University of Alberta

Community Health Centres: Board Governance and Stakeholder Relations During Service Expansion

by

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Dedication

I would like to dedicate this research to volunteer board members across Canada particularly those in the non-profit service sector. The impact of your service to your community and nation is invaluable. Thank you.

Abstract

Despite a significant amount of literature on primary health care, little is understood about primary health care expansion. The current study examines community health centre (CHC) board governance during a period of expansion. Participants (board members) were identified through the publically available board slate and sent an introductory e-mail. Six of the twelve identified board members agreed to an in-person interview. Discourse analysis identified several aspects of governance requiring enhancement for future expansions. Study 1 focused on internal board processes and relations while study 2 focused on external stakeholder relations. Study 1 findings identified internal processes such as lack of decision support tools, low availability of documentation, and unevaluated historical decision making processes as expansion barriers. Study 2 findings identified poorly defined relationships, lack of stakeholder engagement, and poor conflict management as expansion barriers. Suggestions are made to address each of these barriers through adjustments to governance practices.

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List of Abbreviations

CHC = Community Health Centre

DA = Discourse Analysis

ED = Executive Director

EO = Expanded Organization

FA = Fund Administrator

ND = No date

Chapter 1

Introduction and Literature Review

Background

Despite a significant amount of literature on primary health care, little is understood about the nature and process of primary health care expansion. Primary health care expansion is defined as enhancement of the scope and reach of organizational activities (Wilson, 1978), which includes physical expansion (Shi, Lebrun, & Tsai, 2010) and/or capacity building (Centre for Disease Control, 2000). The research conducted for this MSc thesis was a case study of board governance structures and processes in one community health centre (CHC) during a period of expansion. The overall goal of the study was to describe the organizational and key stakeholder relationships contributing to or inhibiting success of expansion efforts in this CHC located in a large western Canadian city.

I. Literature Search

Two search strategies were undertaken to gather information on the process of expanding CHCs and associated services. The first search strategy was undertaken with the support of a librarian from the University of Alberta library. The first search revealed a total of 547 articles, all of which were reviewed for this thesis. 17 of the 547 articles found were of relevance to the current study. The second literature search was conducted in Scopus in an

effort to find any articles referencing the 17 articles found in the initial literature search strategy related to expansion. Reference lists of the 17 articles were searched with the hopes that some of the articles referenced would also relate to CHC expansion. Details of the search strategies are outlined below. In total eight articles were found that related to expansion of health services.

Systematic Literature Search

A literature search for relevant articles was undertaken with the support of a librarian with responsibility for public health. The search was conducted in Medline (1950-present) using the following search terms: Community Health Services, Urban Population, Urban Health, Primary Health Care, Health Services Needs and Demands, expansion and outreach, and community health centre or community health service. These search terms were combined in several ways using the boolean operator "and" and limited to English language articles. The complete search strategy is outlined below and resulted in 547 articles.

- Community Health Services (Economics, manpower, methods, organization & administration, supply & distribution, trends, and utilization)
- Urban Population or Urban Health
- Primary Healthcare (economics, manpower, organization & administration), supply & distribution, and utilization)
- Health Services Needs & Demands

- (expan* or outreach*) title or abstract
- (community health cent* or community health service*) title
- Limited to English Language

A number of articles related to provider compensation globally and/or the roles of various practitioners and did not related to expansion per se. Therefore, they were excluded.

Confirmatory Search of Relevant Articles

A second literature search was undertaken in an attempt to find articles referencing those that had been found to date matching the exact topic of CHC expansion. Scopus was used to search for the articles found to date and then match those articles with any articles using the found articles as cited sources. A number of the cited articles had already been uncovered in previous searches and were therefore eliminated.

As very few articles were found on the topic of expanding CHC services, it is noted that this is an area that requires inquiry and study. In total eight articles were found that addressed any aspect of CHC expansion. The literature is all fairly recent with publication dates from 1994 through to 2010. More than half (62.5%) of the articles were published in the last ten years. The vast majority of articles were published in the United States (6/8). Of the remaining two articles, one focused on services in Australia and one on services in the United Kingdom. As few articles were available addressing the topic of expansion both empirical and non-empirical articles were accepted. One non-empirical article was included in the review. An equal amount of

articles utilized qualitative methodology as quantitative (37.5%). One article employed mixed methodology. A detailed synopsis of these articles follows. The information includes information on CHC history, their impact, and CHC expansion activities.

II. Community Health Centres

CHCs are defined as non-profit organizations providing primary health care as well as health maintenance and health promotion programming to individuals, families, and communities (Adashi, Geiger, & Fine, 2010; Wilson, 1978). Typically these organizations are patient-driven and located in medically underserved areas (Shi et al., 2010). These health centres are usually established and governed by a community-elected board of directors (Ontario Ministry of Health and Long Term Care, 2002; Plaska & Vieth, 1995) and serve to address the health needs of individuals while contributing to the overall health status of the target population in a culturally and linguistically appropriate way (Adashi et al., 2010; Shi, Starfield, Xu, Politzer, & Regan, 2003; Wilson, 1978). CHCs were developed in order to promote equity in health care access, provide targeted service to particular communities/target populations, health partnerships with communities, promote a multidisciplinary approach to health care, and to promote a community-focused service delivery model (Seacat, 1977; Lefkowitz, 2005). The very first CHCs were introduced in 1965 in the communities of Columbia Point in Boston and Mound Bayou in Mississippi (Adashi et al., 2010) and were developed during the so-called "war on

poverty" (Wilson, 1978). Despite agreement that CHCs were introduced in 1965 there is some evidence of an early 17th century European model (Plaska et al., 1995). Since the 1960s there have been several political campaigns aimed at increasing the number of CHCs in the United States, including expansion of the appropriation allotted to these services (Adashi, et al., 2010). There are currently 1200 CHCs across the United States providing health care services for roughly 16.3 million patients per year (Iglehart, 2008); this equates to roughly 5% of the United States' population (Adashi et al., 2010). The National Association of CHCs (NACHC) has a goal of enhancing this access to 30 million by 2015 and 51 million by 2022 (Robert Graham Center, 2007). Legislative initiatives in the United States continue to encourage the growth and expansion of CHCs as recent data shows that 43% of medically underserved areas still do not have adequate access to health services (US Government, 2009).

CHCs enhance access to comprehensive primary health care services for individuals and populations who might otherwise not have access to such services (Plaska et al., 1995). The premise of community-based primary health care services is eloquently stated by Liberatos (2000), who says "when health services are accessible, individuals' use of services will be appropriate to their needs." (p. 20)

CHCs have become an increasingly popular mechanism for delivering health services to underserved communities particularly in poor, rural, and inner city settings. Models that reach urban populations are becoming key in

health service delivery, as over half of the world's population reside in these settings (United Nations Population Fund for Activities, 2007). CHCs typically offer medical, dental, and mental health services (NACHCs, 2004) although the types of services may vary by site.

III. Benefits of CHCs

Empirical studies indicate that quality of care provided through CHCs is comparable to care provided through other, more traditional means such as private physician offices, hospitals, emergency departments, and other outpatient departments (Ulmer, et. al., 2000; Frick & Regan, 2001; Shi et al., 2003; Prosper, 2005; Shin, Markus, Rosenbaum, & Sharac, 2008; Starfield, et al., 1994). In addition CHCs have been shown to decrease the number of uninsured visits to emergency departments by 33%-40% in the United States (Rust, et al., 2009; & Sjonell, 1984), resulting in a savings for both the hospital and the patient of nearly $14 million over an eight year period (Smith-Campbell, 2005). Healthcare costs for uninsured patients typically result in lost income for the hospital as a direct result of the inability to recuperate costs from patients who cannot afford to pay for required healthcare services (Smith-Campbell, 2005). This same study demonstrated that individuals utilize emergency department services for low acuity (primary care) health concerns when CHC services are not available.

IV. Health Access by Disadvantaged Populations

More than 50% of CHC patients are members of minority groups. The vast majority (7/10) live in poverty (Office of Rural Health Policy, 2006; Adashi, et al., 2010; National Association of CHCs, n.d.). CHCs strive to reach underserved or diverse populations, including gay and lesbian communities, which are not typically reached through other formal health services (Mayer, Appelbaum, Rogers, Lo, Bradford, & Boswell, 2001). Reaching these communities is essential especially if they are economically disadvantaged; economically-disadvantaged communities have been shown to access health services at about half the rate of those with higher income levels (Vadivia, 2002). This may result in services being sought later in terms of disease progression and make this community harder to reach with health promotion programming. Demographic information collected in the United States demonstrates that these services are well utilized by disadvantaged populations such as racial and ethnic minorities and those living well below (greater than 200%) the poverty line (Iglehart, 2008).

V. CHC Utilization

Current estimates are that 5% of the United States population is served by CHCs (Adashi et al., 2010) and 43% of medically underserved areas still require access to such services (US Government, 2009). Economic softening and increased unemployment rates are potential precipitating factors of demand for these services (Iglehart, 2008; Issacs & Jellinek, 2007). Increased utilization heightens demands on already stretched services and will require increases in both staffing and infrastructure to meet these

demands. Heightened demand often puts greater strain on the leadership of these organizations to engage in additional fundraising opportunities to meet the need, taking up a disproportionate amount of time as compared to other CHC activities. Despite this additional demand on time and resources, growth and expansion of CHC services and centres will continue as public demand for these services increases. My specific focus is on the demand and utilization of CHC services within the Canadian context and the need for expansion.

VI. History of CHCs in Canada

Canadian CHCs have been in existence since the 1920s. The very first CHC, Mount Carmel, opened its doors in 1926 in Winnipeg, Manitoba (Association of Canadian Health Centres (ACHC), 2011). From there the idea of publicly funded, accessible care grew, with the introduction of publicly funded health insurance in Saskatchewan in 1962. Although the introduction of this concept was followed by a three-week physician strike, the strike did not quiet the movement towards publicly funded care. The Federal Government introduced Medicare in 1966 (ACHC, 2011). The Federal government's interest in CHCs was apparent when they supported the Hastings report in 1972. This report, written by John Hastings in 1972, outlined CHCs and their role in the Canadian health care system. The Hastings report identified 15 characteristics of CHCs (Hastings, 1972). These organizations are to be: non-profit, community-governed, and member-owned; based on a participatory model involving both user participation in

decision-making and community involvement in the development of mission, vision and values; community specific in that service is provided to a local community and users are part of a defined geographic or demographic community; and services are provided through an interdisciplinary health team. Aboriginal Health Access Centres have also been adopted in Ontario akin to the CHCs. These centres provide culturally appropriate care to Aboriginal populations (Ontario's Community Health Centres, n.d.)

Today there are 300 CHCs across Canada (Ontario's Community Health Centres, n.d.). Recognizing the need to support these CHCs and this innovative model of health care delivery, the Canadian Alliance of Community Health Centre Associations was formed in 1995 (CACHA, 2011). This alliance supports CHCs and their respective provincial networks and organizations as they expand access to CHC services for Canadians.

The future of independent CHCs in Canada may be precarious as outlined by Albrecht in her 1998 article "Community Health Centres in Canada". In that document she mentions shifts in Canada from independent community-board run CHCs to a more centralized model in British Columbia and the amalgamation of CHCs with long-term care facilities in Quebec (Albrecht, 1998). In Ontario, CHCs have grown from only 12 operating in the 1970s to 73 operating today (Ontario's Community Health Centres, n.d.; Albrecht, 1998). CHCs have typically been established in areas such as rural and inner-city communities where fee-for-service providers either do not

practice or have been difficult to recruit (Canadian Alliance of Community Health Centre Associations, 2011 & Albrecht, 1998).

As the number of CHCs in Canada increases, the demand for these types of primary health services are likely to continue to grow as well. This growth will likely necessitate the expansion of currently delivered services to continue to meet the needs of the populations they serve. It is important, then, to describe and understand expansion of CHCs, including factors that influence expansion.

VII. CHC Expansion

Expansion may include both physical expansion as well as capacity building. Shi and colleagues (2010) include a variety of activities in expansion including "expansion of existing primary care medical services, addition of new medical providers, where excess facility capacity existed, expansion of hours of operations, or provision of additional medical services through contractual relationships with specialized providers" (p. 259). Capacity building can also include a variety of activities in expansion. The Centers for Disease Control (2000) website includes the definition of capacity building as providing "technical assistance, training, information sharing, technology transfer, materials development, or funding, that develops, enhances, or sustains an organization to better serve customers or operate in a more comprehensive, responsive, and effective manner" (http://www.cdc.gov/hiv/topics/cba/).

One study addressed stakeholder participation in CHC expansion. The non-empirical article by Ashton and Laird (1994) addresses the process around how an organization decides to expand services to the medically underserved. The article relays that discussions were undertaken with stakeholders in Minnesota to determine communities that were open to expanding health services in their community. The communities were then reviewed to ensure that demographic data indicated that the community was indeed underserved. This article was unique in the involvement of stakeholders in the expansion process.

As identified in the Ashton and Laird (1994) article, stakeholders can provide additional information and context to the decision to expand. Ultimately, the decision regarding growth or expansion of CHC services lies with the governing board for these services (Wilson, 1978).

VIII. Factors Influencing Expansion

The literature, although limited, is clear on a number of factors influencing expansion activities. Not surprisingly, funding plays a primary role in expansion; federal funding in particular, when compared with provincial and private funding, is key to successful and sustainable expansion activities for CHCs (Lo Sasso & Byck, 2010; Felland, Lauer, & Cunningham, 2008). Federal dollars were found to be leveraged for additional funds from other sources and can help increase services by 85% (Lo Sasso & Byck, 2010; Felland, Lauer, & Cunningham, 2008).

