

Successful Practices in **Community Development for Community Health Centers**

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The National Association of Community Health Centers provides technical assistance and support in the development of access to quality health care through community health centers. This monograph is intended to assist communities and organizations who are undertaking the development of new community health center clinics.

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Successful Practices In Health Center Community Development

The opportunity to develop and finally open the doors of a new health center¹ comes along in different ways. We are likely to consider the health plan, business plan, acquiring state or federal dollars, operations plan, and staff recruitment as the core elements of the work necessary to deliver services. Yet before any of this can happen, the community must come together as the “superglue” that initially produces and then provides long term support for the health center health care delivery system.

Non-profit organizations that provide a variety of services to the working poor and other cohorts of marginalized folks know all about scarce resources, competition, devolution of social/political will, and the need for community engagement to support community improvement. As the energy for a new health center ignites, the community must become the strongest ally for the center.

There are several reasons for this, such as:

- *The community is without sufficient, appropriate, affordable, patient-centered health care*
- *A medical home and a healthier family improves community (public) health indicators*
- *Children’s care becomes planned rather than acute through Early Periodic Screening Diagnosis and Treatment (EPSDT)*
- *A health center is a new “economic engine” and community asset that provides jobs and benefits to community members,*
- *The health center benefits the state as a whole as it reduces the number of people without access to health care and thereby the overall health care bill for the state and its taxpayers*

The work of community development identifies needs and preferences of the targeted user population, local health care and social services resources that will interact with the health center and potential community leaders and individuals who will make up the health center governing board. The ideas and directions that emerge during the community development period lead to a concrete Organizational Formation Work Plan that outlines the specific tasks that must be accomplished to move toward the implementing the health center.

This guide will provide some practical suggestions for how to proceed in a logical and developmental way when working with a community that is interested in starting a health center. The work plans included here are a composite of those recommended by several state programs that provide resources for early health center development and the years of experience of a number of people who have been involved with the health center movement. But, it is really important to remember that every community is different and every health center will reflect the specific needs and preferences of the community it serves. This uniqueness is what makes health centers stand out and is the very essence of what makes them so successful.

¹ In this document, unless otherwise noted, the term “health center” is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended. It does not refer to FQHC Look-Alikes or clinics that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.

Before embarking on the tasks of health center building it is strongly recommended that you thoroughly read the following:

- **[“So You Want To Start a Health Center”](#)** – This monograph published by the National Association of Community Health Centers (NACHC), provides a detailed overview of the requirements for becoming a health center, how to do a feasibility study, and the process for applying for federal operating support.
- **[“Health Center Program Requirements”](#)** – Specifies the 19 core health center program requirements.
- **“Building Effective Health Centers Through Data-Supported Decision-Making: A Guide to Data Collection Techniques for Needs Assessments”** is a companion monograph to this one, focusing on approaches to collecting data about the community and target population.

Community Development

Community development has a broad range of definitions. In every case it is a labor-intensive and a hands-on activity that includes:

- Analyses
- Tasks
- Management
- Problem solving
- Learning,
- Humor
- Leadership

Community development bands a multitude of independent personalities into a dedicated cohort of champions, allies and builders of the designated project. For the person who heads the process, vitality, patience and the belief that s/he can turn the opportunity into a vibrant, community-involved project is central.

The project will involve organizing and running community forums, staffing multiple committees, meeting with community groups and leaders, providing expertise for state and federal underserved designation applications and/or funding.

While community development is often thought of as an activity to be undertaken when a new health center organization is being developed, it would be a serious mistake to think it does not equally apply when an existing health center organization is looking to open a satellite site in a new community. Albeit the experienced health center already has an infrastructure, Governing Board and some level of resources to bring to the project, not involving the community in developing the health center can potentially lead to resistance, lack of responsiveness in program and management, and not the least is a violation of the basic tenet of what health centers are all about.

