

Leadership Council for a Healthy Monadnock
Public Health Advisory Council for the Greater Monadnock Public Health Network Region

Background:

The **Leadership Council for a Healthy Monadnock (LCHM)** was established in 1994 (as the Council for a Healthy Community) to provide community oversight and guidance to address population health needs in the community. In 2008, it adopted the vision to make the Monadnock region the healthiest community in the nation and launched the Healthy Monadnock (then Vision 2020) community health improvement initiative. In 2012, the LCHM became one of 13 State of New Hampshire **Public Health Advisory Councils** for the 33 towns of the Monadnock region. The LCHM consists of community members representing multiple sectors and towns/cities throughout this Public Health region. The aim is to engage the community in the development and implementation of a comprehensive approach to improving population health outcomes.

Governance:

We understand governance as the establishment of policies and continuous monitoring of their proper implementation, by the members of the governing body of the Greater Monadnock Public Health Network. It includes the mechanisms required to balance the powers of the members (with the associated accountability), and their primary duty of improving health outcomes for the populations we serve and the best possible cost.

We adopt the principles of good governance as enunciated by The United Nations Development Program (UNDP) (see Appendix A). As stated by the Institute on Governance by grouping them under five broad themes (legitimacy and voice, direction, performance, accountability, and fairness), we recognize that these principles often overlap or are conflicting at some point, that they play out in practice according to the actual social context, that applying such principles is complex and that they are all about not only the results of power and authority but how well it is exercised.

Definitions:

- **Public Health Advisory Council:** The Public Health Advisory Council (PHAC) is an important aspect of a comprehensive statewide initiative to improve coordination, capacity, and effectiveness of the public health system in New Hampshire. The role of the PHAC is to advise the Regional Public Health Network by identifying regional public health priorities based on assessments of community health; guiding the implementation of programs, practices and policies that are evidence-based to meet improved health outcomes; and advancing the coordination of services among partners.
- **Leadership Council for a Healthy Monadnock (LCHM):** The name of the public health advisory council for the Greater Monadnock Public Health Network
- **Public Health Network:** The State of New Hampshire has established 13 Regional Public Health Networks (RPHNs), each comprised of a broad partnership of organizations, to coordinate the development and implementation of a range of community and public health improvement activities. Included among these activities are planning, training, and response for public health emergencies, implementation of the regional strategic plan for substance misuse prevention, and related health promotion and disease prevention activities. The **Greater Monadnock Public Health Network** is one of 13 in the state of NH. It consists of ten towns in western Hillsborough

County (Antrim, Bennington, Frankestown, Greenfield, Greenville, Hancock, New Ipswich, Peterborough, Sharon, and Temple) and all the towns in Cheshire County (Alstead, Chesterfield, Dublin, Fitzwilliam, Gilsum, Harrisville, Hinsdale, Jaffrey, Keene, Marlborough, Marlow, Nelson, Richmond, Rindge, Roxbury, Stoddard, Sullivan, Surry, Swanzey, Troy, Walpole, Westmoreland, and Winchester).

- **Public Health Region:** refers to the geographic area that is served by the Public Health Network
- **Healthy Monadnock:** The name of the community health improvement initiative of the Greater Monadnock Public Health Network and overseen by the Council for a Healthier Community as the PHAC for the region.

Guiding principles for Operations of the LCHM:

The LCHM and its governing structures will be guided by the following principles:

1. Transparency amongst council members/partners
2. Assume good intent
3. Efficient planning process to establish a cohesive and comprehensive plan that promotes health equity
 - Use existing data and resources whenever possible
 - Leverage existing networks and relationships whenever possible
4. Include patients/clients/families/communities as members with decision making capacity
5. Council partners and implementation partners work together in trusting relationships
6. To serve and make decisions with a responsibility to the whole population/community we serve, not simply to the organization we work for.
7. Strive for consensus, (see Appendix B for process/scale)

Purpose: The purpose of the LCHM is to lead the Healthy Monadnock community driven process for providing strategic directions, setting priorities, facilitating implementation, aligning activities, and ensuring evaluation that will improve health outcomes in the Greater Monadnock region. Our vision is to become the healthiest community in the nation.

