Recruiting and Retaining Board Members: Considerations During and Immediately Post-Pandemic

BACKGROUND

The COVID-19 pandemic has resulted in significant changes for boards. The additional complexities that social distancing has brought to governance cannot be overstated and have added to the complexity of recruiting and retaining a “full team” of board members to share the workload. Yet the pandemic is also resulting in more profound and lasting change. The health and socioeconomic inequities the pandemic exposed have underscored the vital importance of the health center board model – patient-majority, diverse, community-based boards.

This short resource outlines how health center boards and staff that work closely with the board can adapt board recruitment and retention practices during the pandemic and as we begin to emerge into a new post-pandemic environment.

Items to Consider

RECRUITMENT

To ensure an effective, highly functioning board, the role of the board member must be clearly defined and the skillsets that are being recruited for must be well understood. While not required, a board may use its Governance Committee (or equivalent) to lead much of these processes.¹ Some steps to consider include:

- Define the expectations of board members. Take stock of the health center’s strategic direction and take time to reflect on board members who have contributed successfully to governing the organization especially during the crisis—what contributions did they make and what attributes make them strong board members?
- Review your board member job description. Toolied with an understanding of what makes for a strong board member, review the board member job description and revise as necessary. The job description should provide a stand-alone snapshot of why a candidate would be interested in serving on your board, the required expectations/commitments of board members (including board meeting attendance), and the specific attributes and skillsets sought in candidates. A sample job description is available in NACHC’s Governance Guide for Health Center Boards (see Appendix 3).
- Undertake a gap analysis. Review the specific attributes and skillsets of your current board and map them out to identify collective strengths and gaps, or areas that could be strengthened. As a reminder, the Health Resources and Services Administration (HRSA) requires health center governing boards to be patient-majority and representative of various demographic factors of patients served by the center. They also are required to have between 9–25 members and include non-patient board members with various forms of expertise (see HRSA’s Health Center Program Compliance Manual, Chapter 20: Board Composition for details about these and other

¹ For additional discussion of the role of a Governance Committee (or equivalent), please see the Governance Guide for Health Center Boards, Chapter 2. Some boards still refer to this committee as a Nominating Committee. Typically, the role of the Governance Committee extends beyond nominations and also focuses on orientation, ongoing education, among other duties.
requirements, https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-20.html). Take note of these gaps and reflect on them throughout the recruitment process. Boards should also anticipate upcoming gaps due to rotation and look at what members’ terms may be close to expiring. Even if a committee is leading most of these tasks, it can be helpful to get input from the full board and CEO. A “board matrix” may help with this; for a sample, see NACHC’s Governance Guide for Health Center Boards (Appendix 4).

**Sourcing candidates**

Finding high-quality candidates that match your newly revised job description will continue to be a challenge through COVID. Many of the opportunities board members would traditionally have had to engage with others in the community have been curtailed or moved virtually, thereby possibly limiting the opportunity to develop recruitment leads. This added complexity makes having a defined process for identifying candidates even more important. Consider these steps:

- **Create a database of candidates that reflects the “gap analysis”**. Ideally, boards approach this step on an ongoing basis. If this hasn’t been done already, identify a central resource where board members and the CEO can suggest candidates for consideration throughout the year. Management staff can then run necessary federal background exclusion checks to ensure that only viable candidates are retained in the database.

- **Leverage the daily interactions that clinical staff have with patients**. Utilize the well-established relationships the clinical staff have with patients to identify individuals who could provide constructive input as a patient board member. Encourage clinical leaders to suggest these patients using the same process to identify candidates set up for board members. Some centers also have a Patient Advisory Committee which provides input on an ongoing basis and can serve to develop a pool of candidates for future board service.

- **Engage with community, non-profit, and social services associations**. Youth organizations, such as the Boys & Girls Clubs of America, and community social services organizations, such as United Way, offer excellent opportunities for finding candidates who already have an inclination toward community service.

- **Canvass committees for candidates**. Look for opportunities to engage non-board committee members who have shown interest in leadership and seek to involve them in leadership opportunities with the board.

**Streamlining Recruitment Process**

Health center boards are comprised of business, community, and patient representatives from all different backgrounds. COVID-19 has affected populations differently and acknowledging these differences is important. Many people have taken on second jobs over the past year to make ends meet while others have assumed unfamiliar and time-consuming roles such as managing virtual schooling for children. When planning the recruitment process, it is critical to be cognizant of the added pressures and time constraints everyone is facing. Some areas for consideration include:

- **Be well prepared**. Ensure recruitment packets that provide information about the health center are well compiled, concise, and present a professional view of the health center. The information should have a connection to the mission and the opportunities that board members have to serve. These packets should be no more than 8 to 10 pages and might include:
  - Overview of organization
  - Summary of community needs
  - Board member role description
  - Current board roster
  - Meeting schedule
  - Listing of committees for candidates to consider joining.

- **Structure a concise recruitment process**. Make sure the process is engaging, but concise. Conduct federal background checks prior to contacting candidates. Circulate candidate biographies to current board members to identify any known “red flags.” Maintain regular contact with candidates throughout the selection process. Keep them informed when there are delays and

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2 Term limits provide a mechanism to bring new ideas and new perspectives to the board and its’ decision-making. Term limits also create the opportunity to adjust the board’s membership to align with the organization’s changing needs. For additional details, please see the Governance Guide for Health Center Boards, Chapter 2.
when they should expect to receive additional information or follow-up from the Governance Committee Chair or CEO.

