

**HEALTH CENTER BOARD PRACTICES  
AND NEEDS ASSESSMENT 2023:**

*Findings Report  
and Governance  
Benchmarking Tools*



NATIONAL ASSOCIATION OF  
Community Health Centers®

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# SECTION 1

## Overview

In 2023, the National Association of Community Health Centers (NACHC) conducted the first Health Center Board Practices and Needs Assessment to:

- identify practices and emerging trends in health center governance, which is particularly important as health centers emerge from the pandemic,
- surface data to allow health center boards to compare their practices to other health center boards, and
- allow NACHC and its partners to gain information on board education needs in order to add to the [over 50 resources and trainings already available](#).

Health center board members and Chief Executive Officers (CEOs)<sup>1</sup> were invited to complete an online assessment in English or Spanish. In total, 667 individuals responded: 68% were board members (451) and 32% were CEOs (216). A majority of board members responding (67%) were patient board members, consistent with the health center [patient-majority board model](#).

The assessment included questions about the respondent and the respondent's board in the following areas: strategy, oversight, board functioning, and resource and training needs. This project focused on assessing generally recognized good governance practices and board roles for nonprofit organizations. It did not focus on requirements of the Health Resources and Services Administration's (HRSA) Health Center Program, which is formally evaluated by HRSA through the [Operational Site Visit](#) (OSV). Additional infor-

mation about the methodology and respondents can be found in the [Appendix](#). In this resource, results are reported based on all responses given alignment between the different respondent groups.

### About this Resource

This resource is organized into several sections:

- **Section 1: Overview** includes information about the assessment, orients the reader to the resource, and highlights key findings.
- **Section 2: Board Roles** addresses the [three major board roles](#): Strategy, Oversight and Policy, and Board Functioning and includes the following for each role:
  - *Findings*
  - *Good Governance Tips* based on the findings
  - *Discussion Questions* to encourage boards and CEOs to discuss the board's governance practices and opportunities to strengthen board performance
  - *Additional Resources*
- **Section 3: Priorities for Additional Board Resources & Training** provides information on additional training and resource needs.
- **Section 4: Checklist of Health Center Board Structures and Practices** is a dashboard tool to allow centers to compare certain governance practices to other center boards across the country.
- The [Appendix](#) includes more information about the methodology.

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<sup>1</sup>The CEO is also referred to as the "Project Director" in the HRSA [Health Center Program Compliance Manual](#).

## Using this Resource

A board and the center's CEO may wish to review the findings in a board meeting or retreat, or by talking about each major category of board role (Strategy, Oversight, and Board Functioning) over the course of several meetings. The report includes Discussion Questions to guide boards and CEOs in considering the board's governance practices and opportunities to enhance board performance. Further, boards and CEOs may wish to complete the *Checklist of Health Center Board Structures and Practices* to guide discussion around any practices the board might want to adopt to strengthen its overall governance.

## Highlights

### Context: The COVID-19 Pandemic

The COVID-19 pandemic created challenges for health centers and the patient-majority boards that govern them. **Findings show that many health center boards stepped**



**Continued focus on the mission while weathering the issues created by the COVID pandemic.**

– Board Member commenting on the greatest board accomplishments over last two years



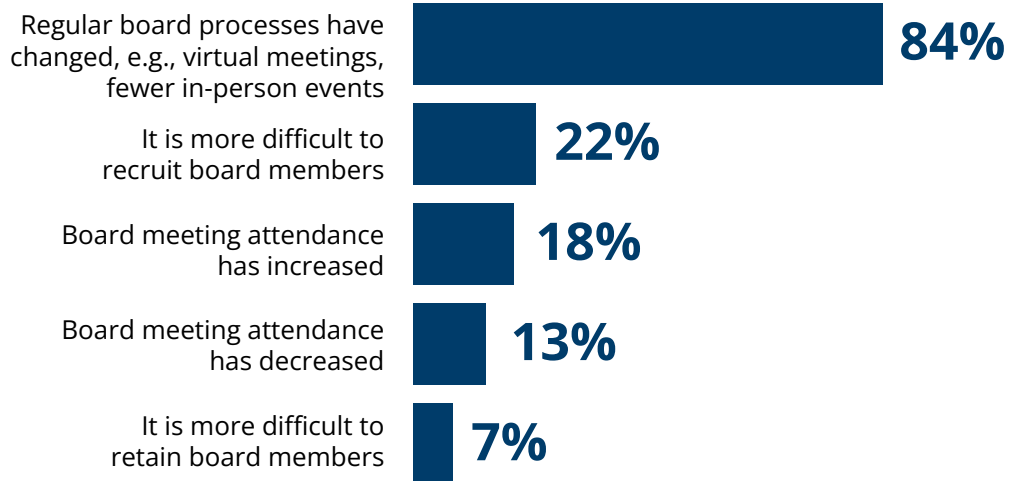
**Being completely supportive throughout the pandemic and being actively involved in the direction of the organization.**

– CEO commenting on the greatest board accomplishments over last two years

**up to the challenge of governance during the pandemic.** Respondent comments point to boards that helped address the factors stressing health centers during the pandemic and also navigating workforce retention and recruitment, financial constraints, and even CEO transitions. Many comments also point to boards playing an important role in expansion of sites and services in response to community needs.

