



*Adopted by the PHC Membership on January 22, 2016*

## **Charter**

### **Introduction to the Public Health Council of the Upper Valley (PHC)**

The Public Health Council of the Upper Valley (PHC) is comprised of community leaders and representatives from a diverse group of community sectors working together to create a more healthy, safe, supportive, and vital Upper Valley. The PHC goal is to advance collaboration among Upper Valley organizations as a means to deliver core public health services, establish public health priorities, and mobilize resources to achieve measurable outcomes.

The primary work of the PHC is to set regional health priorities, provide guidance to regional public health activities, and ensure coordination of health improvement efforts. In the Upper Valley, the PHC will focus efforts on improving regional health and reducing the burden of illness on residents, employers, and communities by leveraging and coordinating existing and new resources to address priorities, especially through encouraging multi-disciplinary partnerships, sharing innovative approaches across the region, and improving consistency of public health approaches across towns.

### **PHC Guiding Principles**

- Work with humility as trusted partners, advancing health equity
- Honor our partners, recognizing that we cannot do this work alone
- Seek collaboration with community partners across many sectors
- Continuously learn from our work so we can accelerate improvements
- Respect local context including politics, history, and culture
- Create opportunities for innovation
- Be excellent stewards of our community resources, relentless in our efforts to avoid unnecessary duplication or invest in efforts that do not provide value to our communities

### **PHC Vision**

Working together, our Upper Valley community will be healthy, safe, supportive, and vital.

### **PHC Mission**

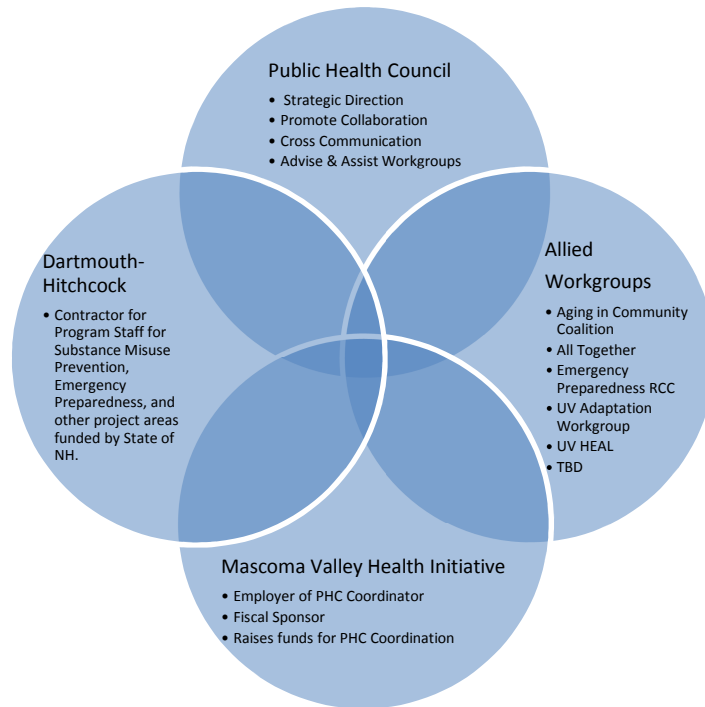
To improve the health of Upper Valley residents through shared public health initiatives and services within a network of community stakeholders.

### **PHC Purpose**

PHC members agree to:

1. identify public health priorities in the region;
2. strengthen alignment of organizations actions to address public health priorities;
3. disseminate and encourage replication of successful and evidence-supported public health strategies; and
4. share public health information.

## PHC Leadership Structure



**Executive Team** [See Appendix A for a list of current Executive Team Members]

Roles and Responsibilities:

- Fulfill roles of PHC Members, either through own participation in PHC workgroups or designation to relevant organization staff.
- With support of PHC Coordinator, set agenda for PHC meetings.
- Approve regional priorities (i.e. Agenda for Public Health and Community Health Improvement Plans).
- Approve the distribution of PHC discretionary funds.
- Make strategic decisions about funding opportunities to pursue and advise about appropriate partner(s) to apply.
- Approve/accept final work products from NH DPHS-supported projects.
- Recommend staff selection and provide feedback on staff performance to PHC fiscal sponsor (MVHI Board of Directors).

## *PHC Charter*

- Should include members working on each of the allied work groups and a representative from both “back bone” organizations (MVHI, DHCH)

### Characteristics:

- Represent an organization, community or constituency.
- Have VESTED interest in PHC priorities.
- Believe in collaboration.
- Demonstrate commitment to building partnerships.
- Have authority to commit resources of home organization to supporting PHC priorities/projects, to realign home organization work to meet PHC targets, and/or assume lead role in fundraising for PHC projects (all as appropriate).

### Terms of Appointment:

- Because Executive Team membership is based on an individual’s leadership role in an organization/constituency critical to work on PHC priorities, there will be no term limits for serving on the Executive Team. Instead, membership will be contingent upon continuing in the role for which the individual was selected.

### Number of Members:

- Ideal number of members will be no larger than 15.

### Officers:

- There will be no formal leadership roles within the Executive Team. All members will participate in group facilitation and decision making.

### Voting:

- The Executive Team will strive for consensus when making decisions, but use a majority vote as needed.