What may be surprising is that many administrative leaders, despite extensive managerial background and often a long record of direct service provision, often feel that they lack the skills and knowledge necessary to undertake expansion activities (Markuns, Fraser, & Orlander, 2010). The administrators expressed a desire for training opportunities and peer networking when taking on expansion activities to support the heavy learning curve associated with such administration activities.

Partnerships with other organizations are also important for expansion activities for many CHCs; however, difficulties related to the logistics of these partnerships, such as differing organizational structures, can occur (Calich & White, 1997; Felland et al., 2008; Dale, Shipman, Lacock, & Davies, 1996; Staton, 2001). Studies examining the expectations of staff, community organizations, and community members as they progressed through expansion activities found that while these groups agreed about the need for expansion, differences in the governance of the various agencies impeded their ability to work together to move expansion activities forward (Dale 1996). Community-based service providers have expressed that they were under-resourced to provide the types of services required. Other studies have looked at amalgamation of services providers as a strategy for expansion (Stanton, 2001). Findings indicated that changes to hierarchical structure related to the expansion limited the new organization's ability to effectively and efficiently respond to community health needs. Positive aspects of amalgamation included creative and opportunistic views about

growth and increased collaboration and partnerships with other organizations. Other studies (Calich et al., 1997; Felland et al., 2008) have emphasized the importance of linkages with other agencies to enable expansion and sustainability. One CHC was found to expand hours from 12/week to 50/week through strong community agency ties while another CHC realized their expansion goals by collaborating with community partners and bringing services to the community at the partner's location (Calich et al., 1997; Felland et al., 2008).

The ability to successfully recruit staff to fill new expansion-related positions has also been identified as an enabling factor to successful expansion (Rosenblatt, Andrilla, Curtin, & Hart, 2006; Felland et al., 2008; Calich et al., 1997). Rosenblatt and colleagues (2006) examined CHCs within the United States to look at the impact of workforce shortages on expansion activities. This study found that out of 846 organizations, 66.3% were in the process of expansion indicating that CHCs are still expanding despite the shortage of providers. The centres that were reporting expansion activities noted use of recruitment strategies such as loan repayment and medical scholarships. Rosenblatt and colleagues (2006), along with Felland and colleagues (2008), noted the lack of competitive salaries as a barrier to recruiting much-needed positions such as physicians. The recommendation was made to augment services with physician assistants or nurse practitioners. One study (Calich & White, 1997) reported sustaining and

expanding services by way of a large core of volunteer staff. However, this study was the exception rather than the rule.

CHCs are typically established and governed by community-elected boards of directors (Ontario Ministry of Health and Long Term Care, 2002; Plaska et al., 1995) and ultimately decisions to expand services are determined by these boards (Wilson, 1978). Boards and board members are required to assess the need for expansion, and to lead these activities for their organization. This includes the board members being responsible for understanding the changing needs of their community and consideration of the overall vision for CHC service delivery: addressing equity of care in health care access; providing targeted, multidisciplinary services to a defined community; developing health partnerships with communities; and ensuring a community-focused delivery model (Seacat, 1977; Lefkowitz, 2005).

Remaining Questions/Gaps in Knowledge

There is a definite notable lack of research, or at least published research, in this area. Particularly disheartening is the fact that none of the published research originated from a Canadian context. The large number of recently published studies suggests that this research topic may be becoming more of an interest to scholars. However it may also reflect the search strategy that was used to gather the articles. As articles were difficult to find a search in Scopus was used to help draw out additional articles. As Scopus provides a search of forward citing articles only this would skew the findings to recent publications (within the last 10 years).

The literature is clear on a number of factors influencing expansion activities. The large role of funding on expansion activities is undeniable, as is the fact that federal funding has the largest impact on the ability of CHCs to undertake expansion activities that are successful and sustainable. The literature has also demonstrated the challenges facing those undertaking expansion activities. Those in the CHC leadership ranks often feel ill prepared and ill-trained to manage expansion, regardless of how experienced they are as administrators and practitioners within the system.

Partnerships with other organizations also are a key part of expansion activities for many CHCs, and have been shown to result in expansion of service hours at the local site as well as expansion to satellite clinics. The literature, however, is mixed around the best way to leverage these partnerships, specifically, whether expansion at the current site or at a partner site was the best way to expand services. Partnerships with community may also be important. In the articles noted above, community members were rarely consulted for their comments on the need for expansion. While a few studies sought feedback on the types of services that stakeholders would like to see in their community, there was a lack of community involvement in the decision as to whether expansion of services was warranted.

The process of expansion and the discourse surrounding it is important to understanding how expansion happens. As only one anecdotal article was found on the process of expansion, not much can be concluded in

regards to the actual process of expansion and how centres and their stakeholders move through this process. This area would benefit from a better understanding of the factors influencing the discussion of expansion activities and the ways in which centre staff and administration conceptualize expansion and move through dialogue regarding this possibility.

Despite the number of articles found, none of the research highlighted the process of strategic planning related to the expansion of CHCs. To address this knowledge gap, my research focused on the process of board decision-making during a period of CHC expansion. It explored not only internal board processes, but the interactions and connections with other organizations during the period of expansion. It attempts to describe how expansion happens within the strategic context as well as touching on the power relations that exist between boards, funders, and other stakeholders.

My thesis is arranged in a paper-based format and includes two distinct aspects of my study. Chapter two outlines the first aspect of this study. This study had as its focus internal board processes and their impact on CHC expansion. Key internal processes and inter-board relationships that either supported or inhibited expansion activities are the focus of the analysis. The discussion links study findings to other research and makes recommendations for enhancing these processes for future expansion activities. Chapter three outlines the second aspect of my study on CHC expansion. External stakeholder relations and the extent to which these

stakeholder relations impacted, either positively or negatively, overall expansion activities were the focus. The discussion identifies improvement opportunities across several stakeholder groups to positively impact future CHC expansion opportunities. The final chapter, chapter four, combines the learnings of both aspects of my study and identifies broad aspects of expansion that should be considered when undertaking CHC expansion.

Methods

This retrospective (post mortem) case study focused on the experiences of governing CHC board members during the period of service expansion. The organization of focus was a non-profit health care organization with a focus and mandate to serve marginalized populations in a large Western-Canadian urban centre. The organization has served its current community for several decades and has past experience with both satellite and onsite expansions. The CHC's current service model is a mix of traditional primary health care and innovative care models. The organization has undergone several expansions to date. The focus of the current study was a single service expansion occurring three years prior to the study date. The funds associated with the expansion of the CHC originated from a new funder and were substantial in nature, increasing the budget and staffing component by approximately one third. The expanded service, emphasizing activities and programs, was designed to address broad social determinants of health, and was facilitated by these new resources.

I. Participants and Procedure

Two data sources were identified to inform the current research. Primary interview data were collected from key stakeholders asked to reflect on expansion activities during their tenure as board members. Participants were identified through the publically available board slate of the organization for the year the CHC was expanded. An introductory e-mail and accompanying information letter/consent form were sent out to all board members identified on the slate. For a copy of recruitment documents see Appendix A. A total of twelve potential stakeholders were identified to participate in semi-structured interviews. Participants were given two weeks from the original e-mail to respond. Failure to respond resulted in a second e-mail. Two weeks following the second e-mail a final phone call was made in a last attempt to make contact. Of those invited, three failed to respond to three attempts of telephone or e-mail contact, three participants declined, and six participants agreed to participate. Participants were interviewed in person at a public location of their choosing. One participant had since moved to another country and was interviewed via telephone. Consent was obtained at the interview by having the participant sign the consent form and was witnessed by the interviewer. In the case of the participant interviewed over the phone, the form was faxed to the interviewer on the day of the interview. Stakeholder interviews were initially guided by 14 pre-determined, open-ended questions (See Appendix B) and were tape-recorded. The questions were adapted by the researcher and additional questions were posed based

on the unique characteristics and context of each interview. The researcher kept extensive field notes following each interview, noting in particular observations about the context of the interview, and participants' reactions, intonations, body language and level of comfort. A second data source consisted of administrative records. Specifically, a corpus of board meeting minutes and electronic communications from the period of expansion were reviewed.

II. Data Analyses

Data was analyzed using Discourse Analysis (DA). DA is a qualitative methodology largely arising from the desire to explore an individual's understanding of their context (reality) through their linguistic discourse (Howitt & Cramer, 2011). DA illuminates ways in which institutional practices and power relations are developed and contribute to the construction or perpetuation of social relations and structure (Howitt & Cramer, 2011; Talija, 1999). Major contributors to DA through the 20th century include Foucault (1972) with a focus in psychology and Potter and Wetherell (1994) with a focus in sociology.

Interviews were recorded and transcribed verbatim by a contracted transcriptionist noting all auditory cues such as pauses and non-linguistic units (ahs and ums). All data were analyzed in three steps. The first step was an iterative line-by-line reading to uncover meaningful units of discourse and 13 micro level themes. Next, these units were reviewed and categorized into seven macro level themes. Administrative documents were carefully

analyzed for themes and information supportive of or in conflict with participant interviews. The third step focused on discourse related to power relations, specifically discourse examining the concepts of trust and control as used to describe the experience of expansion activities. The interviews were analyzed in tandem and subsequently checked by a second researcher to ensure consistency and accuracy. Processes and power relations inherent in expansion activities were identified.

The first paper focused on the first two steps of analysis. DA was used to identify and describe the organizational factors affecting expansion and board governance during expansion. In particular interpersonal relationships within the board and board processes were explored. The analysis focused on aspects of board governance such as historical decision making processes, decision-making, strategy, and internal relationships. The investigated helped identify how these aspects of board governance contributed to the expansion process as described and conceptualized by participants during their interviews. The second paper focused on the third step of analysis. DA was used to identify and describe inter-organizational relationships and the roles of power and control. Analysis focused on words such as power, control, and difficult as they were used by participants to describe stakeholder relationships. The second paper looked at how these power relations interacted and were perpetuated throughout the expansion process.

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Chapter 2

Structural and Organizational Factors in Expanding Community Health Centres: A Canadian Case Study[1]

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Abstract

Purpose- The purpose of the current study is to examine, through a case study, board governance of a community health centre through a period of expansion with particular attention paid to the organizational and internal board relations that contribute to or inhibit expansion.

Design/Methodology/Approach- All board members on the slate at the time of expansion were invited to participate in one on one semi-structured interviews. The interviews consisted of 14 open ended questions. Administrative data (board documentation and correspondence) was also used to inform the study. Discourse analysis was used to analyze the data.

Findings- The study revealed that while board members agreed with the expansion they acknowledge the need for enhancement of the expansion process. Board members identified missing board skill sets, comfort with governance, and low organizational understanding as personal barriers to enhanced process. Identified external barriers included: lack of decision support tools, availability and documentation of information, and historical decision making processes.

Research/Limitations/Implications- Half of the board agreed to participate in the interviews. Of those declining participation, 30% cited difficulties during the time of expansion as rationale.

Originality/Value- The study adds to the limited publications regarding expansion activities of primary health care services. The results of the current study add to the understanding of expansion and the role of the volunteer board and their governance process during this time.

Keywords Primary Care, Expansion, Governance, Process Improvement, Canada
Paper Type Research Paper

Introduction

Despite a significant amount of literature on primary health care, little is understood about the nature and process of primary health care expansion. Expansion is defined as the enhancement of the scope and reach of organizational activities (Wilson, 1978). The purpose of the current study is to examine community health centre (CHC) board governance during a period of expansion, with particular attention to organizational and relational aspects contributing to or inhibiting the success of expansion.

CHCs have become an increasingly popular mechanism for delivering primary health services to underserved communities. Current estimates are that 5% of the United States population is served by CHCs (Adashi, 2010) and 43% of medically underserved areas still require access to such services (US Government, 2009). Economic softening and increased unemployment rates are potential precipitating factors of demand for these services (Iglehart, 2008; Issacs & Jellinek, 2007). Increased utilization heightens demands on already stretched services and will require increases in both staffing and infrastructure to meet these demands.

The literature, although limited, is clear on a number of factors influencing expansion activities. Not surprisingly, funding plays a primary role in expansion activities: federal funding in particular is key to successful and sustainable expansion activities for CHCs (Lo Sasso & Byck, 2010; Felland, Lauer, & Cunningham, 2008). What may be surprising is that many administrative leaders, despite administrative and practitioner knowledge, feel that they lack the skills and knowledge necessary to undertake expansion activities (Markuns, Fraser, &

Orlander, 2010). Partnerships with other organizations are also key to expansion activities for many CHCs; however, difficulties related to the logistics of these partnerships, such as differing organizational structures, have been identified (Calich, & White, 1997; Felland et al., 2008; Dale, Shipman, Lacock, & Davies, 1996; Staton, 2001). The ability to successfully recruit staff to fill new expansion-related positions has also been identified as a factor enabling successful expansion (Rosenblatt, Andrilla, Curtin, & Hart, 2006; Felland et al., 2008; Calich et al., 1997).