Opportunity And Challenge

The opportunities to initiate the beginnings of a new health center usually arise when:

- Federal and/or state policy and funding initiatives (such as the federal health center expansion funding opportunities or state “incubator” programs) encourage health center expansion
- A community group or organization seeks to establish a health center
- A State Primary Care Association (PCA), as part of the State Expansion Plan (SEP) or a similar process, identifies high priority areas for new health centers

The challenges can be manifest in many ways. You may encounter some, all, or in the best case, none of these challenges. Of course there are many more out there not yet even identified that will sneak up when you least expect it!

1. Identifying and mapping community organization and assets – This is an inventory or map of the gifts and capabilities of individuals, citizens’ associations and local institutions (private, public and non-profit organizations). It lays out how the community is organized, who wields power in what kinds of ways, where potential support and confrontation lie. It is a continuously evolving list since new resources are always

being uncovered. Remember that not all community resources are obvious. Understanding the network of formal and informal relationships in a community is critical to ensuring that there is buy-in, that all potential resources are utilized, and importantly to avoid having the project torpedoed by unanticipated opponents. The core of a community may rest in a church congregation or the local community center. There may be people or organizations that we collectively forget about who are not thought of as contributors to the neighborhood. Maybe there is a good piano player who would play for a fund-raiser! As it grows, the Map/List will provide the means to develop a sense of community self-sufficiency for community project development.²

2. Building relationships for mutually beneficial problem solving within the community. This often entails helping groups with seemingly different goals or interests recognize their shared opportunity and potential benefits that can accrue from the health center.
3. Convening as broadly a representative group as possible for the purposes of building a community vision for the health center and creating an organization formation plan.
4. Communicating and information sharing is a challenge in a homogenous group that takes a quantum leap as diverse community participants come together. Remember: Keep your eye on the prize! A new community health center cares for the sick, boosts the economy of the community, and advocates for the larger needs of the community.
5. Identifying leadership – while developing a health center is a community project it requires strong direction and a “center” to keep it moving during what is often a long and laborious process.
6. Identifying resources – these are financial and non-financial. It takes money, energy, material resources and often quite a bit of political capital to pull off a successful health center project.

Organizing the Project

As we have all experienced, the better the planning, the better the product. Community development is a labor intensive and hands-on process. It requires a project map that has sufficient flexibility for serendipity, detours, and potholes, yet is taut enough to meet the benchmarks and come to fruition. There are some fundamental requirements for successfully organizing the project.

The Project Director

The community development and planning process is best lead by a project director with applicable knowledge and a range of experience with community health centers. These credentials may have long-term implications, as many decisions made at the initiation of a health center will impact the future opportunities and successes of the organization. Even if the project is staffed entirely by volunteers, someone has to take the lead and act as the hub around which the various spokes operate.

The project director has responsibility for overall planning and management. An initial project work plan for the entire planning and development period is necessary prior to moving into community development. This must include a plan for forming the organization and a blueprint for how both the planning activities and the health center will be supported. This plan should have specific goals and objectives, lay out the tasks that need to be done to accomplish the goals, include timelines for completing each task, and benchmarks or outcomes to measure whether or not the project is progressing and succeeding. The plan will be modified and refined as the working groups and community get active on the project, but without a starting roadmap the project will flounder. This role requires a delicate balance between leadership and community building including:

² A discussion of community asset mapping can be found in both “So You Want to Start a Health Center “ and “Building Effective Health Centers Through Data-Supported Decision-Making”

- I. **Being the Expert** – Your community may be at a loss as far as knowing what you need to know and where to go to get it. It is the project director’s role to inform the community about what is needed during the planning process. This includes data that describes the health center service area and target populations, understanding health disparities and access and barrier issues as well as statutory requirements, program expectations, and the general health center environment.

That being said, remember that being the expert does not mean telling people what to do and how to do it. Just as your health center is the product of the community’s needs and preferences, the community owns the process. And while there are requirements and steps that need to be addressed to be successful, each project will have characteristics and approaches unique to each community.