- **Be intentional with interview practices.** Limit the number of board members on interview panels to two to three members and ensure that your panel turn on their cameras to better engage with candidates. Practice active listening – don’t be afraid of pauses to allow the candidate to consider questions and respond. Talk about why the candidate’s service is important for the health center. Centers may also include the CEO in the interview panel or have them meet with candidates; it is important to consider the chief executive’s input throughout this process though ideally it is a board-led process.

**ENGAGEMENT AND RETENTION**

Although the virtual world has been a constant in daily lives for the past year, new board members may still not be familiar with the technology of video conferencing used by the board. Many centers are now issuing tablets to all board members where they can access important governance documents (e.g., bylaws) and meeting packets, and use to participate in virtual board and committee meetings.

To ease the transition and ensure smoother meetings, new board members should be instructed on how to use the technology. In addition, all board members, new and existing, should be introduced (or re-introduced) to the etiquette of virtual meetings: silencing cell phones, turning on cameras, activating the mute function when not speaking, and using the “raise hand” feature to ask a question or make a comment.

Beyond these fundamental practices, finding ways to improve participation and enhance discussion can be more challenging to achieve when most members are accustomed to chatting, shaking hands, and looking colleagues in the eye—in person.

To enhance board member engagement and foster retention as virtual meetings continue, consider these steps:

- **Extend a personal welcome to new board members.** This might include sending a note by mail or having the board chair reach out by phone to welcome the new member.

- **Mentor new members.** Assigning a board mentor to all incoming members to acclimate them to their roles may be even more critical in a virtual environment. Mentors are encouraged to meet with new members prior to the first meeting by videoconference or phone, ensure they have received the meeting packet, and review materials to ensure understanding. The mentor can explain major issues, answer questions, and provide relevant context on agenda topics. The mentor should make sure the new member is comfortable with meeting technology and familiar with the meeting processes noted above. All board members should also show patience as these new members learn to use tools they may never have used before. For additional ideas about orienting new board members, please see the article “Orienting New Board Members During the COVID-19 Pandemic.”

- **Be vigilant in meeting preparation.**

- **Board chair:** Make sure meeting agendas are targeted and structured to allow for discussion and debate.

- **Board at large:** Members can make meeting time count by thoroughly reviewing the pre-reading materials and any regular communications from the chief executive (i.e., updates on COVID-19, quality reports, etc.) prior to the session and coming prepared with comments and questions that are pertinent to the agenda. To optimize valuable “online time,” members should consider whether the answer to a question can be found prior to the meeting and whether it will add value to the dialogue.

- **Make time to socialize.** Open board meetings 15 to 20 minutes early so members who choose to can participate in a virtual social townhall. This virtual “chit-chat” will not replace the in-person interaction, but it can help prime the pump for discussion. Getting to know each other better might not only help members feel more connected, but also enhance engagement during the formal meeting. A social townhall may also help break the ice with newer board members.

- **Focus more strategically on guiding discussions.** Board chairs can create conditions for productive and generative conversations by offering prompts or questions to
guide discussions. Board chairs can also foster engagement by ensuring all members have the opportunity to provide their opinion by going around the virtual room and asking individual board members to weigh in on discussion topics or when an action is required. This approach not only increases engagement but also ensures everyone is on the same page and that all perspectives are ultimately considered. The chat function within videoconferencing platforms that enables participants to send comments or questions that all participants can view can also be used to engage board members. Consider having the board liaison or a board member monitor the chat and alert the chair when comments or questions are raised. This helps to ensure board members feel heard and their contributions are valued.

• **Spotlight board members.** Consider beginning each meeting with one or two members providing personal or professional highlights to build rapport and strengthen board relationships. Encourage board members to share results of their efforts, challenges, and success stories. The time may also be used as a “Mission moment” when members can share their WHY—why they chose to serve or an anecdote that has provided a deeper connection to the health center Mission. Many of the strategies listed here are considered best practices and may be familiar. What should differ is the approach to implementing them during social distancing restrictions. In a virtual setting or even possibly a hybrid setting in the coming months (i.e., where some board members may meet safely in-person while others prefer to remain virtual), these practices must be much more intentional to be effective and ensure continued successful governance as these uncertain times continue.

**Discussion Questions**

Below are questions health center board members may want to ask about recruitment and retention during the pandemic and as we begin to emerge to a post-pandemic environment:

- How can we adapt our recruitment process to better address the challenges of recruitment in a virtual setting? How can we leverage the recruitment experience of our newer board members to improve our overall process?
- What practices for virtual meetings might we adopt to maximize engagement and retention?
- Given the added pressures/responsibilities that COVID has created, how can we adjust processes and/or engagement opportunities to better support continued service on the board?
- How can we strengthen our board succession planning process to continue to engage board members around leadership opportunities?

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For additional resources from NACHC related to COVID-19, please visit https://www.healthcenterinfo.org/priority-topics/covid-19/ and http://www.nachc.org/coronavirus/.