HEALTH IMPROVEMENT PROCESS RECRUITMENT AND STRUCTURE

Rationale
In order to appropriately endeavor a health improvement process on a more formal level, forming a committee of community members is a logical first step.

Process
A "nucleus" of interested individuals would call community members that could potentially play a role/contribute to a health improvement process.

Representatives from your community can be grouped into the following categories:

Community leaders
Elected officials (Mayor, County Supervisors, City Council, State Legislators, etc.), board members of your institution, private sector leaders (major employers, chamber of commerce, economic development, etc.), educational leaders (school superintendent, school board, college and secondary), religious leaders (churches, synagogues, mosques, etc.), civic organization members (Kiwanis, Rotary, etc.), media representatives (local paper, radio, etc.).

Health, human and social service providers:
United Way agency leaders, other non- profit organizations (Red Cross, Heart, Cancer, etc.), local hospital administrator/lead physician, local and/or state public health department, county human services (welfare, mental health, substance abuse, WIC, etc.), Visiting Nurses Association, other providers as appropriate. These may be people who have an affiliation and/or knowledge of your facility, as well as those who may not.

Consumers and community representatives
These are community members who are your neighbors, friends and acquaintances. They are individuals who use community health care facilities for services, and those who do not. Representatives or spokespersons for poor, underserved or minority population should be particularly included in the community convening process; advocacy groups for various low income and/or uninsured populations should also be considered.

Across these categories of individuals, the site visit process should incorporate individuals from the following community "channels":

- *Not-For-Profit sector* — health, human and social service providers, including state and local organizations
- *Government* — Governor, State Legislators, County Officials, Mayors and City Council Members
- *Private sector* — business and industry, retailers, labor and business leaders, Chamber of Commerce representatives
- *Education* — superintendents, principals, school Board Members, and PTA members
- *Media* — local and regional newspaper, radio, and television
- *Faith* — pastors and spiritual leaders and organizations representing religious denominations in the community
- *Philanthropy* — social and civic organizations, includes Rotary, local foundations and the United Way

The "recruiters" would call these individuals to clarify expectations: to play a role in building on a "nucleus" of people who will

- raise questions;
- investigate;
- gather data (health status, financial, etc.);
- receive and organize information from local, state and national sources; and
- be responsible for objectively moving the learning process and health improvement process forward

Characteristics of Health Improvement Partners

Because of the important nature of health improvement efforts, participation and contribution of individuals, people to be recruited should meet the following criteria:

- <u>Experience and expertise</u>: in systems thinking, specifically the health system (players and relationships) and how the health system relates/impacts the economics and politics of an environment.
- <u>History of collaboration</u>: exhibited mutual respect for other collaborators and the underserved, and made positive contributions to advancing the rights or services for poor people in the West Plains region (regional focus on the issues, resources and relationships available to address the needs of the underserved/indigent)
- <u>Objectivity</u>: the ability to communicate and keep in order "self-interest" and to be uninfluenced by emotions or personal prejudices, previous experiences and history of working with other indivudals or institutions