



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

Board Bulletin

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Calling All Leaders! Calling All Advocates!

News reports have made it official – 2008 will end in a recession. For the past several months, Americans have witnessed a declining economy with corporate giants falling and unprecedented bailouts sought from Congress. What does all of this mean to community health centers (CHCs) as a new year begins? One thing is for certain, hard times call for exceptional leadership. Priorities must be clear and well-articulated. CHC board members, as organizational leaders, will be increasingly important in ensuring that Oklahoma health centers succeed in spite of economic woes. Board members, as consumers and civic leaders, are the most powerful advocates in taking the CHC message to both state and federal legislators.

Top 4 Leadership Characteristics

Authors Kouzes and Posner began research over twenty-five years ago to determine what characteristics are expected from leaders and report their findings in the acclaimed book, *The Leadership Challenge*, now in its 4th edition. Over 75,000 people from around the globe have completed the leadership traits questionnaire with top responses remaining constant over time. Kouzes and Posner report, “For people to follow someone willingly, the majority of constituents believe the leader must be honest, forward-looking, inspiring, and competent.”

- *Honest* – Also viewed as having impeccable character and integrity. Corporate debacles of the past decade (e.g., Enron, Tyco, etc.) painfully demonstrate what happens when dishonesty abounds. The need for honest leaders is paramount as the public demands increased transparency.
- *Forward-looking* – People want to follow someone who is going “somewhere.” Providing direction that will move the health center forward must be a board priority, requiring purposeful strategic planning.
- *Inspiring* – Leaders must ignite others to fulfill the mission with more than just talk. Enthusiasm and energy must be channeled into something real that motivates action and sustains efforts to achieve goals.
- *Competent* – There must be a level of confidence in the leaders’ ability before others are willing to follow. The board must also have the community’s trust and respect to be effective health center stewards.

CHC Talking Points for 2009 and Beyond

CHCs offer a great return on investment – particularly during economic difficulties. The following talking points must be woven into the CHC message board members take to legislators and local leaders.

- *Primary care* – CHCs focus on prevention and wellness; saving dollars and improving health outcomes.
- *‘Medical Home’ and ‘Health Care Home’* – Buzz words of the day. The truth is that CHCs have always provided patient-centered medical homes, offering an array of support services to enhance health care access.
- *Eliminating disparities* – One of the core CHC tenets is that they serve all people regardless of ability to pay, race/ethnicity, socio-economic status, gender, or age – improving health outcomes for all people.
- *Cost-effective* – According to 2007 Uniform Data System (UDS) reports, total annual cost per patient for medical services in Oklahoma CHCs was \$270 – much less than one visit to the emergency room.
- *Quality health care* – CHCs must adhere to clinical performance measures, embracing stringent quality assurance programs designed to improve patient outcomes and required for Federal Tort Claims Act coverage.
- *Economic engines* – In March 2008, the National Center for Rural Health Works at Oklahoma State University reported that Oklahoma CHCs, with indirect and induced spending included, had a total employment impact of 1,063 jobs and a total income impact of \$39,379,174 in the state of Oklahoma.
- *COMMUNITY health center* – Since inception as health centers of, by and for the people, CHCs have been governed by a patient-majority board that offers services to meet demonstrated community need.

As U.S. Senate Finance Committee Chairman Max Baucus (D-MT) so aptly stated, “...money will be spent on health care anyway. We simply have to choose whether to spend it to get healthier, more financially secure citizens, or whether to spend it on the status quo for the same ineffective results.”

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