CHCs are typically established and governed by community-elected boards of directors (Ontario Ministry of Health and Long Term Care, 2002; Plaska & Vieth, 1995). Ultimately, decisions to expand services are determined by these boards (Wilson, 1978). Boards and board members are required to assess the need for expansion, and to lead these activities for their organization. This includes board members being responsible for understanding the changing needs of their community and consideration of the overall vision for CHC service delivery: addressing equity of care in health care access; providing targeted, multidisciplinary services to a defined community; developing health partnerships with communities; and ensuring a community-focused delivery model (Lefkowitz, 2005; Seacat, 1977).

The organization of focus in this study is a non-profit health care organization with a focus and mandate to serve marginalized populations in a large Canadian urban centre. The organization has served its current community for several decades and has past experience with both satellite and onsite expansions. The current service model is a mix of traditional primary health care and innovative care models. The funds associated with the expansion of this CHC originated from a

new funder and were substantial in nature, increasing the budget and staffing component by approximately one-third. These new resources facilitated the expanded service, an innovative, broad social determinants of health model. The research reviewed previously suggests that there are key supporting factors to expansion, such as funding, administrator competence, and partnerships with other organizations. What is not clear is the role of the governing board in expansion and the related organizational processes of CHC expansion, particularly within the Canadian context. Therefore, the objective of this case study was to explore and describe the experience of board members during a period of expansion of primary health care services.

Methods

This retrospective (post mortem) case study focused on the experiences of governing CHC board members during the period of service expansion.

I. Participants and Procedure

Two data sources were identified to inform the current research. Primary interview data were collected from key stakeholders asked to reflect expansion activities during their tenure as board members. Participants were identified through the publically available board slate of the organization for the year the CHC was expanded. An introductory e-mail and accompanying information letter/consent form were sent out to all board members identified on the slate. For a copy of recruitment documents see Appendix A. A total of twelve potential stakeholders were identified to participate in semi-structured interviews.

Participants were given two weeks from the original e-mail to respond. Failure to respond resulted in a second e-mail. Two weeks following the second e-mail a final phone call was made in a last attempt to make contact. Of those invited, three failed to respond to three attempts of telephone or e-mail contact, three participants declined, and six participants agreed to participate. Participants were interviewed in person at a public location of their choosing. One participant had since moved to another country and was interviewed via telephone. Consent was obtained at the interview by having the participant sign the consent form and was witnessed by the interviewer. In the case of the participant interviewed over the phone, the form was faxed to the interviewer on the day of the interview. Stakeholder interviews were initially guided by 14 pre-determined, open-ended questions (See Appendix B) and were tape-recorded. The questions were adapted by the researcher and additional questions were posed based on the unique characteristics and context of each interview. Extensive field notes were kept by the researcher following each interview, noting in particular observations about the context of the interview, and the participants' reactions, intonations, body language and level of comfort. All provided participant quotes are notated with a pseudonym that was assigned to each participant.

A second data source consisted of administrative records. Specifically, a corpus of board meeting minutes and electronic communications from the period of expansion were reviewed.

II. Data Analyses

Data was analyzed using Discourse Analysis (DA). DA is a qualitative methodology largely arising from the desire to explore an individual's understanding of their context (reality) through their linguistic discourse (Howitt & Cramer, 2011). DA illuminates ways in which institutional practices and power relations are developed and contribute to the construction or perpetuation of social relations and structure (Howitt & Cramer, 2011; Talija, 1999). Major contributors to DA through the 20th century include Foucault (1972) with a focus in psychology, and Potter and Wetherell (1994) with a focus in sociology.

Interviews were recorded and transcribed verbatim by a contracted transcriptionist noting all auditory cues such as pauses and non-linguistic units (ahs and ums). All data were analyzed in two steps. The first step was an iterative line-by-line reading to uncover meaningful units of discourse and 13 micro level themes. Next, these units were reviewed and categorized into seven macro level themes. The larger themes relating to internal board relations are the focus of this study. Administrative documents were also carefully analyzed for themes and information supporting or conflicting with participant interviews. The interviews were analyzed in tandem and subsequently checked by a second researcher to ensure consistency and accuracy for data analysis.

Results

Several areas of discourse were revealed throughout the analyzed dialogues related to organizational governance and structure. Discourse primarily focused on governance and addressed: responsibility/governance, decision-making, strategy,

knowledge/experience, internal relationships, information/communication, documentation, and closure. These topic areas are examined in detail below.

I. Responsibility/Governance

The Executive Director (ED) of the organization was approached by a funder and asked to provide specialized services for clients with significant health and social complexities, clients who had often experienced sustained homelessness. The expansion was significant for the organization with implications of growth in staff and funding by one-third. As a participant noted *"it did take us from being a kind of smaller intimate (organization)" … "(with the expansion) we don't fit the boardroom anymore" … "(it was) a significant increase by almost 1/3."(Betty[2])* This significant organizational impact required board involvement in the expansion decision and was readily identified by the ED. The shared decision-making between the board and the ED was a noted strength of the process. *"(This process) Worked well, having the ED [say] I can't make a decision on all this here for sure and then presenting it to us (the board)." (Steve)*

The organizational structure consisted of a strategic and policy board charged with the oversight of the ED. The ED was then responsible for all operational work and staff (see Figure 2-1). *"In the governance model that we have, we are really only responsible for the performance, hiring, and firing of the ED."(Frank)*

[2] Pseudonyms have been used to identify participants

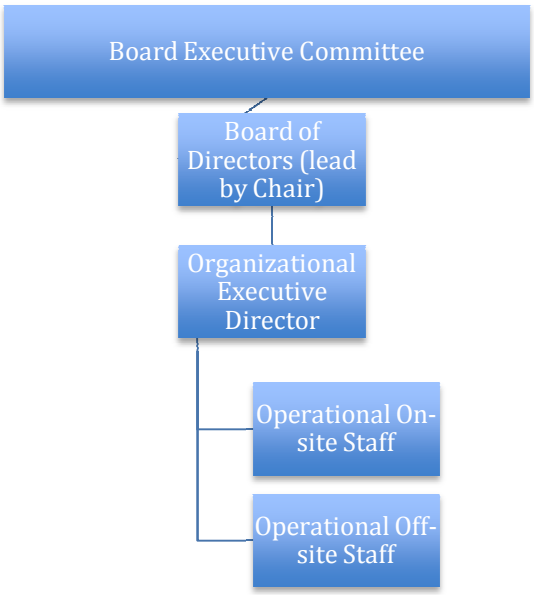

Figure 2-1: CHC Governance/Organizational Structure

In alignment with existing structure, the board remained distanced from the operationalization of the expansion process. The current governance structure became the governance structure for the newly expanded program. *"We made the decision that a second board didn't make sense…the board for [the organization] became the board for [the expanded program]. [We] essentially took on the same oversight and fiduciary responsibility…and then the person responsible for running the [expansion] reported directly to the [ED]."(Clare)*

Board members were split on their comfort in being distanced from the actual expansion. Some spoke of the strengths of the operational team. *"I really was impressed with how quickly they were able to move things forward. A lot of the work existed outside the board." (Clare)* Others, in contrast, questioned the appropriateness of the distance. "*I guess it depends on the involvement of the board. I mean we could've taken over the set up of that place, we didn't we just kind of let it*

be…maybe we should be a little bit closer." (Steve) Other board members questioned the ability of the board (time and skills) to be more involved than they were. *"I don't think the board could help a whole lot, to be honest. I think that the people who are on the board don't necessarily have the time or particularly the skills to be able to be much more supportive than I think the board [was]." (Clare)*

The success related to the expansion process was frequently attributed to the strengths of the operational arm of the organization rather than the governance of the board. *"What worked particularly well was having a very high functioning agency that was able, through its operations arm, to get things done. I actually wouldn't say to be honest that the board functioned at the level that it really should have…so I wouldn't call this an exemplary board activity." (Clare) "I think [the ED] shared good leadership in the process. I think it was a good process in large part because of [their] leadership." (Chris)*

II. Decision Making

The initial discussion around expansion occurred within the board executive committee and was subsequently brought to the board for broader discussion. *"It (the expansion) had been discussed extensively in the executive committee, and it was brought as a very strong recommendation (to the rest of the board)." (Clare)* The board, as a whole, provided general agreement with the decision for expansion and acknowledgement of the need for the services identified for expansion. *"I think most people on the board, when it was brought to them, knew that something like this needed to be done." (Bob)* There was quick movement within the board to discuss logistics rather than a focus on the actual decision for or against expansion. *"We*

certainly talked about it, but most of the discussion was about how, rather than whether." (Clare)

This movement to logistics bothered some participants and they identified a need for a more systematic process for decision-making. *"Unless there's a sort of systematic way of going through a (decision-making) process like that, it's difficult for groups to know whether it's a yes or a no." (Frank)* One participant spoke about the development of a decision matrix that the board used to engage in a systematic decision-making process regarding expansion. *"(We) developed…a matrix that included questions around: does this fit the mission and mandate of the organization?...there was a whole bunch of risk management type questions embedded in this thing." (Frank)* No other participants mentioned the matrix despite administrative records indicating the matrix had been provided to all board members. The expansion decision was credited with creating tension on the board. *"I think the expansion forced these types of tensions because they put in front of the board a series of questions that they couldn't just ignore." (Frank)*

Participants noted that it was difficult to establish a formal decision-making process, despite attempts to do so, as there was no precedent for this type of process. *"There've been some mechanical challenges, based on the culture of the organization and how it's made decisions in the past, which has been rather informal." (Frank)* Despite the expressed need to create formalized decision-making process, the board did not create policy to support such a model following the expansion. *"Did we come up with a formal decision making policy? No actually we didn't…I think you could develop some policies around that for sure I think you could have a policy*

that…identifies some of those critical questions and says that any decision to expand needs to address the following criteria." (Frank)

Alignment to the organization's vision and mission was identified as a key element of the decision for expansion. It was suggested by participants that had it not been for the vision and mission, the expansion decision would not have proceeded "[if the] *Visions and missions weren't there…[this decision] wouldn't have happened if we didn't have th[ose]." (Steve)* Even though there was support for the expansion, and it was generally viewed as falling within the scope of the CHC's vision and mission. Participants also expressed concern with the ambiguity of the vision and mission and the lack of clear direction it provided for the need of and support for the expansion. *"There was an argument to be made that (the expanded service) was outside our mandate. And I believe there was [also] an argument that it was absolutely within our mandate…that was one of the reasons that we talked a lot as a board because (the expansion) wasn't part of the core business." (Chris)* However, the ultimate decision was that the expansion was within the organizational mandate despite the need for interpretation. *"There was initial agreement that, (the expanded service) was certainly within what would be reasonable for us to be doing."(Betty)*

Despite having several discussions within the board, participants felt that they would have benefitted from more dedicated time to discuss the expansion. *"it is a really important decision and not one that we can make in an hour and a half meeting…I think a board retreat around it could have made the whole process elevated [to] the big decision that it really was. I think the decision would have been the same, but perhaps it would have been more informed." (Clare)* However,

notwithstanding the concerns noted above, all participants felt the decision was the right one for the organization.

III. Strategy

The timing of the expansion opportunity itself was important. The board was in the midst of a strategic planning process that was subsequently interrupted and derailed by the expansion discussion and decision. *"[It] pulled us away from some of the previous planning processes. The plan that we've been currently operating with was never really refined the way that it should have been because [the expansion] became so dominant." (Clare)* Nearly all participants agreed that there was a lack of proactive strategic planning around the need for expansion prior to the opportunity arising. *" [The expansion] came to us and we had to make a decision. It wasn't a choice in the sense that we were actively pursuing it as part of the larger strategic direction. We did not look out there and say listen we think we can make a maximum impact in this community by also providing [expanded service]. It wasn't initiated by us. That's a lot of how our programs have emerged through other people approaching us." (Frank)*

Effort was taken by some board members to move the conversation to a focus on strategic governance and impact. This was accomplished through attempts to develop written documentation of decisions and processes to ensure each decision point was well thought out and defendable. *"Our quickest path through this is if we can present the board with a solid analysis of the benefits, risks, and implications of being the primary service provider for [expanded program]...In short we need to build a strong written case."* (*Administrative Data*)

However, being identified for the opportunity created barriers to objectivity and viewing the decision within a larger organizational strategic discussion. Board members were proud at having been approached for the expansion and their pride seemed to affect due diligence in decision making which created tensions. *"There was an instant sense of pride that we've been recognized. (From) the start everybody was already embracing it…some of the tensions emerged in trying to make a due diligence decision about this thing…a lot of people were already invested in the idea…and then we had to take that emotional response and bring in a more dispassionate process." (Frank)* Administrative data revealed conflict through the process of expansion discussions resulting in defensiveness and tense board relations. *"This is just a quick follow-up to last night's meeting. I value our working relationship. I am uncomfortable with the spirit of last night's conversation. It was not my intention to put you on the defensive or create an "us" and "you/them" situation." (Administrative Data)*

IV. Knowledge/Experience

Strategic planning was identified as a definite role of the board; however board members struggled with this role and were unable to make it a reality during the expansion process. Lack of time and board skills were identified as barriers. *"Looking to the future really is a function of a board. Whereas the executive director is responsible for the operation management in partnership the two should be doing strategic planning. At this point I would say the board is fairly reactive and didn't really have the right mix of people and time, and energy to be able to get to that next step." (Clare)* Other board members felt that the board was not disadvantaged by

lack of board skills. *"I think it was a very competent board and pretty skilled. I don't think there was any type of skill that was missing." (Chris)* However, it was agreed that in the future, board members should be recruited for particular skill sets to complement the overall board composition. This was identified as a current weakness in board recruitment. *"The board is pretty reactive and puts out some messages and a couple of advertisements then waits to see what happens, who comes in instead of saying we really need either this particular person or someone with this skill set, and we need to figure out how to get someone with that skill set on our board." (Clare)*