Responsibilities:

1. Educate, advocate, and promote collaboration for the community health improvement needs for the region
2. Identify and encourage action planning that aligns with the needs assessment and data collection activities of the region and provide oversight of the Community Health Improvement Plan (CHIP)
3. Leverage resources to support implementation of strategies to improve the health of the region
4. Advise and make recommendations as appropriate, regarding programs, policies, and funding opportunities that support improvement of the health of the region

Assumptions:

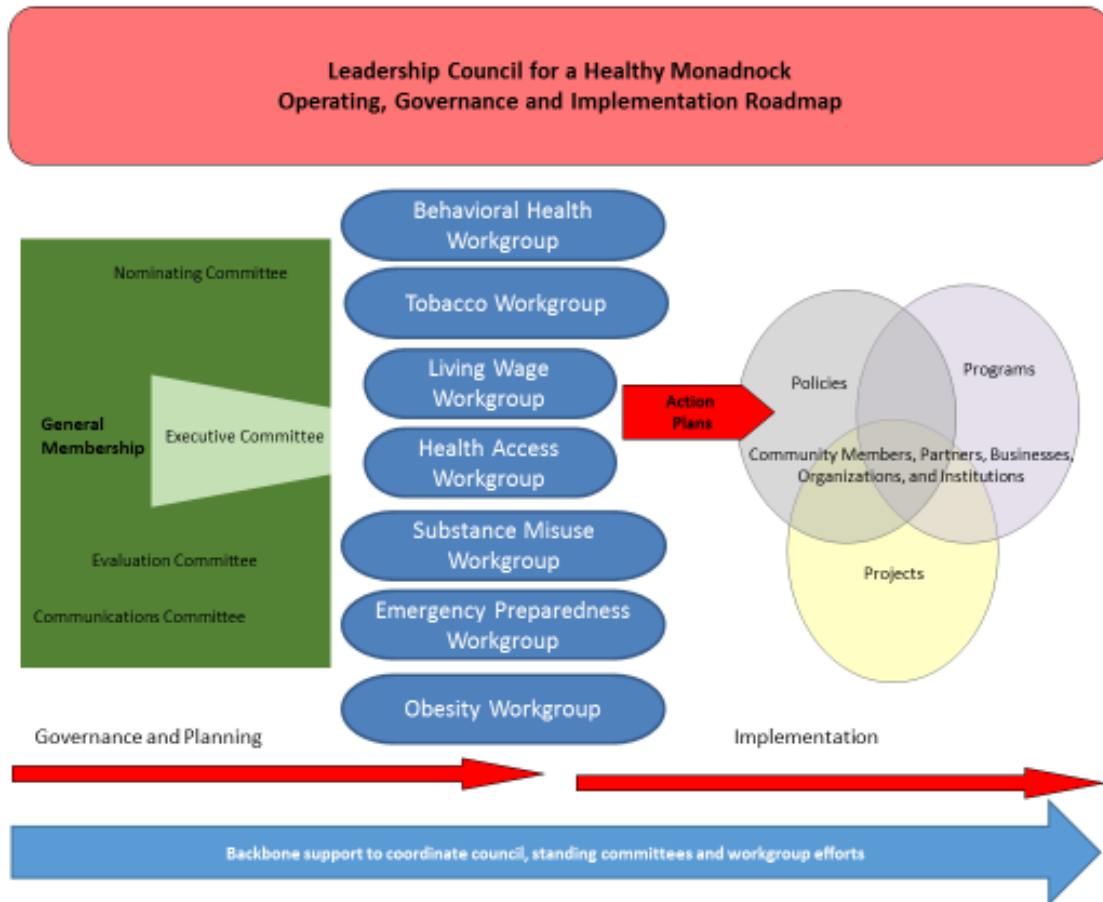
1. The LCHM is created as a voluntary organization of community minded institutions and individuals, interested in advancing health outcomes for the population of the region.
2. The LCHM members will have no fiduciary responsibility toward the organization.
3. The LCHM is accountable to the community.
4. The LCHM embraces and adopts the following principles for action (created by the LCHM for Healthy Monadnock in 2010):
 - a. Empower people and groups to take greater responsibility for individual and population level health
 - b. Support for adoption and/or development of evidence based strategies
 - c. Plans and actions will be directed to the population level
 - d. Promote quality of life
 - e. Promote health equity