Respondents agree that the most common way that the pandemic affected health center boards was that it changed regular meeting processes – e.g., virtual meetings, fewer in-person meetings (see Figure 1 with responses from all board member and CEO respondents).

**Figure 1: Pandemic Affect on Health Center Boards (All)**



Findings surfaced information on the good governance practices being used by the patient-majority governing boards.

Highlights include:

1. **Board member and CEO respondents agree that the board has a positive or very positive impact on their center,** including on the strategic plan, overall center performance, financial sustainability, promoting a culture of quality improvement, and other areas (see Figure 2). This seems particularly significant given the assessment was conducted when boards and center staff were stretched by difficult circumstances coming out of the COVID-19 pandemic.
2. **Many respondents indicate that their boards are engaged in the strategic planning process and use many good governance practices for strategic planning.**
  - Most respondents indicate that their boards participated in a strategic planning session, reviewed the mission and vision, and approved the strategic plan.
  - There is an opportunity to enhance board engagement with strategic plan-

ning by using data from the Community Needs Assessment and by redesigning meetings and materials to support more strategic discussions.

For more information see [Strategic Planning and Thinking](#).

3. **Health center boards are using good practices related to board composition, orientation, and education.**
  - Many respondents report that their boards identify gaps in needed expertise and experience and use multiple sources for recruiting new members.
  - There is an opportunity to strengthen boards by ensuring practices are in place for board member and board officer succession.
  - Health centers lag behind other non-profits in the adoption of limits on the number of consecutive terms a board member may serve.

For more information, see [Strategic Board Composition](#).

**Figure 2: Board Impact**

Impact of the board on	All (Positive + Very Positive)
Defining the center’s strategic plan or priorities	93%
The center’s overall performance	92%
Ensuring the center’s financial sustainability	92%
Standing up for patient and/or community needs	92%
Promoting a culture of quality improvement	90%
Establishing trust and credibility with the communities served	84%

- 4. Many respondents report the use of good governance practices related to meetings, committees, and board culture that support effective board functioning.**
- The pandemic gave boards options to be flexible and modernize meeting practices—e.g., virtual meetings, fewer in-person meetings.
  - Respondents report that their boards receive meeting materials in advance, have a board calendar or work plan, and use executive sessions. There is an opportunity to further enhance board functioning by raising awareness about some less common practices, such as consent agendas.
  - Most boards use committees to support the work of the board.
  - There are high levels of satisfaction with markers of positive board culture.

For more information, see [Board Functioning](#).

- 5. There is opportunity for boards to ensure policies and plans are in place related to CEO absence and succession.**
- While 64% of respondents were satisfied or very satisfied with the board's work in this area, this was one of the lowest rated areas in the assessment. Ensuring the organization has a CEO Succession Policy and Emergency Succession Plan is important even if the board does not anticipate a leadership change. For more information, see [Oversight and Policy](#).

## SECTION 2

# Board Roles

### Strategy

#### Strategic Planning and Thinking

A formal, written strategic plan that guides the center's future is a good governance practice and a requirement of the Health Center Program. Strategic thinking is part of ongoing board work.

#### Findings

##### 1. Respondents signal that health center boards are engaged in strategic planning.

- More than 80% of respondents indicate that their boards participated in a strategic planning session, reviewed the mission and vision, and approved the strategic plan (see Figure 3).
- More than 80% of respondents are satisfied with the board's performance related to strategy, including that the board understands the center's operating environment and partners with the CEO in developing the strategic plan (see Figure 4).

**Figure 3: Practices Used In Creating Current Strategic Plan**

Practices Used In Creating Current Strategic Plan	All
Reviewed the mission, vision, and/or values	85%
Approved the strategic plan	84%
Participated in a strategic planning session at a board meeting or retreat	80%
Used data from the most recent Community Needs Assessment	68%



**Supporting the Strategic Plan—which served us so well during the pandemic—ensured we did not stray from our mission, vision, and values.**

– CEO

- Over 90% of respondents believe the board has a positive or very positive impact on defining the center's strategic plan (see Figure 2 in the *Highlights* section).

##### 2. There is opportunity for more boards to use the most recent Community Needs Assessment to inform the center's strategic plan.

This was the lowest used practice reported by respondents (see Figure 3).

