

Health Improvement Partnership - Cuyahoga

Bylaws

Article I - Name

The name of the consortium shall be the Health Improvement Partnership - Cuyahoga (HIP-Cuyahoga) hereinafter referred to as the Consortium.

Article II - Mission

To inspire, influence, and advance policy, environmental, and lifestyle changes that foster health and wellness for everyone who lives, works, learns, and plays in Cuyahoga County.

Article III - Vision

Cuyahoga County is a place where all residents live, work, learn and play in safe, healthy, sustainable and prosperous communities.

Article IV - Core Value

Building opportunities for everyone in Cuyahoga County to be healthy.

Article V – Key Approaches

Perspective Transformation: Helping individuals and organizations think, understand, and act differently to make equity and racial inclusion a shared value. Encouraging others to use both their head and heart to see and understand the world in new ways, which in turn creates new responses and actions aimed at eliminating structural racism.

Collective Impact: Coordination of partnerships, alignment of priorities and actions, and mobilization of resources.

Community Engagement: Involving community members in planning, decision making and actions.

Health and Equity in All Policy: Collaborating to improve the health of all people in Cuyahoga County by incorporating health and equity into decision-making across sectors, systems and policy areas.

Article VI - Membership

A physical meeting of the entire Consortium shall be conducted at least annually. Nominations for all vacant At-Large Steering Committee positions will be made by existing Consortium members at the final Consortium Meeting of the year.

VI.1. Eligibility – Membership shall be open to any organization, business, agency, or individual that supports HIP-Cuyahoga’s vision and mission.

Membership is broadly defined to promote greater participation and inclusiveness.

VI.2. Membership is renewed annually based on adherence to membership responsibilities (see article V.3.). There will be no minimum or maximum number of members.

VI.3. Membership Responsibilities and Attendance– Members shall actively participate in the consortium in the following ways:

- Attend at least 50% of Consortium meetings per year
- Serve as a resource to the Consortium

Members who are unable to meet these two criterion will be removed from the membership list.

Article VII – Steering Committee

VII.1. Officers of the Consortium shall be known as the Steering Committee. The Steering Committee shall consist of two (2) Consortium Co-Chairs; the Public Health Collaborative; the Backbone Organization Coordinator and Manager; the Workgroup Chairs; an Elected Official, or designee; the Anchor Organization Chair(s) of each Subcommittee, as defined in section VII; the Academia Representative; the Business Sector Representative; the Faith-Based Representative; the Healthcare Representative; the Philanthropy Representative(s); two (2) Community Resident(s) or Community Representatives; and up to four (4) At-Large organizational representatives (one representative per organization).

VII.2. Standing Positions

Two (2) Co-Chairs:

Anchor Organization Chair(s):

Chronic Disease Management Subcommittee
Clinical and Public Health Subcommittee
Eliminate Structural Racism
Healthy Eating and Active Living

Workgroup Chair:

Shared Measurement and Evaluation Workgroup
Communications/Community Engagement Workgroup

Community Resident(s)/Community Representative(s):

At least one, but no more than two (2)

Elected Official, or designee:

From a local governmental entity

Public Health Collaborative:

Health Commissioner, or designee, Cuyahoga County Board of Health
Director, or designee, Cleveland Department of Public Health
Health Director, or designee, Shaker Heights Health Department

Academia Representative:

One academic representative (as identified by the Steering Committee)

Philanthropy Representative(s):

No more than one staff person per funding philanthropic organization

Backbone Organization:

Partnership Coordinator, Staff

Partnership Manager, Staff

(Partnership Legal Representation provided on an as needed basis)

VII.3. At-Large Positions:

Up to four (4) At-Large Members representing the diversity of the general community, and potential leaders of Ad Hoc Committees (limited to 1 representative per organization); Consortium members nominate and vote on these at-large positions

VII.4. The Term of Service

The term of service for Steering Committee members, excluding the Public Health Collaborative and the Backbone Organization (these positions will remain constant), shall be a two (2) year voluntarily renewable term, serving no more than two (2) consecutive terms; the term of office will be January 1 to December 31 of each year. Nominations for all vacant At-Large Steering Committee positions will be made by existing Consortium members at the final Consortium Meeting of the year. Nominees who accept their nomination will be asked to complete a brief application which will be reviewed and scored by the Steering Committee members at their last meeting of the calendar year. The Steering Committee will make nominations and will elect the two (2) Co-Chairs; Co-Chairs shall have served on the Steering Committee or the Consortium for at least one (1) year. If a Standing Position becomes unfilled, it is the responsibility of the agency currently on the Steering Committee to fill that vacant position within one hundred twenty (120) days. If a vacant Standing Position is not agency-affiliated, the

existing Steering Committee members will solicit nominations and will fill open or expiring positions from these nominations also within one hundred twenty (120) days.

