

CAPITAL AREA PUBLIC HEALTH NETWORK (CAPHN)

PUBLIC HEALTH ADVISORY COUNCIL

PRINCIPLES OF ORGANIZATION

The following document sets forth the Principles of Organization, including the governing structure, adopted by the members of the Public Health Advisory Council for the Capital Area Public Health Network.

1. MISSION AND SERVICE AREA

A. Mission Statement

The mission of the Capital Area Public Health Network (CAPHN) is to promote, protect, and improve the health and well-being of communities within the Capital Area of New Hampshire through the proactive, coordinated, and comprehensive delivery of essential public health services.

B. Service Area

The Capital Area Public Health Network region is comprised of the following municipalities: Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Webster, Weare, Windsor.

2. PURPOSE AND FUNCTIONS

A. Purpose and Functions

The purpose of the Public Health Advisory Council of the Capital Area Public Health Network shall be to perform the following functions:

1. Identify and prioritize regional community and public health needs.
2. Encourage the development and coordination of appropriate community and public health services and programs.
3. Encourage, promote, and support community engagement on public health issues.
4. Advise the Capital Area Public Health Network members on all major policy matters concerning the nature, scope, and extent of community and public health concerns and responses.

In support of these functions, the Public Health Advisory Council shall:

1. Provide input to community health needs assessments completed for the purpose of identifying health-related trends, emerging threats, and community concerns.
2. Review and comment on regional health profiles based on needs assessments and provide input on regional health priorities and plans for improvement.

3. Review the work and recommendations of sub committees and task forces addressing public health matters in the region to include committees to coordinate public health emergency planning and substance misuse prevention activities.
4. Make recommendations to the Capital Area Public Health Network members for developing and improving the delivery of public health programs and policies.
5. Facilitate, when requested by the Capital Area Public Health Network, the review of proposals for federal and state funding and make recommendations to the Capital Area Public Health Network.
6. Provide education and advocacy regarding critical public health issues and policies that impact individuals and communities within the Capital Area.

3. MEMBERSHIP

A. Composition of the General Membership

Members shall be residents of or employed in the Capital Area at the time of appointment, and should include knowledgeable community representatives. All reasonable efforts shall be made to ensure that the membership is broadly representative of the demographic and public health system characteristics in the Capital Area. The following entities within the region shall be granted full membership rights on the Public Health Advisory Council:

1. Each municipal and county government
2. Each community hospital
3. Each School Administrative Unit (SAU)
4. Each Division of Public Health Services (DPHS)-designated community health center
5. Each NH Department of Health and Human Services (NH DHHS)-designated community mental health center
6. The organization contracted by NH DHHS to coordinate the Regional Public Health Network
7. At least one additional representative from each of the following community sectors: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services
8. Representatives from other sectors or individual entities shall be included as determined by the Public Health Advisory Council
9. Ex-officio members, as determined by the Public Health Advisory Council

B. Terms

Terms of appointment shall be two years, with eligibility for consecutive two-year terms. Appointments shall be staggered so that approximately half of the appointments expire each year.

Two-year terms of membership shall run from July 1 of the first year to June 30 of the second year.

If a member is appointed to fill an unexpired term of more than one (1) year, it will be considered the member's first full term.

C. Voting

Each member shall be entitled to one vote. All matters submitted for determination by vote by the General Membership, except amendments or revisions to these Principles of Organization, shall be decided by a majority of members present. All matters submitted for determination by vote by the Executive Committee shall be decided by a majority of those voting. The presence of one more than 50% of the total members (excluding vacancies and ex-officio members) of the Executive Committee shall constitute a quorum for the transaction of business.

D. Vacancies

A vacancy shall exist when (a) a member of the Public Health Advisory Council has three consecutive unexcused absences, as determined by the Chair, (b) a member resigns, or (c) a member no longer works or resides in the Capital Area, or (d) a member's term expires. In the event of a vacancy, the Public Health Advisory Council will convene a Nominating Committee, consisting of at least two current members of the Public Health Advisory Council, which will submit a nomination for appointment by the Executive Committee.

E. Meetings of the General Membership

There shall be an annual meeting of the members of the Public Health Advisory Council upon such date, time, and place as the Executive Committee shall determine. During the annual meeting, voting members shall have the right to vote on the following matters only: election of the Executive Committee and officers, approval of any amendments to the Principles of Organization that may be proposed by the Executive Committee, and other matters submitted by the Executive Committee for determination by vote.

