

## Maine Shared Community Health Needs Assessment CHARTER

**Vision:** The Maine Shared Community Health Needs Assessment helps to turn data into action so that Maine will become the healthiest state in the US.

**Mission:** The Maine Shared Community Health Needs Assessment is a dynamic public private partnership that  
Creates Shared Community Health Needs Assessment Reports,  
Engages and activates communities, and  
Supports data-driven health improvements for Maine people

### Steering Committee

**Statement of Purpose:** The Steering Committee provides leadership for the creation of an efficient, integrated, and sustainable process to conduct triennial Maine Shared Community Health Needs Assessments (Maine Shared CHNAs) and subsequent public health improvement plans/hospital implementation strategies. In addition, this group provides stewardship of the resources made available through Central Maine Healthcare (CMHC), Maine Center for Disease Control and Prevention (Maine CDC), MaineGeneral Health (MGH), MaineHealth (MH), and Northern Light Health (NLH) to: [a] strengthen Maine's state and community health improvement efforts; [b] meet Treasury Department/Internal Revenue Service (IRS) community benefit reporting requirements for hospitals; and [c] meet public health agencies' Public Health Accreditation Board (PHAB) requirements.

**Scope of Authority:** In June 2014, a Memorandum of Understanding (MOU) formalized a non-binding agreement through December 31, 2019 among the five signatory organizations. This formed the governing body of the Maine Shared CHNA Collaborative, represented by the Steering Committee. The group makes decisions regarding: [a] project governance; [b] recommendations and/or deliverables from the Metrics and Community Engagement Committees; and [c] strategic directions for Maine Shared CHNA. This committee communicates with CEOs and respective leadership from their organizations in fulfillment of the MOU. Additionally, this group oversees the work of the Maine Shared CHNA Program Manager.

### Membership/Participation:

- The Steering Committee is comprised of one voting representative from each of the Maine Shared CHNA Collaborative Members: CMHC, Maine CDC, MGH, MH and NLH.
- Member organizations should be represented at all Steering Committee meetings. At least one additional representative from these organizations may attend meetings and have been designated to provide the organizational vote in the absence of the primary contact. When this is not possible, the voting representative from the absent organization will be contacted for feedback to be shared with the group.
- Each member organization has an equal vote in decision making (on all matters except finances). Decisions made by this group are made by consensus and when this is not possible, majority rules.
- In financial matters, each member hospital has an equal vote. Decisions are made by consensus and this is achieved by convening CEOs from each of the hospitals to come to agreement. More detailed financial decisions (within the agreed upon annual budget) are made within the Steering Committee among representatives of member hospitals. The group seeks to achieve consensus but will allow majority rule or bring an issue back to the group of member CEO's for resolution.

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### Metrics Committee

**Statement of Purpose:** The Metrics Committee is charged with creating the following deliverables for approval by the Steering Committee for the 2016 CHNA and subsequent Shared CHNA's: [a] common set of population/community health indicators and measures (core and extended lists); [b] preliminary data analysis plan (to identify scope of work for Maine CDC and Maine Shared CHNA vendor); [c] processes for reviewing indicators and measures regularly to stay abreast of research; and [d] recommendations for annual data-related activities and projected costs associated with recommendations. The subcommittee is charged with staying on Maine Shared CHNA Project timelines as approved by the Steering Committee.

**Scope of Authority:** Members of the Metrics Committee share their expertise with the group to create processes and deliverables for the Steering Committee to review and approve.

#### Membership/Participation:

- The Metrics Committee is comprised of health data authorities or health data consumers who share their expertise with the group.
- Committee membership is open to any interested party with an investment in the Maine Shared CHNA mission. Recruitment is on-going.
- Committee members are expected to attend meetings regularly (or send a representative), provide input, and serve as liaisons to their organizations and constituencies. Members are asked to commit to these roles and responsibilities by providing an electronic signature to the Maine Shared CHNA program manager annually. (An email will be sent to someone to join the group after attending two subcommittee meetings.)
- When someone is not able to attend a meeting, he/she should review previous meeting minutes (available at <http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/>) and speak with someone from the group who attended to stay abreast of group activities and decisions.
- In situations where subcommittee participants have shared materials in preparation for a meeting, come prepared to discuss these items.
- The group seeks to make recommendations through consensus. In situations that do not call for consensus or it cannot be achieved, divergent opinions will be noted and shared with the Steering Committee.
- If there is a person/organization that cannot commit to regular participation, but would like to be informed of subcommittee actions, contact the Maine Shared program manager to be added to the interested parties list to receive meeting agendas and minutes.

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**Community Engagement Committee**

**Statement of Purpose:** The Community Engagement Committee is charged with making recommendations for approval by the Steering Committee outlining a consistent and robust community engagement process. This process should outline a method of: [a] disseminating Maine Shared CHNA state and county-level results; [b] identifying priorities among significant health issues; and [c] identifying local, regional, or statewide assets and resources that may potentially address the significant health needs identified.

**Scope of Authority:** Members of the Community Engagement Committee share their expertise with the group to create processes and deliverables for the Steering Committee to review and approve.

**Membership/Participation:**

- The Community Engagement Committee is comprised of governmental public health experts, healthcare employees with expertise in community benefit activities, academia, healthcare member organizations, and philanthropic organizations who share their expertise with the group.
- Committee membership is open to any interested party with an investment in the Maine Shared CHNA mission. Recruitment is on-going.
- Committee members are expected to attend meetings regularly (or send a representative), provide input, and serve as liaisons to their organizations and constituencies. Members are asked to commit to these roles and responsibilities by providing an electronic signature to the Maine Shared CHNA program manager annually. (An email will be sent to someone to join the group after attending two committee meetings.)
- When someone is not able to attend a meeting, he/she should review previous meeting minutes (available at [www.maineCHNA.org](http://www.maineCHNA.org)) and speak with someone from the group who attended to stay abreast of group activities and decisions.
- In situations where subcommittee participants have shared materials in preparation for a meeting, come prepared to discuss these items.
- The group seeks to make recommendations through consensus. In situations that do not call for consensus or it cannot be achieved, divergent opinions will be noted and shared with the Steering Committee.
- If there is a person/organization that cannot commit to regular participation, but would like to be informed of subcommittee actions, contact the Maine Shared CHNA Program Manager to be added to the interested parties list to receive meeting agendas and minutes.