##### 3. Approximately one-quarter of respondents indicate that their boards could focus more on strategy and policy during meetings

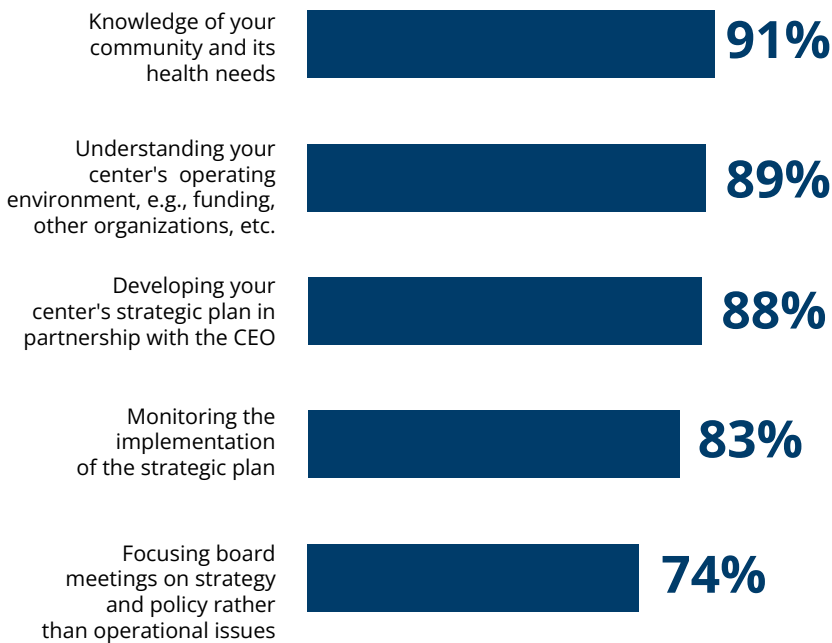
(see Figure 4).

##### 4. Despite the pandemic, many health centers developed new strategic plans and/or expanded.

When asked about major accomplishments during the past two years, a significant number of respondents pointed to important site and/or service-line expansions; below are some examples:

- *“Continuing to work with the school system to expand the school-based clinic system.”* —Board Member
- *“Successful move of main site and the expansion and implementation of new services, including behavioral health and oral health.”* —CEO

**Figure 4: Board Performance on Strategy: Satisfied + Extremely Satisfied (All)**



### Good Governance Tips: Strategic Planning and Thinking

**Use the Community Needs Assessment to support the board's role in strategic planning and strategic thinking, if not already doing so.**

- More centers could use the Community Needs Assessment to inform board work. The summary data and key themes from the Community Needs Assessment provide valuable reference for strategic conversations. Learn more in NACHC's video, *The Board's Role in the Needs Assessment*, and in the *Quick Guide: Conducting Your Health Center's Needs Assessment*. Staff can consider timing the center's Community Needs Assessment so that the findings can inform the strategic plan.

**Redesign board meetings and materials to support more strategic discussions, if not already doing so.**

- Some boards could benefit from revising meeting agendas to better balance discussions about strategy with operational

oversight. NACHC's *Governance Guide for Health Center Boards*, Chapters 3 and 9 offer ideas to increase the focus on strategic issues, such as adding one strategic issue item for each board meeting agenda.

- Include routine updates on implementation of the strategic plan and use a dashboard to consistently report progress. Dashboards are visual tools for monitoring performance and translating center goals – quality, financial, patient experience, strategic plan implementation – into a graphic display (57% of respondents report using dashboards; see the section on *Board Functioning*).

### Discussion Questions on Strategic Planning and Thinking

- How is the board engaged in strategic planning? How does the board monitor the implementation of the plan?
- How does the board use the Community Needs Assessment?
- How can board meeting agendas and materials support more strategic conversations?

### Additional Resources Available from NACHC

- *Governance Guide for Health Center Boards/Guía para las Juntas Directivas del Centro de Salud* (Chapters 3 & 9)
- *The Board's Role in Strategic Planning* (Video)
- *Focusing on the Future: Strategic Planning and Thinking During the COVID-19 Pandemic*
- *The Board's Role in the Needs Assessment* (Video)
- *Quick Guide: Conducting Your Health Center's Needs Assessment*



## Strategic Board Composition

Health center boards are unique because 51% of their members must be patients of the center. Ideally, the board is diverse, brings together varying perspectives, approaches recruitment as an ongoing activity, and regularly provides orientation and education.