Special meetings of the General Membership may be called by the Chair, or in the case of his/her absence, by the Vice-Chair, or in the case of the Vice-Chair's refusal to act, at the written request of the majority of Executive Committee members. Only matters specified in the written notice of meeting can be considered at such a special meeting.

All meetings of the Public Health Advisory Council shall be open to the public and in locations accessible to the public.

F. Action by Unanimous Consent

Any action required or permitted to be taken at a meeting of the Public Health Advisory Council or Executive Committee may be taken without a meeting if:

- Consents in writing, setting forth the action so taken, shall be signed by all of the members and filed by Network staff with the minutes of the meetings of the Public Health Advisory Council. The consents may be executed in any number of counterparts, all of which when taken together shall constitute a single original consent.
- Consents by electronic mail, setting forth the action so taken, are submitted by all the members, received by the Capital Area Public Health Network and filed by Network staff with the minutes of the meetings of the Public Health Advisory Council.

4. OFFICERS

A. Officer Positions

The officers of the Public Health Advisory Council shall be a Chair and Vice-Chair.

B. Terms

Officers shall be elected annually for a term of one year from July 1 to June 30. All officers shall be nominated by the Nominating Committee from members of the Public Health Advisory Council, and elected at the annual meeting of that body.

C. Roles

The Chair shall:

- Moderate all meetings of the General Membership of the Public Health Advisory Council;
- Serve as Chair of the Executive Committee; and
- Act as spokesperson for the Public Health Advisory Council.

The Vice-Chair shall:

- Take the place of the Chair temporarily in his/her absence; and
- Fulfill the unexpired term of the Chair should such a vacancy occur.

D. Vacancies

A vacancy in an office shall exist when the officer no longer works or resides in the Capital Area, upon a two-thirds vote of the Public Health Advisory Council, or by resignation. In the event that the office of Chair becomes vacant and the Vice-Chair is unable to serve, the Executive Committee shall elect one of its members to serve the remainder of the term. In the case of a vacancy in the office of Vice-Chair, the Chair shall appoint a member to fill the unexpired term.

5. COMMITTEES

A. Executive Committee

The Executive Committee will consist of not less than 11 and not more than 17 Public Health Advisory Council members who are elected annually including the Chair and Vice-Chair. Executive Committee members will be elected for two-year terms which will be staggered so that approximately half of the appointments expire each year. Composition of the Executive Committee shall include designated seats as follows:

- 1 member representing town government
- 1 member representing city government
- 1 member representing county government
- 1 member representing the health care delivery sector
- 1 member representing emergency management
- 1 member representing the business sector
- 1 member representing the education sector
- 1 member from a PHAC subcommittee
- 1 member representing the organization contracted by NH DHHS to coordinate the Capital Area Public Health Network
- 1 to 7 at large members representing other key organizational or community constituents

Composition of the Executive Committee should also reflect, to the extent possible, the geographic and organizational diversity of the region.

The Executive Committee acts on behalf of the full Public Health Advisory Council on items of an immediate nature or on items referred to it by the full Public Health Advisory Council. The Executive Committee will meet at least quarterly. Additional meetings may be called by the Chair if action of an immediate nature is called for. Any official action of the Executive Committee will be noted at the next Public Health Advisory Council meeting. Executive Committee meetings will be announced and are open to all Public Health Advisory Council members.

The Executive Committee, including its Officers, will initially be comprised of members of the Steering Committee, responsible for the original development of the Principles of Organization. Steering Committee members were selected through a nominations process by community stakeholders. These members will be eligible for a full, two-year term on the Executive Committee.

B. PHAC Subcommittees

To maximize the efficiency with which the Public Health Advisory Council completes tasks, subcommittees will be established and charged with responsibilities consistent with the Public

Health Advisory Council's Purpose and Functions. The subcommittees will be chiefly responsible for conducting the planning and research necessary to make well informed decisions, for assisting entities contracted to deliver regional public health services by the NH DHHS with accomplishment of certain tasks and deliverables as appropriate, and for disseminating information to key stakeholders and the community at large. The subcommittees will take guidance from the full Public Health Advisory Council on issues and priorities to address, and conversely, will present the full Public Health Advisory Council with recommendations for action.