Participants spoke to the difficulty of past attempts by the board to address strategic governance. *"We have had a lot of philosophical questions about things that we think are of strategic significance. A lot of them aren't necessarily decisional questions." (Frank)* This lack or preparedness may have contributed to the difficulty experienced by the board in strategically working through the decision for expansion. *"I had the suspicion that we would have difficulty with that decision. It turned out to be a rather difficult process. Most of the decisions that we made as a board weren't really critical decisions so it was challenging; it's challenging for groups to think that way when they're not prepped, when they don't practice the skills of thinking that way." (Frank)*

Board members felt they gained skills during the expansion discussion. However, they also felt ill-prepared to participate in discussions about expansion because they felt like outsiders in the organization. *"When you're a board member you come into an organization once a month for a few hours, usually when it's shut.*

You really do not have the level of understanding of the organizational issues and challenges and not the external either. No matter how well you're briefed by your ED there is no substitute for living the organization." (Chris)

Board members acknowledged that they had been provided with an opportunity to shadow employees to develop a better understanding of the organization. However, few of them had taken advantage of the opportunity. *"We haven't really shadow(ed) out there. We could've but I don't know if anyone has…it would be nice to go there and see what happens." (Steve)*

V. Interpersonal Relationships

Difficulties were also noted in relation to interpersonal relationships and dynamics. Board relations were labeled as less than amicable during the expansion process. There were mixed reviews regarding whether the difficulties occurred as a product of the expansion decisions or whether they existed previously. Participants agreed, however, that the problems were magnified by the expansion discussions. *"The [expansion] became the…thing that personified what the troubles were on the board…if we hadn't have had that big issues maybe things would have kind of skidded around…the fact that we were trying to do something kind of, new and quite big at a time when the board was a bit…struggling…a lot of the difficulty had to do with existing board issues, to be maybe more proactive about trying to name things when you know they aren't going well…not limping along with difficulties." (Betty)*

Other participants suggested the difficulties may have been linked to the push to a more strategic decision-making process. "*[A board member] initiated (conversation) around fiduciary responsibility and getting the board members to be*

more proactive. Unfortunately it ended up in a huge amount of tension and some really negative interactions. We did loose two board members during that period. Partly because the board meetings were so unpleasant and tense that people didn't want to come back…[the discussion was] perhaps a little heavy handed. We had one board member [who]…had a very brash way of delivering questions…so some tension emerged there." (Clare) The existence of those tensions was underscored when two previous board members refused interviews, citing difficult times on the board as their rationale for not participating.

There was difference of opinions in how the process affected the board. Some participants suggested that the process was difficult throughout and that a neutral third party to facilitate discussions might have assuaged tensions. *"I wonder if it wouldn't be valuable…to have brought in some external people to help us…having a neutral person ask those questions would have been different." (Frank)* Still other participants suggested that the expansion process brought some healing and a sense of accomplishment to the board. *"The expansion…was kind of a healing step…it brought the board back together again…it was a tangible thing that was an accomplishment…it definitely did not pull people further apart, it brought them back together." (Clare)*

VI. Information/Communication

Participants did not feel that the information provided to them, to facilitate the decision for expansion, was adequate. *"I was uncomfortable because I didn't really feel that I knew enough about the details of what was going on." (Clare)* This was also reflected in administrative data where one board member, having missed a

board meeting, incidentally found out about the decision for expansion at an inter-agency meeting. *"Did the board agree for us to take on this work? As today- in a meeting with other agencies- was the first that I heard that we had committed to delivering [expanded program]." (Administrative Data)* Of note is that those board members expressing concern about information were not on the board executive committee; of those on the executive, not one expressed concern with the level of information provided.

Participants also expressed concern over the limited access they had to the final contract for funding agreement between their organization and funder. This access bothered some board members while others trusted that they were being provided with all necessary information. *"I'm not sure I ever saw the contract…it's possible that it was circulated when I was not at a meeting, but I'm pretty sure I never received it in any of my meeting packets." (Clare)* Other participants felt that they had sufficient information and trusted they were provided with what they needed; they, however were the minority.

"I didn't look at [the contract] in detail; the [ED] would always bring us the important points." (Steve) "[the ED gave] everyone the information they need." (Chris) Those feeling poorly informed, identified two solutions: more conversation about key documents at meetings and being provided with more written communication and documentation electronically. "*More open and explicit discussion of things like the contract…a lot of information was not always captured well on paper, was not communicated electronically." (Clare)* There was no division between those on the

executive committee and general board members regarding their need for knowledge of the contract.

They also identified the need for clear expectations regarding the information that would be provided as helpful to the process. *"There should be essentially a sort of clear expectations about what information the board receives at its' meeting and how the board then works with the information it receives." (Clare)* One participant was able to articulate the ideal presentation of written communication. *"The board should get more information in writing…a spreadsheet of a series of briefs that explains pros and cons, or a kind of a rationale argument as to why we should expand or not expand, not a series of anecdotal statements. We can't make decisions on the information we have. We have to also identify the information that's absent that we would need to make a decision." (Frank)*

The expectation shared by all participants was that it was the role of the ED to facilitate the sharing of pertinent information with the board. "[The EDs role is] *to provide background and to facilitate people coming to speak to the board so that they understood more." (Betty)* Participants acknowledge that the board as a whole learned a lot about communication through this process and agreed that communication was a shared responsibility of the board.

VII. Documentation

Related to the information/communication section above, board members were concerned with the lack of documentation throughout the process. *"A lot of things were sort of happening during board meetings, but not necessarily getting all that well captured. That made me somewhat uncomfortable." (Clare)* These thoughts

were echoed in administrative data. "*A written analysis that addresses the questions we raised last night will help.*" (*Administrative Data*) Lack of documentation was thought to contribute to the difficulty with decision-making. *"Board discussions were based on verbal presentations/explanations making it difficult to work our way through the issues." (Administrative Data)*

Participants noted that there was no formal debrief as part of the documentation of the expansion process resulting in lost organizational knowledge. *"We never did debrief the whole process. I suspect the reason was that everybody was so fed up by the end of it…[this] was detrimental because I don't think a lot of people know exactly what went on there…so the corporate knowledge is not shar[ed] with everybody." (Frank)* One participant also lamented the lack of celebration following the expansion process. "*(The expansion was) a huge step and we should celebrate." (Steve)*

Discussion

The Board's strategic governance role arose many times in the discourse around expansion. Board members identified strategic governance as well within their purview; however, they struggled with the practical acquisition of the role due to experience and comfort. Other non-profit boards have also identified this tension (Ferkin, Shilbury, & McDonald 2009). Findings indicate, however, that progress was realized after a clear and well articulated strategic plan was completed and the board agenda redesigned to align with the organization's strategic priorities. This aligns with other studies demonstrating the importance of strategic orientation for board members (Inglis, Alexander, & Weaver, 1999) and board skillset linking to

strategic contributions (Edwards & Coffin, cited in Ferkins et al., 2009). Participants in this study described having started a strategic planning process when the decision for expansion was raised. A completed plan may have helped support board comfort with strategic governance. Participants also identified the need for a more proactive decision-making model for the organization. Comfort with the governance role may also have supported a more proactive and objective decision-making process. Future research could explore governance capacity and comfort following training.

Poor preparation of board members was also noted as impacting governance including poor organizational understanding. Poor preparation has been identified in the literature related to paid administrative staff (Markuns et al., 2010) and as discovered in the current study, is shared by unpaid board members as well. Poor organizational understanding seemed related to two issues: one, board member's perception that they are organizational outsiders and two, board members perception of a lack of organizational information. Limited organizational knowledge likely contributed to board members' being reluctant to make strategically significant decisions.

Studies of board governance have identified operational knowledge as essential to optimal strategic board functioning (Edwards & Coffin, cited in Ferkins et al. 2009). These studies acknowledge that often boards are not informed enough to govern (Ferkin et al., 2009). This highlights the importance of information and knowledge for proper governance. Participants acknowledged the opportunities provided to become further informed regarding the organization. Unfortunately

there had been little, if any, uptake. This demonstrates a potential lack of commitment by board members and the literature suggests that lack of commitment by board members may be a direct result of board members not clearly understanding their role (Menguc, 1996; Sakires, Doherty, & Misnener, 2009). This can result in lowered organizational effectiveness (Chelladurai, cited in Sakires et al. 2009). Clarification around strategic governance and additional experience may help strengthen interest in organizational learning. It may also be that board members do not see hands-on learning as part of their role or may feel that it blurs the governance/operational boundaries. This reluctance would be an ideal topic for further research to both understand and address this aspect of governance.

The second concern regarding lack of information was related to expectations of receiving information pertinent to expansion activities. This concern was related to both how and what information was shared. Participants requested more open dialogue on pertinent documents and decisions in addition to greater electronic dissemination of the same. Providing information for boards and identifying information gaps have been highlighted as key supports for organizational governance and solid decision-making (Maharaj, 2008). This information can help support boards in identifying clear strategic direction for the organization (Ferkin et al., 2009). In the current study, board members questioned their ability to look at the contract related to expansion. They also noted a lack of access to electronically disseminated information. Interestingly enough, those raising concerns were not members of the board executive. Boards may want to consider identifying information requirements and ensuring that information is

disseminated in the preferred mediums to all members. This will be particularly important for those board members not on the executive or who miss a meeting but who are still expected to fully participate in and be accountable for expansion decisions.

Participants also questioned the skills and ability of the board to be more engaged during the expansion. Time and skills were identified as limitations to involvement. Limitations of volunteer boards have been identified in other non-profit studies (Ferkin, et al., 2009). Further exploration may facilitate understanding of these limitations and help develop mitigating strategies in the form of enhanced board development opportunities. Further examination of board skills should also focus on why board members chose to volunteer, what skills they feel they bring to the organization, and their expectations for contribution. Responses may help illuminate how skills could be better utilized and whether members are prepared to invest the time required to fulfill the governance responsibilities. This information could then support more purposeful recruitment: - an expressed concern and noted weakness in the current study- and lead to acquiring board members with the necessary skills and willingness to govern.

Another major thread of dialogue related to poor board relations. Participants identified board relations as negatively impacting the process and linked the cause to the manner in which discussions were undertaken: board discomfort with governance, and board tensions that had gone unchecked. In fact potential participants declined participation, citing board conflict as their rationale. Conflict on a board has been found to lead to a less big-picture focus and lessened

effectiveness of boards (Maharaj, 2008). Maharaj (2008) has identified several key board member skills including engaging in the work of the organization, comfort in challenging the status quo, being critically constructive of the organization, and being able to resolve internal conflict. Gaps in these skill sets have the potential to contribute to board tension and conflict. As outlined above, board members were notably uncomfortable with strategic governance and were not effectively engaged in organizational learning which likely contributed to the noted tensions. Constructive criticism skills, while not directly addressed, were likely absent as constructive criticism would be difficult without an overall understanding of the organization. In addition, the unchecked conflict may be the product of the board's lack of consensus-building skills to bring the members together in meaningful and constructive dialogue. Using skill set matrices has been effective in recruiting people with these skill sets to boards (Maharaj, 2008) and could help to enhance board relations. A matrix could be adopted to both select for appropriate skills in future board members and as a regular assessment tool for current members to support professional development for these members or as decision support to help members step down from their position if required. This could protect against compounding board tensions during periods of stress such as expansion.

Finally, participant dialogue identified opportunities for internal process adjustment such as clarification around expectations for information, concrete decision support tools, using a neutral third party to facilitate expansion discussions, and the need for a formal debrief. Unfortunately none of these learnings were documented, consequently limiting their impact on future decision-making

processes. Minimally, these findings illuminate the need for strong written debriefing to ensure integration of learnings into accumulated organizational knowledge. Ideally, these findings should impact organizational policy related to how large-scale governance and change management processes are undertaken. Participants agreed that learnings should have impacted organizational policy. However, they tempered those comments with acknowledgement that board member were exhausted at the completion of expansion. A consultant or third party could have assisted with debriefing and documentation to minimize the demand on board members.

This study may be limited in that only half of eligible board members agreed to participate, with a few citing board conflict as a rationale. This may have skewed the findings to those primarily satisfied with the process. However, as several areas for improvement were raised, it is unlikely that this is the case. Another limitation was the lack of information available through administrative data. However, information was then verified across participants to ensure the facts were reliable.

Conclusion

The expanded service continues to operate and demonstrate positive client outcomes. International interest has been shown in the model and its outcomes. A single board remains the governing body for both the initial organization and the expanded service.

While finances and board meetings for the organization remain separate based on funding models, there is no sense from current board members that they see any distinction between the original organization and the expanded service. The

current study revealed a lot about internal structure relating to key governance decisions. Findings related to organizational processes included a need for a robust strategic organizational direction, provision of information to guide decision making, governance policy development, and clearly outlined documentation processes. Other findings related to board members included requirements for skills-based recruitment, enhanced board engagement, and current skillset evaluations. Additional research is suggested to explore why board members volunteer, how they expect to be utilized, and how best to engage them within the organizations they agree to govern.

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Chapter 3

Inter Organizational and Other Stakeholder Relationships and their Impact on Expansion Activities[3]

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Abstract

Background- Community health centres (CHCs) are non-profit organizations providing primary health care as well as health maintenance and health promotion programming to individuals, families, and communities. This model of service delivery continues to gain momentum; however, little is known about the process of expansion for CHCs.