**Maintaining the engagement of board members while adding several new members**

– Board Member commenting on the greatest board accomplishment over last two years

## Findings

- 1. Many health center boards use good practices to identify board composition needs and find potential members.**
  - Nearly 80% of respondents report that their boards identify gaps in needed expertise and experience, and a majority use multiple approaches to find members (see Figure 6).
  - Only 22% of respondents report that board recruitment was more difficult during the pandemic (see Figure 1 in the *Highlights* section).
- 2. Responses show that patient and non-patient board members share the same top reasons for joining the board** (see Figure 5).
- 3. Opportunities exist to enhance board member and board officer succession planning.** Less than 40% of respondents report such processes (see Figure 6).
- 4. Respondents report providing board orientation and training (79%),** and 25% also report matching new members with a board buddy/mentor (see Figure 6).
- 5. The most common term and term limits reported for health center board service is 2 or 3 consecutive 3-year terms** (see Figures 7 and 8). This means members may serve a maximum of 6 to 9 years. Health center boards lag behind other nonprofits in using term limits (53% of respondents indicate their board limits the number of consecutive terms, compared to 76% of boards that have limits across the nonprofit sector).<sup>2</sup>

**Figure 5: Reason for Board Service**

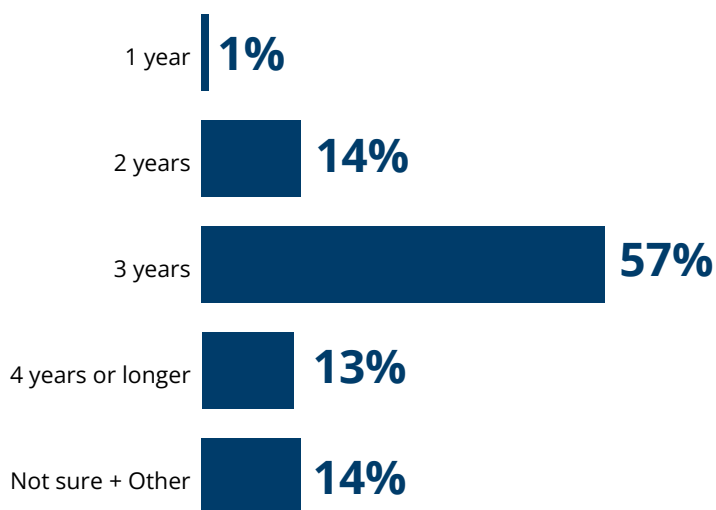
Reason for Board Service	Patient Members	Non-Patient Members
I support the health center's mission.	74%	71%
I have professional expertise that can help the board in its work.	57%	69%
I consider myself part of the community/group the center serves.	56%	46%

<sup>2</sup> BoardSource's *Leading with Intent 2021* reports that 76% of boards have a maximum number of years a board member can serve.

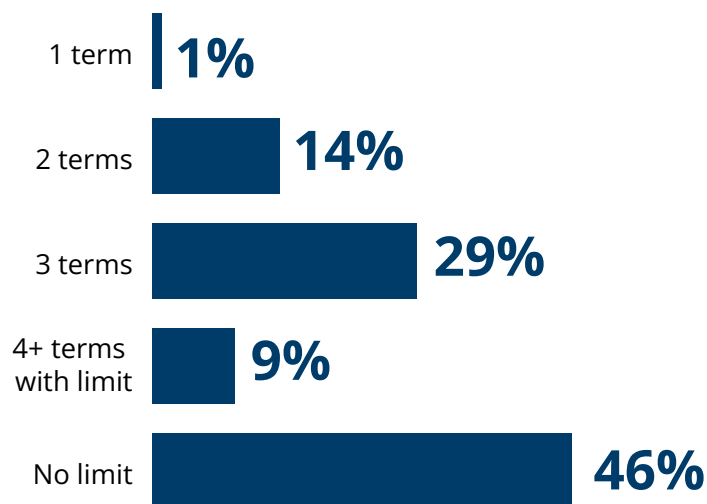
**Figure 6: Board Composition, Recruitment, and Education**

Board Composition, Recruitment, and Education		All
Composition Practices	Examines board composition to identify gaps in professional knowledge and skills	78%
	Examines board composition to identify gaps in demographic diversity	78%
	Identifies potential board members using an established process	39%
	Has a plan and/or process in place for board officer succession	34%
Recruitment Practices	Asks board and/or committee members for recommendations	92%
	Develops relationships with community leaders, corporations, or other organizations	71%
	Asks staff for recommendations	65%
Orientation & Education Practices	Invites non-board members serving on committees, Patient Advisory Council, etc.	30%
	Provides an orientation for new board members	79%
	Provides periodic training or education for board members	78%
Top Recruitment Challenges	Matches new members with a board buddy/mentor	25%
	Finding individuals willing to make the time commitment	54%
	Finding individuals with needed experience, knowledge, and skills	50%
	Finding patients to serve	45%

**Figure 7: Board Member Service: Number of Years/Term (CEOs)**



**Figure 8: Board Member Service: Number of Consecutive Terms (CEOs)**



## Good Governance Tips: Strategic Board Composition

### Task the Governance Committee with developing a board and officer succession plan.

- ❑ A board and officer succession plan helps provide leadership continuity and revitalization. Findings indicate that 68% of respondents have a Governance Committee or equivalent, such as a Nominating or Board Development Committee (see [Board Functioning](#)). Task that committee with documenting a formal process for board recruitment and a consistent set of steps to develop future board leaders. See NACHC'S [Governance Guide for Health Center Boards](#), Chapter 2 for tips.

