

PARTNERSHIP for HEART HEALTHY STROKE FREE MASSACHUSETTS OPERATING PRINCIPLES

Mission:

The Partnership for a Heart Healthy and Stroke Free Massachusetts is a statewide Partnership dedicated to promoting optimal health by preventing and reducing heart disease and stroke among all residents of Massachusetts. We are committed to changing physical and social environments, public policies, and healthcare systems to reduce risk for heart disease and stroke.

Vision:

Massachusetts is a national model for the prevention and treatment of heart disease and stroke and the elimination of related health disparities.

PARTNERSHIP

Structure

The Partnership is comprised of representatives from agencies, institutions, organizations, and other coalitions committed to working together to advance the goals and objectives of the statewide action plan “*The Health of Massachusetts: A Coordinated Response to Heart Disease and Stroke.*” Organizations become members of the Partnership by formally committing to implement the statewide plan in one of three ways; leading, supporting or endorsing partners. Individuals may also participate as non-voting members.

Decisions are made by active participation in meetings through discussion and by consensus. When consensus is not achieved voting will take place. All Lead, Supporting or Endorsing organizations are voting members of the Partnership. Voting members may recuse themselves from voting if they feel a conflict of interest exists for their organization. Roberts Rules of Order will be the operating standard when necessary to vote. Situations requiring voting are the following:

1. Election of at-large members of the Executive Committee
2. Other issues deemed necessary by Partnership members or the Executive Committee

Roles and Responsibilities

All Partnership members:

- Will meet at least twice a year with the spring/summer meeting designated as the annual business meeting.
- Promote and participate in the Partnership’s initiatives at statewide and local events and activities whenever possible and appropriate
- Exists to prioritize, endorse and coordinate policies and systems to improve heart and stroke prevention and treatment in Massachusetts.
- Identifies and assigns duties of standing committees and work groups as required to accomplish the mission and vision of the Partnership
- Elects at-large members of the Executive Committee every 2 years or as vacancy exist
- Decides major policy or funding issues affecting the Partnership
- Approves the annual budget and work plan
- Submits new ideas and recommendations to the Executive Committee

- Approves or rejects amendments to the operating principles as necessary, as recommended by the Executive Committee
- Expand the Partnership to include members from all population groups, including those disproportionately affected by heart disease, stroke, high blood pressure and cholesterol and associated chronic diseases.

Lead Partners:

- Contribute resources (staff, funds, or other relevant in-kind support) to implement activities related to 1 or more 5-year objectives.
- Develop annual objectives and milestones to accomplish the 5-year objective
- Identify partners to support objective(s) and related strategies and activities
- Coordinate and oversee implementation of strategies specific to the objective
- Report progress on the objective to the Coalition on a semi-annual basis
- Participate in the semi-annual meetings of the Coalition
- Participate in the annual review of the statewide plan and contribute to its update
- Allow the use of organization’s name and/or logo on documents related to the statewide action plan.

Supporting Partners:

- Contribute resources (staff, funds, or other relevant in-kind support) to implement activities related to 1 or more 5-year objectives for a local setting (community, work site, healthcare and/or school settings) and/or specific focus area.
- Participate in developing annual objectives and milestones to accomplish the 5-year objective
- Assist in identifying additional partners to support objectives related strategies and activities
- Participate in the semi-annual meetings of the Coalition
- Participate in the annual review of statewide plan and contribute to its update
- Allow the use of organization or individual’s name with one or more 5-year objectives in the statewide action plan and related documents.

Endorsing Partners:

- Allow the use of organization or individual’s name on documents related to the statewide action plan.

The committees of the Partnership consist of the Executive Committee and 4 standing committees:

- Surveillance Monitoring and Evaluation
- Policy and Systems
- Health Communication and Education
- Health Disparities and Access to Healthcare

EXECUTIVE COMMITTEE

The Executive Committee is composed of 11 members as identified below:

- One representative each from AHA and MDPH
- 9 at-large members elected by the Partnership (either leading, supporting or endorsing partners)

Structure:

1. Partnership members will elect at-large members of the Executive Committee every 2 years. There is no limit on number of terms served on the Executive Committee.
2. Members of the Executive Committee elect two co-chairs for 2-year terms. (Initially one co-chair will be elected for a 2-year term and one to a 1-year term). If a co-chair resigns before the end of the term, a replacement will be elected for the remainder of the term. There is no limit on number of terms served by the co-chairs.
3. Officer elections will be at the winter/spring meeting with office to begin the following July.
4. When voting is necessary, each organization has one vote.

