

**Governing Board Retreat**  
**9:00 AM – 1:00 PM, June 12<sup>th</sup>, 2020**

<b><u>Location</u></b> <i>Virtual</i>	<b><u>Call-in Details</u></b> Conference Dial-in Number: (669) 900 6833 Meeting ID: 568 190 9332 One tap mobile: +16699006833,,5681909332# Join Zoom Meeting: <a href="https://us02web.zoom.us/j/8594828916">https://us02web.zoom.us/j/8594828916</a>
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<b>TIME</b>	<b>AGENDA ITEM</b>
9:00 AM	<b>Introductions – Blake Edwards</b> <ul style="list-style-type: none"> <li>Board Roll Call</li> <li>Declaration of Conflicts</li> <li>Review of Agenda</li> </ul>
9:15 AM	<b>Board Governance – Linda Parlette</b> <ul style="list-style-type: none"> <li>Review of bylaws and Board governance</li> </ul>
9:30 AM	<b>Strategic Planning – Chris Kelleher</b> <ul style="list-style-type: none"> <li>Introduction to discussion &amp; review of Board interviews</li> <li>Discussion on Organization's core principles</li> </ul>
11:00 AM	<b>Break</b>
11:15 AM	<b>Strategic Planning Continued – Chris Kelleher</b> <ul style="list-style-type: none"> <li>Discussion on Organization's value proposition</li> </ul>
12:30 PM	<b>Wrap Up – Blake Edwards</b> <ul style="list-style-type: none"> <li>Recap of days discussion</li> </ul>
1:00 PM	<b>Adjournment – Blake Edwards</b>

## **Summary of 2020 Individual Board and Staff Interviews**

### ***Interview Feedback > Mission Statement***

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Board and staff members were asked for their opinion on the mission statement that was drafted after the October retreat.

*A regional Coalition for all community health influencers, primarily intended to enable or facilitate action on the social determinants of health, which will in turn contribute to the sustainability of the rural system of care.*

Opinions were evenly split. About 1/3 felt that it was good as written. Another 1/3 thought that it could be improved with better wording. And another 1/3 felt it should be completely replaced.

People who commented on specific wording generally felt that the phrases “health influencers,” “rural system of care,” and “facilitate action” were too vague. In addition, some also felt that the phrase “regional coalition” was awkward as a way to describe an organization.

Those who wanted to start over again tended to feel that the statement, as constructed, was unlikely to galvanize action or give clear direction to the organization.

### ***Interview Feedback > Preferred Role***

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Board and staff member were asked to select a preferred role for the ACH in its future state.

#### **1. Be a Tree Grower**

- Choose one pivotal SDoH initiative and dedicate all of the ACH’s resources to its success

#### **2. Be a Seed Planter**

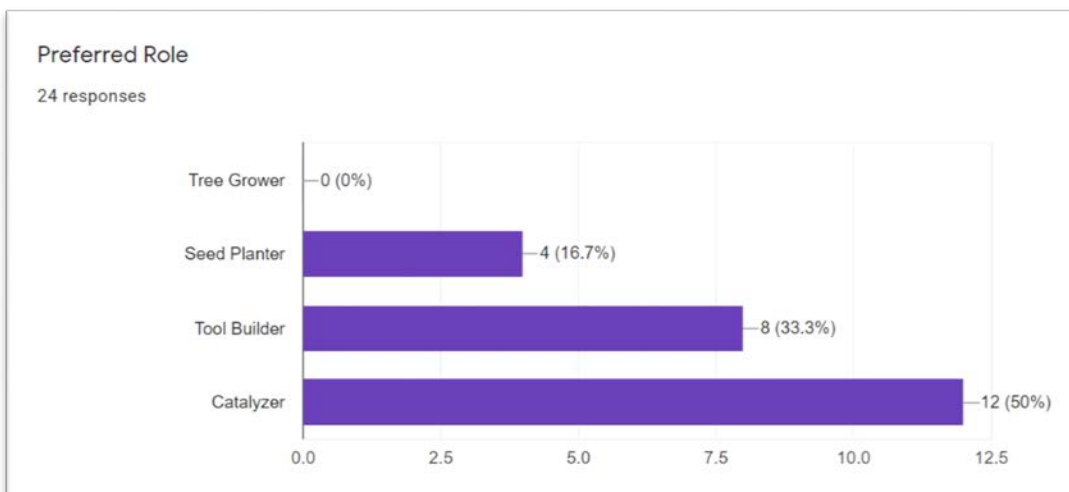
- Make targeted investments in a portfolio of complementary SDoH efforts

