

Leadership Council

11-2-2015 NCACH Board Update

- 1) Membership and Representation:
 - a) Should be about 20-40 people
 - b) 4-7 from each CHI
 - c) Additional members could represent NCW-wide coalitions
 - d) Initial invitations should be broad and spread:
 - i) Geographically
 - ii) By sector
 - iii) Representation should be diverse and no sector should be allowed to predominate
 - e) The CHI members should select CHI representatives if possible, which presupposes a CHI structure. Other coalition or individual representatives will depend on the level of interest.
 - f) Size of the Leadership Council may initially depend on level of interest.
- 2) Governance:
 - a) Create charter like that of the ACH
 - b) Same principles and mission
 - c) Clarify roles & goals
- 3) Role:
 - a) To support/facilitate the development of Community Health Needs Assessments in each CHI and to collaborate on an ACH-wide CHNA
 - b) To contribute to interpreting health indicator data and identify high-priority needs to be addressed
 - c) To contribute to the development of an ACH-wide Community Health Improvement Plan and in the implementation of that plan
 - d) To represent the CHIs and other coalitions at the ACH board by bringing information, requests, and advice to the ACH board. *(note: CHIs, its members and the public are all welcome at ACH board meetings & the Leadership Council should not be seen as a barrier to access the ACH board but a conduit for efficient communication)*
 - e) To support/facilitate collaboration and coordination efforts led by the CHIs and other regional coalitions
 - i) To support learning and cross-fertilization among the CHIs and other coalitions
 - ii) Provide a forum where CHI and other leaders can come together to learn from each other and align agendas across the ACH by:
 - (1) Sharing information and best practices whether developed locally, regionally, or from outside the region.
 - (2) Identifying and nurturing opportunities for collaboration and coordination that accelerate improvement and adoption of effective strategies.
 - (3) Encouraging common improvement agendas between CHIs and to the extent possible, standardizing approaches across the ACH to optimize learning and maximize the benefit.
 - f) To support the development of monitoring mechanisms and an evaluation process for CHI and ACH initiatives to aid in the ongoing assessment and improvement processes.

- 4) Operational/Logistical issues:
 - a) Meetings quarterly
 - i) In person and video
 - ii) Probably 2-3 hours and most likely in an evening
 - iii) Should be scheduled in advance of the ACH board meeting to allow LC items to come to the ACH board.
 - b) Meeting minutes and materials shared widely and available on the web.

Questions:

- 1) To what extent do we need to get the CHIs fully launched with their own governance structures and workplans first?
- 2) What level of support can we count on from the state for data and measurement activities?
- 3) What level of staff support can be made available for:
 - a) Developing materials for presentation
 - b) Minutes and other records of meetings
 - c) Communications, scheduling and outreach
 - d) Maintaining a presence on the website (as with CHIs and ACH board)
- 4) Meeting facilities:
 - a) Is there a logical home for this work?
 - b) Are there video conference facilities that would enable members to participate more readily? (travel could be a barrier to participation)
 - c) Is money available for travel?

Deb Miller has been gathering input and generating this visual of the organizational structure of the Regional Council and its relationship with the CHIs and NCACH Board.