VII.5. Roles and Responsibilities

The role of the Steering Committee is to offer guidance and approval for key planning, implementation and evaluation processes. It shall act on behalf of the Consortium and actively pursue its purposes. It shall direct the affairs of the Consortium within the limits of this document. The Steering Committee will provide ongoing oversight and guidance to ensure that the objectives of the Consortium are being met. Additionally, the Steering Committee shall make recommendations for Consortium membership; shall recommend policy and bylaws changes, as needed; and shall request reports from standing committees, as needed.

The Steering Committee shall meet bi-monthly, at a minimum (frequency of meetings shall not exceed one meeting per month, unless the majority of the Committee agrees that a special meeting(s) is needed). Meetings can be conducted in person or remotely. Steering Committee members shall participate in at least 75% of the scheduled meetings in one (1) year to maintain status as an active Steering Committee member. Any member of the Steering Committee may be removed from the office without assigning any cause by a vote of two thirds of the other Steering Committee members. Resignation from the Steering Committee must be in writing and received by the Partnership Coordinator. When a vacancy exists due to leave of absence, resignation, or vacancy, the vacancy will be filled by the organization's alternate representative. In other cases of vacancy, the Co-Chairs may nominate a Consortium member who meets the requirements of the vacated position to serve the remainder of the term; the majority of the Steering Committee must be in agreement with this nomination.

VII.6. Voting

For the purposes of voting, the following shall apply:

- A Standing Committee member who serves in multiple roles, has one vote.
- If multiple individuals represent the same organization, only one vote is permissible per organization (organization designates the voter). But, if one of the representatives from the same organization serves as a Workgroup Chair or an Anchor Chair, that individual has one vote that best represents the interests of the respective workgroup or subcommittee.
- Each At-Large member has one vote.
- A majority vote of the Steering Committee will constitute a quorum.

VII.7. Co-Chairs

The term of service for the Co-Chairs shall be a two year voluntarily renewable term, serving no more than two (2) consecutive terms. The Co-Chairs will help set the agenda and will open and/or facilitate (in coordination with Partnership Coordinator and/or Partnership Manager) all Consortium and Steering Committee meetings. The Co-Chairs will ensure that the Steering Committee maintains its commitment to advising on the Consortium's strategic plan and providing periodic updates for the Consortium's approval; and will ensure that the Steering Committee seeks ongoing input from the Consortium.

VII.8. Backbone Organization

The Backbone Organization maintains two standing positions as part of the Steering Committee as referenced in VII.2. The key roles include:

- Guiding vision and strategy
- Building public will
- Supporting and aligning activities
- Maintaining transparent and ongoing communications
- Mobilizing funding
- Establishing shared measurement and evaluation practices
- Advancing policy

Article VIII - Subcommittees

The Steering Committee shall establish, or dissolve, subcommittees as necessary to fulfill the mission and purpose of the Consortium. Meetings of the subcommittees shall be held at a frequency determined by the anchor organization(s), but at a minimum should be held biannually. There are hereby created the following subcommittees based on the identified priorities of the Consortium:

VIII. 1. - Key Priority - Chronic Disease Management (CDM).

VIII. 2. - Key Priority - Linking Clinical Care and Public Health

VIII. 3. - Key Priority - Eliminate Structural Racism (ESR)

VIII. 4. - Key Priority - Healthy Eating and Active Living (HEAL)

Each subcommittee will be supported by an anchor or two co-anchor entities. Anchor entities will be selected by community consensus of the respective subcommittees in consultation with the Steering Committee anchor entities are organizations that can serve as the foundation for ensuring that the work outlined is being completed in a collective manner.

