#### ARTICLES OF COLLABORATION

### **Health Action Partnership**

### **Article I: Name**

The name of this collaboration shall be the **Health Action Partnership** ("HAP").

### **Article II: Mission, Vision and Guiding Values**

### A. Mission

The HAP collaborates to make Jefferson County a healthier place to live, learn, work and play.

### B. Vision

Jefferson County is a healthy, thriving and connected community, and is recognized as such statewide and nationally.

### C. Guiding Values

**Equity and Justice** – HAP recognizes the profound health disparities in health experienced by low-income residents and people of color. Our work will lift up the voices and the power of the most marginalized and seek to eliminate those disparities. As part of this, HAP strives for representation on the Leadership Team and in Priority Groups from communities most impacted by health disparities.

**Collaboration** – HAP believes that we can achieve greater improvements in community health through a commitment to collaboration. We commit to sharing both the responsibility and recognition for our collaborative work.

**Value of Diverse Perspectives** – Each HAP member contributes unique perspectives, cultural beliefs and real-life experiences for promoting health and preventing disease. Our work will honor those perspectives and strive for consensus among stakeholders.

Willingness to Have Candid Dialogue – Whether among the Leadership Team, Priority Groups or within the membership as a whole, the HAP believes candor and genuine listening provide opportunities to better understand one another and improve our work. While we may not always agree, open and respectful dialogue that moves us towards our shared vision will strengthen our partnership.

**Learn From Failure and Celebrate Success** – HAP has learned from what has worked well and what has not worked well; failure has given us the opportunity to examine our assumptions and change our approach when needed. We will strive to continually monitor

and evaluate our progress, share lessons learned and to celebrate the hard work and commitment shown by each member.

## **Article III: Function**

In support of the above mission and vision, the function of the Health Action Partnership (HAP) shall be to:

- 1. Develop and review annually an Action Agenda to advance the mission of the HAP and address critical community health needs, to include priorities, goals, objectives and tactics;
- 2. Support collaborative action locally and statewide to advance the Action Agenda through well-supported, action-oriented participating Priority Groups;
- 3. Educate and build public support in the broader community through effective communication and education;
- 4. Grow the capacity of Health Action Partners to meet the vision through opportunities for learning, sharing of effective policies/practices and access to available funding, and
- 5. Leverage the HAP to carry out strategies promoting community health and wellbeing.

### **Article IV: Priorities**

Priorities are identified for the HAP to achieve the greatest public health impact. These priorities inform the Action Agenda and, to sustain progress, should change infrequently. The Leadership Team and current anchor organizations may revise the priorities per Article VI, Section G. Priorities should relate to community health strategies in Jefferson County as informed by public health assessment and input from the broader Jefferson County community. While the HAP may support additional community health efforts, the priorities shall take precedent for support resources and strategic action.

The priorities and associated goals are selected to sustain and leverage the HAP's accomplishments to date and align with the current Jefferson County Community Health Improvement Plan.

#### **Article V: Partnership**

# A. Partnership and Eligibility

The HAP shall be comprised of public and private organizations interested in and committed to the mission and vision of the HAP, hereinafter referred to as HAP Partners. HAP Partners may be involved with the HAP in the following ways:

- Representation, upon election, to the Health Action Partnership Leadership Team;
- Membership on Priority Groups working to achieve HAP goals guided by the Action Agenda;
- Participation on special task groups that may be formed to focus on specific actions, and

• General participation in HAP events, meetings and collaborative efforts.

There are no term limits for HAP Partners, who may resign or withdraw from the HAP at any time by providing written notification to one or more of the anchor organizations.

Clear and consistent communication among HAP Partners is a HAP operating principle with the intention that partners are informed of current HAP work and have the opportunity to participate in HAP activities and planning.

#### **B. New Partners**

New organizations may join the HAP at any time. New organizations may be recruited for participation in the HAP or join through their own interest. Leadership Team members, anchor organizations or other HAP Partners may recommend appropriate roles for new HAP Partners, such as membership in a Priority Group.

#### C. Partnership Meetings

The HAP shall convene at least one time per year, serving as an Annual Meeting. The Annual Meeting shall serve to inform HAP Partners of progress toward implementing the HAP Action Agenda, to review and/or provide input on the Action Agenda, and to address emerging issues pertinent to the mission of the HAP. HAP meetings shall be led by the Leadership Team Chair or the Chair's designee.