- II. **Providing Leadership** – A great deal of concurrent semi-related activities will be going on and someone has to be able to make sure that all the disparate groups and required steps get completed in a timely and quality manner. The project director has the responsibility to ensure that work plans are task-specific, goals are understood and timelines are being met.

- III. **Coordinating and Negotiating** – To paraphrase Abe Lincoln, you can please all of the people some of the time and some of the people all of the time, but you cannot please all of the people all of the time. This is never truer than when developing a health center. Vested interests are going to come to bear, toes may get stepped on, and there will be misunderstandings. Often there are very powerful players exerting significant influence and/or pressure on the project. Here, the project director may serve as calm voice in the storm and position him/herself as the objective third party who can help constituents understand the positive potentials of the project for them. It is important in these situations that the project director be seen as informative and neutral, acting in the interest of all parties, with the ultimate goal of helping make the project work on behalf of the underserved.

- IV. **Advocating** – Succeeding at starting a new health center requires significant political, social and financial support. You need to ensure that top policymakers, stakeholders and influential community groups are included in the process. This includes guiding the team and/or representing the project in meetings with state and local policymakers and stakeholders, providing information that supports the benefit of the project, developing relationships with foundations and other potential funders, providing liaison to federal agencies, and working with federal lawmakers to highlight the importance of the health center project. As the lead state association representing and supporting health centers, the state Primary Care Association (PCA) is well positioned to assist the project director and to be a strong voice in providing information, expertise and political “nudges” to bring support and resources into the health center project. To locate the PCA in your state, visit <http://www.nachc.com/nachc-pca-listing.cfm>.

- V. **Momentum and Cheerleading** – Developing a new health center is not an overnight project nor does it proceed forward without long impasses, roadblocks and times when it just seems to be impossible to get the job done. The project director has to provide the bond that holds the project together and gives over-worked volunteers the energy to continue during those times when the data cannot be found, the preferred site gets leased to someone else, or the needed planning money cannot be found. During these “stalls” identifying smaller interim tasks for committees to do will help people feel they are accomplishing things. The project director can arrange community meetings and other activities that get the team and volunteers out into the community or bring in PCA and other speakers to create and maintain energy and connect them with the “Why” of a new health center. Site visits to other health centers are a great interim activity as well!

Support for Community Development

1. Information and Technical Assistance

Health centers, whether new or established, have several accessible resources that provide technical assistance and support. At the national level, the [Bureau of Primary Health Care](http://www.hrsa.gov/bphc) (BPHC) is the federal agency that operates the Health Center Program. The website has the basics on what defines a health center, the requirements, and operations information. The BPHC also has a technical assistance website with a plethora of resources - <http://bphc.hrsa.gov/technicalassistance/index.html>.

The National Association of Community Health Centers (NACHC) - www.nachc.com is the national membership organization of health centers. NACHC has a comprehensive technical assistance program designed specifically for health center start-ups and expansions, which can be found at <http://www.nachc.com/hc-growth-development.cfm>.

At the state and regional levels, primary care associations are your best sources for state specific resources and data. The State and Regional Primary Care Associations (S/RPCA) contact information can be found at <http://www.nachc.com/nachc-pca-listing.cfm>. As member organizations, PCAs represent member health centers in the realm of health center advocacy to bring both state and federal dollars into towns, cities and regions that have areas or populations with severe health care delivery system shortages. These associations also receive federal grants that fund technical assistance programs for developing new health centers.

The continuum of potential Primary Care Association involvement in developing new health centers is broad, ranging from indirect activities such as generating data and distributing resource materials, to directly taking the reins of projects acting as Project Director.

2. Finances

Money for dedicated staff, meeting costs, printing, transportation, childcare, legal fees, space, etc. is a part of a project budget. While federal and/or state dollars may be available for expanding access to care, finding external community support funds from the start are worth whatever effort it takes. Even in an all-volunteer situation, there are costs associated with supporting the project.