Purpose- The purpose of the current study is to examine, through case study, board governance of one community health centre during a period of expansion. Particular attention was paid to stakeholder relations including involvement levels of various stakeholders and their impact on the expansion process.

Methodology/Approach- All board members on the slate at the time of expansion were invited to participate in one on one semi-structured interviews. The interviews consisted of 14 open-ended questions. Administrative data (board documentation and correspondence) was also used to inform the study. Discourse analysis was used to analyze the data.

Findings- The study revealed that stakeholder relationships fell into four distinct types and were itemized as follows: supportive/enabling, unaware, negative, and combination. Findings indicate that expectations for stakeholder relationships were not outlined from the outset of the expansion resulting in conflict. Board members were not well prepared to address conflict as it arose and did not feel well supported in this conflict specifically and the expansion globally. Another point of note was the lack of engagement of clients throughout the expansion despite the CHC's focus on patient focused care.

Practice Implications- Findings from the study demonstrate the need for CHCs to clearly define relationships and expectations prior to expansion. This may include a formal contract where appropriate. In addition board members would benefit from a support network to mentor them through the process of expansion. Support for client engagement would also be essential to expansion efforts.

Introduction

I. **Trends**

Community health centres (CHCs) are non-profit organizations providing primary health care as well as health maintenance and promotion programming to individuals, families, and communities (Adashi, Geiger, & Fine, 2010; Wilson, 1978). Typically these organizations are patient-driven, located in medically underserved areas (Shi, Lebrun, & Tsai, 2010), and are governed by a community-elected board of directors (Ontario Ministry of Health and Long Term Care, 2002, Plaska & Vieth, 1995). They attempt to address the health needs of individuals while contributing to the overall health status of the target population in culturally and linguistically appropriate ways (Adashi et al., 2010; Shi, Starfield, Xu, Politzer, & Regan, 2003; Wilson, 1978). The very first CHCs were introduced in the United States in 1965 (Adashi et al., 2010) and were developed during the so-called "war on poverty" (Wilson, 1978). CHCs enhance access to comprehensive primary health care services to individuals and populations who might otherwise not have access to such services (Plaska & Vieth, 1995). In Canada, CHCs were introduced in the 1920s and today there are 300 CHCs across Canada (Ontario's Community Health Centres, n.d.).

A softening economy and growing unemployment have been associated with increased use of services provided by CHCs (Iglehart, 2008; Issacs & Jellinek, 2007). Increases in utilization have required additions in both staffing and infrastructure. This often places greater strain on the executive and board leadership of these organizations to engage in additional fundraising opportunities, which can take up a

disproportionate amount of time as compared to other CHC activities. Despite this additional demand on time and resources, growth and expansion of CHC services and centres will continue as public demand for these services continues to increase.

II. Characterizing CHC Expansion

Expansion has been defined by Shi and colleagues (2010) as "expansion of existing primary care medical services, addition of new medical providers, where excess facility capacity existed, expansion of hours of operations, or provision of additional medical services through contractual relationships with specialized providers" (pg 259). In addition to physical expansion we may also consider enhancing capacity of current staff and centres as another way to expand or enhance services. The Centers for Disease Control (2000) website includes the definition of capacity building as "technical assistance, training, information sharing, technology transfer, materials development, or funding, that develops, enhances, or sustains an organization to better serve customers or operate in a more comprehensive responsive and effective manner" (Centers for Disease Control and Prevention, 2011).

Despite a significant amount of literature on primary health care, little is understood about the nature and process of CHC expansion activities. The literature, although limited, is clear on a number of factors influencing expansion activities. It is undeniable that funding plays a large role in expansion activities and that federal funding in particular is important to successful and sustainable expansion for CHCs (Lo Sasso & Byck, 2010; Felland, Lauer, & Cunningham, 2008). Successful recruitment was also identified as an enabling factor to successful expansion

(Rosenblatt, Andrilla, Curtin, & Hart, 2006; Felland et al., 2008; Calich & White, 1997). Despite administrative and practitioner knowledge (Markuns, Fraser, & Orlander, 2010) administrative staff feel inadequately prepared to implement expansion activities. Partnerships with other organizations are also a key part of expansion; however, difficulties around the logistics of these partnerships, such as differing organizational structures, can occur (Calich et al., 1997; Dale, Shipman, Lacock, & Davies, 1996; Felland et al., 2008; Staton, 2001).

Ultimately the decision to expand services is determined by the governing board (Wilson, 1978). Boards and board members will be tasked with identifying the need for expansion and leading these activities for their organization. This includes board members being responsible for understanding the changing needs of their community and addressing: equity in health care access; providing targeted, multidisciplinary services to a defined community; developing health partnerships with communities; and ensuring a community-focused delivery model (Lefkowitz, 2005; Seacat, 1977). As noted above, the research has identified key supporting factors to expansion such as funding, administrator competence, and partnerships with other organizations. What the research does not address is the relational aspects of expansion as they relate to key stakeholders including board members, clients, and funders. In addition much of the literature is focused on CHCs in the United States. Therefore, the objective of this case study was to explore and describe the relational aspects of expansion activities within the Canadian context.

The organization of focus for this study is a non-profit health care organization with a focus and mandate to serve marginalized populations in a large

urban Canadian centre. The funds associated with the expansion originated from a new funder and were substantial in nature, increasing the budget and staffing component by approximately one third. The service expansion focused on the broader social determinants of health not currently part of the basket of services offered.

Methodology

This retrospective (post mortem) case study focused on the experiences of governing CHC board members during the period of service expansion with particular attention to stakeholder relations.

I. Participants and Procedure

Two data sources were identified to inform the current research. Primary interview data were collected from key stakeholders who were asked to reflect on expansion activities during their tenure as board members. Participants were identified through the publically available board slate of the organization for the year the CHC was expanded. An introductory e-mail and accompanying information letter/consent form were sent out to all board members identified on the slate. A total of twelve potential stakeholders were identified to participate in semi-structured interviews. Participants were given two weeks from the original e-mail to respond. Failure to respond resulted in a second e-mail. Two weeks following the second e-mail a final phone call was made in a last attempt to make contact. The phone call was the last attempt to make contact and no more attempts were made. Of those invited, three failed to respond to three attempts of telephone or e-mail

contact, three participants declined, and six participants agreed to participate. Participants were interviewed in person at a public location of their choosing. One participant had since moved to another country and was interviewed via telephone. Consent was obtained at the interview by having the participant sign the consent form and was witnessed by the interviewer. In the case of the participant interviewed over the phone, the form was faxed to the interviewer on the day of the interview. Stakeholder interviews were initially guided by 14 pre-determined, open-ended questions and were tape-recorded. The questions were adapted by the researcher and additional questions were posed based on the unique characteristics and context of each interview. Extensive field notes were kept by the researcher following each interview, noting in particular observations about the context of the interview and the participants' reactions, intonations, body language and level of comfort. All provided participant quotes are notated with a pseudonym that was assigned to each participant.

A second data source consisted of administrative records. Specifically, a corpus of board meeting minutes and electronic communications from the period of expansion were reviewed.

II. Data Analyses

Data were analyzed using Discourse Analysis (DA). DA is a qualitative methodology largely arising from the desire to explore an individual's understanding and development of their context (reality) through their linguistic discourse (Howitt & Cramer, 2011). DA illuminates ways in which institutional practices and power relations are developed and contribute to the construction or

perpetuation of social relations and structure (Howitt & Cramer, 2011; Talija, 1999). Major contributors to DA through the 20th century include Foucault (1972) with a focus in psychology and Potter and Wetherell (1994) with a focus in sociology.

Interviews were recorded and transcribed verbatim by a contracted transcriptionist noting all auditory cues such as pauses and non-linguistic units (ahs and ums). All data were analyzed in three steps. The first step was an iterative line-by-line reading to uncover meaningful units of discourse and 13 micro level themes. Next, these units were reviewed and categorized into seven macro level themes. The first two steps were undertaken by two researchers to ensure consistency in analysis. Administrative documents were carefully analyzed for themes and information in support of or in conflicting with participant interviews. The third and final step focused on the discourse related to power relations; specifically, this step examined five purposefully selected terms to identify power in social relations. These terms were trust, power, control, challenge, and difficulty. The focus of this paper is solely on the stakeholder relations; elsewhere I have reported on the micro-level themes of processes in board development (Greening, Wild, & Caine, submitted).

Findings

The overall expansion process impacted several organizations and groups. The structure of these relationships was both formal and informal. Of particular focus for the current analysis are the relationships between the funder, the fund administrator (FA), the expanded organization (EO), and clients of the expanded organization.

Initial theming revealed two themes relevant to social relations. These themes are relevant to the analysis in this paper and are explored below. Other themes arising from the initial analysis are explored elsewhere (Greening et al., submitted). A major focus is given to the exploration of discourses related to the following five terms: trust, power, control, challenge, and difficulty. These terms, which are often examined when looking at issues of power and control, were selected for further analysis due to their ability to highlight the power relationships between key stakeholders in this study. In this study, these five terms were used 89 times in a variety of contexts (see Table 3-1). Investigation of the use and context of each term's association inter-organizational relationships is explored and is further described below.

Table 3-1: Discourse Analysis Word Counts and Context

Term	Frequency	# of unique interviews	Stakeholders Impacted	Specific Contextual Details
Trust	11	3	Fund Administrator- Expanded Organization- Clients-	Come through with funds, make good on their obligations, contractual trust (2), and relational trust Take on expansion work, ask tough questions about expansion Trust the organization (4)
Challenge	23	3	Fund Administrator- Expanded Organization-	Relational difficulties, contractual challenges, challenges with other organizations, undefined role Need to understand organizational challenges, thinking strategically (5), decision-making culture, communication (2), role of

			Clients-	board (2), fund ambiguity, data to support decisions (3), lack of support, external pressures/challenges, internal changes due to expansion (2) Chronic challenges
Difficulty	41	6	Fund Administrator- Expanded Organization- Clients-	Difficult to work with (3), difficult journey, getting funds from this group (2), other organizations expressed difficulties, interpersonal relationships (1), process not as difficult if different funder Making decision (2), lack of experience/knowledge (3), communication (2), role of board, thinking strategically, data to support, being engaged, board relations (7), existing board issues (2), previous opportunities to expand (3), process not difficult, recruiting for skill sets, expansion difficult enough on its own, successful despite difficulties, internal changes due to expansion (2) Difficulty accessing services , difficult to serve, building relationships
Control	13	5	Fund Administrator- Expanded Organization-	Tried to control process/relationship (2), way in which administrator operates (3), handling the contract, wanted more control Need control over contract negotiations, concerned with control of administrator (2), is there autonomy for organization (2)
Power	1	1	Other organizations-	Social power to get process moving

The analysis was structured based on the impact on key stakeholders. The following sections highlight how the various stakeholders impacted by the expansion interacted. Discussion will focus on these relationships and how key terms (trust, challenge, difficulty, control, and power) were used to describe these relationships.

I. Relationship-Fund Administrator (FA)

The relationship with the FA was the topic of much dialogue throughout the interviews. The relationship was described as "strained" from the very beginning and was felt to be the result of the funder excluding the FA from initial meetings with the EO. The funder initially approached the EO to explore the EO's interest in an expansion opportunity and had verbally agreed to pursue the opportunity following discussion and a decision by the board. Once this verbal agreement was made, the funder brought in a third-party FA that the funder had not previously mentioned. The undisclosed late addition of the FA was viewed as the cause of less-than-ideal relations between the EO and the FA. Board members commented on the strained relationship several times. *"We were kind of head-hunted to do this. So they [the funder] approached [the EO] and it was before [the FA] was really involved and had been designated as the coordinat[or]. The FA was not at all happy about that. I think we really got caught up in the politics of stuff. We had a strangely negative meeting from the beginning." (Betty[4])*

Working with funders was not a new process for the EO. However, the negative start and negative continuation of the relationship was in stark contrast to

[4] Pseudonyms have been used to identify participants

previously held relationships. *"You know, [we've] worked with funders for years, I've never had an experience like this." (Betty)*

The problems continued from the initial meeting and affected timelines for the expansion. It caused contract, funding, and operating delays. *"Everything about it became so off the rails, so early. And then it just like (ongoing) delays and finally [they] sent the contract in." (Betty)*

The funder remained at arms length and focused on the set timelines for expansion rather than supporting the development of an amicable relationship between the FA and the EO. No responsibility was taken for the existing role ambiguity or for the initial exclusion of the FA. Yet expectations around deadlines were firmly held. *"I think that the [funder] hung us out to dry a little bit. Then all of a sudden they ask why isn't that [completed]?." (Betty)*

On reflection, the EO mentioned holding the funder to the commitments made and to ensuring adherence to the initially agreed-upon process. *"You know, 20/20 hindsight, I think in retrospect, why wouldn't I hold [the funder] to [their promises]?" (Betty)*

The EO board members felt that they had no choice but to trust that the FA would follow through with the commitment of funds for the expansion. Trust was used five times to describe the initial relationship with the FA. Participants described having initial trust that the relationship would be positive and that commitments would be followed through. *"We had originally gone in, in good faith with expectations of what our role would be and what we would be asked to do, and what kinds of support and payment there would be around it." (Clare)* Delays in the

funding contract and failure to follow through on commitments resulted in the EO's board becoming more involved with contract negotiations than board members had initially expected. "*[We decided] we're going to hold people to their agreements and move forward on the basis of the expectations we have. [The board] basically wrote a letter to the [fund administrator] which talked about our frustration with the lack of accountability and transparency, in this process and that we are at the point now where we are seriously considering whether we want to continue with this thing. It did create movement and we got a contract out of it." (Frank)*

Several participants spoke to the period of time dedicated to expansion as being quite difficult both organizationally and personally. This was due in large part to the difficult relationship with the FA. The words "difficult" and "challenge" were used nine and four times respectively to describe the relationship with the Fund Administrator. *"It was really the most challenging thing. It was just a really dynamically a very difficult time on the board, I would say." (Betty)*

The EO also felt that the FA tried to exercise a notable amount of control over the process. This was supported by the analysis revealing that the word control was used seven times to describe the fund administrator. *"I think [the FA] wanted to run the whole program. They were trying to grab control over the program."* (Frank)

Participants identified that the EO was not alone in its relational difficulties with the FA. *"[It's been] a challenge to manage that contract in terms of the relationship with the funder, but [we are] not alone in that. Over the years it's been just one agency after the other having great difficulty."* (Chris)

Despite the difficulties, participants expressed that they were glad they pursued the expansion and pushed through the difficulties. It was felt to be the right decision, and it resulted in a successful expansion. *"I guess we could have chosen, and it was I think an opportunity to say- this is looking a bit messy here, let's just not even get engaged with this, because this is all going to end in tears. And we could have said that, but we didn't, we took the harder path but the better path."* (Chris)

II. Relationship- Clients

The EO characterized the client base served by the expansion as one that struggles to access traditional services. *"The population [we] serve find it difficult to find [services] through the usual providers." (Clare)* The word challenge was used once to describe the client population served by expanded service.

