

**North Country Health Consortium
Board of Director's Meeting Minutes
April 10, 2015
8:30 a.m. – 10:30 a.m.**

Present: Warren West, Jonathan Brown, Scott Howe, Kristina Fjeld-Sparks, Tony Poekert, Charlie Cotton, Roxie Severance, Rob Darling, Ken Gordon, Nancy Bishop, Ed Shanshala, Elaine Bussey

Phone: Mike Coughlin

Staff: Nancy Frank, Colleen Gingue

Consent Agenda

The consent agenda included:

- March 6, 2015 board meeting minutes
- February 2015 Financials
- Executive Director's Update

Roxie Severance made a motion to approve the consent agenda; Tony Poekert seconded the motion. Motion passed.

Board Resolution for State of New Hampshire Contracts

Be it resolved that North Country Health Consortium enters into contracts with the State of New Hampshire, acting through its Department of Health and Human Services.

Be it resolved that the Executive Director and/or Board President is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Nancy Frank is the Executive Director of the corporation.

Warren West made a motion to approve the board resolutions for State of NH contracts; Ed Shanshala seconded the motion. Motion passed.

Update on Network Development Grant

NCHC will be hosting a dinner May 21st at the Mountain View Grand for the UNH College of Osteopathic Medicine Dean and Student Clinical Coordinator to meet North Country preceptors who will be working with DO students during their community health rotations. This is a new collaborative relationship between NCHC and UNH that is supported by our Network Development grant. Up to 20 students will receive support each year (three year grant) to complete a community health rotation and participate in a community service project. This is an opportunity to re-vitalize our Live, Learn, Play in Northern NH program, and to bring medical students to the region.

Facilitated Discussion-Mary Lou Krambeer

Purpose

A discussion to consider future broad-based community-wide collaborative efforts to further integrate health delivery, improve health outcomes, and reduce costs.

Assumptions

- The Board is NCHC
- NCHC keeps you connected to one another
- NCHC keeps scanning what health issues and programs are emerging
- NCHC periodically steps back/creates space for conversation beyond business meetings (such as today's meeting)

Updates

Networks, emerging networks in front of various NCHC members at this time include:

1. NCACO – the FQHC Accountable Care Organization (update by Nancy Frank) ends December 2012, waiting on new rules to be announced summer 2015
2. NCCCO North Country Community Care Organization (update by Warren West) structural documentation completed, various Boards now reviewing legal, financial, and governance arrangements
3. 4-hospital parent organization (update by Warren West)
4. Other – CMS just issued information on AIM (new co-shared savings advanced payment model for Critical Access Hospital), letters of intent due by MAY 31, 2105

Discussion

Focus on population-health initiatives that appeal to NCHC members

1. What are you seeing?
 2. What appeals to your organization and may work for our community?
 3. What do you see your organization bringing to the table?
- need to more effectively join two sides of coin – social/medical for behavioral impact; need to further examine role of behavior in health care; role of social services in health care
 - are we effectively connecting with our populations: where are faith-based organizations, businesses and service organizations interacting with the health providers?
 - examine cultural effectiveness of what we do
 - are we focused too much on the “demand” side of health care?
 - community impact workers emerging, how will they humanize, improve health status:
 - Community Health Workers
 - Health Coaches (WMCC certificate program)
 - we need to look at long-range (30 years out); bring back models similar to smoke detector initiative, president award for physical fitness (seek long-term goals)
 - how to effect cultural shift – responsibility for one another, this happens more at grassroots than through organized “professional” medical treatment; remember

healthcare professionals are a guest in patients' lives; we need to develop a community "health" culture with very clear initiatives; our system is built on responding to problems not on maintaining health

- revisit and inventory what we are doing:
 - NCHC Health Care work Force on healthy eating
 - NCHC Ways to Wellness
 - NCHC Molar Express
 - NCHC youth substance abuse prevention
 - top issues in our region: obesity, substance abuse, mental health services access
- chose joint collaborative issues and adjust as we go
- broaden NCHC Quality Improvement Grant – how to collectively pool resources – drive down services to grassroots concern for health and delivery of prevention messages?