### Consider whether board mentoring would enhance new member onboarding and strengthen relations among board members.

- ❑ Assigning new members a mentor with board experience can help new board members become comfortable more quickly. For information, see the NACHC [Governance Guide for Health Center Boards](#), page 25-26.

### Consider how to approach board member rotation if the health center does not have term limits.

- ❑ Health center board practice lags behind the nonprofit sector, where term limits are the norm and a recommended practice.<sup>3</sup> Term limits provide a mechanism to bring new ideas and perspectives to the board; they also help the board adjust and align with changing needs. Term limits can be a difficult topic for many health center boards; boards without limits are encouraged to read NACHC'S [Governance Guide for Health Center Boards](#), pages 26-28,



**Shorter term limits would allow for fresh ideas on how to govern the center**  
– CEO

and to periodically discuss how the board approaches rotation and renewal.

## Discussion Questions on Strategic Board Composition

- How does the board identify the knowledge, skills, and experience it needs and recruit potential members?
- How effective is the board's current orientation and ongoing board education?
- How does the board plan for board member rotation? How can the board identify and prepare future officers?

## Additional Resources Available from NACHC

- [Governance Guide for Health Center Boards/Guía para las Juntas Directivas del Centro de Salud](#) (Chapter 2 and various tools in appendix)
- [Recruiting and Retaining Board Members](#)
- [New Board Member Orientation: Template & Facilitator Guide](#)
- [Diversity, Equity, Inclusion, and Justice in Governance: Considerations for Health Center Boards](#) (Video)

<sup>3</sup> See BoardSource's "[Recommended Governance Practices](#)."

## Oversight and Policy

The board provides oversight of the essential elements of a health center, including finances, quality, corporate compliance, CEO, and the Health Center Program. The board also maintains up-to-date bylaws and policies.

### Findings

1. **Most respondents are satisfied with the board’s performance of core oversight functions** (see Figure 9) **and that the board has a positive impact on the center in these areas** (see Figure 2 under *Highlights*).
2. **Like many nonprofit boards, health center boards could benefit from ensuring that policies and plans are in place in the event of CEO absences and transitions.** 64% of respondents were satisfied with the board’s performance around CEO succession planning (see Figure 9), which is lower than other areas of oversight.

**Figure 9: Board Performance on Over & Policy: Satisfied + Extremely Satisfied (All)**



**The retirement of our only CEO...meant that we had to complete something that we had never done before and had no experience in for either the board or the leadership team. So many things went awry during this time that really tested us all.**

– Board Member

### Good Governance Tips: Oversight and Policy

#### Ensure the board develops and approves a CEO Succession Policy and Emergency Succession Plan

- Every center should have an emergency plan in case of absence of the CEO and a succession plan in the event of the CEO's departure. These plans are important for continuity and stability, even if the board does not anticipate a change in leadership. Task a board committee with developing these plans—in collaboration with the CEO—using NACHC's toolkit on *CEO Succession Planning*.

## ***Discussion Questions on Oversight and Policy***

- How does the board fulfill its oversight duties?
- How does the board review and update key policies?
- How has the board planned for CEO transition and succession?

## ***Additional Resources Available from NACHC***

- *Governance Guide for Health Center Boards/Guía para las Juntas Directivas del Centro de Salud* (Chapters 4 – 8)
- *Modules on Board Financial Oversight* (five-part series, English/Spanish)
- *CEO Succession Planning: A Toolkit for Health Center Boards*
- *Navigating CEO Transitions: A Toolkit for Health Center Boards*
- *CEO and Senior Executive Compensation – Legal Considerations for Health Centers*
- *Health Center Boards & HRSA Health Center Program Compliance*
- *Sliding Fee Discount Program: The Fundamentals for Health Center Boards* (Video)
- *Tips for Health Center Boards for Evaluating the Sliding Fee Discount Program* (Video)

## Board Functioning: Meetings, Committees & Culture

*Productive board meetings and well-functioning committees are how and where a board carries out its governance functions. High-performing boards have healthy cultures grounded in mutual trust and respect, which sets the tone for the center's culture.*



*Switching to virtual meetings during the pandemic...ended up being a positive. We now do hybrid meetings.*