Client needs were noted as the key reason for exploring expansion and the importance of delivering appropriate care. *"What a great program it was. It was a really good opportunity for our clients. There wasn't a lot of other people who really did have the capacity [to offer this program]. We saw the benefits to the clients." (Betty)*

In fact, other organizations had failed in service delivery to this client population group as they struggled to build rapport and relationships with the clients. The word difficult was used to describe the experience of serving this client population, and the manner in which patients accessed services/programs. *"I think there was an article in the paper just this week where [another organization] was having difficulty getting into, getting a relationship with [this population]. He doesn't have the trust factor." (Bob)*

The EO felt that they had developed trust with the client group accessing the expanded program. *"I think the reason I supported [expanded organization] for doing it because I think they have the expertise. They have more experience than [anyone else]. They have the trust of the people." (Bob)* The word trust was used four times to describe the relationship between the expanding organization and the target patient population.

Even though the EO identified the importance of the program for their clients they did not engage clients as part of the expansion process. *"I don't know that there was any real consultation with clients. I would assume, that in general clients would feel that it was a good thing, but to be honest I don't really know if that's the case." (Clare)* Some felt that clients would not be able to fully participate in engagement activities but noted that informal feedback from clients indicated that they were pleased with the expanded program. *"I'm not sure that they- I mean I'm sure if you ask them if they wanted help, yes. But as [to] how it was to be operated and that sort of thing, I don't think they were at that stage. I know one of the [clients] that used to come here and [the client] was just so excited [to access the program]." (Bob)* Others noted the tight timelines. *"It was going ahead." (Clare)* Participants did, however, note client engagement was a weakness of the current governance model. They discussed client engagement at board meetings although no follow-up was pursued. *"I think that's actually the biggest weakness at the moment, is that there really isn't a way for client voices, other than informal interactions with staff, who then filter that [information] up. But we had extensive discussions at various points, while I was on the*

board, about whether we should try and seek at least one client board member, and it just never went anywhere." (Clare)

Despite the lack of client engagement, participants felt they made the right decision for their clients in expanding. They noted continued utilization of the expansion program as evidence for the success of the program to meet client needs. *"[We provide service to] people with chronic challenges and they're still currently [accessing the expanded program] as we sit here talking. I think it shows that it was the right decision." (Chris)*

III. Relationship-Other Organizations

The EO operates through funds from a primary funder. The relationship with this funder is described as positive. Participants mentioned that the primary funder was involved in expansion discussions and was fully supportive of the expansion process. *"Yeah it was no problem, [they] came and sat in and there was never any problem." (Steve)*

In addition the EO meets regularly with other community organizations to share information and enhance working relationships to serve the client population. These relationships were describe as positive and were demonstrated through these organizations recommending the EO for the expansion opportunity. *"Stakeholders had brought up our name, I think quite repeatedly. We were recognized as the one that could deliver this program. Some board members did participate in some sort of negotiations to make sure that there weren't any risks in agency relationships as a result of the way things finally kind of played out." (Clare)* The words power, control, challenge and difficult were never used in the interviews to describe the interagency

relationships. In fact, several of the EO's current programs have come about through collaborative relationships with other organizations. *"The programs we've adopted over the years were things that we built, that we were involved with collaboratively with other people and then we've adopted them." (Frank)* Several other non-profit community organizations also expressed interest in the expansion opportunity. However, they were not successful. Despite the initial competition for expansion, relationships with these organizations have remained positive and the EO continues to interact with these organizations on a regular basis. Interestingly, the words power, control, challenge, and difficult were never used to describe the EO's relationship with these organizations.

Despite the expressed connection and positive relationships with other community organizations, these organizations were not consulted during the expansion process. Participants felt that it was not necessary to engage these stakeholders through this process. *"I think the others were out of the loop. They didn't know what was happening, it happened kind of quickly and also they didn't have the expertise. So there wasn't really anyone else to bring into to ask about how is it going, or what's going on." (Steve)*

Notwithstanding the relationship built with other community organizations some of the board members still felt that they had no real support system. They pointed to other jurisdictions that have networks of community organizations all providing the same services and act as support networks for each other. *"I think one of the challenges [is that] we're really out here in the wilderness by ourselves. We don't*

have a whole supporting ecosystem here. Other [areas] have like two or three hundred of these organizations." (Frank)

Discussion

One of the most notable themes arising from the data was the notion of inter-organizational relationships and their impact on expansion activities. Looking at the various stakeholder relationships, these can be conceptualized in four ways: Supportive (enabling), Unaware (enabling), Negative (restrictive) and a Combination Negative/Unaware.

I. Supportive/Enabling Relationships

Enabling relationships were held with the EO's primary funder and other community organizations. These relationships supported the EO in their expansion work through identifying the organization as an expert and capable of undertaking this work. Evidence from the data indicates that the funder initially sought out the organization to inquire about interest in expansion based on the recommendations of other community organizations. These relationships were mentioned several times and remained positive throughout the expansion. Despite having several supportive/enabling relationships, participants identified the need for additional relationships in this category, particularly in the form of a more formalized support system. Research has demonstrated the importance of involving other agencies/organizations in expansion efforts (Calich et al., 1997; Felland et al., 2008) to enable this work and to ensure sustainability. Participants pointed to support systems in other geographic areas as exemplars that could have reinforced the

recent expansion efforts. This was a surprising finding as participant comments revealed that the EO did in fact meet with other organizations on a regular basis. It is, however, organizational staff and not board members who attend these meetings. The Canadian Alliance of Community Health Centre Associations also exists as a national organization to support provincial and local organizations in their expansion efforts (Canadian Alliance of Community Health Centre Associations, 2011). It is likely that board members either did not know about the resources available to them or that the current resources did not meet their needs. It may be the case that board members would feel there was some advantage to a locally-based support system with which to share experiences and trouble shoot challenges. It may be helpful if further research explores the role of a locally-based, formalized support system for board members and how this system would be structured. In order to sustain this work it would be important to understand the characteristics of an ideal support system from the perspective of board members. There may also be an opportunity to develop internal mentorship programs where former board members stay on in a mentorship capacity to mentor current board members through large-scale change management processes such as expansion.

II. Unaware Relationship

The unaware relationship existed between the EO and clients. Clients were not engaged as part of the process which was surprising considering that one of the key tenants of CHCs is a community-centered service-delivery model (Seacat, 1977; Lefkowitz, 2005; Hastings, 1972). It was particularly surprising in light of the number of times the word trust was used by participants in speaking about the EO's

relationship with clients and the acknowledgement that trust of clients was key to program success. Despite the expanded program focusing on the needs of clients, little effort was made to engage clients to understand their needs for programming and to include them in expansion activities. Trust, as noted above, was used several times to describe the relationship between the EO and clients. However, none of the participants in the current study were from the client group. Participants may have interpreted the felt trust of clients as license to make expansion decisions on behalf of this group without the need for engagement. This perceived trust and proxy decision-making is likely a pervasive issue for non-profit organizations. Research has demonstrated that those consumers with the least information or who have lower levels of education or less of a capacity to develop knowledge tend to receive the majority of their services from non-profit agencies (Hirth, 1995; Mauser, 1993 as cited in Ortmann & Schlessinger, 1997). Previous research also acknowledges the fact that there is a gap in actual measurement of client trust (Ortmann et al., 1997). And as the current study demonstrates organizations likely attribute utilization of services and interaction with clients as a proxy for trust in the organization. This notion of client trust likely leads to the acceptability of organizations making expansion decisions with no input from the client group. Unfortunately, the literature reveals that very rarely are clients engaged in expansion discussions; instead, the focus is typically on how decisions impact staff and leadership (Rosenblatt, et al., 2006; Lo Sasso et al., 2010; Felland et al., 2008; Markuns et al., 2010; Staton, 2001). When clients are engaged it is common to provide feedback on the types of services that they would like to see in their community and not whether

the expansion is warranted or applicable (Calich et al., 1997; Dale et al., 1996; Ashton & Laird, 1994). In the current study, participants spoke to their conceptual knowledge of client needs but were unable to articulate if indeed the client population felt that the expanded service was appropriate and met a currently unmet need. Anecdotal information provided by a single client demonstrated the client appreciated the program. However, this was one client's experience and may not necessarily reflect the client group as a whole. Participants equated utilization of the expanded program as proof of the program's success in meeting client's needs. Other studies have demonstrated the value of engaging community and clients to better understand client needs. Ashton and Laird (1994) involved community and clients in expansion activities to understand the needs of those they were serving. They combined that information with population health data to support expansion efforts. Despite the EO's previous discussions around client participation no movement was made to further engage clients in the governance of the organization and participants continue to rely on their knowledge of clients to inform decision-making. Research has demonstrated that many boards lack knowledge of the populations they serve, which affects decisions concerning those populations (Greening et al., 2012; Brown, 2003). Recent dialogue in board governance calls for greater accountability of board members governance including client engagement (Macnamara & Ash, 2010). Currently many boards rely on their senior staff as sole information sources, as was the findings of the current study. Several limitations have been identified regarding this approach (MacDonald & Boulianne, 1995; Marren, Feazell, & Paddock, 2003). This knowledge gap, accompanied by the need to

expand overall organizational governance, should make stakeholder and client engagement of key importance for boards. Clients can provide a differing perspective regarding how well the organization is meeting client needs and the quality of the service received (Moore & Waters, 2012; Colom, 1981). The literature provides examples of organizations that have refocused board meetings to include client board membership. This ensures board decisions consider the impact on clients from the client's perspective (Moore et al., 2012). It seems reasonable then that board policies could be developed by the EO to support ongoing engagement and inclusion of clients in organizational governance. This would support appropriate and meaningful expansion aligned with the client-focused model of CHCs. Further study could explore the optimal involvement of clients and best practice for this to ensure that involvement in governance is both authentic and meaningful. It would also be good to understand the desire for clients to be involved and the applicability of programs to clients who are not consulted in the development and initiation of these programs.

III. Negative Relationships

The third relationship, a negative or restrictive relationship, was apparent between the FA and the EO. The EO seemed startled by the problems that were encountered and frequently mentioned feeling caught up in the politics of the relationship between the FA and the funder. The funder excluded the FA from the selection process of the organization to undergo expansion leading to tumultuous relations between the three parties. This initial rift resulted in ongoing poor relations between the FA and the EO throughout the expansion. Regardless of the

reason for the rocky relationship the struggle for power was apparent. Issues of control and power in the relationship were never clearly addressed. In describing the approach of the FA's approach, the word control was used a number of times; however, the EO also used the word control to describe the relationship it desired with the FA. It was surprising, however, that despite the number of times the word control was used, the word power was never used to describe this relationship. In the dialogue on control, the EO saw the FA as trying to control the expanded program but in equal occurrence the EO used the word control to describe its desire to maintain autonomy and decision-making authority for the expanded program. As both parties vied to maintain control, the relationship continued on a negative trajectory. Steps were taken on the part of the EO to manage the relationship with the FA but few steps were taken to resolve the conflict and manage it positively. This lack of conflict management may speak to the preparedness of the EO to handle negative relationships. The EO board ended up getting involved in an attempt to resolve some of the conflict; however, this was largely reactive in nature. It may have been helpful for the EO to have had a conflict management process and strategy in place to deal with these situations before they arose. Previous research notes the importance of conflict management styles in effective negotiation (Shell, 2001) and that shifts in these styles can positively impact outcomes (Zarankin, 2007). Literature is available that outlines conflict management strategies within organizations (Jameson, 1999). The EO could likely adapt strategies to establish proactive conflict management processes and policies for inter-organizational relationships. This could have potentially alleviated the frustration and difficulties

that the EO experienced throughout this expansion. Further research is needed to explore the ways in which organizations use proactive conflict management training and frameworks to manage inter-organizational conflict as it relates to expansion activities.