### Meetings:

- There will be a minimum of four Executive Team Meetings annually, with more as needed to make strategic decisions around projects and funding.

## ***Membership***

### Roles and Responsibilities

- Participate in efforts to identify and understand regional needs through PHC and/or workgroup involvement.
- Share ideas and experiences that may support dissemination of effective practices across the region.
- Align efforts to address regional priorities and reach regional targets.
- Participate in data gathering to measure impact of regional efforts.
- Support PHC Executive Team through consensus development or advisory votes relative to projects/funding to pursue, dissemination of funds, and partnership development.

Characteristics:

- Represent an organization, community or constituency.
- Have an interest in improving conditions in communities that enable people to live healthy, safe, supported, and vital lives.
- Are willing to engage in exploration of what we do to improve health in our communities and what each member contributes.
- Are willing to consider change and/or advocate for change to improve what we do.
- Seek out new information and perspectives around what it takes for us to improve health in our communities.

***Staff Support***

The PHC Coordinator provides administrative and logistical support for the PHC. The roles of the Coordinator include:

- Coordinate and/or facilitate PHC-related meetings and events;
- Maintain communication among partners, with stakeholders, and the broader community;
- Serve as a champion of PHC priorities in all settings;
- Engage and align new partners in PHC priorities
- Provide expenditure reports to the Executive Team on a quarterly basis;
- Provide or recommend technical assistance for PHC tasks; and
- Assisting with resource development for PHC member organizations pursuing PHC priority goals.

The PHC will also receive support from Dartmouth-Hitchcock employees working on Public Health Network-related projects.

***Working Groups***

The working groups listed below are in various stages of development. Some are directly tied to the PHC through expectations set out in State of NH contracts (i.e., All Together, Emergency Preparedness Regional Coordinating Committee); others are linked by consent and a common purpose. Other working groups will develop on an as-needed basis and may be on-going or ad hoc.

- Aging in Community Coalition – A group of resource and support organizations looking to facilitate and streamline communication and information sharing among regional Aging in Community organizations and between the organizations and their many stakeholders.
- All Together (substance misuse prevention coalition) -- ALL Together is an Upper Valley multi-organization collaboration to support the development of healthy, safe, and resilient communities that take action to reduce the impact of alcohol and drug misuse. ALL Together prioritizes implementation of evidence based programs, policies, and practices including community engagement.
- Emergency Preparedness Regional Coordinating Council -- Public Health Preparedness efforts in the Upper Valley are facilitated by the Regional Coordinating Council (RCC). The RCC sets priorities, provides guidance and resources to accomplish defined goals.

- UV Adaptation Workgroup -- Upper Valley Adaptation Workgroup (UVAW) is a bi-state, multi-stakeholder working group of leaders and partner organizations. Started in December of 2011, the workgroup meets regularly focusing on building climate resilient communities in the Upper Valley Region of Vermont and New Hampshire.
- UV Healthy Eating Active Living Partnership -- UV HEAL is a community partnership that aims to build an Upper Valley community where the healthiest choice becomes the easiest choice for children and adults. UV HEAL's goal is to change the environmental determinants of obesity by linking, supporting, and inspiring action to build a community where it is easy to be healthy.

## **PHC Financial and Operational Structure**

The Board of Directors for the Mascoma Valley Health Initiative (MVHI) has agreed to serve as fiscal sponsor and employer of record for staff of the PHC. MVHI develops and funds a PHC budget that covers staff support, administrative, and operational expenses; MVHI is empowered by the PHC to seek municipal and other funding to support these expenses. With the approval of the PHC Executive Team, may serve as fiscal agent for PHC-related projects.

Dartmouth-Hitchcock serves as the contractor of record with the NH Department of Health and Human Services for the Upper Valley Public Health Region and as such, must be the applicant agency and fiscal agent for funding designated only for Public Health Networks by the State of NH. This includes Public Health Emergency Preparedness and the Substance Use Disorder contracts.

Any member organization may serve as fiscal agents for projects and funding pursued to support regional public health priorities.

## **PHC Scope of Responsibility**

- The PHC is a voluntary group of organizations and community leaders with no legal status.
- The PHC will collectively increase and coordinate regional *focus* on identified priorities, but will not engage in *program strategies*; it will look to PHAC members and other community organizations to implement strategies in concert or individually.

## **PHC Collective Competencies**

- Developing trusting and productive partnerships
- Facilitation and Coaching
- Communication
- Systems Thinking
- Assessment and Evaluation
- Implementing Evidence-based Practices
- Innovative Thinking
- Strategic Planning
- Change Management
- Implementation
- Data Analysis
- Problem Solving
- Adaptability

**Appendix A: Executive Team Members (as of 1/19/2016)**

Roberta Berner, Grafton County Senior Citizens Council

Karen Borgstrom, Dartmouth Partners in Community Wellness

William Boyle, Dartmouth Partners in Community Wellness

Nancy DuMont, Alice Peck Day Memorial Hospital

Suellen Griffin, West Central Behavioral Health

Julia Griffin, Hanover Town Manager

Nate Miller, Upper Valley Lake Sunapee Regional Planning Commission

Gregory Norman, Dartmouth-Hitchcock

Michael Samson, Canaan Town Administrator

Suzanne Stofflet, Upper Valley Region, Granite United Way