#### **Article VI: Leadership Team**

#### A. Composition

The HAP Leadership Team shall consist of no fewer than 13 members and no greater than 25 members; effective group size and team diversity should be considered in determining the number of available positions filled. It shall be comprised of Chair, Vice-Chair and general Leadership Team members including one at-large member and one representative from each of the anchor organizations (see Article VII). The HAP Leadership Team will include representation from key sectors in the community: education, business, public health, medicine, faith, local government, and neighborhood action. Representation from these sectors shall be a strong consideration in the formation of the Leadership Team and annual election of new members, but will not take the form of designated seats unless the Leadership Team deems such action necessary. Representation from additional sectors in the community or areas of expertise may be included as part of the annual slate of HAP Leadership Team nominees at the discretion of the Leadership Team.

The elected members of the HAP Leadership Team (and appointed members for the first team) shall have full voting rights.

The Priority Group Chairs elected by the Priority Group shall serve as ex-officio members of the Leadership Team without vote except in the event that the elected Priority Group Chair is also elected by the Leadership Team to serve as a member of the Leadership Team; in this situation, the Priority Group chair shall have voting rights on the Leadership Team.

### **B.** Roles & Expectations

The Leadership Team shall serve as both a governing and supportive body that will:

- Annually assess progress toward goals and review the HAP Action Agenda, ensuring input from the HAP partners and Priority Groups and alignment of the HAP Action Agenda with the HAP mission and vision;
- Revise the HAP Action Agenda, based upon annual assessment and/or other changes in community assessment and needs;
- Support HAP Priority Groups to achieve objectives indicated in the HAP Action Agenda;
- Promote the HAP Action Agenda and related work in the broader community;
- Ensure functional and ongoing processes for leadership succession:
- Review and revise HAP priorities, goals and Priority Groups as needed, and
- Act as the governing body of the HAP.

Leadership Team members are expected to:

- Attend, in-person, Leadership Team meetings be held at least four times each year (additional meetings may be called as needed);
- Serve as proactive advocates for the HAP Action Agenda, particularly within each member's area of influence;
- Contribute to a specific Priority Group (see Article VIII) or other special task group, and
- Actively engage and represent his or her HAP Partner organization.

#### C. Terms and Qualifications

New members of the Leadership Team shall be elected to serve a three year term. Leadership Team members shall not serve more than two consecutive terms. All Leadership Team Officers shall be elected to a two year term, and may not serve more than two consecutive terms in the same office. Each active anchor organization shall have an appointed member on the Leadership Team.

#### D. Elections

The Chair of the Leadership Team shall invite Leadership Team members to nominate individuals to serve in any available officer positions and vacant positions on the Leadership Team when: 1) a vacancy in seated positions exists and/or 2) the maximum number of Leadership Team members has not been achieved and a majority of Leadership Team members approve the addition of a member position to the Leadership Team. HAP Partners may also suggest new Leadership Team members at any time by providing the name and contact information of the individual to the Leadership Team Chair in writing.

A Nominating Committee established by the Chair of the Leadership Team and comprised of the Immediate Past Chair (current Chair for first Leadership Team) and four additional Leadership Team members shall review the nominations and develop the slate for election. The slate of nominees for the HAP Leadership Team members and officers shall be presented to the Leadership Team by the Nominating Committee at least fifteen (15) days in

advance of the intended vote. The Leadership Team members shall vote on the slate, which shall pass by simple majority of the Leadership Team (as described in Article VI, Section G; all references to Leadership Team voting refer to that section). The exceptions to this election process shall be: 1) an at-large Leadership Team member elected by the HAP Partners at the HAP annual meeting, when the position is vacant, and 2) the Leadership Team member appointed by each anchor organization. The appointment of Leadership Team members representing anchor organizations shall be subject to approval by a simple majority of the Leadership Team.

The first HAP Leadership Team shall be appointed by the outgoing Communities Putting Prevention to Work (CPPW) Leadership Team and the anchor organizations.

#### E. Vacancies

A vacancy in the Leadership Team Chair position shall be filled by the existing Vice-Chair for the remainder of the term. A vacancy in the Vice-Chair position shall be filled for the remainder of the term by a Leadership Team member upon receiving a nomination from and the majority vote of the Leadership Team. A vacancy in the at-large Leadership Team member position shall be filled for the remainder of the term by recommendation of the HAP Leadership Team Chair, informed by the four Priority Groups, and upon simple majority vote of the Leadership Team.

# F. Meetings

Notice of HAP Leadership Team meetings shall be provided to each Leadership Team Member at least two weeks in advance of each meeting and a meeting agenda shall be provided seven days in advance.