Structure: The governance composition for the LCHM will include a diverse and complementary set of structures with different levels of authority and differentiated, but complementary, tasks and accountabilities.

The core components include, but are not limited to:

1. General Membership
2. Executive committee
3. Standing and other committees (i.e. Nominating, Finance, Communications, Evaluation, Ad Hoc)
4. Workgroups (i.e. HEAL, Behavioral Health, Tobacco, Income and Jobs, Emergency Preparedness)
5. Backbone support

Decision Making Process: As described above, the LCHM and Executive Committee will strive for consensus. Some decisions such as approval of new executive committee members, approval of specific plans or motions will require a vote. Votes will be held at regularly scheduled meetings if at all possible and a simple majority will be required to approve or deny the item under vote. Items for vote will be carefully worded and read before the vote takes place. Documentation of the vote will be made by the secretary in the minutes of the meeting. If votes are held electronically, clear instructions for deadlines need to be included with the item under consideration. Simple majority of voters will make the decision. Policy changes, priority selections, re-prioritization and election of executive committee members will only occur at regular meetings (unless special dispensation for that specific effect has been provided by the LCHM or the Executive Committee). Decisions requiring a vote at the Executive Committee will require a quorum be present. A quorum will constitute 50% plus 1 of the Executive Committee membership.



I. General Membership

Role: The general membership of the Council for a Healthier Community, as the Public Health Advisory Council for the Greater Monadnock Public Health Region, provides support and guidance to the Healthy Monadnock community health improvement initiative in areas including: strategic direction, on-going action planning, needs assessment, evaluation, partner engagement, community education and awareness, advocacy, strategy implementation and resource development. It is advisory in nature. LCHM general members are committed advisors, ambassadors and advocates who are inspired and energized to engage the community in achieving the Vision.

Responsibilities:

1. Serve as the regional hub for strategy alignment with clear intent of improving population health outcomes
2. Build public will toward a comprehensive approach to improve population health
3. Support the coordination, needs assessments, and data collection activities that produce actionable and consistent data
4. Use data to guide planning and evaluation of activities that improve population health outcomes
5. Facilitate action planning to ensure community public health needs are met without unnecessary duplication
6. Engage partners to implement strategies and plans
7. Identify community assets and mobilize and leverage their resources
8. Serve as the regional hub for sharing innovation as it relates to population health improvement

9. Monitor evaluation and improvement efforts relative to population health
10. Serve as a bridge with other regional and state related stakeholders
11. Create and charter responsibilities for the Executive Committee
12. Elect members of the Executive Committee

Membership: Membership is open to representatives from all institutions and organizations. It will include unaffiliated individuals, to allow for independent voices and real grass roots engagement. There will be no limit on the number of general members, nor the amount of time that any member serves. Each organization will have no more than one official representative for voting purposes and that institutional representation is encouraged to be consistent and at the highest level possible. When institutional representatives are no longer affiliated with their organization, they will provide notice to the Chair of the LCHM and whenever possible help identify a replacement. They are welcome to remain on the LCHM as public members. Institutional or community members may join any workgroups without serving as a council member.

Members are expected to:

- Attend a minimum of 50% of the full Council meetings in a calendar year
- Serve on at least one standing committee or workgroup and attend at least 50% of the meetings in a calendar year
- Members may also serve as partner organizations on one or more topic area workgroups

The General Membership will meet on a regularly scheduled basis as set by the Executive Committee. It is anticipated to occur up to five times per year, unless there is a need for additional meeting(s). The meetings will provide opportunities for networking, updates, specific organizational or programmatic issues, etc. The council meetings will allow for an informal flow of conversation necessary to generate information, identify challenges and opportunities, and discuss solutions. Meeting agendas will be developed by the executive committee, and any member may suggest items to be reviewed at one of the council meetings.

