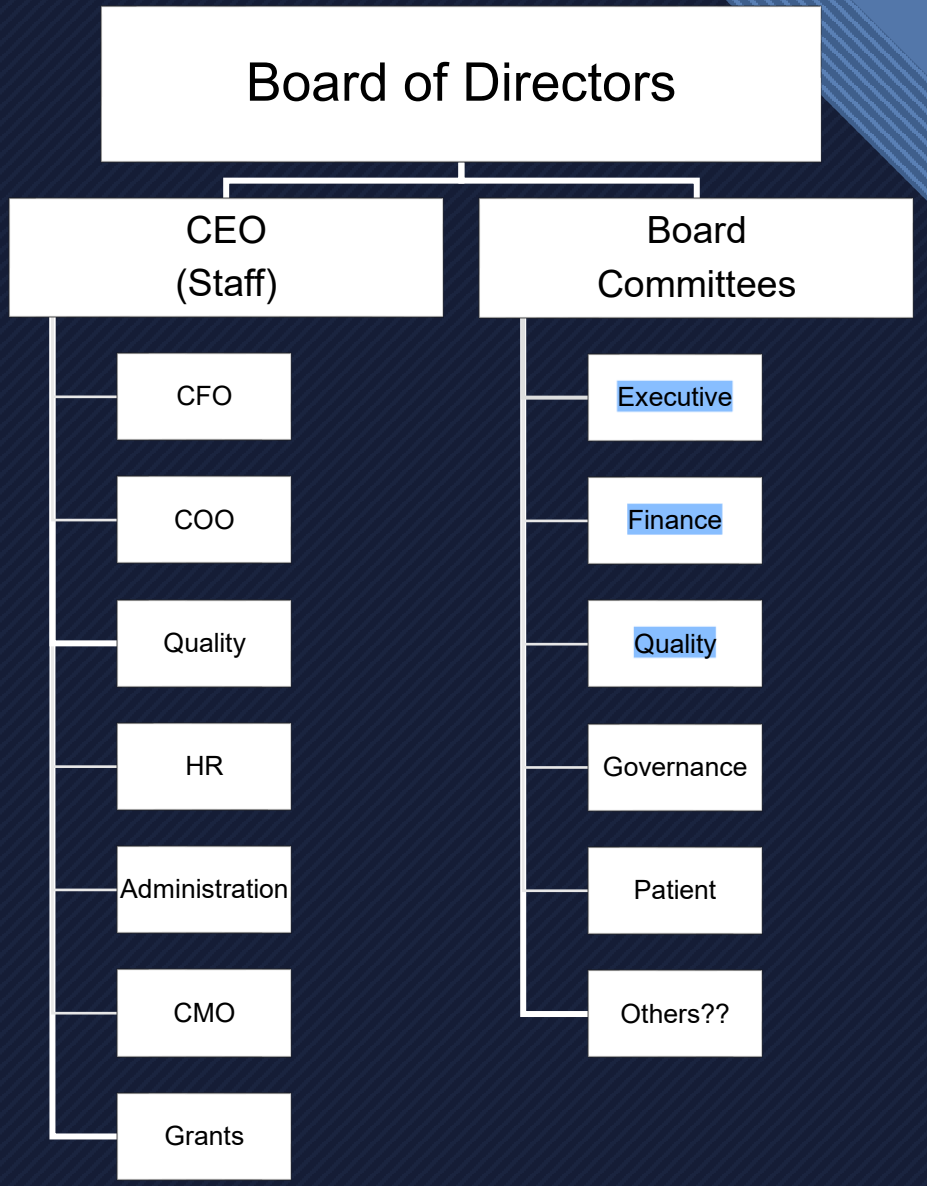
[redacted]

[redacted]

Common issues seen by CLC and tips to address

Issues	Tips to address
One or two board members monopolize board meeting conversations	
Board approves lofty priorities even though health center is struggling with the basics	
Board has clear factions that don't work well together	
Hard to keep 9 or more active members that reflect the community served	Use advisory group and committees to be funnels for new board members. Emphasis importance of pt-led board to staff. Advertise
General lack of engagement and discussion during meetings	
Hard to get good attendance at board meetings and even annual retreats	
High ratio of patient board members to those selected for areas of expertise slows usual governance role	
Some board members prefer to go direct to CEO or even staff with their issues instead of raising in board meetings	
Board members keep raising pet projects inappropriately	
Board tries to get into day-to-day management issues, like personnel considerations or partner relationships	

Committee Structure



Committee Structure

NACHC's Governance Series Information Bulletin #11, "Developing and Maintaining Effective Health Center Boards of Directors" (*good bulletin to review*), notes that first and foremost, a CHC's success is dependent on an effective Board of Directors.