#### G. Leadership Team Action/Quorum Requirement

A simple majority of Leadership Team members shall constitute a quorum for the transaction of business, including elections. Motions will be passed with a simple majority vote of the quorum. Electronic action may be taken upon the assent of a simple majority of team members on the item of interest. Notification of anticipated actions will be provided to the Leadership Team prior to Leadership Team meetings.

The addition, deletion or revision of HAP priority goals and/or Priority Groups shall require a simple majority vote by the Leadership Team and approval by all current anchor organizations.

#### H. Officers' Responsibilities

- a. **Chair:** The Leadership Team Chair shall be the principal officer of the HAP and preside over HAP and Leadership Team Meetings. To be eligible for the chair position, the Leadership Team member must have served on the Leadership Team for at least one year (first Leadership Team Chair excepted).
- b. **Vice-Chair**: The Vice-Chair shall carry out the powers, duties and responsibilities of the Chair in his or her absence. The Vice-Chair shall assume the position of Chair after the two year term of the existing Chair has terminated. To be eligible for the

- Vice-Chair position, the Leadership Team member must have served on the Leadership Team for at least one year (first Leadership Team Vice-Chair excepted).
- c. **Immediate Past Chair:** After completion of the two year term as Chair, the previous Chair shall assume the post of Immediate Past Chair, serving as an appointed member of the HAP Leadership Team and Chair of the Nominating Committee. The Immediate Past Chair shall additionally serve in an advisory role to the seated Chair and Vice-Chair.

## **Article VII: Anchor Organizations**

# A. Roles and Expectations

Anchor organizations have made an extra level of commitment to ensure the long-term success of the HAP and shall each have a representative on the HAP Leadership Team. Current anchor organizations are the Jefferson County Department of Health, the Community Foundation of Greater Birmingham and the United Way of Central Alabama. Additional anchor organizations may be added by a simple majority vote of the Leadership Team. A key criterion for anchor organizations is the commitment of staff for HAP infrastructure support purposes. Coverage of the roles listed here will be made by mutual agreement among the anchor organizations and may be adjusted as needed.

- 1. Collective Anchor Organization Roles:
  - Facilitate clear communication within the HAP and with the broader community;
  - Assist/coordinate the identification of funding opportunities and leveraging of private/public partnerships;
  - Serve as a point of contact for Leadership Team Members;
  - Assist in organizing and coordinating the Leadership Team;
  - Help promote sufficient diversity, engagement and effective utilization of Leadership Team members;
  - Facilitate administrative support for Priority Groups and special task groups;
  - Review and provide feedback on priorities and Priority Groups when they are revised and approved by the Leadership Team;
  - Assist/coordinate the special events, the HAP Annual Meeting and community outreach events.
  - Facilitate new HAP Partners' orientation to the history, purpose, structure and priorities of the HAP;
  - Link the HAP to relevant research, best practices and technical assistance resources, and
  - Assist with evaluation planning and implementation as a component of the HAP Action Agenda.

#### **B.** Leadership Team Positions

Each anchor organization shall recommend its representative for the Health Action Partnership Leadership Team when those positions are vacant or up for re-appointment, as provided for in Article VI.

# **Article VIII: Priority Groups**

### A. Purpose and Definitions

HAP Goal Groups were formed in 2007 based on the Mobilizing for Action through Planning and Partnerships (MAPP) assessment and the resulting report, *Our Community Roadmap to Health*. Goal Groups (now called Priority Groups) determine and carry out specific strategies to achieve the HAP's priorities through the HAP Action Agenda.

The HAP Leadership Team shall determine which Priority Groups shall participate in the HAP based on current activity and focus of the HAP work. Priority Groups that address the HAP's current priorities and goals shall exist, but Priority Groups may also be established for additional HAP goals. The Priority Groups may be changed per the process described in Article VI, Section G. The first HAP Priority Groups prior to appointment of the first HAP Leadership Team shall be established (in terms of priority focus, not members) by the anchor organizations, informed by input from HAP members and the outgoing CPPW Leadership Team through a member survey and meetings.

