Health Center Board Governance
An Introduction to Consumer Board Recruitment and Strategies for Board Planning and Decision Making

Training presented in partnership by:
Health Outreach Partners
Migrant Clinicians Network
National Center for Farmworker Health
• Collaborative partnership among HOP, MCN and NCFH

• Goal of providing T/TA on health center board governance with emphasis on needs of consumer board members

• First session focus: Recruitment of Consumer Board Members

• Second session focus: Using Outreach Data for Planning and Decision Making
Health Outreach Partners (HOP)

• **Who we are**
  - National organization focused on strengthening health outreach programs through training, technical assistance, and information resources
    ◦ HRSA National Cooperative Agreement

• **Mission**
  
  *To build strong, effective and sustainable grassroots health models by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.*

• **Whom we serve**
  - Community Health Centers
  - Primary Care Association
  - Community-Based Organizations
Migrant Clinicians Network (MCN)

• Who we are
MCN is a national nonprofit organization. Since our inception in 1984, MCN has worked to eliminate health disparities among migrant and immigrant workers.

• Our Mission
is to be a force for health justice for the mobile poor, by creating practical solutions at the intersection of poverty, migration and health.

• What we do
MCN provides training, technical assistance, education and programming to reduce health disparities. As a national training and technical assistance organization we work with federally qualified health centers, health departments, community-based organizations, worker centers and Mexican Consulates.
National Center for Farmworker Health (NCFH)

• **Who we are**
  A private non-profit corporation, established in 1975, located in Buda, Texas. NCFH provides information services, technical assistance, and training to federally funded migrant health centers as well as other organizations and individuals serving the agricultural worker population.

• **Mission**
  To improve the health status of farmworker families through the provision of innovative training, technical assistance, and information services to Migrant and Community Health Centers.
Introduction to Health Center Consumer Boards: Strategies for Recruitment

Tuesday, November 10, 2015
Theressa Lyons and Sylvia Partida
Participants will:

1. Recognize the role and purpose of health center consumer boards

2. Identify strategies for addressing the primary challenges in consumer board participation and recruitment

3. Learn at least one strategy for recruiting potential board members
Community Health Center

Unique Characteristics

Community-based

Non-profit

Consumer-majority board
Role of Health Center Governing Board

- To Govern
- To serve as a link with the Community
- To comply with local, state and federal laws & regulations
Basic Responsibilities of a Governing Board

1. Define and Preserve the Mission
2. Make Policy
3. Safeguard the Assets
4. Select, Evaluate, and Support the Executive Director/Officer
5. Monitor and Evaluate Performance
6. Evaluate Board Performance

Standards of Conduct for Board Membership

Board members should commit to a set of duties:

1. The duty of care
2. The duty of loyalty
3. The duty of obedience
Unique Features of a Health Center Board
Consumer-majority Board

The health center governing board, as a group, represents the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:

51% Consumers (user, dependents or caregivers)

Non-consumers (Representatives of the community in which the center's service area is located) are selected for their expertise in community affairs, local government, finance and banking, legal affairs, social services, trade unions, and other relationships.

*User defined as being current registered patient of the health center and must have accessed the health center in the past 24 months
Consumer-Based Governance Mandate

• Makes CHCs unique among all others
• Assures access & patient centered care
• Preserves CHC program & funding
• Model of participatory governance
• Promotes community empowerment, development and self determination
EXAMPLE: Farmworker Representatives

- User migrant or seasonal farmworker (worked within the last 24 months)
- User who is aged or disabled farmworker
- Family members (dependents or caregivers) of a farmworker user (family members do NOT have to be patients themselves)
- Farmworker advocates may represent farmworker special pop. but would not count toward consumer-majority requirement unless also a patient
No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.

For Migrant Health Center no more that two-thirds of the non-consumer board members may derive more than 10% of their annual income from the health care industry.
Board Composition

• No board member shall be an employee of the health center or an immediate family member of an employee.

• The Chief Executive may serve only as a non-voting ex-officio member.
Benefits of Consumer Participation

- Inclusion of patient perspective
- Assurance of Patient Centered Care
- Conduit for direct communication with the population served
- Natural ally to represent the actions of the Board of Directors
- Retention of Mission in the face of growing complexity of systems
Challenges of Farmworker Board Participation

- There are many potential challenges and barriers to the recruitment and integration (active participation) of farmworkers as Board Members.
- These challenges and barriers reflect those same challenges that prevent farmworkers from accessing health care.
- Health Centers struggle to recruit and make sure their farmworker board members are willing and able to participate as effective board members.
• What do you think are the greatest barriers or obstacles to farmworker board member recruitment?