– CEO

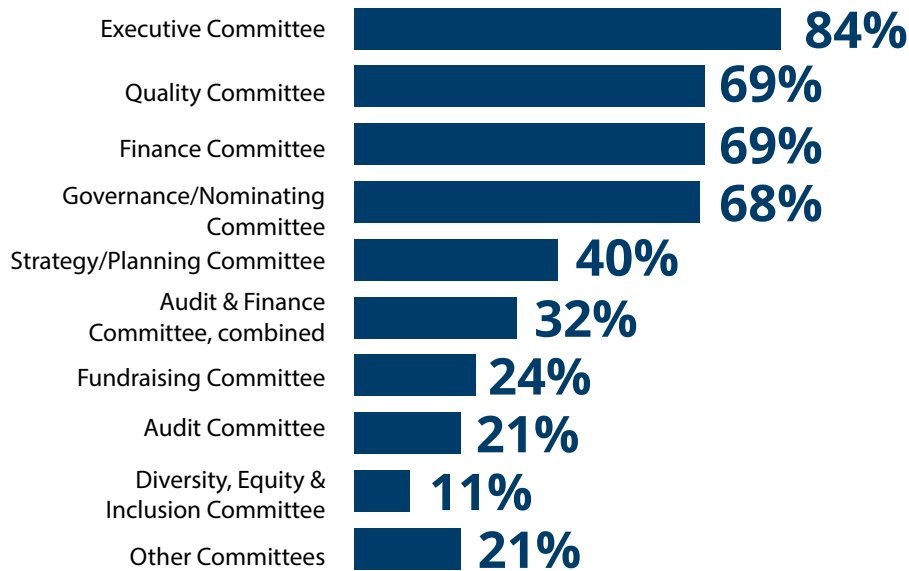
### Findings

- 1. The pandemic required boards to become more flexible and to modernize their practices.** Respondents agree that the pandemic changed regular board processes (84%)—e.g., virtual meetings, fewer in-person meetings (see Figure 1 in the *Highlights* section).
- 2. Respondents report the use of many good board meeting practices,** such as distributing materials in advance, using a calendar or work plan to guide its work, and meeting in executive session (see Figure 10). Health center boards are required to meet monthly and, according to this assessment, the most common meeting length is 1 to 2 hours (see Figure 10).
- 3. Meetings could be enhanced by practices that streamline information** – such as dashboard reports and consent agendas (see Figure 10) – **and from agendas that focus on strategy and policy, rather than operations** (see Figure 4 under *Strategic Planning and Thinking*).
- 4. More than two-thirds of respondents report having committees that support the board in carrying out good governance – Executive, Quality, Finance and/or Audit, and Governance/Nominating** (see Figure 11).
  - 21% of respondents report other committees focused on governance duties, such as Bylaws, Compliance/Risk Management, and Advocacy Committees.
  - Some respondents reported having a dedicated committee focused on special populations served by the center (e.g., Migrant and Seasonal Agricultural, Homeless, Residents of Public Housing).

**Figure 10: Board Meetings**

Board Meetings		All
Typical Board Meeting Length	≤ 1 hour	9%
	1 - 2 hours	69%
	2 - 3 hours	18%
Board Meeting Practices	Meeting materials sent several days in advance	90%
	Video conferencing to supplement or replace face-to-face meetings	85%
	Annual board calendar or work plan	77%
	Executive sessions, with or without the CEO, for confidential discussions	75%
	Dashboard report or other graphic display of center performance	57%
	Consent agenda that combines routine matters in a single action item	54%
	Board portal or password-protected site	43%

**Figure 11: Board Committees**



*Throughout the challenges, we have continued to have board engagement and support for our greater purpose.*  
– CEO

5. **Board member and CEO respondents agree that their boards have markers of positive culture** (see Figure 12), including mutual trust and respect among board members and between the board and CEO.

### Good Governance Tips: Board Functioning

Consider the following practices to support more strategic board discussions if not already doing so.

- ❑ **Dashboards** are visual tools to help the board monitor performance. They help translate center goals – quality, financial, patient experience, strategic plan implementation – into measurable indicators that can be displayed graphically.
- ❑ **Consent agendas** combine routine items for board approval into a single agenda item that is voted on together. This consolidated agenda frees up time during the meeting for discussion about more important issues. For more information, see [Governance Guide for Health Center Boards](#), pages 82 – 83.
- ❑ A **board portal** or password-protected site provides a central location for sharing and archiving board materials. A portal allows board members to access meeting materials, governance policies, and other information 24/7.

**Figure 12: Board Culture & Relationships: Agree + Strongly Agree (All)**



**Periodically review how the board's committee structure and practices support good governance.**

- ❑ Ensure committees are in place to support core governance functions, such as Finance, Quality, and Governance.
- ❑ Consider separating the Audit Committee from the Finance Committee if your health center is large and/or in states that require separation of these functions.
- ❑ Be sure that the full board ratifies actions of the Executive Committee at the subsequent board meeting. The bylaws should outline the powers of the Executive Committee and limitations on its authority.
- ❑ Some respondents report having Personnel or Human Resource Committees. While boards do have various tasks under the HRSA Health Center Program related to personnel policies and approving salary and benefit scales (see [Chapter 19: Board Authority](#)), such committees should focus on governance-level tasks and not mimic staff functions. Boards may wish to rename such committees to clarify that their purpose is distinct from management.