The verdict is mixed on inter-organizational collaboration; some research has praised collaboration (Calich et al., 1997; Felland et al., 2008), while some shows the difficulties of organizations working together. Difficulties have been identified as resulting from the different governing structures and the resulting hierarchical structure that impedes the ability to meet client needs (Dale et al., 1996; Staton, 2001). The struggle for control found in the current study may have been related to differences in governance in addition to the desire for the EO to maintain autonomy in decision-making for the expanded program. Had the relationship between the EO and FA started on a positive note, conflict may not have ensued. The current study highlights the importance of establishing positive relationships from the commencement of an expansion. As the EO was approached by the funder and was unaware that there would be a FA there is likely little the EO could have done to have been pro-active. Ultimately, the EO would likely have been best served by using the conflict management strategies noted above.

IV. Combination Relationship

The fourth and final type of relationship was a combination of an enabling/restrictive relationship between the EO and the funder. Initially quite positive, it quickly moved to a more negative interaction following involvement of the FA, a third participant. The funder was less than supportive in navigating the

relationship with the FA and left the EO feeling caught up in the politics between the EO and the FA. Research has demonstrated the difficulty of working with multiple parties for expansion activities (Dale et al., 1996). It may have been helpful for the EO to engage the funder to clarify the expected relationship it was to have with the FA at the point when the FA was brought in rather than solely relying on a previous verbal agreement as to how the process would proceed. As this bifurcated funder/FA relationship was new to the EO, it may have also been advantageous for the EO's board to discuss this relationship and be proactive in terms of its management. Notable is the fact that the EO did not take a firmer stance in holding the funder to the previous verbal agreement. Since the EO had been approached with the opportunity and did not self-identify and seek out funds, one would expect that there would be greater opportunity to define the process and the relationship that was to be entered into. In the current study there was no attempt to hold the funder to the initial agreement, although participants' reflections indicated that they could have and likely would, should they engage in a similar verbal contract in the future. It would seem that in the midst of so many challenges the board adopted the goal of expanding the program rather than engaging in additional conflict with the funder. Unfortunately, the reason for not pushing back was not explored and may have been due to a number of organizational, inter-organizational, and individual reasons. Further research should explore the reluctance of organizations in holding funders to original funding agreements and the characteristics of organizations that enable more assertive approaches.

Practice Implications

Several important practice implications were noted throughout the current study. One of these is that relationships and expectations need to be clearly defined with funders from the onset of expansion activities. This should include a written contract. When expectations are not met, organizations need to be prepared to address this through pre-established conflict management processes.

A key implication of the current research is the importance of client engagement. In organizations set up around the tenant of client-centered care there cannot just be lip service paid to client engagement. Clients have been and should be successfully integrated into the governance structures of organizations. This will allow expansion decisions to be firmly grounded in knowledge of client needs and preferences. Lastly, governing bodies need to identify support networks that can be leveraged during key decision-making times. These should be local and accessible to board members.

In conclusion several important aspects of board governance were highlighted by this research. CHCs would be better served by boards that are well-prepared for inter-organizational conflict prior to exploring expansion activities. This includes a full understanding of client needs through client engagement and a strong support network for board members.

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Chapter 4

Conclusion and Importance to Public Health

Despite a significant amount of literature on primary health care, little is understood about the nature and process of primary health care expansion, which is defined as enhancement of the scope and reach of organizational activities (Wilson, 1978). This includes physical expansion (Shi, Lebrun, & Tsai, 2010) or capacity building (Centre for Disease Control, 2000). The current study set out to examine and add to the knowledge around community health centre (CHC) board governance during a period of expansion, with particular attention to organizational and relational aspects contributing to or inhibiting expansion success.

Summary of Main Results

This retrospective case study applied discourse analysis to interview and administrative data in an effort to illuminate several aspects of board governance. These aspects included both internal board processes (Chapter 2) and external stakeholder relations (Chapter 3). The research findings identified key areas for focus for the organization both internally and externally. Should expansion occur again, attention to these areas would enhance strategic planning and enable the process to be a positive one.

I. Internal Board Process

Six areas of internal board process were documented in this thesis. These related to the board members' roles in governance, level of governance preparation,

organizational knowledge and skills; internal board relations; and board processes. These findings highlight the need for changes and targeted planning in each of these areas.

Governance: Board members identified strategic governance as well within their purview; however, they struggled with the practical acquisition of the role due to experience and comfort. This struggle with strategic role acquisition has been found with other non-profit boards (Ferkin, Shilbury, & McDonald 2009). The current study found that completing a clear and well-articulated strategic plan and redesigning the board agenda were mitigating factors to this concern. This echoes other research demonstrating that board members are able to contribute strategically when they are provided with an orientation to strategic governance (Inglis, Alexander, & Weaver, 1999) and when board members are recruited for strategic skill sets (Edwards & Coffin, cited in Ferkins et al., 2009).

Board Member Preparation: Poor preparation of board members was also noted as impacting governance. Poor preparation has been identified in the literature related to paid administrative staff (Markuns, Fraser, & Orlander, 2010) and, as discovered in the current study, is shared by unpaid board members as well. This may have been linked to both the aforementioned struggle with assuming the strategic role as well as members' poor organizational understanding. Poor organizational understanding seemed related to two aspects: one, the board's perception of being organizational outsiders; and two, being deprived of information about the organization.

Studies of board governance have highlighted operational knowledge as essential to optimal strategic board functioning (Edwards & Coffin, cited in Ferkins et al. 2009) and have acknowledged that often times boards are not informed enough to govern (Ferkin et al., 2009). Participants acknowledged that they had opportunities to become further informed regarding the organization; unfortunately there had been little, if any, uptake. This demonstrates a potential lack of commitment by board members and could be caused by a lack of clarity regarding the board's role in the organization (Menguc, 1996; Sakires, Doherty, & Misnener, 2009). It could also be linked to decreased organizational effectiveness (Chelladurai, cited in Sakires et al. 2009).

The second concern regarding board members' lack of information related to the expectations of receiving information pertinent to expansion activities. This was related both to how information was shared and what was shared. Participants requested more open dialogue on pertinent documents and decisions in addition to greater electronic dissemination of the same. In order for boards to govern effectively they require organizational information and understanding of knowledge gaps (Maharaj, 2008). Receiving information about the organization can also help the board to identify clear strategic directions (Ferkin et al., 2009). In the current study, board members questioned their access to the final funding contract and expressed concern over a lack of access to electronically disseminated information.

Board Member Ability: Despite identifying that board members should be more involved in the expansion activities, participants questioned the skill and ability of the board to do so. Time and skills were identified as limitations to

involvement. This limitation of non-profit, volunteer boards has also been identified by other researchers (Ferkin, et al., 2009). Support may be required, both to help board members to self-articulate their own barriers to involvement, and to help them address these barriers.

Internal Board Relations: Participants identified board relations as negatively impacting the process and linked the cause to: the manner in which discussions were undertaken, board discomfort with governance, and board tensions that had gone unchecked. In fact, potential participants declined participation, citing board conflict as their rationale. Conflict on a board has been found to diminish a board's ability to focus on the big picture, ultimately lessening overall effectiveness (Maharaj, 2008). Maharaj (2008) has identified several key board member skills, including engaging in the work of the organization, comfort in challenging the status quo, being critically constructive of the organization, and having the ability to resolve internal conflict. Gaps in these skill sets have the potential to contribute to board tension and conflict. As outlined above, board members were notably uncomfortable with strategic governance and were not effectively engaged in organizational learning , which likely contributed to the noted tensions. Constructive criticism skills, while not directly addressed, were likely absent as constructive criticism would have been difficult without an overall understanding of the organization. In addition the unchecked conflict may have been the product of the lack of consensus building skills among the board, making it difficult to bring the members together in meaningful and constructive dialogue. Support to address

these concerns is required in order to protect against compounding board tensions during periods of stress such as expansion.

Internal Board Process: Required adjustments to internal processes were explored. These included: clarification of expectations for information, concrete decision support tools, using a neutral third party to facilitate expansion discussions, and the need for a formal debrief. Unfortunately none of these learnings were documented, consequently limiting their impact on future decision-making processes. Minimally, these findings illuminate the need for a strong written debriefing to ensure integration of learnings into accumulated organizational knowledge. Ideally, these findings should impact organizational policy related to how large-scale governance and change management processes are undertaken. Participants agreed that learnings should have impacted organizational policy. However, they tempered those comments acknowledging that board members were exhausted by the time the expansion was completed.

II. External Stakeholder Relations

In analyzing data related to external stakeholder relations four different types of relationships were uncovered, including Supportive/Enabling, Unaware/Enabling, Negative/Restrictive, and Combination Negative/Unaware. These relationships were key to the expansion activities. If illuminated earlier, they could have been proactively identified and addressed to ensure that the expansion progressed smoothly.

Supportive/Enabling Relationships: Enabling relationships existed between the EO's primary funder and other community organizations. These relationships

were long standing and supported the EO in its decision to expand. External stakeholders identified the EO as expert and recognized its capability to undertake this work. The external stakeholders shared views with board members regarding the opportunity for expansion. Evidence from the data indicates that the funder initially sought out the organization to inquire about interest in expansion based on the recommendations of other community organizations. Despite identifying several of these relationships, and having access to a national organization (Canadian Alliance of Community Health Centre Associations, 2011), designed to support CHCs in their expansion efforts, participants identified the need for additional and more formalized relationships in this category. Research supports the importance of external stakeholders in expansion efforts (Calich & White, 1997; Felland, Lauer, & Cunningham, 2008) to both enable expansion and to ensure sustainability. It may be that board members would feel empowered if they had a locally-based support system that would allow them to share experiences and trouble-shoot challenges.

Unaware/Enabling: EO clients were not engaged as part of the process, which was surprising considering that one of the key aspects of CHCs is a community-centered service-delivery model (Seacat, 1977; Lefkowitz, 2005; & Hastings, 1972). Despite the expanded program focusing on the needs of clients, little effort was made to engage clients to understand their needs for programming and to include them in expansion activities. Participants indicated several times that clients trusted them. They may have interpreted the felt trust as license to make expansion decisions on behalf of this group without the need for engagement. Research has indicated difficulty in measuring client trust (Ortmann & Schlessinger, 1997). As the

current study demonstrates, organizations likely view clients using services and interaction with the organization as a proxy for trust in the organization. However, research has demonstrated the value of engaging with community and clients to better understand their needs. Ashton and Laird (1994) involved community and clients in expansion activities to understand the needs of those they were serving. They combined that information with population health data to support expansion efforts. Recent dialogue in board governance calls for board members to be more accountable in the area of governance, including client engagement (Macnamara & Ash, 2010). It seems reasonable, then, that the EO could develop board policies to support ongoing engagement and inclusion of clients in organizational governance. This would support appropriate and meaningful expansion aligned with the client-focused model of CHCs.

Negative/Restrictive Relationship: This relationship was apparent between the FA and the EO. The EO seemed startled by the problems that were encountered and frequently mentioned feeling caught up in the politics of the relationship between the FA and the funder. An initial rift between the funder and the FA resulted in ongoing poor relations between the FA and the EO throughout the expansion. Issues of control and power in the relationship were never clearly addressed. In describing the approach of the FA, the word control was used a number of times. However, the EO also used the word control to describe the relationship it desired with the FA. As both parties vied to maintain control, the relationship continued on a negative trajectory throughout the expansion process. The negative relationship was a surprise to the board, likely due to the many

aforementioned positive relationships with other funders and community organizations. The board of the EO did eventually become involved to help manage the relationship with the FA. However, this was strictly reactionary and was focused on obtaining the required documentation for the expansion. This lack of proactive conflict management may speak to the preparedness of the EO to handle such a relationship in light of the previously outlined positive stakeholder relationships. Previous research notes the importance of conflict management styles in effective negotiation (Shell, 2001) and that shifts in these styles can positively impact outcomes (Zarankin, 2007). Inter-organizational difficulties have been noted in other studies (Calich et al., 1997; Felland et al., 2008) and are purported to be the result of different governing structures that impedes the ability to meet clients' needs (Dale, Shipman, Lacock, & Davies, 1996; Staton, 2001). This may have been the case in the current study.

Combination Enabling/Restrictive: This relationship was apparent in interactions between the EO and the funder. Initially quite positive, the relationship quickly moved to a more negative interaction after a third participant, the FA, became involved. The Funder was less than supportive in navigating the relationship with the FA. The EO was left feeling caught up in the politics of the relationship between the funder and the FA. Multi-stakeholder expansion difficulties have been addressed in the literature (Dale et al., 1996). Rather than relying solely on a previous verbal agreement as to how the process would proceed, it may have been helpful for the EO to have engaged the Funder when the FA was brought in, to clarify the relationship. Surprisingly the EO did not stake a firmer stance on holding

the funder to the earlier verbal agreement. This may have been a result of the bifurcation of the funder/FA relationship being new to the EO and not having a pre-established written agreement. However, the EO had been identified by the funder and did not self-identify, so may have had some political pull in defining the agreement. As identified earlier in the internal board findings, conflict management training could have been helpful to manage external relationships as well.

Implications for Public Health

The current study's focus on board governance is quite generalizable to the wider public health community for two reasons: the CHC governance model mirrors that of the health system as a whole; and the study focused on broad learnings associated with expansion that could likely be applied to a myriad of public health services. CHCs are one structure out of many for the delivery of health services. As community needs change over time it is important for all health services to expand to meet the identified needs. Expansion of these services will always include both internal and external stakeholders in the form of boards, funders, and clients. In this way CHCs expansion is reflective of the health system as a whole and learnings from the current study could be considered and applied to other expansion opportunities.