• What do you think are the greatest challenges to tackle in improving farmworker board member integration and effective participation?
Barriers to Farmworker Board Participation

- Limited education level and English proficiency
- Mobility and migratory nature of work
- Transportation difficulties, especially if board meetings are at a great distance
- Long work hours and inflexible schedules
- Lack of familiarity with governance functions and structures
- Lack of resources and access to technology for board related work
- Lack of confidence and trust, feelings of intimidation
Farmworker Board Member Recruitment and Integration Needs

- Most farmworkers have no previous experience or enough background knowledge when taking on the board member role
- Farmworker board members feel challenged and overwhelmed with board member task
- Farmworker board members struggle with integrating and being effective board members due to lack of understanding of the role
- Health Centers struggle with providing adequate orientation and training new farmworker board members
Pre Recruitment Strategies

- Provide opportunities for community members to become involved with health center
  - Participating in outreach event
  - Assisting with mobile unit staff
  - Supporting front office staff in welcoming patients

- Formal Involvement
  - Special committee
  - Advisory board
  - Focus group participant
Recruitment Strategies

• Utilize outreach staff to help identify potential candidates who:
  • Serve as spokesperson or advocate for other ag workers or community members
  • Step up to assist others by helping to navigate healthcare system
  • Share information with outreach team about needs or problems faced by community

• Utilize front office staff, case managers and program managers
  • Can identify patients that tend to be vocal, express concerns or make suggestions for improvement
Recruitment Strategies

• Work with partner organizations
  • Other ag worker serving organizations like migrant head start, migrant education, legal assistance programs, immigrant assistance programs

• Advertise
  • Posting on HC bulletin board
  • HC newsletter
  • HC Website
Recruitment Orientation Program

- Provide training to potential candidates
- Plan a tour of the facility with senior staff person or board member to learn about the organization
- Develop brochure or short orientation video
- Provide opportunity to attend a board meeting to observe how the board makes decisions and delegates responsibilities
- Provide opportunity to participate in a conversation with one or more board members
Putting into Practice
PDSA Model
Developing the Environment

Changing from **the Health Center**

to **OUR Health Center**

Are you creating a “culture of community”?
Finding the Best People

Who can help guide our organization to where it needs to go?
How do we eat this Elephant?
One bite at a time
Implementing your Plan and Knowing if its Working

- **Plan**
  - What exactly do we want to try?

- **Do**
  - When and how do we do it?

- **Study**
  - What were the results?

- **Act**
  - What changes are we going to make as a result of our findings?

Implementing a PDSA model

First things first!

Things to consider when setting the AIM...

What are we trying to accomplish? What is our Goal?

Is the aim or goal time-specific and measurable?

How will we know that a change is an improvement? What exactly is our measure of success?

https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle
Implementing a PDSA cycle

**Plan**
What exactly do we want to try?

**Do**
When and how do we do it?

**Study**
What were the results?

**Act**
What changes are we going to make as a result of our findings?

https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle
# PDSA Worksheet for Testing Change

**Aim:** (overall goal you wish to achieve)

> *Every goal will require multiple smaller tests of change*

<table>
<thead>
<tr>
<th>Describe your first (or next) test of change:</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Plan**

<table>
<thead>
<tr>
<th>List the tasks needed to set up this test of change</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Predict what will happen when the test is carried out</th>
<th>Measures to determine if prediction succeeds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do**

Describe what actually happened when you ran the test

**Study**

Describe the measured results and how they compared to the predictions

**Act**

Describe what modifications to the plan will be made for the next cycle from what you learned

https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle
Implementation PLAN for Increasing Consumer Board Members at HCs

1. Identifying when new board members are needed and if there are spots available for new clinic user representation.

2. Holding a recruitment month when Migrant and Seasonal Agricultural Worker clinic users are in your area.

3. Adding posters in waiting rooms or exam rooms to let patients know you are looking.

(based on a Plan-Do-Study-Act model)
PLAN

- Asking every patient at intake if they have done agricultural work in past two years. If yes, assistant gives information on board involvement.

- You might ask Clinicians to participate by identifying at least 1 agricultural worker/week who they think would be a good board member, and refer that patient to administrator as “VIP” who will be given information on possible involvement.

- Or ask Clinicians to invite several agricultural workers to be their guests at next board meeting to share story and to observe board.

- Including board recruitment table at the Health Fair during season an engaging option to let agricultural workers know about the importance of board involvement and how they might participate.
PLANNING FOR FAMILY HEALTH CENTER

1. Clinical visit with farmworker patient
2. Vacancy on Board of Directors reminds clinician of farmworker patient

WHAT IS YOUR ROLE IN RECRUITING CONSUMER BOARD MEMBERS?

Consumer representation is a program requirement for all Federally Qualified Health Centers and clinicians have an important role to play!
DO

- Select a strategy
  - Include a small team
  - Test it out on a few patients
<table>
<thead>
<tr>
<th>STUDY</th>
</tr>
</thead>
</table>

- Measure Effects of Strategy
  - Did patient show interest?
  - Were barriers to board involvement identified and addressed?
  - Did patient enjoy the opportunity?
ACT

- Redefine Strategy based on feedback and tested again.