Responsibilities of the Executive Committee:

1. Recommend guidelines and governance for the Partnership
2. Oversee the work of the Partnership and the standing committees
3. Act on behalf of the Partnership between Partnership meetings
4. Provide guidance to the Partnership members to ensure implementation of the statewide action plan
5. Review and accept/reject/terminate membership to the Partnership
6. Set priorities and guides the development of an overall work plan for the Partnership on an annual basis
7. Coordinate an annual review of the statewide plan and present proposed changes to the Partnership members
8. Coordinate semi-annual Partnership meetings
9. Develop an annual budget for the Partnership
10. As necessary, develop a process by which fiscal agents and execute agreements between the Partnership and the fiscal agent can apply for funds on behalf of the Partnership.
11. Communicate funding opportunities related to the mission of the Partnership
12. Establish additional committees or task forces to address specific-time limited needs
13. Elect the co-chairs of the Executive Committee
14. Meet at least quarterly
15. Select a nominating committee to develop a slate of names for at-large members of the Executive Committee to present to the spring/summer annual business meeting every two years.
16. Identify and facilitate opportunities for collaboration among members
17. Each member of the EC will assume an on-going task or responsibility to advance the work of the PHHSFM

STANDING COMMITTEES

Standing committees are ongoing and permanent Partnership committees. There are 4 standing committees:

- Surveillance Monitoring and Evaluation
- Policy, Systems and Programs
- Health Education and Communication
- Health Access and Disparities

Structure of Standing Committees:

1. Two co-chairs are elected by members of each committee
2. Meet at least quarterly
3. Establish task forces and work groups as needed

Suggested responsibilities of each Standing Committee:

Surveillance Monitoring and Evaluation Committee

1. Identify and recruit agencies, organizations and experts to participate in the Committee
2. Identify existing databases relevant to heart disease, stroke and their risk factors in each of the settings
3. Report annually the analysis and trends revealed from the data to the Partnership.
4. Monitor the achievement of milestones by Partnership members
5. Provide training and technical assistance to Partnership members with the development of workplans, milestones and data collection
6. Revise burden document periodically and assist with the revision of the statewide plan based on data
7. Establish subcommittees or task forces to address specific-time limited needs identified by the group.
8. Others as identified

Policy and Systems

1. Identify and recruit agencies, organizations and experts to participate in the Committee
2. Identify and track existing and proposed policies, laws, guidelines and systems that affect heart health and stroke prevention statewide and in specific settings related to the statewide plan objectives.
3. Convene an advocacy sub-committee to promote change in policies and laws affecting heart disease and stroke.
4. Report annually to Partnership members on statewide policy and system changes and proposed goals for the coming year.
5. Provide training and on-going technical assistance to Partnership members on advocacy, policy, system and environmental change.
6. Establish subcommittees or task forces to address specific-time limited needs identified by the group.

7. Others as is identified by the group

Health Communication and Education

1. Identify and recruit agencies, organizations and experts to participate in the Committee
2. Guides the development of communication strategies for the stateplan among Partnership members
3. Identify and track existing and proposed health communication, social marketing and education campaigns that affect heart health and stroke prevention in community, school, work and healthcare site settings, especially as related to the statewide plan objectives.
4. Provide the expertise for implementing population-based health messages
5. Report annually to Partnership members on current progress and proposed health communication, social marketing and education campaigns for the coming year.
6. Provide training and on-going technical assistance on health communication, social marketing and education.
7. Others as is identified by the group

Health Access and Disparities

1. Identify and recruit agencies, organizations and experts to participate in the Committee
2. Provide the expertise and driving force for implementing health access and disparities changes related to heart disease and stroke and their risk factors.
3. Report annually to Partnership members on progress and proposed goals for the coming year related to health access and disparities.
4. Coordinate, provide and track changes related to health access and disparities related to the 5-yr objectives of the statewide plan.
5. Provide training and on-going technical assistance related to health access and disparities.
6. Establish subcommittees or task forces to address specific-time limited needs identified by the group.
7. Others as is identified by the group