#### **3. Be a Tool Builder**

- Develop and maintain broad-use infrastructure that supports progress on SDoH

#### **4. Be a Catalyzer**

- Use advocacy, education, and organizing to change policies and paradigms around SDoH in the region



- Several Board and staff members said they were torn between multiple options. The most common near-tie was between “tool builder” and “catalyzer.” It would be fair to interpret those to as being closer to tied than they appear in the chart.
- Many of those who selected “seed planter” (or were tempted to choose it) said that they liked the idea of experimenting with what works.

### ***Interview Feedback > Criteria***

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Board and Staff members reviewed the five criteria that were established in October for evaluating candidate strategies.

- Make a meaningful impact on the social determinants of health and health equity
- Promote sustainable change, rather than fleeting investments
- Connect partners and encourage information sharing
- Strengthen the engagement of marginalized groups
- Be developed into a region wide agenda

That was nearly unanimous support for the criteria as-written.

### ***Interview Feedback > Candidate Strategies***

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The Board identified seven candidate strategies at the October retreat. In the interviews, nearly everyone elected to provide comments one at a time. So although they weren’t explicitly ranked, we can draw conclusions about the relative support for each.

NOTE: See the end of this document to read the full text of the strategy descriptions.

### ***Overall Comments***

- There were a few dominant themes in the responses, but no consensus emerged. Opinions sometimes varied dramatically.
- Many responses focused more on the importance of the area to be addressed than on the strength of the specific strategy being proposed.

- Many people commented that the COVID experience had given them a new perspective on NCACH's strategic direction. They felt the same discussion would go very differently now.
- It's interesting to note that in the ranking roles, there were zero votes for being a tree grower. Yet several of the candidates developed in October were, essentially, tree-grower strategies (investing heavily in a single big initiative). This suggests that the strategies nominated in October are somewhat out of sync with the Board's current thinking.
- Many people felt that two of the candidate strategies could be combined: Expanding Community Based Care Coordination + Community Information Exchange. The feeling was that they're very complementary and that it would be difficult to succeed with one if there weren't at least some attention to the other.

### ***Comments about Individual Candidate Strategies***

#### **Candidate Strategy #1 > Housing**

- This was the candidate strategy with the widest spread in opinion.
- Those in favor of the strategy felt that housing insecurity is central to poor social determinants of health. They saw it as the highest priority of all the proposed actions because of its urgency and centrality.
- Others felt that the size of the problem made it too big to tackle. They believed that NCACH lacks the resources to achieve the sustainable change called for in the criteria. They also argued that many entities are already addressing housing.

#### **Candidate Strategy #2 > Respite Housing**

- Respite housing had strong support among many interviewees. Some saw it as aligned with the Housing strategy, while others argued that it was fundamentally different. The latter group believed that respite housing is a comparatively manageable problem that NCACH could address effectively. They argued that the lack of respite housing has many downstream effects that impact SDoH and that NCACH could make a large impact by addressing the deficit.
- Those who gave low marks to the idea felt that, although this strategy was less prone than #1 to becoming a "money sink," it was too much of a tree-grower approach. In their view, respite housing might make sense as part of a larger catalytic agenda but was too narrow to be a primary focus of the organization.

#### **Candidate Strategy #3 > Transportation**

- There was universal agreement that transportation is a critical problem in the region.
- Opinions tended to mirror those for the Housing strategy. Some interviewees argued that transportation is so pivotal to addressing SDoH that NCACH needed to make it a primary focus. Others felt that there are already many entities working on the problem and that NCACH is not well positioned to make a decisive impact.

#### **Candidate Strategy #4 > Community Based Care Coordination Expansion**

#### **Candidate Strategy #5 > Community Information Exchange**

*Because so many interviewees believed that these strategies were closely related, they will be summarized together.*

- In total, these were the candidate strategies with the most support and least opposition.
- People in favor of these strategies argued that they are the most in-line with a tool-building/catalyzing role. They felt that NCACH should focus on areas where it has a unique position and value – a niche that no one else is filling or can fill. From their perspective, these strategies would provide broadly valuable infrastructure and would therefore do more than any other candidates to generate lasting change.
- Those who were opposed to the strategies felt that the failure of NCACH’s Pathways implementation was a warning sign that the organization is not positioned to advance care coordination effectively. Regarding CIE, they argued that the job is too big and expensive, with no clear path to sustainability. They also cited the lack of clear direction from the state and ongoing ambiguity about what a CIE for the North Central region would actually need to do.