The role of the anchor entity(-ies) includes:

- Guide organizations in moving strategic approaches upstream to ensure that strategies are community and policy-based as often as possible
- Uphold health equity principles that are central to the HIP-Cuyahoga process
- Establish a process for engaging new partners to the table that can add to the collective efforts

- Engage the community throughout the life of the collaboration
- Ensure that the efforts of the collective group represent those of the community
- Engage with and meet with leaders throughout the life of the collective efforts
- Lead the development of strategy to understand who needs to lead during different parts of the effort
- Support the advancement of policy strategies that can impact multiple areas
- Orient, manage and guide the process of the work of the subcommittees
- Ensure that decisions are made collectively
- Ensure meeting logistics are arranged
- Ensure that HIP-Cuyahoga required documents are submitted
- Designate a recorder for each subcommittee meeting and ensure that minutes are recorded, filed and distributed to the subcommittee members and the Steering Committee
- Orient subcommittee members
- Communicate progress to other Subcommittee Anchor Organization(s) Leads, HIP-Cuyahoga Steering Committee, and the general Consortium Membership

Article IX- Workgroups

The Steering Committee shall establish workgroups as necessary to fulfill the mission and purpose of the Consortium. The workgroups and function of the workgroups may change over time as priorities change. Meetings of the workgroups shall be held at a frequency determined by the workgroup chair(s). There are hereby created the following workgroups:

IX. 1. – Shared Measurement and Evaluation (SME)

The purpose of the Shared Measurement and Evaluation (SME) workgroup is to serve as a technical advisory group for the HIP-Cuyahoga key priority subcommittees and to provide oversight during the development and implementation of their work plans to ensure the plans fit within the guidelines and context of the HIP-Cuyahoga initiative. Input from SME will also be obtained to identify the measurement and evaluation “system” that will be used to demonstrate work plan progress. Additionally, the SME workgroup will provide oversight for: planning, conducting, analyzing, and writing the Community Health Status Assessment.

IX. 2. - Communications/Community Engagement

The purpose of the communications and community engagement workgroup is to support HIP-Cuyahoga’s vision where Cuyahoga County is a place where all residents live, work, learn and play in safe, healthy, sustainable, and prosperous communities. The workgroup aims to maintain effective communication within the Consortium, with the public and key decision and policy makers by increasing awareness, creating opportunities to enhance authentic and inclusive community involvement and building buy-in throughout the development and implementation of the community health improvement plan.

The workgroup will:

- Promote HIP-Cuyahoga meetings and events
- Develop culturally and linguistically appropriate messaging and materials
- Screen, identify and train key media spokespersons
- Utilize technology and media effectively to provide outreach to the public and partner organizations
- Develop and maintain partnerships with organizations who reach diverse populations
- Promote HIP-Cuyahoga products strategically through media at key points during the process

The workgroup will seek multi-sector and diverse discipline representation. Membership with representation from each priority subcommittee will be encouraged.

Article X - Governance

X.1. Parliamentary Authority

Consortium business and meetings shall be conducted according to consensus building. Consensus building is a conversational style of decision making whereby issues and opinions are discussed across a range of perspectives with the objective of reaching a shared opinion or compromise agreement amongst a group of participants. Consensus decision-making is a [group decision-making](#) process that seeks the consent of all participants. Consensus may be defined as an acceptable resolution, one that can be supported, even if not the "favorite" of each individual. It is used to describe both the decision and the process of reaching a decision. As a decision-making process, consensus decision-making aims to be agreement-seeking; collaborative; cooperative; egalitarian; inclusive; and participatory. The following references will be used to guide the process: "[Consensus Decision-Making: How to Use Consensus Process](#)". [Consensusdecisionmaking.org](#). Retrieved 2011-08-29; and Hartnett, T. (2011), *Consensus-Oriented Decision Making*. Gabriola Island, BC, Canada: New Society Publishers.

X.2. - Amendments

The Steering Committee will review the bylaws on an annual basis. These bylaws may be amended by two-thirds vote of the Consortium Steering Committee. The proposed amendments must be presented at least 30 days prior to the vote.

Dissolution of the Consortium or a substantial change to the mission must be voted on by the entire membership. A two-thirds affirmative vote of those voting is required to pass such a resolution; at least 20% of the membership must vote for the ballot to be valid.

Article XI- Conflict of Interest

To serve the best interest of the Consortium, it is important for all Steering Committee members to disclose any potential conflict of interest on a matter coming before the Steering Committee. A conflict arises when a Steering Committee member or his/her immediate family or business partner(s) would benefit from a matter being voted upon. Under such circumstances, the following shall occur:

- a.) The Steering Committee member shall disclose the conflict.
- b.) The Steering Committee member shall recuse him/herself from voting on the matter.

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