

Maine Health Access Foundation
Joint Meeting of the Board of Trustees and Community Advisory Committee
October 10, 2019
Camp Jordan, Ellsworth

Trustees Present: Roy Hitchings (Chair); Dr. Connie Adler, Deborah Deatruck, Dennis King, Michael Lambke, Barbara Leonard (*ex-officio*), Tony Marple, Edward Miller, Susan Roche, Catherine Ryder, Clarissa Sabattis, Toho Soma, Shirl Weaver

Trustee Absent: Nancy Fritz, Bruce Nickerson

CAC Members Present: Dennis Fitzgibbons (Chair); Gloria Aponte Clarke, Matthew Dexter, Gia Drew, Elsie Flemings, Ann Gahagan, Tracey Hair, Robert Kieffer, Fowsia Musse, Abdulkerim Said

CAC Members Absent: Tom Bartol, Jacqui Clark, Norma Desjardins, Deqa Dhalac, Holly Gartmayer-DeYoung, Elizabeth Neptune, Jessica Oakes

Guests Present: Kathleen Crabbs (OpenSource Leadership Strategies), Gita Gulati-Partee (OpenSource Leadership Strategies), Kenney Miller (Health Equity Alliance), Ian Yaffe (Mano en Mano)

Staff Present: Margo Beland, Charles Dwyer, Jake Grindle, Holly Irish, Ruta Kadonoff, Dani Kalian (recorder), Frank Martinez Nocito

Welcome

Chair Roy Hitchings called the meeting to order at 9:45 a.m., welcomed those present, and introductions were made.

There was an optional site visit at H.O.M.E., Inc., in Orland prior to the meeting. CAC member Tracey Hair, H.O.M.E.'s Executive Director, explained H.O.M.E.'s mission which is to provide new possibilities for food, jobs, shelter, low-income housing, education, and self-sufficiency for people experiencing homelessness. Trustees and CAC members who attended the visit shared their experiences noting that it is an exceptional community where there is evident humanity and respect for everyone.

Racial Equity Culture Audit Recommendations and Planning – Gita Gulati-Partee and Kathleen Crabbs (Consultants from OpenSource Leadership Strategies)

Chair Hitchings introduced Gita Gulati-Partee and Kathleen Crabbs from OpenSource Leadership Strategies (OSLS) who have been working with staff over the past several months to explore MeHAF's equity culture. He noted that we are in the process of creating a standing Equity Subcommittee in order to guide the continuation of this work.

Ms. Gulati-Partee provided an overview of the work that MeHAF has been doing over the past two years along with a refresher on the equity framework of using race as a lens through which to see other areas of inequity. She noted the racial inequity at play in every system in our country. If we can understand the inequities around race, this knowledge will help us understand and address other types of inequities in our philanthropic work.

Ms. Gulati-Partee explained how OSLS had conducted MeHAF's racial equity culture audit. The audit included 10 staff and 17 stakeholder interviews; organizational document review; and a critical analysis of data. She noted that the culled themes of this assessment indicate strengths that can be leveraged along with opportunities for change. The following are highlights of the assessment that were shared with Trustees and CAC members:

- Strengths
 - Sincere commitment and demonstrated progress
 - Quality of the work and relationships
 - Leadership and broad sphere of influence
 - Opportunity to build upon track record, relationship, and credibility
- Key message from audit: Racial equity is essential to greater impact and integrity
- Four major themes emerged and are listed below, along with some examples of MeHAF's recent progress toward each.
 1. Bring creativity and courage to attract and support people of color in all roles at MeHAF now and in the future.
 - Staff session in July to review and revise program officer job description and hiring criteria.
 - Tapping new networks for diverse candidates.
 - Courageous conversations to examine and adapt team culture
 2. Innovation and risk taking can challenge traditional notions of “objectivity” that may constrain our progress.
 - Getting more skilled and confident in “race and” approach.
 - Examining and shifting limiting assumptions and practices, such as “conflict of interest.”
 3. MeHAF has an opportunity to build not only engagement but *power* and *influence* of the communities most affected by health inequity in Maine.
 - CAC is diverse and strong; connections to the Board are growing.
 - Maximizing the opportunities for community voice allowed by the foundation's charter.
 4. Infuse equity into all of MeHAF's work building on lessons from the equity initiative.
 - Re-designing everything from program concept memos to review processes to grantee reporting.
 - Accessibility costs built into all grants.
 - Community responsive grants are the next innovation.