Where can a community look for that funding? Locally there are often foundations interested in providing seed money for health center development. In particular, conversion foundations, those that are created when not-for-profit health care providers like hospitals or health insurance companies change to for-profit companies, must use their resources to support community health activities. Local companies may also have community development programs. Municipal and county governments may provide some resources – particularly if they are leveraged with private funds from a foundation or business. A funding partner is an important development partner, not just in dollars provided but for current and future network connections and advocacy. Finally, some federal funds are available through the Ryan White program, at times planning grants from the BPHC, and other agencies that can be used for initial health center feasibility studies and project staffing. For more information on available grants, visit www.grants.gov.

Data and Community Knowledge

You will quickly realize that the more you know about (data) and understand (culture and assets) a community, the greater your chances for success in community development and participation.

The specific characteristics of your health center program, i.e. the number and types of providers, the services to be offered, and the way services will be delivered, are all based on concrete knowledge of the community to be served. The working groups will have to locate and analyze the critical information needed to put together the services, delivery plan and business model for the health center and to apply for federal designations and/or funding. These include:

Service Area and Target Population

- Definition of the service area – geographic characteristics and parameters
- Population Composition
 - Socio-demographics
 - Degree of uninsured
 - Break-down by Federal Poverty Levels
- Description of current service providers within the area
 - Primary care, sorted by Family Practice, Pediatrics, Ob/Gyn, Internal Medicine
 - Dental
 - Mental Health
- Health Professionals Shortage Areas, Medically Underserved Areas/Populations designations
- Barriers to Accessing Service
 - Language/culture
 - Insurance status
 - Transportation
 - Child care
 - Income
- Health Disparities
 - Maternal-child health indicators
 - Life-cycle based indicators
 - Chronic diseases
 - Infectious diseases
 - Target-population-specific conditions (i.e. HIV, exposure, work place-related)

Stakeholders

Identifying stakeholders is a cornerstone of a successful project. The usual list of stakeholders focuses on those who control the purse strings, affiliated agencies or organizations, “big names”, churches and others who are vital to the project. Acknowledging that the community is the principal stakeholder will assure the mix of development representatives that will best represent the mission and vision of the Health center. The Organizing the Community section addresses stakeholder considerations in greater depth.

A Final Thought on Organizing the Project

As discussed earlier, community development is a labor intense, complex organism. Many tasks occur simultaneously, others are a set of activities that depend on each other, and some grow, mutate or die outside your sphere of influence or management. This can happen when any group of people join together, and it is important to keep a weather eye on group dynamics. Remember, the people who have joined together to lay the foundation for the health center are volunteers. Many will not have experience in a group adventure, but have the will to accomplish establishing the health center. All of the volunteers are a gift to project development and each has a talent or skill that will move the project to fruition. It is important that you never underestimate the skills and gut instincts of the volunteers or devalue their perspectives. They are the Community after all, they know the way things are done there and their buy-in and support of the project is the lynchpin for its acceptance. The project director plays a critical role in ensuring that the “group” holds together.

Organizing the Community

This is the opportunity to establish a strong and lasting base of community support for the health center. The support must be substantive and represent true collaboration and partnership between the applicant and the community to develop a sustainable new health center. It also represents an open door to improving understanding by the extended community of the complexities of daily life for people who reside in the new health center’s neighborhood. A secondary outcome of community relationship building is identifying potential board members for the center.

Community Assets Map and Stakeholders

Often, community development involves a small number of local “assets” to generate new relationships for a particular school, new park, or community organization. An “asset” is defined as an inventory of the gifts and capacities of individuals, citizen associations and local institutions, agencies and corporations.³ For a health center, a more comprehensive asset-based strategy can result in a sustainable base of community support. Once again, the PCA can assist the group in identifying who is out there, providing expertise and resources, bringing disparate groups together, and, where necessary, brokering the political space for the project.