### **B. Priority Group Chairs and Vice-Chairs**

## a. Roles and Expectations

Each participating Priority Group shall elect a Priority Group Chair and may elect a Priority Group Vice-Chair. Priority Group Chairs shall lead their Priority Groups in planning and implementing strategies (to include objectives, tactics and metrics) to achieve designated goals for their priority area. The Action Agenda is approved by the HAP Leadership Team per Article III, but Priority Groups shall have the flexibility to implement strategies as needed. Priority Groups may recommend a revision to strategies in the Action Agenda, for consideration by the Leadership Team at its next meeting provided the required advance notice is provided. Priority Groups shall ensure reporting on implementation progress and pertinent activities to the HAP Leadership Team at the two Health Action Partnership Meetings each year designated for receiving such reports. Anchor organization staff shall be provided the semi-annual Priority Group reports at least two weeks prior to the designated HAP Leadership Team meetings. Priority Group Chairs shall serve as ex-officio, nonvoting members of the HAP Leadership Team and participate in the HAP Annual Meeting. The organization or agency each Priority Group Chair represents shall commit adequate time for its representative to fulfill the Priority Group Chair function, with due consideration to other commitments and the voluntary nature of the position. The Priority Group Vice-Chair shall assume the duties of the Priority Group Chair in the Chair's absence.

#### b. Terms & Qualifications

Priority Group Chairs (or Co-Chairs) and Vice-Chairs shall be elected by the respective Priority Group members to a two year term. Priority Group Chairs and Vice-Chairs may serve no more than two consecutive terms as chair of the same Priority Group. The succession of the Vice-Chair to the Chair position is not automatic; rather the position of chair must be elected at the time of vacancy.

#### c. Elections

Priority Group Chairs and Vice-Chairs are nominated and elected by a simple majority of the Priority Group members in attendance at the meeting where the vote is taken, The HAP Leadership Team shall be notified of Priority Group Chair (or Co-Chair) and Vice-Chair elections at the next Leadership Team meeting.

#### d. Vacancies

Priority Group Chair and Vice-Chair vacancies shall be filled by a special nomination and election at the next scheduled meeting of the Priority Group, At least two weeks' advance notification of the special election is provided to Priority Group members. In the event that two week's notice of the special election cannot be achieved or the Priority Group is unable to identify and select a chair, the HAP Leadership Team Chair may appoint a temporary Priority Group Chair until the election of a Priority Group Chair, with appropriate guidance from the Priority Group members.

### C. Notice & Meetings

Priority Groups shall meet at least quarterly, though they may meet more frequently at the discretion of the Priority Group Chair and members. Priority Group Chairs shall set and facilitate meetings; next meeting dates shall be set at the previous Priority Group meeting or within a reasonable time frame thereafter. Priority Group meetings are open to all HAP Partners who are not Priority Group members unless otherwise specified.

# **Article IX: Amendments and Approval**

### A. Amendments

Any HAP member may propose amendment to these Articles of Collaboration by submitting the change in writing to the HAP Leadership Team Chair at least 30 days prior to a Leadership Team meeting. A majority vote of approval by the HAP Leadership Team and approval by the current anchor organizations is required for each amendment as described above.

#### B. Approval

These Articles of Collaboration shall become effective upon approval by the HAP Leadership Team and the current anchor organizations in accordance with provisions contained in section VI G.

# **Article X: Relationship of the Parties/Binding Affect of Articles:**

These Articles of Collaboration serve as an agreement among the participants in this consortium which is not formally incorporated as a legal entity, by which they establish their relative mission, vision, goals and responsibilities. The parties to this collaboration are each an independent member, agency or entity and the relationship between the parties hereto does not constitute a partnership, joint venture, agency, or relationship of any kind recognized under Titles 10, 10A, or 11 of the Code of Alabama 1975 or any other state or federal law regarding business entities. No party to these Articles of Collaboration has the authority to make any statements, representations or commitments of any kind, or to take any action that will be

binding on any other party. No third party is intended, or will be deemed, to be a formal beneficiary of any provision of these Articles of Collaboration. Each party will be separately responsible for compliance with all federal, state, local and/or municipal ordinances, regulations and laws.

Nothing in these Articles of Collaboration shall be interpreted as limiting, superseding, or otherwise affecting any governmental entities' normal operations or decisions in carrying out its statutory or regulatory duties. These Articles of Collaboration do not limit or restrict the parties from participating in similar activities or arrangements with other entities. These Articles of Collaboration do not create any legally enforceable rights, nor are they to be construed as obligating funds, services or assets. These Articles of Collaboration do not themselves authorize the expenditure or reimbursement of any funds, nor do they serve to obligate the parties to expend appropriations.

These Articles of Collaboration were approved by the Health Action Partnership Leadership Team on September 30, 2014 as witnessed by the signature of the Chair of the Health Action Partnership Leadership Team.

Mark E. Wilson, MD Chair, Health Action Partnership Leadership Team

## History:

The Articles of Collaboration were originally approved by the Health Action Partnership Leadership Team on March 5, 2013 with amendments approved by the Health Action Partnership Leadership Team on September 30, 2014.