



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

Board Bulletin

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Fitness Tips for Healthy Boards

As December comes to an end, people start looking ahead and thinking about resolutions that will make life better in the New Year. Holiday indulgence shifts thinking to diets and exercise programs. The marketing world is fully aware of this phenomenon as there seems to be a heightened emphasis on getting fit this time of year. Knowing that successful community health centers (CHCs) are dependent on a healthy board, the following fitness tips are offered to assist you in meeting 2011 challenges and beyond.

No Pain, No Gain

- **Exercise due diligence** – Patient-majority boards are a core tenet of the Section 330 CHC program to keep decisions at a local level and foster development of services that meet the needs of the target population. CHC boards are by no means ‘token’ boards – they are charged with exercising duty of care, loyalty and obedience when governing health centers. At the end of the day, boards are responsible for CHC performance and will be held accountable for fulfillment of 330 grant expectations. Routine oversight includes monthly review of financial statements, clinical reports, compliance activity and other items as needed for proper stewardship of the health center. Boards must be willing to invest the time to carefully review all reports and ask questions when issues arise. While painful at times, it is necessary to demonstrate that ‘due diligence’ is always exercised.
- **Intensify mutual accountability** – For boards to function properly, they must work as a team. People process information differently and have varying approaches to getting the work done. Aligning goals is critical for successful boards. Each board member should have a personal goal to advance the team’s goals. If a member cannot accept a board decision or does not want to follow established policies and procedures, other board members must take action to prevent harm to the health center. Mutual accountability is the means to curtail rogue behavior and health center bylaws should include removal procedures. Board members must break out of their comfort zones and strictly enforce accountability of each other in order for the CHC to be healthy.
- **Tone Skill Sets** – CHC board members have specific roles and responsibilities and should routinely engage in governance training. A chain is only as good as its weakest link. Make sure all members have the opportunity to learn more about the CHC program and create an environment that values board development. Board members must be at the top of their game to effectively govern the health center.
- **Strengthen Board-CEO Relationships** – The board, while called to oversee CHCs, should not be involved in day-to-day operations. That job falls on the board’s one employee – the CEO. Obviously, it is incumbent upon the board to ensure that the best possible candidate is selected as CEO and work toward establishing a relationship that is based on ongoing open, honest communication. The CEO must be willing to provide information necessary to board members. Likewise, the board has to inform the CEO of performance expectations. A routine evaluation process allows board members to express concerns constructively.
- **Step Up Ambassador Role** – A health center can have no better advocate than a consumer board member that knows the program from the governance side as well as the patient perspective. As more national attention is given to CHCs, the need for health center ambassadors is growing. Much misinformation about CHCs has been and is being spread across Oklahoma. Board members, as ambassadors, must step up efforts to ensure that the correct CHC message is delivered to stakeholders, legislators and the communities served.
- **Reach for Strategic Visioning** – Unprecedented CHC growth is predicted for the next five years as health care reform efforts include increasing access to affordable health care. Boards, working with senior management, need to determine what role their organization will play in expanding access to more Oklahomans. High quality care through health information technology efforts, patient-centered medical homes, and accountable care organizations (ACOs) must be a priority. As more patients become insured, CHCs should be positioned as providers of choice for long-term sustainability. To successfully accomplish these goals, CHC boards need to be well-conditioned, highly functional, visionary and actively engaged in intense strategic planning. To review the entire series, visit www.okpca.org and click on the home page *Board Bulletin* link.

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