Effective health center community development must include contacts with specific community organizations, agencies, community groups, churches, school PTAs, housing projects, senior centers, senior meals locations, daycare centers, etc. Some United Way organizations across the country have identified local community assets as part of a *Community Compass Project*. This is an excellent starting point for the project. If such a resource does not exist, what follows is a “starter” list:

- | | |
|--|--------------------------|
| Local Health Department | Children’s Agencies |
| Community Action Program | Social Services Agency |
| Senior Services Agencies | WIC |
| Churches/Synagogues/Mosques | Local Banks |
| Board of Education | Community Foundations |
| Child Guidance Clinics | Parents’ Organizations |
| Independent VNA & Home Health Agencies | Local Citizen Coalitions |
| Community-based Mental Health Agency | Senior Citizen Clubs |
| Grassroots & neighborhood Organizations | Tenant Groups |
| Community-based Cultural Organizations | YWCA/YMCA |
| Health Agency targeting specific cultural groups | |

³ *Building Communities From the Inside Out: A Path Toward Finding And Mobilizing A Community’s Assets*. J. Kretzmann, J.L. McKnight. Institute for Policy Research Northwestern University

Your Congressional representatives – Senators and district Congressperson - are critical stakeholders for the success of the health center. They should receive information about the health care needs of the community, especially supporting data and consumer stories. Congressional Representative support can leverage support from corporations, state level agencies and legislators, and others who will be beneficial to the nascent health center.

Leadership

A challenge for any project is the identifying and growing leadership. Every community has formal and informal leadership. Recognition and participation of each type of leadership is important in community development as a doorway to gathering together a representative cross-section of the community. Informal leadership is often identified by the town council, neighbors, clergy, merchant or local associations, school faculty and others deeply involved with the community.

Community Forums & Briefing Meetings

As the assets list develops, it is time to organize community forums & briefing meetings. The type of information and materials used in each setting is dependent on the knowledge and involvement of the audience with health care, the needs of the community, and Federally Qualified Health Centers specifically. Information at such meetings can include videos on health centers, discussions of the role of health centers in the community, and the role of the community in developing and managing health centers. Possible avenues for informing and involving the community include, but are not limited to, local free newspapers, notices in local markets, posters and flyers at WIC and social service offices, health fairs, flyers sent home with school children.

Key activities include working with the town council, existing community service organizations, the health department and health care delivery systems. These traditional community organizations are essential to developing a strong framework on which to build a health center. These activities should be designed to result in coordination and participation between the health center and community service delivery systems, community members, and consumers.

The Community Health Advisory Committee

It is a proven fact that when individuals come together for a common purpose they are most successful when tasks, not process, define the work. Using a concrete work plan and organizing volunteers into a community based working committee will keep a myriad of activities in motion concurrently, involve a lot of volunteers, promote understanding of the operations of the health center, and act as a source of potential Governing Board members and consumers.

A Community Health Advisory Committee serves as a steering committee to advise the project director and/or contractor on the development of a community health center (you can pick the name that works best for your Community). The CHAC must have real involvement in and ownership over the organization's development. It must be representative of the community and should include both organizational and unaffiliated representatives of the community. Some of the members of the CHAC should emerge out of the community development efforts outlined above. In addition, public notices should be posted to inform and recruit potential community members.

The Community Health Advisory Committee should truly reflect the community the health center will serve (e.g. age, race/ethnicity, incomes, etc.) In addition, some communities may have public service organizations or agencies, which are unique to the specific community. These organizations should be strongly considered for participation on the CHAC.

CHAC Subcommittees

Subcommittees are an established means to make simultaneous progress on several overlapping and key success factors in health center plan development. The CHAC should include subcommittees in the following areas: Health Services, Site Development/Facility, Management and Finance, and Public Awareness and Community Relations. The subcommittees should be designed to provide an organized method for setting direction, receiving and exchanging information, and arriving at consensus.

