**S:\Community & Family Health Connections (CFHC)\Chatham Health Alliance\Key Documents\Logos\Chatham.eps**

**CHATHAM HEALTH ALLIANCE**

**BY-LAWS**

**ARTICLE I.**  **Name**

The group shall be called the Chatham Health Alliance.

**ARTICLE II. Purpose**

To bring both traditional and nontraditional partners together to work on all issues affecting health in Chatham County, with a focus on the priorities identified in the Community Assessment. Members of the Alliance will strive to share resources and work together to enhance existing efforts and achieve a greater collective impact than we would individually. We will use a systems approach of education, incentives, and policy tools to effect holistic and equitable change for the person, family, and community.

**Article III. Structure**

The Alliance structure is as follows:

* General Membership: Represents all members of the Alliance. General Membership works to create a common agenda to impact health and the underlying issues impacting health in Chatham County.
* Subcommittees: General membership establishes and oversees the work of the subcommittees convened to conduct activities to address priority issues as identified in the Community Assessment and other priorities as they emerge from the Alliance.
* Leadership Team: The leadership team will guide, inform and facilitate the work of the Alliance, and will consist of the Alliance Chair and Vice Chair, Subcommittee Chairs, Health Director, Chatham Hospital representative, and Alliance Coordinator (non-voting member).

**Article IV. Roles and Responsibilities**

Section 1: Role of General membership

* Steer the Community Assessment through planning, data collection and analysis, presentation of findings, prioritization of issues, development of the assessment report, and action planning.
* Communicate the findings of the Community Assessment
* Build upon individual, agency and community strengths to implement strategies to address priority issues
* Assure that methods for program monitoring and evaluation are in place
* Maintain commitment to community engagement
* Approve Alliance strategic plan and any changes to it
* Approve budgetary spending outside of the Alliance strategic plan
* Serve as a model for the community in promoting healthy lifestyle and practices

Section 2. Role of Subcommittees

* Form around identified community needs, including those identified in the Community Assessment
* Develop an action plan
* Leverage individual, agency and community resources to execute the action plan
* Ensure sustainability of identified strategies
* Elect a Chair(s)
* Track and access progress in executing plans and addressing targeted needs
* Report processes and any issues to the Alliance

Section 3. Role of the Leadership Team

* Provide leadership to the Alliance by developing meeting agendas, facilitating meetings, and through other such tasks and means
* Ensure all activities adhere to the mission and goals of the Alliance
* Draft an annual Alliance strategic plan for approval by membership at large
* Approve, update, and uphold the Membership Code of Conduct
* Make decisions related to implementation of projects as envisioned by the Alliance strategic plan and inform the Alliance of these decisions
* Approve budget spending within the scope of the Alliance strategic plan
* Work to ensure that Alliance efforts are sustainable
* Approve budget annually and approve any changes to budget line items
* Approve any single purchase or contract of $5,000 or more
* In coordination with the Health Promotion and Policy Division Director, evaluate the Alliance Coordinator performance annually

Section 4. Role of the Alliance Coordinator

* Along with the Alliance Chairs and Vice-Chair and Subcommittee Chairs, set time, date, location, and agenda for meetings
* Take and distribute minutes of committee meetings, as needed
* Represent the Alliance at relevant governmental and private sector meetings
* Serve as the liaison to agencies as appropriate, including fulfilling reporting requirements
* Facilitate communications within the Alliance, and between the Alliance and the public
* Gather information and research as needed
* Seek funds and manage budgets for Alliance activities
* Make and authorize purchases to support the Alliance, purchases of $5,000 or more must be approved by Alliance Leadership Team. Purchases of $2,500 or more must be reported to Alliance Leadership Team
* Assist committees with planning and accomplishment of activities and events

**Article V. Membership**

The Alliance will be made up of a diverse group of stakeholders and community members, with efforts made to have members representing different geographical regions of the county, areas of expertise and interest, and professional and demographic backgrounds, who work with a variety of target populations within the county.

**Article VI: Subcommittees**

Section 1: The Alliance will form subcommittees to work on each of the identified priority issues from the Community Assessment. An Equity Subcommittee will also be formed, whose core mission is to serve as a crosscutting subcommittee to ensure that equity is embedded in all of the Alliance’s work and that the Alliance membership reflects the makeup of the Chatham community.

Section 2. Additional committees may be established as needed through the approval of General Membership.

Section 3: Committees not outlined in Section 1 can also be dissolved through approval of General Membership who are present at the meeting.

Section 4: Subcommittees will elect chairs from within the subcommittee. Subcommittee elections will be held annually. Subcommittee chairs should be community representatives, and should not be employees of the Health Department. Subcommittee chairs may serve indefinitely as long as reelected annually. If there are two members elected, they will become the subcommittee co-chairs. At least one of the subcommittee co-chairs must be present at Leadership Team meetings, or send a representative.

Section 5: Subcommittee Chair responsibilities are outlined in “Subcommittee Chair Description.”

**Article IV. Officers**

Section 1: The following officers will be appointed for terms of one year by consensus of the Alliance membership:

* Chair
* Vice Chair

Section 2: The Chair will be succeeded by the Vice Chair.

Section 3: The Chair will conduct and facilitate the Alliance meetings and facilitate the Alliance agenda in conjunction with the Vice Chair, Alliance Coordinator and Committee Chairs.

Section 4: The Vice Chair will act on the behalf of the Chair when the Chair is absent.

**Article V. Meetings**

The Alliance will meet on the first Tuesday of every other month.

The Alliance Coordinator will coordinate each meeting and prepare the agenda with input from the Leadership Team.

**Article VI. Decision Making**

The Alliance will aim to make decisions by consensus. When consensusis not achieved, decisions will be made by majority vote, with each agency, organization, and community member receiving one vote. Members who represent an agency or organization will vote with the other members of the agency or organization and will not be eligible to vote as community members. Members will note any conflict of interest they have during voting and will not vote on matters in which they have a conflict of interest. Votes will be held with the members present who do not have a conflict of interest.

The leadership team is authorized to make programmatic and budget decisions on behalf of the Alliance within the scope of the approved Alliance strategic plan. Decisions outside the scope of the Alliance strategic plan will be taken to vote by the Alliance at large.

**Article VII. Amendments**

These bylaws may be changed and new bylaws adopted with vote of two-thirds of the membership at any At Large Chatham Health Alliance meeting as long as prior written notice of the vote has been given at least one week before the meeting.