Looking forward

- further explore Cheshire Medical Center/Dartmouth –Hitchcock Keene's Million Hearts initiative (which is part of a much broader regional effort for "Cheshire County to become the healthiest community in America by 2020")
- identify clear focus, chose 1-2 indicators
- refocus on community (and away from individual)
- find a program that understand /respects nuances
- look at local programs that have been community-led and have led to healthier lifestyles and eating
- focus on community activities such as Mt. Eustis ski area, Littleton Food Coop, Colebrook Rec Center and ice rink, walking trails, CSAs...
- keep overarching goal -- celebrate health, celebrate community, celebrate where we live "North Country find your playground", "Fun in the North Country", "North Country trails keep us fit (walking trails, hiking trails, ski trails, snow machine trails)"
- consider messaging – stay healthy for/with your family and friends (e.g. the Rochester grandparent appeal – take a flu shot for your grandchildren or the Planet Fitness tag line –"we're not a gym").
- broad-based, ground-up effort, affordable for target audience, simplify effort, focus on positive and FUN, resources from all, examples of efforts, connect to regions rural settings, culturally appropriate, community buy-in, evidence-based pyramid model
- Circle back to what's already in-place among Board members; are there opportunities to combine this broad-based effort into emerging CCO & NCACO

What will it take to work?

- a vision, in advance of creating a vision...
- identify others with similar health/wellness initiatives on state and national levels; learning from other programs (e.g. Cheshire)
- recognize current efforts – Coos is the unhealthiest county in the second healthiest state in the nation

- conduct asset inventory -- locate a community asset directory which tells who is doing what in the region (this is much broader than NCHC member list)
- create a vision
- create a coordinated message (yes, sensitive messaging for various targeted audiences)
- broad marketing
- resources from all

Next Steps (requests of NCHC as put forth by the meeting participants)

1. invite Monadnock (Cheshire County) representatives to speak to NCHC about their community-wide health initiative (Art, Rudy, Peter at UCVH, Jose Montero...)
2. keep the emerging community-wide health initiative as a standing item on NCHC monthly agendas
3. send around NCHC asset list (member list -- who are our organizations, what are our organizations doing in the realm of community health outreach or specific initiatives)
4. create a NCHC representative list – list of individuals from member organization who attend NCHC meetings. This idea is based on a desire by new members to know who is sitting at the table. Ask for two items of information: a) a one paragraph bio and b) what one does to improve one’s own health and wellness. Keep updated. (Maybe use Survey Monkey?)
5. schedule future conversations on the meaning of “Big Tent” in relation to how all organizations can connect with emerging ACOs

Roxie Severance made a motion to adjourn. Meeting adjourned at 11:30 a.m.

Board Attendance-2014 - 2015

Directors	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Aug	Sep	Oct
Sharon Beaty	√	√	√	√	√	Ab					
Nancy Bishop	Ab	√	Ab	√	√	√					
Jonathan Brown	√	√	√	√	√	√					
Elaine Bussey	√	√	Ab	√	√	√					
Gail Clark	√	n/a	√	n/a	√	n/a					
Charlie Cotton	√	√	√	√	√	√					
Michael Coughin	Ab	Ab	√	√	√	√					
Rob Darling	√	Ab	√	√	√	√					
Kristina Fjeld-Sparks	Ab	√	√	√	√	√					
Ken Gordon	n/a	n/a	n/a	n/a	√	√					
Scott Howe	Ab	Ab	√	√	Ab	√					
Russell Keene	Ab	Ab	Ab	√	Ab	Ab					
Tony Poekert	√	Ab	√	√	√	√					
Shirley Powell	√	Ab	n/a	n/a	n/a	n/a					
Maria Ryan	Ab	√	√	√	√	Ab					
Roxie Severance	√	√	Ab	√	√	√					
Ed Shanshala	√	√	√	√	√	√					
Margo Sullivan	√	√	√	√	√	Ab					
Warren West	n/a	√	√	√	n/a	√					
Adele Woods	√	√	√	√	√	n/a					