***Discussion Questions on Board Functioning***

- What is working well about board meetings and what changes would be helpful?
- How does the committee structure support governance work and would any changes be helpful?
- What practices does the board want to start, maintain, or stop to ensure a strong board culture?

***Additional Resources Available from NACHC***

- [Governance Guide for Health Center Boards/Guía para las Juntas Directivas del Centro de Salud](#) (Chapter 9)
- [Hybrid Board Meetings](#)



## SECTION 3

# Priorities For Additional Board Resources & Training

Respondents provided input on preferred formats and topics for new board resources. The results will be used to help inform future training and technical assistance from NACHC and its partners.

1. Respondents expressed interest in both self-guided online resources and facilitator-led training.
2. Responses revealed an ongoing interest in educational resources and training on:
  - **core governance topics**, such as good governance practices and board responsibilities, as well as training for board leaders and guidance on more challenging topics, such as strategic planning
  - **larger organizational issues**, particularly related to changes in healthcare, such as value-based care, and other common challenges for health centers, such as workforce.

### Select Resources from NACHC to Learn More About Priority Governance Topics

- *Board Chair Leadership Program* – Cohort based program to train new and incoming board chairs.
- *Governance Guide for Health Center Boards/Guía para las Juntas Directivas del Centro de Salud*
- *Health Center Board Roles* (Video)
- *New Board Member Orientation: Power-Point Template and Facilitator Guide*
- *The Board's Role in Strategic Planning* (Video)
- *CEO Succession Planning: A Toolkit for Health Center Boards*



**Keep the short videos coming!**

– CEO

### Select Resources from NACHC to Learn More About Priority Health Center Issues

- *Four Fundamentals of Value-Based Payment for Health Center Boards* (Video)
- *Tips for Boards on Health Center Workforce Challenges and Opportunities* (Video and Article)
- *Becoming a Teaching Health Center: Tips for Health Center Boards*
- *Geographic Expansion: A Guide for Health Center Boards*

**Figure 13: Training and Technical Assistance Preferences**

Training and Technical Assistance Preferences		All
Modality Preferences	Short videos for board education or E-learning <sup>4</sup> (self-guided)	70%
	In-person training in a conference setting	60%
	Virtual training with faculty (including cohort based with peer-to-peer sharing)	52%
	Toolkits, guides, case studies, articles	41%
	Board education materials in language other than English <sup>5</sup>	10%
Top 7 Governance Topics	1. Leadership training for board chairs, officers, and committee chairs	50%
	2. Effective board governance practices	48%
	3. Board orientation and education	47%
	4. Board self-assessment	46%
	5. Strategic planning and thinking	45%
	6. CEO succession planning	42%
	7. Board roles and responsibilities	41%
Top 7 Health Center Issues	1. Health care transformation—understanding new care models, such as value-based care	60%
	2. Health care transformation—alternative payment models, risk-based contracting	59%
	3. Workforce recruitment and retention	55%
	4. Risk areas for the center and the board’s role, e.g., cybersecurity	45%
	5. Social determinants of health	40%
	6. Understanding health center financing	39%
	7. Expansion – geographic, site	38%

<sup>4</sup>E-learning is the delivery of training or learning that takes place through digital resources.

<sup>5</sup>Spanish language was the top language specified.

## SECTION 4

# Checklist On Health Center Board Structures And Practices

Boards can use this tool to compare its board practices with those of other health centers. Put a check next to your board's current practices. Discuss the results as a group, including any gaps in board practices, and consider what changes would help strengthen board performance.

Board Structures and Practices		All Respondents (n = 667)	Your Health Center Board	Good Governance Considerations
<b>BOARD SERVICE</b>				
Length of Board Member Terms	1 year	2%		Term limits cap the number of consecutive terms a member may serve. They provide a way to bring new ideas and perspectives to the board and its decision-making; they also create the opportunity to adjust the board's membership to align with the organization's changing needs. Term limits can be a difficult topic for many health center boards; boards without such limits are encouraged to read the <a href="#">Governance Guide for Health Center Boards</a> , pages 26-28, and to periodically discuss how the board will approach rotation and renewal.
	2 years	14%		
	3 years	50%		
	4+ years	15%		
Number of Consecutive Terms	1 term	2%		
	2 terms	16%		
	3 terms	19%		
	4+ terms with limit	7%		
	No limit on consecutive terms	42%		
<b>BOARD COMPOSITION, RECRUITMENT &amp; EDUCATION</b>				
Composition Practices	Examines board composition to identify gaps in professional knowledge and skills	78%		A Governance Committee (or equivalent, such as a Nominating or Board Development Committee), routinely assesses the board's current composition, considers rotation, and needs of the board to inform recruitment priorities.
	Examines board composition to identify gaps in demographic diversity	78%		
	Identifies potential board members using an established process	39%		
	Has a plan and/or process in place for board officer succession	34%		
Recruitment Practices	Asks board and/or committee members for recommendations	92%		After a board defines its needs for new members, the Governance Committee (or equivalent) builds a pipeline of candidates by reaching out to multiple networks and finding members from various sources.
	Develops relationships with community leaders, corporations, or other organizations	71%		
	Asks staff for recommendations	65%		
	Invites non-board members serving on committees, Patient Advisory Council, etc.	30%		
Orientation & Education Practices	Provides an orientation for new board members	79%		Robust orientation and ongoing education helps all members feel more comfortable contributing to board oversight and strategic deliberations.
	Provides periodic training or education for board members	78%		
	Matches new members with a board buddy/mentor	25%		