As any successful project director knows, the best entry into the committee task phase is to begin by establishing the objectives with a rationale for the approach that the committee understands and accepts. This is the time when knowledge of the community, participants and group facilitation skills are essential! Once the objectives are set, the task lists, timelines and assignments can be put on paper. It will be useful to the committees if a project map is created, preferably with project software, as a reference tool and a place to mark accomplishments. The map can be as simple as an Excel spreadsheet; the point is to be clear and organized so that all involved can understand what has to be done and can see the fruits of their efforts. Sample work plans for the various subcommittees are located in the Appendix. These are based on real experiences of several health center start-up projects. They are not, in any way, necessarily the best or only approach in each circumstance. The trajectory and content of the health center project is specific to each community and context.

The Subcommittees:

Health Services. Based on information about the health disparities, access and barrier problems of the target population identified through the community needs assessment, this subcommittee will develop a plan for service delivery staffing, space needs, equipment and supplies and other matters related to the provision of primary care health services.

Site. The charge of this subcommittee will be to advise on site feasibility as determined by the service needs identified by the Health Services Sub-committee, accessibility, community acceptance, zoning and licensing regulations, and the potential to meet state and local codes. The sub-committee will select and visit potential sites, meet with the architect (if there is one involved), conduct financial feasibility and costs projections and recommend a final site to the full CHAC.

Management, Governance and Finance. As a new organization, the ability to project expenses, generate revenues and secure resources will determine the viability of the health center. This subcommittee will review plans and recommendations developed by the Health Services and Site subcommittees, and make final recommendations to the Steering Committee. The Management, Governance and Finance subcommittee will be responsible for developing a financially sound budget based on projections of payer-mix, reimbursement levels, and other sources of income as well as identifying the costs of staffing and maintaining the infrastructure, supplies, information technology systems, etc. Responsibility for developing a “funding strategic plan” for raising capital funds and soliciting in-kind donations will rest with this sub-committee.

Sound management structure and organization policies and procedures are critical to the administration of the health center. Developing the initial management structure also resides with this subcommittee. This committee will also undertake the task of developing a process for recruiting potential governing board members. Often breaking up this sub-committee into three sub-groups – each focusing on management, finance and governance respectively, works most efficiently.

Public Relations. This committee will develop a plan to inform town residents, especially those identified as the potential consumer base, of the health center being developed in their community. Possible avenues for distributing information include using printed materials, media, community meetings, public forums, meeting with community groups such as churches, PTAs and school groups. The plan should also include vehicles for gathering information from the community on their health care needs, insurance/payment status, preferences for hours of operation, etc. Such mechanisms may include, but not be limited to, community surveys, market analysis, and focus groups. Remember that the process of gathering information about the community is a public relations activity in itself. The more people you talk to the more people will know about – and look forward to – the health center coming to fruition.

Finally...

Your health center public persona is established and you are the spokespersons for the health center. In the end, the future success of the health center rests with the organization you establish. Community development is an opportunity to secure and/or expand your organizational value in the community. It is a time for uncovering assets, developing relationships that may lead to collaboration and a time to enlarge and bind together a solid working relationship in-house and across your community.

SAMPLE WORK PLAN FOR PHASE I OF HEALTH CENTER COMMUNITY DEVELOPMENT

PHASE I: COMMUNITY DEVELOPMENT PLAN AND APPROACH TO DEVELOPING THE ORGANIZATION FORMATION WORK PLAN

The overall objectives of the Phase I work plan are (1) to develop the project structure and plan, (2) to develop community awareness about and involvement in the health center project, and (3) to produce a comprehensive and detailed Organization Formation Plan.

I. Project Administrative Activities

Goal: Develop adequate technical and administrative support for project tasks.

Activities:

- a. Identify project home & resources
- b. Hire/identify Project Director
- c. Hire/identify administrative support
- d. Identify additional expertise
- e. Equip project
- f. Develop long-term work plan for implementing health center

II. Initial Community Relations and Outreach

Goal: Develop community involvement and awareness

Activities:

- a. Develop list of community agencies, health care providers, and social services agencies
- b. Develop list of community groups, tenant associations, and targeted individuals
- c. Develop/identify informational and educational materials
- d. Develop public notification strategy
- e. Initiate discussions with target community groups/individuals
- f. Hold public information meetings/identify CHAC members
- g. Identify and meet with Directors of town departments