These findings illuminate the importance of clarity in established processes and ensuring these are in place prior to expansion. This lack of clarity caused both internal and external struggles as the board was unsure of their governance role and externally in the board's lack of involvement in outlining the relationship with the Funder and FA. Had formal processes been established or at least addressed at

board meetings the inter-personal aspects of expansion may have been more positive.

Several practical findings also arose in relation to the preparation of board members. Board members should be well briefed on the organization they govern and should acknowledge their connection to the organization. This may include making experiential learning (shadow opportunities) mandatory for board members. Boards should also be provided training in what their governance role includes and tools to help them achieve optimized operationalization of that role. This may also include pre-screening board members to ensure a good fit in the understanding of the organization, a willingness to take on the governance role, and agreement to invest the required time into understanding the organization and the time commitment required to govern appropriately. This could be accomplished through a comprehensive orientation for board members.

Additionally, a skill set matrix could also be used to ensure a good fit- that board members are in harmony with the overall mission and mandate of the organization they desire to serve. Using skill set matrices has been effective in recruiting required skill sets to boards (Maharaj, 2008) and could help to enhance board relations. A matrix could be adopted to both select for appropriate skills in future board members. It could also be used as a regular assessment tool for current members to support professional development for these members or as decision support to step down from their position if required. This matrix could help to recruit board members with strong conflict management skills, an identified gap of

the board in the current study. This skill set in particular could have enhanced relationships both within the board and with external stakeholders.

Further examination of board skills should also focus on why board members chose to volunteer, what skills they feel they bring to the organization, and their expectations for contribution. Responses may help illuminate how skills could be better utilized to maximize board members' participation and identify whether members are prepared to invest the time required to fulfill the governance responsibilities. This information could then support more purposeful recruitment, which was an expressed concern and noted weakness in the current study. Purposeful recruitment could lead to acquiring board members with the necessary skills and willingness to govern.

Organizational culture was also a key factor in the findings related to knowledge dissemination. Practical application in this area to healthcare governance includes multi-modal dissemination of information. This may include providing information electronically for those unable to attend meetings or establishing another process for board members to receive the information from a meeting they may have missed. This will enable board members to be fully informed during their participation in decision-making processes.

Another support that can be provided to governing boards is additional human resources supports such as a third party consultant during periods of expansion. This individual could assume responsibility for documenting findings so as to preserve the organizational knowledge gained during an expansion period. As

boards membership changes over on a regular basis it is important that the findings are not lost during such transitions.

External support was also identified as key to board governance. Practically this can look like a peer group support system for board members during times of expansion. As noted in the findings, it is likely not sufficient to have a national organization for support, but rather something more local. Boards would be best served to establish support networks prior to embarking on an expansion project. The support may well come from previous board members who served when the organization was going through an expansion. This support network may also provide valuable help when the board is navigating with the identified stakeholders, particularly those relationships that are negative/restrictive or that become negative/restrictive during the course of expansion. The network could help the organization perform a stakeholder analysis and clarify relationship expectations with key stakeholders, such as funders, at the onset of expansion. It could also support conflict navigation when necessary.

Another key application to healthcare governance is the importance of client engagement, particularly for organizations such as healthcare that purport to be based on client-centered care. There cannot be merely lip service paid to client engagement. Reluctance about engaging clients can be a reflection of board member discomfort and could again be mitigated by selecting board members who will champion the engagement of clients as a necessary part of governance. This will ensure that expansion decisions are firmly grounded in knowledge of client needs.

Limitations

There are limitations inherent in the design of a retrospective study. Some of these limitations include: difficulty in assigning temporal relationships; being reliant on others for accurate record keeping, and potential unrecognized confounding factors and inability to control for these. In the current study it would be difficult to identify whether poor stakeholder relations existed prior to the expansion and were exacerbated by the expansion or that the poor relations were a direct result of the expansion itself. Reliance was made on participants to identify the temporal relationship and this was cross-referenced with board correspondence and meeting minutes. Despite the attempt to cross-reference board correspondence and interview data with board meeting minutes there was little information available in this data source. This was a definite limitation of reliance on others for record keeping. Had the study occurred simultaneously with expansion activities, board meeting minute templates could have been designed to capture specific information.

It should also be noted that there might have been limitations to the information and details recalled by board members being that the expansion had occurred prior to the study being initiated. However, despite the lag between the expansion and the current study none of the board members stated difficulty in recalling pertinent pieces of information.

Another limitation to the current study was that not all board members agreed to participate. Despite several attempts to engage all board members serving during the period of expansion, only half agreed to participate. Two members cited board conflict as a rationale for not agreeing to participate and two could not be

reached. This may have skewed the findings to those primarily satisfied with the process. However, as participants raised areas for improvement and mentioned internal conflict it is unlikely that this is the case. Another shortcoming was the limited information available through administrative data. However, information was then verified across participants to ensure facts were reliable.

Another key limitation of the current study was that board members of the expanded organization were the only stakeholder perspective included in the analysis. Had other stakeholders been interviewed such as the funder and fund administrator, other power and control dynamics may have been identified. It is likely that the fund administrator felt controlled to some extent by the funder however, this could not be examined or commented on in the current study. Additional stakeholder interviews would have provided additional context to the analysis and given a fuller perspective of the actual expansion and the navigation of the resulting relationships.

Future research on CHC expansion should use a prospective study. This research design would allow board members to be interviewed before and after expansion. This would aid in understanding whether changes in stakeholder relations and board processes were a direct result of the expansion. A prospective study would also allow for tools to be developed to capture key information for investigation of the expansion process. This would likely result in capturing richer board meeting minutes and other administrative data for analysis.

Strengths

The primary strength of this study is that interviews were semi-structured. This permitted the researcher to follow up on participant responses to ensure that all aspects of the expansion were explored. As there is not a lot of research on which to base interview questions, it was essential to have this freedom to ensure that aspects of expansion that the researcher did not consider prior to the interviews could be explored with the participants. Another strength of the current study is that several participants are still involved with the EO board. This enabled a rich exploration of the expansion, including the implications for the EO several years post expansion. Participants were not only able to explore the expansion from the actual decision period, but also the impact of the expansion on current operations. Lastly, the current study benefitted from a qualitative approach, as the impact of the expansion process on board governance and stakeholder relations could not have been quantified through the number of meetings, board member satisfaction surveys, or utilization of the current program. As previously discussed, a lot of what was revealed in the current study was directly linked to interpersonal relationships both on the board and with other stakeholders. These nuances, which were discovered through discourse analysis, would have been lost with a different methodology.

Conclusion

The organization that is the focus of the current study continues to operate in a large western Canadian urban core. The service expansion continues to be provided as part of the basket of services offered to clients and has demonstrated

positive outcomes for CHC clients. There has been international interest in the model and its outcomes. A single board remains the governing body for both the initial organization and the expanded service. The board holds separate meetings for the expanded service. Finances are also held separately for the organization, as it was pre-expansion, and the expanded service. While finances and board meetings for the organization remain separate based on funding models, there is no sense from current board members that they see any distinction between the original organization and the expanded service. This indicates that the service has been successfully integrated into the organization as a whole.

The current study illuminates several aspects of board governance that should be considered during periods of large-scale change management processes such as expansion. These findings are related to internal board and organizational processes, in addition to enhancing external stakeholder relations. Practical applications for governance have been identified and strategies aligned to address the needs of boards during expansion activities. Strategies identified include board member skill sets inclusive of a board orientation; multi-modal dissemination of information; establishment of support systems; and enhanced navigation of stakeholder relations including engaging clients in expansion discussions and activities. Ensuring that the aforementioned aspects are addressed will help ensure success in navigating expansion work.

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Appendix A: Participant Consent

Information Letter

Study Title: Process of Expansion of Community Health Centre Services

Research Investigator:
Stacy Greening, MSc Student
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Background

- You are being asked to participate in this study as you were either part of the management team of Boyle McCauley Health Centre or a Director on the board of Directors during the expansion of health services. The specific expansion activities of interest are the expansion of Pathways to housing in 2009 and women's health services at Women's Emergency Accommodation Centre (WEAC) in 2000.
- Your name was provided by Cecilia Blasetti, current Executive Director of Boyle McCauley Health Centre.
- This study is being undertaken as a thesis project and will be used to support completion of my Master of Science degree with the School of Public Health at the University of Alberta.

Purpose

- The purpose of the research study is to look at the process of expansion of community health centre services. We want to understand what the process is, who is involved in the process, and what individuals would change about the process if they went through it again. The information you share will be useful for other expansion projects in the future. The study will directly benefit both Boyle McCauley Health Centre and other community health centres. There are very few studies that have addressed expansion in the past.

Study Procedures

- You will be asked to participate in an interview. You will be asked to describe your role and experience in the expansion activities of Boyle McCauley Health Centre. You will have one interview. The interview will last between 1-2 hours. The interview will be held at a location that you agree to. You can decide to do a phone interview. The interview will be taped. The interview tape will be

reviewed and notes typed up. You will be provided a copy of the typed notes to review. You will have 1 week to provide feedback to the researcher. Board meeting minutes will also be reviewed.

Benefits

- You will not directly benefit from being in this study. We are hoping that the study will help us further understand the process of expansion and help support future expansion planning at community health centres in general. There will be no costs to you participating in the study. You will not be compensated for your participation in the study.

Risk

- You may experience emotional discomfort during the interview if the expansion process was a negative experience for you. Should you experience discomfort, you are free to stop the interview. No other risks have been identified as a result of you participating in this study.

Voluntary Participation

- You do not have to participate in this study. You will not be punished for saying no. You do not have to answer all questions that are asked. Even if you agree to be in the study you can change your mind and withdraw at any time. If you decide to stop the study you can decide if you still want the data that has been collected to be included in the study. You are free to withdraw your data up to the point that it has been included in the final report for the thesis project.

Confidentiality & Anonymity

- Information collected during the study will be used to support a thesis project. Data may be presented in research articles and conference presentations. You will not be personally identified in any of these uses. You will be assigned a study ID for the research study. Your name will never be used in any documents.
- The data will be kept confidential and will only be accessible to the researcher, her supervisor, and supervisory committee member.
- Data from the study will be kept for a minimum of 5 years in a password protected file and hard copies kept in a locked filing cabinet.
- You can have a copy of the final research findings. If you want a copy of the report of research findings please let the researcher know.
- The data from this study may be used to support future research. If it is used again it will have to be approved by a Research Ethics Board.

Further Information

- If you have any further questions regarding this study, please do not hesitate to contact the individuals listed below.
    - Stacy Greening (780) 905-4084, stg@ualberta.ca
    - Cam Wild (780) 492-6752, cam.wild@ualberta.ca

- If you have concerns about this study, you may contact the Research Ethics Office, at 492-2615. This office has no direct involvement with this project. A Research Ethics Board at the University of Alberta has reviewed the plan for this study.

Participant Consent

Part One
Title of Project: **Process of Expansion of Community Health Centre Services**

Principal Investigator(s): Stacy Greening MSc Student, and Cam Wild, Acting Director and Professor- Centre for Health Promotion Studies

Phone number(s): (780) 905-4084 and (780) 492-6752

Part Two*:*

Do you understand that you have been asked to participate in a research study?	Yes	No
Have you read and received a copy of the attached Information Sheet?	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had an opportunity to ask questions and discuss the study?	Yes	No
Do you understand that you are free to refuse to participate or withdraw from the study at any time without providing any reason?	Yes	No
Has the issue of confidentiality been explained to you?	Yes	No
Do you understand who will have access to the data?	Yes	No
Have you had an opportunity to ask questions about the study?	Yes	No

Do you consent to participate in this research study?

This study was explained to me by: _____

I agree to take part in this study.

_____ _____

Signature of Evaluation Participant Date

_____

Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____

Signature of Investigator or Designee Date

Appendix B: Interview Questions

The questions merely guided the interview process and provide additional areas to probe as required in the interviews. In as much as possible the interviewer allowed participants the opportunity for an open space in which to share their experiences and thoughts on the expansion process.

Interview questions were prefaced with dialogue that the intent of the study was not to determine whether expansion was the correct way to proceed or not, but rather concerned with the process of expansion and what that looks like.

1. What was your interest in the board and what role did you hold during this time? (what position are they coming from)
2. What was your role with the health centre during the discussions and subsequent decision to expand services?
3. Tell me about how the discussion on expansion was approached/brought forth
4. What other things were going on in the environment that moved this forward? (policy, funding, etc.)
5. How was the vision and mission of the CHC brought into the discussion?
6. Who participated in the discussion? Were there others that should have been involved? Did the involvement of some hinder the process (social roles)
7. How did the expansion process work? What did the process from introduction to actual expansion look like?
8. What worked well in the process?
9. What would you change about the process?
10. What would have been important to know/understand if you went through the process again?
11. What factors affected the decision for expansion?
12. Tell me about the range of positions regarding expansion of services
13. How did you see the opportunity for expansion?
14. Are there any other comments you would like to provide?

Appendix C: Ethics Approval

December 16, 2011

Ethics Application has been Approved

ID: Pro00027510
Title: Community Health Centres: Growth and Expansion to Meet Community Needs
Study Investigator: Stacy Greening
Description: This is to inform you that the above study has been approved.
Click on the link(s) above to navigate to the HERO workspace.
Please do not reply to this message. This is a system-generated email that cannot receive replies.

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