

CHARTER – Healthy Community Alliance of Delaware and Blackford Counties

Approved September 2, 2015

ARTICLE 1

ARTICLE 1: NAME/PURPOSE

The name of this entity shall be Healthy Community Alliance of Delaware and Blackford Counties (HCA).

This alliance shall be a collective impact initiative¹ organized and operated exclusively for community health improvement throughout the area of Delaware and Blackford counties.

The mission of the HCA is to “Improve the health of the population in Delaware and Blackford Counties, thereby lessening the impact of chronic disease.”

The HCA’s primary purpose shall be to improve community health indicators related to chronic disease and three primary focus areas: increasing physical activity, improving nutrition, and decreasing tobacco use.

We value:

- Community Involvement
- Aligning people and organizations for maximum health impact
- Community assets and resources
- Personal accountability and practical approaches to good health habits
- Measuring and sharing results

The HCA will:

- Align, engage and empower local public/private, profit and not for profit community stakeholders.
- Develop systems to support the continuum of health through the integration of healthy living and physical activity in primary prevention of chronic disease;
- Educate and involve the community to create a culture of health;
- Formulate and advocate environmental, systems, public and institutional policy changes that will contribute to improved health for individuals and communities.



ARTICLE II

ARTICLE II: ORGANIZATION

Section 1. HCA Partners

The work of the HCA shall be carried out by alliance partners which will be led by a Steering Committee. Partners are advocates, leaders, contributors and stakeholders in community health. The HCA is open to all interested community partners that agree to align organizational work with alliance goals and adopt one or more alliance measurements as part of their practice.

HCA partners can be organizations or individuals who support the HCA objectives and who actively participate in alliance meetings, sub committees and other activities.

The HCA shall maintain a partner agreement for each member which will clearly state requirements and expectations.

Section 2. Steering Committee

The HCA Steering Committee will lead the work of the HCA. Approved members of the Steering Committee must be partners of the alliance (see section 1).

Appointments- Appointments and changes to the composition of the Steering Committee will be managed by the lead agency and Steering Committee with input from the full alliance membership.

Duties - Each Steering Committee member shall attend steering committee meetings and when appropriate, serve as liaison to one or more workgroups.

Number and Qualifications - The number of steering committee members may vary between a minimum of 5 and a maximum of 30. The Steering Committee must consist of at least one member with subject matter expertise in each of the three focus areas and at least one member with expertise in measurement. The overall makeup of the Steering Committee will include at least 50% of members with expertise in the health and wellness professions.

Section 3. Work Groups

There shall be four standing work groups. The Steering Committee has the right to create other work groups as need is determined by the members. Each of the sub-committees shall be lead by one or more members of the Steering Committee and have a Committee Charter which defines its composition, function, leadership, reporting mechanisms, and schedule of meetings. Work groups will be responsible for developing tactics to address goal area objectives.

Measurement and Communication Work Group - The Measurement and Communication Work Group shall work directly with the HCA with the support of the Steering Committee and will be responsible for alliance reporting. The committee will consist of at least three people appointed by the Steering Committee.



Nutrition Work Group - The Nutrition Work Group shall work directly with the HCA with the support of the Steering Committee and will be responsible for implementation and reporting on the nutrition objectives, tactics and action steps. The committee will consist of at least three people appointed by the Steering Committee.

Physical Activity Work Group - The Physical Activity Work Group shall work directly with the HCA with the support of the Steering Committee and will be responsible for implementation and reporting on the physical activity objectives, tactics and action steps. The committee will consist of at least three people appointed by the Steering Committee.

Tobacco Use Work Group - The Tobacco Use Work Group shall work directly with the HCA with the support of the Steering Committee and will be responsible for the implementation and reporting on tobacco use objectives, tactics and action steps. The committee will consist of at least three people appointed by the Steering Committee.

ARTICLE III

ARTICLE III: GOALS AND MEASUREMENT

To come together under a clear vision, the HCA has identified the following goals:

Overall Goal Statement: **“Improve the health of the population in Delaware and Blackford Counties, thereby lessening the impact of chronic disease.”**

The HCA has identified 3 goal areas and objectives to accompany each: (Objectives may be modified per the discretion and suggestion of the Steering Committee and individual work teams when deemed necessary.)

Goal Area One: **Increase Physical Activity**

Goal Area Two: **Improve Nutrition**

Goal Area Three: **Decrease Tobacco Use**

To measure impact the HCA will utilize a web platform with key publicly available community health indicators provided by Healthy Communities Institute. Indicators will relate to chronic disease measures to correlate with the HCA Overall Goal Statement; as well as measures related to individual goal areas and objectives. Indicators have been reviewed and selected by the Measurement and Communication Work Group. Supplementary measures, including local measures, will be evaluated by the Measurement and Communication workgroup and added to the HCA website when appropriate.

ARTICLE IV

ARTICLE IV: Lead Organization, Management and Finance

IU Health Ball Memorial Hospital will serve as the lead organization for the HCA. IU Health Ball Memorial Hospital Foundation shall provide a project manager, funding for measurement web platform initiation and maintenance, and other resources necessary to form and maintain the majority of HCA activities.

ARTICLE V

ARTICLE V: MEETINGS

The HCA will establish a meeting schedule as detailed below. Additional meetings of each of the, Steering Committee, HCA, sub committees may be called as necessary. Meetings may be held in person or through teleconference.

Steering Committee –monthly meetings for first year, bi-monthly beginning the second year.

HCA – quarterly.

Work Groups – monthly, or self-directed in frequency based on need.

The HCA will host a public reporting meeting annually. This meeting will be held to report progress related to measurement indicators.

ARTICLE VI

ARTICLE VI: AMENDMENT

The HCA charter may be amended by the Steering Committee.

1. Kania, John. "Collective Impact." Review. *Stanford Social Innovation Review* 2011: 36-41. *Stanford Social Innovation Review*. Stanford University, 2011. Web. June-July 2012.
<www.ssireview.org>.