#### **Candidate Strategy #6 > Leverage Funding for SDoH Work**

- There was broad support for this idea and little opposition. Some interviewees interpreted the strategy to mean that NCACH would be leveraging *its own* funding, rather than securing external funding. Support increased when it was seen as a strategy to bring in new funding.
- Many supporters felt that this shouldn’t be seen as a strategy on its own but rather as a method for achieving other strategies. A few supporters disagreed, worrying that it would wind up being under-resourced if it were simply seen as one of many tools.

#### **Candidate Strategy #7 > Addressing Adverse Childhood Experiences**

- This was the candidate strategy with the least support.
- There was universal agreement that the issue itself is important and that addressing ACEs is vital for improving wellbeing in the region. Supporters believed that NCACH could achieve important gains by focusing attention on the issue, rallying action, and coordinating efforts.
- Most interviewees, however, felt that NCACH lacks the necessary expertise to make a meaningful impact. They observed that many entities are already working to address ACEs and were unsure what distinctly valuable role NCACH could play.

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### ***Candidate Strategy #1: Housing***

#### **Diagnosis**

- Lack of housing stock and capacity due to a lack of incentive funds for capital investments in housing

#### **Distinct NCACH Advantage(s)**

- Ability to leverage current transformation project funds for matching grants
- Resources to gather the data needed to evaluate where this work would be most beneficial
- Capacity to research evidence-based approaches
- Ability to convene the correct partners

#### **Policy**

- Leverage current MTP funds to bring in matching dollars and bring partners together to develop a joint grant processes.
  - This model would require those agencies to have an operational plan and funding stream to make the work sustainable.

### ***Candidate Strategy #2: Respite Housing***

#### **Diagnosis**

- The region lacks an articulated strategy on how to create respite housing for those individuals who are interacting with healthcare and have no place to transition into.

#### **Distinct NCACH Advantage(s)**

- Multi-Sector Convening group that involves both healthcare and community-based partners.
  - Partners have the relationships and data available to identify and connect with those individuals who need these services.
- Expertise in grantsmanship and raising funds.

#### **Policy**

- Organize and convene the appropriate entities to identify a model that can be utilized in the region and play a leadership role in securing funding.

### ***Candidate Strategy #3: Transportation***

#### **Diagnosis**

- The regional transportation system is deficient due to underfunding, lack of cost effectiveness, and lack of a regional vision.

#### **Distinct NCACH Advantage(s)**

- Ability to act as a convener.
- Capacity to develop models to address problems and replicate those models.
- Ability to act as a funder.

#### **Policy**

- Convene appropriate subject matter experts to assess regional needs and opportunities in order to develop a viable model (including identifying capacity and funding).

### ***Candidate Strategy #4: Community Based Care Coordination Expansion***

#### **Diagnosis**

- Many residents of the region live in poverty and are unable to access the available supports to help them address their social determinants of health.

#### **Distinct Advantage(s)**

- Knowledge and expertise related to accessing supports
  - Already developing a model (Pathways Hub) that provides care coordination to patients.

**Policy**

- Review opportunities to expand the Pathways Hub to additional populations and develop a team of navigators in the region to connect people to the supports they need.

***Candidate Strategy #5: Community Information Exchange*****Diagnosis**

- Information on services in our region is fragmented and when an individual is referred to services, it is hard to ensure that connection was made and get confirmation that a positive outcome occurred.

**Distinct Advantage(s)**

- Funding that could be used to start a better system for connecting patients to social service providers.
- Expertise and experience in this issue.
- Ability to bring both payers and providers to the table.

**Policy**

- Utilize the current structure of the ACH to bring the appropriate individuals together to evaluate to create a CIE and develop the process to make this system sustainable in the future.

***Candidate Strategy #6: Leverage Funding for SDOH Work*****Diagnosis**

- Partners currently do not have the necessary processes, expertise, or capacity to identify available funding streams and successfully pursue them.