Board Structures and Practices		All Respondents (n = 667)	Your Health Center Board	Good Governance Considerations
<b>BOARD MEETINGS &amp; CULTURE</b>				
Typical Board Meeting Length	≤ 1 hour	9%		Productive board meetings include enough time to focus on strategy, provide oversight, and educate the board on key issues.
	1 - 2 hours	69%		
	2 - 3 hours	18%		
Board Meeting Practices	Meeting materials sent several days in advance	90%		To help board members prepare for meetings, it is important to share the agenda and meeting materials in advance.
	Video conferencing to supplement or replace face-to-face meetings	85%		During the pandemic, virtual meetings were essential. Now, many center boards are using hybrid meetings or rotating between virtual and in-person meetings.
	Annual board calendar or work plan	77%		A work plan or calendar outlines major tasks for the board one year at a time.
	Executive sessions, with or without the CEO, for confidential discussions	75%		Executive sessions are used by the board to discuss matters that are sensitive and confidential.
	Dashboard report or other graphic display of center performance	57%		Dashboards are visual tools for monitoring performance.
	Consent agenda that combines routine matters in a single action item	54%		Consent agendas combine routine items for board approval into a single agenda item that is voted on together, which frees up time during the meeting for more discussion.
	Board portal or password-protected site	43%		A board portal or password-protected site provides a central location for sharing and archiving board materials.
<b>COMMITTEES</b>				
Committee Structure	Executive Committee	84%		Committees typically focus on the ongoing governance work of the board. Some states require nonprofit boards to have certain committees.
	Quality Committee	69%		
	Finance Committee	69%		
	Governance, Nominating, or Board Development Committee	68%		
	Strategy/Planning Committee	40%		
	Audit/Finance Committee, combined	32%		
	Fundraising Committee	24%		
	Audit Committee	21%		
<b>STRATEGIC PLANNING &amp; THINKING</b>				
Strategic Planning Practices	Reviewed the mission, vision, and/or values	85%		The health center board ensures the patient voice is included in the strategic plan. The planning process often includes reviewing or updating the mission, vision, and values, as well as strong board participation in defining the center's goals and approving the plan. It is good practice to use key findings from the Community Needs Assessment to inform the strategic plan.
	Approved the strategic plan	84%		
	Participated in a strategic planning session at a board meeting or retreat	80%		
	Used data from the most recent Community Needs Assessment	68%		

# Appendix: Methodology

An online assessment tool was fielded to health center board members and CEOs in English and Spanish between January 11 and February 13, 2023. In total, 667 individuals responded: 216 CEOs (32%) and 451 (68%) board members. A majority of board members responding (67%) were patient members of the board, consistent with the health center *patient-majority board model*. Approximately 7% of respondents used the Spanish language version.

The assessment included questions about the respondent and the respondent's board in the following areas: strategy (strategic planning and strategic board composition), oversight, board functioning (meetings, committees, culture), and resource and training needs. The assessment included

checklist questions about board practices, rating questions about perspectives on board performance, and optional open-ended questions about accomplishments and challenges during the past two years.

Data from different respondent groups were analyzed: board members vs CEO; patient vs nonpatient board members;

board officers vs other board members; and by health center budget size. The findings were consistent across all respondent groups and health center budget sizes, with no statistical differences among groups. In this report, results are reported based on all respondents. Below is a snapshot of the backgrounds of the CEOs and board members who participated in the assessment.

About Respondents	CEO	Board Members
Count	216	451
Percent	32%	68%
<b>Of Board Respondents</b>		
Officers	49%	
Board Members	51%	
Patient	67%	
Non-Patient	29%	
Not Sure/Prefer Not to Say	4%	
<b>Length of Service</b>		
Less than one year to 3 years	33%	39%
4 to 6 years	18%	19%
7 to 9 years	18%	14%
10 or more years	31%	14%

About Their Health Centers	CEO	Board Members
<b>Budget Size</b>		
Less than \$7M	12%	9%
\$7M - \$27M	51%	39%
Greater than \$27M	36%	21%
Not sure	0%	21%
<b>Communities Served (select all that apply)</b>		
Rural	68%	71%
Urban	69%	56%
Suburban	25%	40%
Other	3%	3%
Not sure	0%	1%

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