Trustees and CAC members participated in small group discussions during which they were asked to consider questions that addressed many of the themes stated above. Report out of these conversations resulted in the following being shared:

- Barriers based on cultural norms and assumptions contribute to racial disparities.
- Nonpartisan does not mean neutral on equity. Belief in a value does not need to be aligned with a political party.
- As MeHAF learns more about equity, it's important to help the organizations we fund along their equity journey as well.
- It's important to broaden our mindset of what is evidence when conducting program evaluations. We need to be more realistic about what grantees can do given time and funds provided.

- Trying to work individually on addressing white dominant culture has limitations. We need to center marginalized voices as we work with underrepresented people.

Board Consent Agenda

Chair Hitchings asked if any items on the consent agenda required discussion. Hearing none, *it was MOVED, SECONDED (Adler/King), and VOTED UNANIMOUSLY to approve the following consent agenda items:*

- President's Report
- August 8, 2019, Board Meeting Minutes
- August Treasurer's Report
- August Finance Dashboard
- Final MeHAF 2018 Audit and 990PF
- Board Leadership Selection Procedure

Community Advisory Committee Consent Agenda

CAC Chair Dennis Fitzgibbons asked if any items on the consent agenda required discussion. Hearing none, *it was MOVED, SECONDED (Gahagan/Hair), and VOTED UNANIMOUSLY to approve the following consent agenda items:*

- July 9, 2019, CAC meeting minutes
- CAC Leadership Selection Procedure

Governance Committee – Mr. Toho Soma (Committee Chair) and Mr. Dennis Fitzgibbons (CAC Chair)

Trustee and CAC Member Recruitment Update: Prior to this discussion, Governance Committee Chair Toho Soma asked Trustee Shirl Weaver to leave the meeting as a portion of the discussion involves her potential candidacy. He then provided an update on the process to recruit three new Trustees and four-five new CAC members for approval in April 2020. At its September meeting, the Committee identified candidates based on the established 2020 recruitment priorities. The confidential 2020 working master candidate list for recruitment was shared with Trustees and CAC members who were provided the opportunity to share feedback with CEO Leonard or Chair Soma by October 15 on any of the candidates prior to the commencement of outreach which will begin at the end of October. Mr. Soma shared that Trustee Weaver's Board term expires in 2020 and that she has agreed to be considered in the pool for CAC recruitment. He also noted that one name on the master list has been removed as they no longer live in Maine.

At the conclusion of this discussion, Ms. Weaver returned to the room.

Strategic Planning Committee – Ms. Deb Deatrck (Chair) and Ms. Barbara Leonard (CEO)

Population-Based Health and Access Indicators: Strategic Planning Committee Chair Deb Deatrck provided background on the establishment of MeHAF Population-based Health and Access Indicators. She noted that in 2016, MeHAF selected a group of high-level indicators

drawn from national data sets intended as a tool for the Board and Committees to monitor key data regarding insurance coverage and health status in Maine, as compared with other states. Updates to the indicators were shared in 2017 and 2018. The indicators are not meant to serve as evaluative measures, nor should they be interpreted as an attempt to quantify the impact of MeHAF's work and funding. Rather, the goal is to provide relevant context for the environment in which MeHAF's work occurs and to spur discussion with the Board, Community Advisory and other Committees. These indicators are used internally within MeHAF and are not shared or posted publically.

Earlier this year, the SPC reviewed and discussed the utility and intended use of the indicators and affirmed that they serve a useful purpose. A small workgroup from the SPC provided input on improvements to the presentation of this information and the full Committee approved a series of changes noted below:

1. The report now includes eight indicators (previously six). Infant Mortality has been added and a previously combined indicator of "Proportion of Adults with Poor Mental/Physical Health Days" has been split into two indicators distinguishing between poor mental health days and poor physical health days.
2. The prior report compared Maine's data with that of other New England states and presented Maine's ranking relative to the other five states. It was determined that the other New England states may not be the most relevant comparison group for Maine given significant differences among them. Instead, the recommendation was made to report: (1) time trends in the data within Maine; and (2) comparison of those trends with national data (for context and directionality).
3. A note has been added to each indicator showing which MeHAF Strategic Framework goal(s) are most closely related to the health and access issue(s) captured by that indicator.

