

The BPHC Newly Funded TA Web Guide Resources for New and Existing Grantees

Developed by:

The U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
Office of Training and Technical Assistance Coordination (OTTAC)

The BPHC Newly Funded Health Center Web Guide is a self assessment tool designed to help new BPHC grantees provide high-quality primary health care from the day they open their doors for business. The Guide is a central hub for links to HRSA-approved templates, information pages, and policy documents, and many other resources. The intent of the Web Guide is to help Health Center grantees improve their quality and efficiency, work within Health Center Program Requirements, and access Federal policies, programs and resources intended for the specific needs of Health Centers.

This document is a printable version of a portion of the content available on the Web Guide. It was developed by the BPHC Office of Training and Technical Assistance Coordination and is hosted at:
<http://bphc.hrsa.gov/technicalassistance/index.html>

5b. Program Requirement 18: Board Composition

Requirements:

The health center Governing Board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:

- Governing Board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.**
- The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.**
- No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry*.

Note: Portions of program requirements notated by a double-asterisk “**” indicate regulatory requirements that are recommended **but not required** for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the patient majority requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).

Authority:

Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304

Documents to Review for Answers:

1) Composition of Board of Directors/[Form 6A](#): Board Composition from most recent Continuation (SAC or BPR) or Newly Funded Health Center NAP application; 2) Corporate Bylaws; 3) Board member applications and disclosure forms; 4) **If Applicable:** [Form 6B](#): Waiver of Governance Requirements from most recent SAC.

Links and Additional Resources:

HRSA Newly Funded Health Center [NAP Application Page](#).

The MSCG Resource Center [Board Composition Page](#)*.

**Note: All non-Federal documents are for use as aids to consultants and grantees, the contents of such documents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA, and should not be considered official guidance by BPHC. Any “sample” documents must be tailored to the health center’s unique circumstances and needs.*

Table 1: Board Composition Questions

These questions are intended to help grantees address Board Composition.

Board Composition
1. A majority of the Board members are individuals (“consumers” or “patients”; also previously known as “users”) served by the organization.
1.a. Do a majority (at least 51%) of the Board members receive services (i.e. are patients) at the health center? † Answer "Waiver" if the grantee has a waiver for this requirement and respond to question for grantees with waivers below.
1.b. Health Centers with Approved Waivers ONLY: Have alternative strategies been operationalized that ensure consumer/patient participation and input (given board is not 51% consumers/ patients) in the direction and ongoing governance of the organization?
2. As a group, these “patient” or “consumer” Board members represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
2.a. As a group, do the “patient/consumer” Board members reasonably represent the individuals who are served by the health center in terms of race, ethnicity and sex? Answer "Waiver" if the grantee has a waiver for this requirement and respond to question for grantees with waivers above.
2.b. The following question applies <u>ONLY</u> to grantees that receive targeted funding to serve migratory and seasonal farmworkers, individuals experiencing homelessness, and/or residents of public housing (sections 330(g), (h), and/or (i) respectively), in addition to Community Health Center (section 330(e) funding). At a minimum, there must be at least one board member that is representative of each of the special populations for which the health center receives section 330 funding/designation. Therefore, does the Board include a representative(s) from and/or for each of these special populations group(s), as appropriate? Special population “advocates” that are not drawn directly from the special population (e.g. currently homeless individual) should be individuals that have personally experienced being a member of, represent, have expertise in, or work closely with the special population and thus can clearly communicate the needs/ concerns of the target population and represent this population on the board (e.g. formerly homeless individual, homelessness advocate, etc.). Note that while the inclusion of “advocate” would meet the requirement for multi-funded health centers to have representation of all the populations for which the health center receives funding/designation, these advocates would not be included in calculating whether the governing board met the patient/consumer-majority requirement unless they were also health center patients. Additionally, while advocates may represent special populations on the board as outlined above, health centers should continue efforts to achieve representation by patients/consumers who are members of the targeted special population.
3. The board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.
3.a. Does the Board have between 9 and 25 members?

Board Composition
3.b. Does the current Board size comply with the health center’s bylaws which must define either a specific number of board members or define a limited range?
3.c. Is the size of the Board appropriate for the complexity of the organization and the diversity of the community served?
4. The remaining non-consumer members of the Board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
4.a. Are the remaining Board members representative of and/or drawn from the grantee's community and service area?
4.b. Does the Board include a member (or members) with expertise in any of the following: <ul style="list-style-type: none"> • Community affairs? • Local government? • Finance? • Legal affairs? • Trade union or labor relations? • Business? • Social services? • Health?
5. No more than one half (50%) of the non-consumer Board members may derive more than 10% of their annual income from the health care industry.
5.a. Do more than 50% of the non-consumer Board members derive more than 10% of their annual income from the health care industry?

[†] Waivers may only be requested by applicants/grantees requesting/receiving targeted funding **solely** to serve migrant and seasonal farmworkers (section 330(g)), people experiencing homelessness (section 330 (h)), and/or residents of public housing (section 330(i)) and that are **NOT** requesting general (Community Health Center - section 330(e)) funds. **These grantees are still required to fulfill all other statutory Board responsibilities and requirements.**

Table 2: Additional Board Composition Questions

These questions are intended to help assess whether a board’s composition is in line with recommended practices.

Board Composition
1. Does the health center have:
1.a. A Board recruitment and retention plan, which will help ensure Board development and stability?
1.b. An orientation program for new Board members?
1.c. Plans for ongoing Board member training?
2. Does the overall expertise among the Board members appropriately reflect the health center’s scope in terms of services/needs, target population, and service area?
3. Has Board composition taken into account other key demographic factors such as socioeconomic status and age, in terms of reasonably representing individuals served by the health center?