



## **Northwest Suburban Health Alliance** ***Community Health Network Area (CHNA) 15***

Acton - Bedford - Boxborough - Burlington - Carlisle - Concord  
Lexington - Lincoln - Littleton - Wilmington - Winchester - Woburn

### **Operating Principles**

*The Massachusetts Department of Public Health created the Community Health Network (CHNA), including the Northwest Suburban Health Alliance, also known as CHNA15, in May, 1992. A Community Health Network is a local coalition of public, non-profit, and private sectors. Today this initiative involves all 351 towns and cities through 27 Community Health Networks. Continuous improvement of health status is the goal of this partnership between the Department, service providers, local health departments, consumers, and the general public in the 12 towns.*

The mission of CHNA 15 was adopted in the spring of 1992:

**We pledge ourselves to working together to build healthier communities through community-based prevention planning and health promotion.**

To further its mission CHNA 15 will work together to:

- ◆ Build and maintain the CHNA participation, ensuring that it is representative of the diverse organizations and individuals within the 12 communities;
- ◆ Create opportunities for networking between public and private health providers, including individuals;
- ◆ Educate and raise awareness about health issues, focusing on effective program models and best practices;
- ◆ Assess current services offered in the 12 towns, including assets and gaps; and
- ◆ Develop, implement, and evaluate initiatives, events, and projects that address areas of common interest to the CHNA 15 members.

To enhance its purpose CHNA 15 established a vision statement in May 2000, revised as follows:

*We declare that each and every community will be a safe and supportive environment that empowers community residents to develop self-esteem and personal responsibility to make positive and healthy life choices.*

**To ensure a consistent group effort,  
CHNA 15 adopted the following Operating Principles on September 14, 2005.  
Amended September 12, 2007, November 12, 2008 and November 18, 2010.**

## **Article I - Membership**

Section 1: *Eligibility*: Membership is open to any person interested in furthering and supporting the purposes of the CHNA and who attends at least two CHNA meetings within the previous twelve months. The meetings attended may be General Meetings or any scheduled Ad Hoc committee meetings (refer to Article V, section 3 for definition of Ad Hoc Committees). Those with an interest in the CHNA are welcome to attend meetings, however, they will not be deemed to be members unless they have satisfied these requirements for participation. There are no terms or conditions to membership thereafter.

Section 2: *Identity*:

Membership categories include the following. Specific category must be specified in writing at the time of joining CHNA 15.

- A. Individual
  - individual community residents
  - parents/ guardians whose children attend school in any of the CHNA communities, and
  - students attending school in the CHNA
- B. Organizational
  - resident organizations
  - education organizations and institutions
  - health care organizations
  - human service organizations
  - municipal government
  - agencies or businesses located in and/or serving the CHNA, and
  - other institutions based within the CHNA
- C. Advisory
  - representatives of the Massachusetts Department of Public Health (DPH),
  - representatives of the Regional Center for Healthy Communities (RCHC)
  - Fiscal Agent

Section 3: *Effective Date of Membership*: An eligible person becomes a member at the conclusion of the second meeting attended.

## **Article II- Meetings**

Section 1 *General Meetings*: General Meetings will occur at least every other month with the possible exception of the summer months. Written notice of the meetings will be given to all members at least fourteen days in advance.

Section 2 *Annual Meeting*: The Annual Meeting of the membership will be held in the spring of every year. Written notice of this meeting will be given to all members at least fourteen days in advance.

Section 3 *Ad Hoc Committee Meetings*: The CHNA Chairperson will call Ad Hoc Committee Meetings, as needed, to conduct business of a specific nature between General Meetings.

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## **Article III - Decision Making Process**

Section 1 *Membership*: Membership is granted to anyone (including community residents and/or agency representatives) who has attended at least two General Meetings or any scheduled Ad Hoc committee meetings within the previous twelve months prior to the meeting at which a decision is being made.

Membership is required for individuals and organizations to participate in the decision making of the CHNA (via consensus or voting, if required). Members have the right to participate in the decision making at General Meetings and at Annual Meeting.