Though not complete, member institutions and community organizations include:

- City/Town Representatives (selectmen, administrators, emergency management directors, or health officers)
- Law Enforcement (city/town police, county sheriff, or state police)
- Healthcare Industry (CMC, MCH, HCS, community-based service providers)
- Business Community (chamber of commerce, local business owners)
- Public School District (representatives from any of the SAUs in the region: SAU 1-Peterborough, SAU 24-Stoddard Elementary, SAU 29-Keene, SAU 47-Jaffrey/Rindge, SAU 60-Fall Mountain, SAU 87-New Ipswich, SAU 92-Hinsdale, SAU 93-Moandnock, and SAU 94-Winchester). This could be the superintendent, principal, school nurse
- Faith-based Community
- County government (Cheshire and Hillsboro)
- Social Service/Non-Profit organizations
- Colleges/Universities
- Unaffiliated Residents of the region

Officers:

- A. Elected and Appointed Officers: The chair, co-chair, past chair, and secretary shall be the elected officers of the executive committee and the LCHM. The Public Health Network Coordinator will be an appointed officer. The officers of Chair and Secretary may not be held by the same person.
- B. Nomination and Election of Officers: The Executive Committee will elect the officers, in preparation for the September full council meeting
- C. Qualifications for Elected Officers: Only members of the LCHM who are currently serving on the Executive Committee are eligible for election as officers.
- D. Terms of Office: The vice-chair shall be elected to a two-year term of office, and then be installed as chair at the end of the second year following his or her election. The person installed as Chair will serve a two-year term of office as chair, followed by a two-year term as immediate past chair. The secretary will be elected to a two-year term of office. An incumbent Secretary shall be eligible for re-election to 1 subsequent two-year terms of office.
- E. Duties of the Officers:
 1. *Chair*: It shall be the duty of the Chair:
 - a. To serve as an official representative of the LCHM in its contacts with governmental, and other public and private agencies for the purpose of advancing the vision, goals, objectives and policies of the council.
 - b. To preside at the meetings of the Council and to be Chair of and preside at meetings of the executive committee.
 2. *Vice-chair*: It shall be the duty of the vice-chair:
 - a. To assist the chair as requested.
 - b. To serve as a member of the Executive Committee.
 - c. To preside at meetings in the absence of the chair.
 - d. To succeed the Chair if a vacancy is realized.
 3. *Immediate Past Chair*: It shall be the duty of the immediate past chair:
 - a. To assist the chair as requested.
 - b. To serve as a member of the Executive Committee.
 - c. To serve as Chair of the Nominating Committee.
 4. *Secretary*: It shall be the duty of the Secretary:
 - a. To record, or provide for the recording of, the minutes of all meetings of the LCHM and the Executive Committee; maintain such minutes in one or more books provided for such purpose.
 - c. To see that meeting agendas and other necessary notices for meetings are provided to members in advance of the meeting.
 - d. To have charge of the correspondence and keep a record of the acts and proceedings of the LCHM and executive committee.
 - e. To preside at meetings in the absence of the chair and co-chair.
 - f. To perform the general duties of the secretary and such other duties as are prescribed by the Executive Committee.
 - g. All duties may be delegated to the backbone staff
 5. *Public Health Network Coordinator*: It shall be the duty of the PHN Coordinator:
 - a. To serve as the backbone staff of the LCHM
 - b. To direct and manage all activities of the LCHM under the policy guidance of the Executive Committee
 - c. To serve as an ex-officio member of the Executive Committee and the LCHM without vote.

II. Executive Committee:

Role: The Executive Committee is responsible for setting direction, identifying priorities, establishing processes, and making recommendations on behalf of the LCHM.