Trustees and CAC members asked clarifying questions and shared comments about the data, with specific interest being noted around metrics based on youth and people of color.

After further discussion, it was MOVED, SECONDED (Lambke/Adler), and VOTED UNANIMOUSLY to approve the new approach to the indicators and the plan to present this information every other year at the October joint Board and CAC meeting.

Health Services Innovation Grants Concept Memo: Strategic Planning Committee Chair Deb Deatrick provided background on the development of the draft Health Services Innovation (HSI) Grants Concept Memo (note that the final name of this program is being considered). She explained that earlier this year the Board approved a new Community Responsive Grants (CRG) program that is currently being piloted. The SPC and the Board indicated support for creating another responsive grants program as part of the implementation of the new strategic framework, specifically to support innovative projects to improve health and access to care in four strategy areas: rural health, aging/older adults, behavioral health, and maternal and child health. The program will also include an equity component, a refined evaluation approach, and will be a regular, yearly grant opportunity in order to allow more predictability for applicants.

This program will complement the CRG program, because while the CRG program is intended for organizations that are responsive to community needs and are community led, the proposed HSI program will target support for innovations taking place in the health services sphere that are responsive to community needs, but are not likely to be entirely community led or driven.

The draft concept memo was reviewed by the SPC at its meeting on September 18. Based on the Committee's feedback, staff recommended changes regarding funding level and the length of grant period in order to align it more with the recently-released CRG program. CEO Leonard provided further clarification on the differences between these two new responsive grant programs. Director of Programs Ruta Kadonoff explained how communications will be crafted to support the RFP release in order to minimize potential confusion by applicant organizations as to which program will better align with their work.

Trustees and CAC members worked in small groups to discuss the overall concept along with the proposed changes based on SPC feedback. This feedback will be used by staff to make appropriate refinements to the concept memo and then present it to the SPC for consideration and approval in November. Board approval will be sought at the December meeting with the intention that the program to begin in early 2020.

Grants Committee – Mr. Dennis King (Chair), Ms. Ruta Kadonoff (Director of Programs)

Updates on Recent Committee Actions: Chair Hitchings directed attention to a memo in the packet which provided an update on recent work of the Committee. Specifically, the Committee reviewed and approved a proposed contract with the University of Southern Maine, Muskie School of Public Service for \$74,775 to support a third and final year of evaluation activities for the Addiction Care program. Also, the Committee also was informed by staff about a set of Foundation-Initiated grants supported jointly with MeHAF funds as well as funds from the \$750,000 grant made to MeHAF by the Robert Wood Johnson Foundation (RWJF) to support implementation of MaineCare expansion.

What's Up Downeast? Presentation – Lessons Learned/Future Opportunities – Washington County and Hancock County Grantees and Partners, Mr. Charles Dwyer (Senior Program Officer), Mr. Jake Grindle (Program Officer)

MeHAF grantees and partners from Hancock and Washington Counties shared health challenges and opportunities related to the rural nature of the counties in which they work and other factors, and highlighted resources and bright spots that can be lessons for the rest of the state. Kenney Miller, a grantee and Executive Director of the Health Equity Alliance, spoke about advocacy and equity. CAC member Elsie Flemings and Executive Director of Healthy Acadia reflected on the community-based response to the opioid crisis. Ian Yaffe, a grantee and Executive Director of Mano en Mano, shared reflections on Equity Capacity Building.

Executive Committee – Mr. Roy Hitchings (Chair)

Compensation Assessment: Chair Hitchings shared that MeHAF had engaged the services of Laurie Bouchard of L Bouchard & Associates, LLC, to perform a comprehensive review of compensation, including salary and benefits. At its September meeting, the Executive Committee reviewed and discussed summary documents including a new salary range structure with recommendations by CEO Leonard for compensation adjustments. After reviewing this material, the Executive Committee had approved the new salary structure along with the recommended adjustments to employer health insurance, HSA, and short-term disability

insurance benefits, and staff titles. Further details will be shared at the December Board meeting when the 2020 budget is brought forward for approval.

Next Meeting

The Board will next meet on Thursday, December 12, 2019. The CAC will next meet on January 21, 2020.

Adjournment

The meeting adjourned at 3:04 pm and was followed by the presentation of the third annual Dr. Wendy J. Wolf Health Leadership Award.

Respectfully Submitted,
Barbara A. Leonard, MPH
President & CEO