Section 2 *Consensus Model*: CHNA 15 will use the consensus model to reach agreement at Meetings. In the event that consensus is not successful, formal voting procedures will be employed.

Section 3 *Voting*: Should the group not be able to reach a decision via consensus and voting is required at General Meetings and at Annual Meetings each Voting Member who is an individual community resident of a CHNA 15 community and each organization will have one vote.

Acceptable methods of voting are paper ballot, electronic ballot, or facsimile. All matters presented for a vote, at which a quorum is present, may be written or by a show of hands, and will be decided by a simple majority of those voting.

Advisory members do not vote.

Section 4 *Quorum*: A quorum for the Annual Meeting and all General Meetings is be twenty-five percent of the Voting Members. A quorum for Steering Committee meetings is a majority of voting Steering Committee members.

Section 5: *Review*: A member may request a review of the decision making process of CHNA 15 by reference to at least one decision and requesting the Steering Committee to place the item on a General Meeting agenda.

## **Article IV - GOVERNANCE**

Section 1 *Steering Committee*: Governance of the CHNA is conducted through a Steering Committee, which reflects the views and needs of the General Membership. The Steering Committee is charged with setting the program of the CHNA.

The Steering Committee is vested with

- all administrative oversight of the organization,
- dispersal of funds,
- establishment of all contractual arrangements for the organization,
- responsibility for the selection, evaluation and termination, if necessary, of the Coordinator and the Fiscal Agent, and
- establishment of a schedule for decisions on funding requests.

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The Steering Committee is composed of a minimum of seven and a maximum of fifteen CHNA members. Representatives from the Massachusetts Department of Public Health (DPH) and the Regional Center for Healthy Communities (RCHC), and the CHNA 15 Coordinator are non-voting advisory members of the Steering Committee. Steering Committee members will represent the diversity of the CHNA communities (cultural, linguistic, geographic and economic). CHNA 15 seeks to involve a variety of public and private institutions and a representation of the total life span. Annually the Steering Committee will undertake a review of the diversity and inclusion of its membership.

Times and frequency of all Steering Committee Meetings are determined by its members. All business conducted by the Steering Committee will be reviewed at the next General Meeting of the CHNA and issues put to a decision making process with members, as appropriate. From time to time decisions will need to be made between regularly scheduled Steering Committee meetings. Agreement of a majority of Steering Committee members is required for any between meeting decisions that need to be made.

The Voting Members elect the Steering Committee. Nominees who receive the greatest number of votes will be elected, with no runoffs, with the exception of a tie vote.

Terms of Steering Committee members and of officers last two years with half of the Steering Committee members elected each year.

Steering Committee members must be Voting Members of the CHNA at the time of nomination and may not hold any other elective office within the CHNA. Officers begin their terms, after being elected at Annual Meeting, at the end of the first Steering Committee (summer) Meeting following the Annual Meeting.

Section 2 *Removal of Steering Committee Members:* A two-thirds majority of the Voting Members present at a General Meeting or at a special meeting called for that purpose, provided proper notification has been given and a quorum is present, may remove any Steering Committee member.

Section 3 *OFFICERS:*

Chairperson: Prior to election as Chairperson, the nominee must have been on the Steering Committee for at least one year. Duties include the following:

- ❑ Set the agenda with Steering Committee members and CHNA 15 Coordinator input and preside at all Steering Committee Meetings and General Meetings.
- ❑ Represent the CHNA when called upon by the membership to do so.

Vice-Chair: Duties include the following:

- ❑ Conduct General Meetings and Steering Committee Meetings at the request of the Chairperson or in the Chairperson's absence.
- ❑ The Vice Chair will assist in the duties and functions of the Chairperson.

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Secretary: Duties include the following:

- ❑ Keep and publish an accurate record of all General Meetings of the CHNA.
- ❑ Keep a record of all Steering Committee Meetings.
- ❑ Be responsible for giving legal notice of all meetings.
- ❑ In collaboration with the CHNA Coordinator, conduct all correspondence not otherwise provided for.
- ❑ Keep a file on all correspondence, official reports, and other valuable papers.
- ❑ Present a report of all meetings of the Steering Committee to the CHNA.