Responsibilities of Individual Executive Committee Members: (Job Description)

1. All responsibilities listed for the General Membership in addition to the following:
2. Assist in developing and maintaining structure and procedures to assure efficient LCHM functions and communication (i.e. action planning process, charters for committees and workgroups, member and partner agreements, etc.)
3. Lend expertise and experience to the action planning, assessment, and prioritization of public health needs of the Greater Monadnock Public Health Region
4. Represent LCHM in and to the community by sharing information regarding roles, responsibilities, actions, and priorities
5. Monitors implementation of action plans
6. Make recommendations to the LCHM regarding priorities for population health improvement in the region
7. Advises and makes timely recommendations, as appropriate, to all its member organizations and critical stakeholders on funding opportunities
8. Approve and maintain the Greater Monadnock Community Health Improvement Plan
9. Create standing committees, ad hoc committees, and workgroups to operationalize its functions
10. Make decisions and recommendations for funding opportunities
11. Make recommendations within the Greater Monadnock Public Health Region and to the State of NH regarding priorities for service delivery based on needs assessments and data collection

Membership:

The Executive Committee membership includes the officers of the LCHM, whom will retain the same functions and 17 representatives selected by sector

# Seats by Sector	Sector
2	Business/Worksite
2	Hospital representation
1	Other healthcare representation
2	Education & Childcare
2	Community Organization & Support
1	Community Member (adult or youth)
2	Municipal & County Government
1	Faith-based
2	Basic Needs (food, shelter, transportation)
2	Discretionary

Members are expected to:

- Be familiar with the purpose and responsibilities of the Council for a Healthier Community (LCHM)
- Agree to serve a three-year term
- Attend monthly Executive Committee meetings and LCHM meetings as scheduled
- Engage and recruit new members to the LCHM and Executive Committee
- State conflict of interest and abstain from voting where applicable
- Serve as an ambassador on behalf of region for population health improvement

- Serve as Chair on at least one standing committee
- Term Limits/Maximum length of term:
 - Three-year cycle with the ability to renew for an additional three-year cycle
 - No maximum term limit
 - Staggered terms will allow for a rolling 3-year cycle that ensures consistent representation on the Executive Committee
 - Failure to attend 6 of the 12 monthly Executive Committee meetings in a calendar year may result in termination from the Executive Committee
 - Vacant positions will be filled based on sector representation and recommendation to the Executive Committee by the Nominating Committee
- Process for new Executive Committee membership:
 - Every year, by July, the Nominating Committee will confirm with current Executive Committee members whose terms are to expire of their intent to remain on the Executive Committee.
 - Based on the results, LCHM will be informed of any opening on the Executive Committee and communicate sector needs.
 - An outgoing Executive Committee member may present his/her replacement to the Nominating Committee. In addition, other members of the Executive Committee or LCHM may also present nominations to the Nominating Committee.
 - Preference given to an active member of the LCHM. (Note, for the first year of implementing this policy/procedure, prior participation on the HM2020 Advisory Board for one year can replace LCHM participation). An active member of the LCHM is defined by: being on the LCHM membership & e-mail distribution list and attending 50% of the LCHM meetings and/or sponsored training in the preceding 12 months.
 - Nominees for Executive Committee, new or re-appointed will be presented by the Nominating Committee at the LCHM meeting in September for voting
 - Voting methodology will be at the discretion of the Chair (Hands, paper-ballot, etc.)

III. Other Committees (Standing, Ad Hoc, etc.):

Other committees not having and exercising the authority of the LCHM or the Executive Committee may also be designated by the LCHM, upon suggestion and charter development by the Executive Committee. Such committees shall include a Nominating, Finance, Evaluation, Communication, and such other committees as the LCHM may find necessary or expedient from time to time. The Executive Committee will determine the composition of each such committee, and the manner of selection, removal and replacement of the committee's members, in a committee charter.