- Results are shared with Board as part of CQI record of the clinic.

- New tools for board recruitment are shared with wider Migrant Health Center community.
## Additional tools to consider

### Board Profile Worksheet

<table>
<thead>
<tr>
<th>Catagories</th>
<th>Current Board Profiles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Center patient demographics to consider</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Primary Language</td>
<td></td>
</tr>
<tr>
<td>Geography (Region or Zip)</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Service</strong></td>
<td></td>
</tr>
<tr>
<td>diabetes</td>
<td></td>
</tr>
<tr>
<td>prenatal</td>
<td></td>
</tr>
<tr>
<td>pediatrics</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
</tr>
<tr>
<td>Agricultural Workers</td>
<td></td>
</tr>
<tr>
<td>Public Housing Patients</td>
<td></td>
</tr>
<tr>
<td>Service Areas</td>
<td></td>
</tr>
</tbody>
</table>
### Additional tools to consider

#### Categories

**Age**
- Under 35
- From 35 to 50
- From 51 to 65
- Over 65

**Gender**
- Female
- Male

**Race/Ethnic Background**
- Asian
- African American
- Hispanic/Latino
- Native American
- Caucasian

#### Type of Service

- Diabetes
- Prenatal
- HIV
- Pediatrics

#### Special Populations

- Agricultural Workers
- Public Housing Patients

#### Service Area
Additional tools to consider

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**Identifying Migratory & Seasonal Agricultural Workers**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you or a member of your family with whom you reside engaged in agricultural work as your principal employment?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>NOTE:</strong> Agricultural work includes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Work in fields, pounds, greenhouses, nurseries and aquaculture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Work with animals such as cows, dairy, field, poultry, farm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you or a member of your family with whom you reside moved to the age (less than 16 years) to another area to work primarily in agriculture?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>STOP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you or a member of your family with whom you reside continue to work primarily in agriculture, without moving away from your home?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>STOP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you or a member of your family with whom you reside stopped working in agriculture because of disability or old age?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Resources:**
- National Center for Farmworker Health: [Resource Link]
- [Immigrant & Seasonal Farmworker Health Act](https://www.migrantclinician.org/files/IDMigrantSeasonalFarmwrkrs_2015Jul.pdf)
- [State Laws for Immigrant and Seasonal Farmworkers](https://www.migrantclinician.org/files/IDMigrantSeasonalFarmwrkrs_2015Jul.pdf)
- [Migrant Health Act](https://www.migrantclinician.org/files/IDMigrantSeasonalFarmwrkrs_2015Jul.pdf)
- [Wage and Hour Calculations](https://www.migrantclinician.org/files/IDMigrantSeasonalFarmwrkrs_2015Jul.pdf)

For more information and resources, visit the [Migrant Clinician Network](https://www.migrantclinician.org/files/IDMigrantSeasonalFarmwrkrs_2015Jul.pdf).
Additional tools to consider

["YOUR CLINIC LOGO GOES HERE AND ADDRESS"]

¡SALUD PARA TODOS LOS TRABAJADORES DEL CAMPO Y SUS FAMILIAS!

NECESITAMOS ESCUCHAR SU VOZ, LA VOZ DEL TRABAJADOR, EN LA MESA DIRECTIVA DE LA CLÍNICA

¿Es usted un trabajador del campo? Necesitamos oír su voz y recibir su consejo.

More Resources

http://www.ncfh.org/governance.html
More Resources

http://www.ncfh.org/professional-resources.html
Training Program Toolkit

Training Curriculum with 3 lessons

- Training Implementation Guide
- Orientation Manual for the New Farmworker Board Member
Increase the recruitment and successful integration of farmworkers as members of a community/migrant health center board of directors by developing motivated, empowered and capable members of the farmworker community, ready to serve in a leadership position.
Training Lessons

Lesson I: Participation and Leadership in Community Health

• Community Participation, Empowerment and Leadership
• Leadership in Community Health

Lesson II: Understanding Community and Migrant Health Center Governance

• Community & Migrant Health Center Overview
• Requirement for Farmworker Representation on Board of Directors
• Types of Health Center Governance: Advisory Body, Steering Committee, and Board of Directors

Lesson III: Joining a Health Center Board of Directors

• Board Member Role, Responsibilities and Duties
• Possible Challenges to Board Participation, and Solutions
• Next Steps in Joining the Board
Curriculum Format and Materials

• Direct training curriculum consisting of a series of three (3) 1.5 to 2-hour long lessons designed to be delivered separately and in order.

• The curriculum materials include the following pieces:
  • For each lesson:
    • Trainer’s Manual
    • Presentation Slides
    • Resource section with activities, handouts and glossary
    • Reference List

• Available in English and Spanish
Questions

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