



**Strengthening Oklahoma's Safety Net,
One Community At A Time**

Board Bulletin

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Governance: By and For the People Served

The Section 330 Program Expectations, as outlined in Bureau of Primary Health Care (BPHC) Policy Information Notice (PIN) 98-23, begins the Governance section by stating, "Governance by and for the people served is an essential and distinguishing element of the health center program." What does "by and for the people served" really mean?

Basic Composition Requirements

Section 330-funded Community Health Centers (CHCs) have specific composition requirements:

- ◆ **Consumer Driven** - At least 51% of the board must be consumers, people who actually use the services and are representative of the patient population served
- ◆ **Size** - There must be at least 9 and no more than 25 members on 330 CHC boards
- ◆ **Volunteers** - Individuals who devote time and energy to create a fiscally and managerially strong organization
- ◆ **Diversity** - Members should represent many different areas of expertise; No more than half of the non-consumer board members may derive more than 10% of their income from the health industry

Mirror the Community

PIN 98-23 repeatedly stresses that CHC boards must be representative of the community they serve. The guidance gives examples of race, ethnicity, gender, and special populations. It does not impose quotas but makes it clear that BPHC expects CHC boards to address the needs of all health center consumers. 330 grant applications also require legitimate information on board member characteristics to ensure that organizations adhere to the intent of consumer-driven governance. How can health center boards know if they are fulfilling BPHC expectations to mirror the community served? One easy and highly credible patient population source for health centers is their Uniform Data System (UDS) - the annual reporting tool required of all 330 health centers. Within the UDS, there are tables specific to the population served by the health center:

- **UDS Table 3A - Users by Age and Gender** - a total number of patients and a percentage of patient population is given for each age bracket (of which there are 38) and gender
- **UDS Table 3B - Users by Race/Ethnicity/Language** - numbers and percentages are given for numerous race/ethnicity categories and also for users who are best served by a language other than English
- **UDS Table 4 - Users by Socioeconomic Characteristics** - number and percentages are reported for user income levels, insurance source/payor mix and special populations.

As mentioned earlier, 330 grant applications for funding continuation, new access points, service expansions and expanded medical capacity require applicants to document board characteristics. BPHC's Office of Performance Review, which conducts grantee performance reviews, will also check to ensure that health center boards are in compliance with the 330 program expectations - including board composition. If a health center adds a new site or special population, the board is expected to add a consumer member who can represent the new patient population served. Healthy CHC boards routinely review their composition to ensure that the populations being served by the health center are adequately represented on and by the community board.

Please visit OPCA's website, www.okpca.org, and select 'CHC Boards' for more information.

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