- Nominating Committee: LCHM will maintain a nominating committee for purposes of identifying suitable candidates for the executive committee and crafting the slate of officers on an annual basis. This committee consists of five active members of the LCHM with the immediate past Chair serving as the Chair for this committee. Four members are elected by the membership of the Executive Committee to serve.
- Evaluation Committee: The Committee's function is to analyze the performance and to evaluate the effectiveness of the programs, policies, and environmental strategies of the CHIP and the HM2020 Action Plan. This committee will also oversee the development and implementation of a shared measurement system for the collective work of the initiative. This committee consists of five active members of the LCHM and includes a member of the Executive Committee who serves as the Chair of this committee. Four members are elected by the membership of the

Executive Committee to serve. In addition, an external evaluation expert from the region may be invited to join the committee even though they are not a member of the LCHM due to their specific level of expertise.

- **Communication Committee:** The aim of the committee is to facilitate communication between the LCHM and the public. This includes the general public, the media, and the "internal" public comprising the organizational members of the LCHM and state agencies. This committee consists of five active members of the LCHM and includes a member of the Executive Committee who serves as the Chair of this committee. Four members are elected by the membership of the Executive Committee to serve. In addition, an external communication expert from the region may be invited to join the committee even though they are not a member of the LCHM due to their specific level of expertise.
- **Ad Hoc Committee:** as needed to address short term needs of LCHM

IV. Workgroups:

As necessary to develop, monitor and evaluate the implementation of action plans that respond to the priorities identified by the LCHM, the Executive Committee will recognize existing work groups or charter as many workgroups as it deems necessary. Workgroups will present periodic reports to the Executive Committee and will be invited to present progress reports to the LCHM. The Executive Committee will determine the composition of each such committee, and the manner of selection, removal and replacement of the committee's members, in a committee charter. Members of the workgroups are not expected or required to be members of the LCHM, though certainly invited to join as they wish.

V. Backbone Staff:

Role: Provide ongoing support to the work of the LCHM, including the full council, committees and workgroups. Backbone staff may be affiliated with any of the organizations and entities engaged in the work of the LCHM. The backbone staff tends to play six roles to move the work forward: guide vision and strategy; support aligned activity, establish shared measurement practices, build public will, advance policy, and mobilize funding.

Responsibilities:

- Guide vision and strategy
- Support aligned activity and a coordination of services
- Establish shared measurement for topic area
- Build public will
- Advance policy in support of strategy
- Coordinate funding requests with appropriate entities and for activities supported by LCHM
- Develop written agenda and meeting minutes
- Outreach to encourage new membership
- Document/define LCHM activities, systems, processes
- Utilize existing resources within the community to assist with some of these tasks.
- Assure effective communication and coordination with and between LCHM and other committees and coalitions in the region

Appendix A: Governance Principals from the United Nations Development Program

Legitimacy and Voice	<p>Participation – all men and women should have a voice in decision-making, either directly or through legitimate intermediate institutions that represent their intention. Such broad participation is built on freedom of association and speech, as well as capacities to participate constructively.</p> <p>Consensus orientation – good governance mediates differing interests to reach a broad consensus on what is in the best interest of the group and, where possible, on policies and procedures.</p>
Direction	<p>Strategic vision – leaders and the public have a broad and long-term perspective on good governance and human development, along with a sense of what is needed for such development. There is also an understanding of the historical, cultural and social complexities in which that perspective is grounded.</p>
Performance	<p>Responsiveness – institutions and processes try to serve all stakeholders.</p> <p>Effectiveness and efficiency – processes and institutions produce results that meet needs while making the best use of resources.</p>
Accountability	<p>Accountability – decision-makers in government, the private sector and civil society organizations are accountable to the public, as well as to institutional stakeholders. This accountability differs depending on the organizations and whether the decision is internal or external.</p> <p>Transparency – transparency is built on the free flow of information. Processes, institutions and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them.</p>
Fairness	<p>Equity – all men and women have opportunities to improve or maintain their well-being.</p> <p>Rule of Law – legal frameworks should be fair and enforced impartially, particularly the laws on human rights.</p>