The Secretary may be elected with other officers or the CHNA Coordinator may fill this position.

Treasurer: Duties include the following:

- ❑ Receive monies on behalf of the CHNA and give receipt for them.
- ❑ Deposit funds received in such depository, as the Steering Committee shall direct.
- ❑ Keep all papers relating to the property of the CHNA.
- ❑ File all necessary Federal and State reports as the law requires or work with the designated Fiscal Agent to do so.
- ❑ Authorize payment of CHNA bills, as directed by the Steering Committee.
- ❑ Work with any designated Fiscal Agent to keep an accurate account of all receipts and disbursements.
- ❑ As the Steering Committee may require, present a monthly statement of the financial status of the CHNA to the membership at all General Meetings.
- ❑ Work with the designated Fiscal Agent to prepare an annual accounting of all fiscal activity for the preceding year.

Section 4: *Replacement of Officers* In the event that an officer resigns or fails to attend three consecutive General Meetings or Steering Committee Meetings, without notice, then the Steering Committee will elect a replacement from the membership to serve until the next Annual Meeting.

## **Article V - Committees**

Section 1 Composition: Committees are composed of CHNA members. No person may chair more than one Standing Committee at a time.

Section 2 Nominating/ Membership Committee: Immediately following Annual Meeting the CHNA Chairperson may recruit three members from the Voting Membership to serve on the Nominating/ Membership Committee for the next year.

The Nominating/ Membership Committee is charged with keeping track of the membership of the CHNA and nominating a slate of active members and officers to the Steering Committee. Its members determine times of their meetings. The CHNA Coordinator is a non-voting member of this committee.

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The Nominating/Membership Committee shall:

- ❑ accept and solicit nominations from the Membership for Steering Committee Members who are reflective of the composition of the CHNA communities.
- ❑ present a slate of candidates, including officers, for election to the Steering Committee to the Membership by May 1<sup>st</sup>.
- ❑ announce results of the election at the Annual Meeting.

Section 3 *Ad Hoc Committees*: Ad Hoc Committees are designated by the Steering Committee, as needed, to fulfill time-limited objectives. Chairpersons are appointed by the Steering Committee and report to the Steering Committee for the duration of their appointment.

## **Article VI – Administration**

Section 1 *CHNA Coordinator*: The CHNA Coordinator is a paid employee of the CHNA, under the direction of the Steering Committee. The Coordinator is a non-voting member of the Steering Committee, is the project manager for all CHNA activities, and serves as the liaison to the communities.

Section 2 *Fiscal Agent*: The Fiscal Agent is responsible for administering all CHNA funds according to contract specifications.

## **Article VII – General**

Section 1 *Conflict of Interest*: Should funding become available, decisions on funding requests will follow an outlined schedule. Examples of this include DPH mini-grants, Determination of Need or "DoN" monies\*, or private sources. Representatives of organizations or individuals who request funding are expected to exempt themselves from voting on their own funding proposals and shall sign a conflict of interest form.

Section 2 *Contributions*: Any capital contribution of money in any amount or any other property of value shall not be repaid to any member upon dissolution of the CHNA. Funds or property remaining in the holdings of the CHNA upon its dissolution will be donated to a charitable organization of the membership's choosing.

Section 3 *Amending the Operating Principles*: These Operating Principles will be reviewed every third year and may be altered, amended or repealed by a 60% majority of the Members present at the Annual Meeting or at a general meeting, provided a quorum is present.

Any proposed changes to the Operating Principles will be sent to membership via email 14 days before the Annual Meeting or General Meeting.

\*Determination of Need, or "DoN," is a DPH requirement for health care organizations that want to make certain improvements or upgrades of their facilities. These organizations must involve the local CHNA in how to spend 5% of the project's cost on improving health within the region.

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