This bulletin further outlines that Board success depends on having a good process in five areas:

- **Recruiting**
- **Orientation**
- **Structure and Organization**
- **Strategic Planning**
- **Self-Evaluation**

Board Tools and Resources

Parliamentary Procedures

- Robert’s Rule of Order: Robert's Rules of Order | The Official Website of Robert's Rules of Order (robertsrules.com)
  - Known as Robert’s Rules
  - 1876 publication of the first edition
  - Most widely used guide to parliamentary procedure
  - Provides a guide and rules for conducting meetings and making decisions
  - Brief Edition - Newly Revised 3rd In Brief Edition - Official Robert's Rules of Order Website (robertsrules.com)

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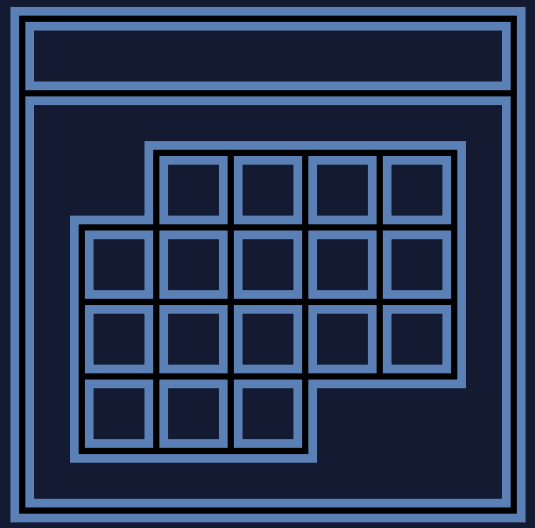
Parliamentary Procedures

- General Procedure
  - Call to Order – Opening of the meeting
  - Adoption of the Agenda
  - Some organizations include use of a Consent Agenda
    - Content varies depending on Board preference
  - Motion – Proposal for action
    - Amendment – Modification to a motion before it is passed
    - Discussion
    - Vote - - document via “Board Decision Form”
  - Adjourn – Closing of the meeting

Board Meeting Calendar



- Must have a regular calendar of recurring dates for Board and Committee meetings
- The calendar should be published
- Regular meeting attendance is important, and absences should be communicated prior to the meeting to ensure a quorum will be present
- Document important tasks and approvals that must occur on a regular basis - - a work plan as an annual calendar
  - Ex. Sliding Fee Schedule, Annual meeting, CEO evaluation, etc.

Board Self-Evaluations

- Can take multiple forms and frequency
  - Perform at least annually
- Goal: generate ideas and opportunities for continued improvement on how the Board functions and fulfills its obligations
- Areas of evaluation:
  - How well is the Board meeting its responsibilities?
  - Are the meeting minutes appropriate and complete?
  - How have the Board interactions been with the CEO?
  - How are Board members communicating and interacting with each other? Does everyone participate?
  - What areas of training are needed?
  - How is the Board doing in monitoring progress toward the strategic goals of the organization?
- Resource: Board Self-Assessment - BoardSource

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Everyday Leadership

- Brownbag lunches – monthly education for the Board
- Provide meals for board meetings
  (one client always had a hot meal and table linens)
- Meet informally with the Board Chair and Board members - - coffee off site

Learning Objectives Review

1

Understand the roles, responsibilities, expectations, and duties of a governing board.

2

Have a clear understanding regarding the expectations of the Board to effectively support, lead, and manage the CEO position.

3

Other steps for a healthy and functional Board relationship.

Last Session on Feb 25th!

- Should we stick with the planned topic?
  - Planned: Executing Your Plan
    - Tracking strategic priority implementation
    - Managing a portfolio of projects
    - Change management
  - Other Options:
    - Clinical Connections:
      - Addressing burnout in clinical roles
      - Case study on a clinical mutiny
    - Share out of bootcamp takeaways and next steps for professional development
    - Other ideas?
      - Discuss incentive programs