Goal: Convene Community Health Advisory Committee

Activities:

- a. Identify subcommittee members/leadership
- b. Develop regular schedule of subcommittee meetings and work plans
- c. Schedule monthly steering committee meetings

III. Subcommittee Work plans

Health Services Subcommittee

Goal: Identify needed health services and develop initial service profile and delivery strategy

Activities:

- a. Work with PCA/others to complete MUA/P, HPSA analyses
- b. Review MUA/HPSA information, patient data from hospital, OPD, other studies-project patients/visits
- c. Review and finalize projection of patients/visits
- d. Identify existing community primary health, oral health and mental health care providers/services - meet to discuss existing services and gaps
- e. Develop initial staffing requirements to meet identified service profile
- f. Review FQHC health services requirements and develop plans for meeting them.
- g. Identify potential co-location services if any

Site Subcommittee

Goal: Identify Potential health center location options

Activities:

- a. Review needs assessment and relevant data to identify where user population lives, public transportation, related service agencies etc.)
- b. Review space requirement recommendations based on health services and staffing plans, administrative and co-location needs
- c. Develop list of potential sites
- d. Develop outline for facilities evaluation (construction/renovation costs; accessibility, zoning issues, etc.)

Management, Governance and Finance Subcommittee

Management

Goal: Develop organizational structure and governance plan

Activities:

- a. Develop organization chart and non-clinical staffing pattern
- b. Develop job descriptions for non-clinical staff and time lines for hiring
- c. Develop by-laws and articles of incorporation
- d. Initiate incorporation proceedings
- e. Initiate 501(c)(3) filing

Finance

Goal: Plan and implement appropriate financial system and purchasing protocols.

Activities:

- a. Review potential financial/purchasing protocols
- b. Identify “money handlers”
- c. Indemnify money handlers

Goal: Develop initial expense/revenue projections for operational health center

Activities:

- a. Review reimbursement rates for various payers
- b. Review projected payer mix
- c. Develop cost per visit projections
- d. Develop expense/revenue projection for operational health center
- e. Obtain and review various financial management systems
- f. Develop plan and timeline for instituting financial management system

Goal: Identify and Implement Information Technology/Practice Management System

Activities:

- a. Obtain and review various data management systems
- b. Develop plan and timeline for instituting data management system

Governance

Goal: Recruit and Train Governing Board

Activities:

- a. Review governance requirements and develop Governing Board size and composition
- b. Develop strategy for recruiting Board
- c. Do recruitment
- d. Identify gaps in Board nominees; do targeted outreach
- e. Select Governing Board nominees, develop interview protocol, interview nominees
- f. Outline Board training requirements and develop training and education plan

Community Relations Subcommittee

Goal: Develop targeted public relations and education plan for hard to reach and special populations

Activities:

- a. Identify hard-to-reach/special populations from data and discussions with community
- b. Develop cultural and language appropriate materials
- c. Locate materials and information sessions in appropriate places

Goal: Develop and implement appropriate market analysis plan

Activities:

- a. Develop inventory of needed information
- b. Develop approach for gathering information (surveys, focus groups, etc.)
- c. Determine if market analysis will be done in-house or by marketing firm

Goal: Develop community relations and market strategy

Activities:

- a. Develop media list and regular schedule of informational articles/press releases
- b. Prepare public relations/awareness materials information sheets, posters, logo, brochures and other marketing materials
- c. Identify calendar of health fairs, school fairs, etc. for information distribution

IV. Strategy for Developing the Organization Formation Work Plan

The Phase I work plans for the CHAC subcommittees will form the basis of a comprehensive feasibility study for determining specific population needs, utilization projections, optimal site location and size, health services profiles and staffing patterns. This information will enable expense/revenue projections to be developed along with a realistic and detailed project budget and work plan for the remainder of the planning period. In addition, because the CHAC members will do the work, they will gain familiarity and hands-on experience with the complexities of planning, implementing, and operating a community health center.