**Distinct Advantage(s)**

- Expertise in grantsmanship and raising funds.
- Ability to convene partners in the region.

**Policy**

- Establish clearinghouse for grants coming into this region and provide technical assistance to partners to help them apply for funds and maximize their impact. Could include developing a funders roundtable.

***Candidate Strategy 7: Addressing Adverse Childhood Experiences*****Diagnosis**

- It is hard to truly improve the social determinants of health if we are not first to identify and address adverse childhood experiences (ACEs).

**Distinct Advantage(s)**

- Expertise in this area.
- Ability to bring the appropriate partners together.
- Funds that could be used to initiate the work.

**Policy**

- Develop and steer implementation of a model for addressing ACEs via an evidence-based program like home visiting.

## **Estimated Timeline for Strategic Planning Process**

### **Retreat – June 12**

- Review interview results (15 minutes?)
- Discuss guiding principles and foundational strengths (1 hour?)
- Discuss value proposition (1 hour?)

### **June/July**

- Staff use the Board's retreat feedback to revise the guiding principles and value proposition
- The Board votes on revisions
- Staff develop a set of (3?) proposed mission statements that incorporate the adopted principles and value proposition

### **July, August, September**

- The Board selects a mission statement
- Staff develops a set of proposed strategies with input from Executive Committee that would put the guiding principles and value proposition into action

### **October/November**

- Board reviews the proposed strategic plan and provides feedback
- Staff with input from Executive Committee revises the strategic plan based on feedback

### **November/December**

- Board votes on the proposed strategic plan, which will be subjected to pressure-testing and financial modeling in 2021

### **2021**

Pressure-test the proposed strategies and develop a business plan

- Assessing Viability – Sample Questions
  - Is there a market for proposed services? If so, how strong and broad is that market?
  - What additional expertise, tools, connections, etc. would be necessary for success?
  - Who are the most engaged partners? What “sweat equity” are they willing to invest?
- Developing a Financial Modeling – Sample Work
  - Expenses/costs associated with different business models
  - Needed revenue for different business models
  - Potential sources of revenue, with assessments of their viability and sustainability

### **Late 2021 / 2022**

- Implement the business plan – initiate full transition to the future state

## **Summary of NCACH Core Principles, Value Proposition, and Fundamental Strengths**

*Developed based on input received from NCACH Board and Staff Interviews*

### ***Core Principles***

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1. NCACH is focused on improving the wellbeing of all people in the North Central region – wherever they live and whatever their background.
2. NCACH believes that successfully addressing the social determinants of health can improve health outcomes while reducing system-wide costs.
3. NCACH believes that for people to thrive, their communities must also thrive.
4. NCACH aims to catalyze the success of other entities, not duplicate their efforts or create an independent power center.
5. NCACH works to reduce fragmentation. It coordinates effort and promotes collaboration across sectors.
6. NCACH helps groups see beyond their day-to-day concerns and organizational pain points. It helps everyone focus on cross-cutting priorities and system-wide improvement.
7. NCACH pursues comprehensive, durable solutions. It avoids “drop in the bucket” efforts that don’t deliver systemic improvement.

### ***Value Proposition***

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**Initiatives** > When a region-wide priority is established . . .

- NCACH helps to acquire and manage the resources needed to advance that priority.
- NCACH provides the tools, expertise, and administrative supports that help groups operate efficiently and collaborate with one another.
- NCACH supports the development of a coordinated region-wide portfolio and advocates for policies that will advance wellbeing.

**Information** > NCACH serves as a hub for . . .

- Information about activities and services that improve wellbeing, advance health equity, and address SDoH.
- Data that is critical for evaluating regional needs and measuring progress toward improved wellbeing.

**Policy** > NCACH catalyzes improvement by . . .

- Serving as a trusted partner that can play the role of impartial convener and honest broker.
  - Bridging interests and sectors to support the development of a shared agenda for comprehensive health.
  - Promoting broad, nuanced understanding of SDoH, health equity, and the factors that drive wellbeing.
  - Assessing the policy landscape and advancing constructive policy solutions.
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## ***Foundational Strengths***

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### **Source of Expertise**

- In policy
- In fundraising
- In administration
- In the social determinants of health
- In health equity
- In whole-person health

### **Trusted Partner**

- For information
- For convening
- For agenda development
- For advocacy
- For developing initiatives
- For implementing projects
- For advancing community wellbeing