At minimum, subcommittees will be established to address: 1) Regional Public Health Emergency Preparedness; and 2) Substance Misuse Prevention and Related Health Promotion. Additional subcommittees may be established to address specific health issues or system functions as determined by the Public Health Advisory Council. Subcommittees will include representation from the General Membership and other related committees so determined to be beneficial to the work of the Subcommittee. Subcommittees shall meet as frequently as necessary to accomplish the work of that committee.

The Public Health Advisory Council will support its Subcommittees by:

- Considering and acting on policy issues presented by the Subcommittees;
- Facilitating collaborations and partnerships between Subcommittees and other relevant stakeholders;
- Promoting the accomplishments of the Subcommittees; and
- Assisting in engagement and recruitment, when requested by a Subcommittee, of members for the committee.

C. Ad Hoc Committees and Task Forces

The Public Health Advisory Council may establish other ad hoc committees or task forces to address priority public health matters and perform other certain duties for a specified length of time or task.

6. ADMINISTRATION

A. Coordinating Organization

The organization contracted by NH DHHS to coordinate the Capital Area Public Health Network shall support the functions of the Public Health Advisory Council and carry out such duties related to the Public Health Advisory Council as described in agreements entered into with the NH DHHS. Such duties include, but are not limited to, assistance with recruiting and orienting new Public Health Advisory Council members, assuring effective communication and coordination between and among Subcommittees and other committees established by the Public Health Advisory Council, and serving as administrative and fiscal agent of the Public

Health Advisory Council to the extent applicable. Nothing in this section precludes other agencies in the region from contracting and receiving funds for activities related to the broad public health improvement process of the Public Health Advisory Council.

B. Coordinating Organization Staff

Coordinating Organization staff shall be responsible for documenting and maintaining records of the committees' actions and coordinating activities, including sending out meeting announcements and agendas, finalizing meeting location and logistics, distributing meeting minutes, tracking expenses, completing other required NH DHHS fiscal and programmatic reports and paperwork, supervising staff hired to assist in achieving the functions of the Public Health Advisory Council to the extent applicable, and assistance with preparation of plans, information materials, and other such coordination, planning, and administrative duties that support the work of the Public Health Advisory Council and its committees, as appropriate. With approval of the Chair, Coordinating Organization staff can serve as official spokespersons of the Public Health Advisory Council. Staff members shall exert due diligence in representing the views of the Public Health Advisory Council in any public communication.

7. DECISION MAKING PROCESSES

A. Decision Making Processes

The Chair shall preside over meetings of the General Membership and the Executive Committee and decide all questions of order and procedure. The Chair shall generally seek to achieve decisions by consensus, except in cases where voting is specified by these Principles of Organization or upon request of the majority of the members present. The main objective shall be to avoid procedural quagmires and to encourage free, open, and adequate discussion. The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern all meetings of the General Membership and the Executive Committee in all cases to which they are applicable and in which they are not inconsistent with these principles of organization and any special rules of order the Public Health Advisory Council may adopt. A member may seek review of a ruling by the Chair by calling a Point of Order. A Point of Order takes precedence over all other discussion and may be called at any time.

8. CONFLICTS OF INTEREST

A. Definition

A Public Health Advisory Council member is deemed to have a conflict of interest when he/she (or a relative or business associate) has one or more of the following relationships existing with a program or competing program under consideration:

- Ownership or financial interest;
- Director, trustee, or officer;
- Employee; or

- Provider of goods and services, material, or other substantial interest which might inhibit objective decisions.

In addition to specific relationships to a program under consideration, members may find themselves in conflict when discussing other matters.

B. Declaration Procedure

Members who have a conflict of interest on a specific issue before the Public Health Advisory Council shall so state before discussion of the issue in question and shall abstain from voting on said issue. Public Health Advisory Council members may participate in discussions relating to issues for which a conflict has been declared, provided they state their potential conflict of interest prior to the discussion.

Nothing shall prohibit Public Health Advisory Council members from further declaring a conflict of interest and abstaining from voting or discussion on an issue when they believe that such activity might constitute, or give the appearance of constituting, a conflict of interest.

9. ADOPTION

A. Adoption

The Public Health Advisory Council shall be organized by these principles, initially adopted by a majority of Steering Committee members present. Once adopted, these Principles of Organization may be amended or revised by a two-thirds vote of the Public Health Advisory Council members present, provided notice of the amendment or revision is given in writing at least ten (10) days prior to the meeting.

Adopted 03/04/2014

Revised 01/17/2017