

TWIN CITIES HEALTHY START INITIATIVE BY LAWS

MISSION STATEMENT

The mission of Twin Cities Healthy Start (TCHS) is to reduce infant mortality and improve birth outcomes among the Minneapolis and St. Paul African-American and American Indian communities.

ARTICLE I: Name

The name of this project is Twin Cities Healthy Start (TCHS)

ARTICLE II: Purpose and Strategies

The purpose of the TCHS is to establish a comprehensive and coordinated approach to reduce the disparities in infant mortality throughout Minneapolis and St. Paul among the African American and American Indian communities, to enable and empower these communities to create permanent institutional responses to the problem of infant mortality, and to improve access to health care and social services for women and their families.

The project operates by contracting with community-based health centers and social service agencies to provide direct services to program participants, and by collaborating with government and community partners to advocate for and implement changes in the service delivery system to better meet the needs of pregnant women, mothers of infants, and their families.

To achieve the program goal, the program will:

1. Utilize a consortium of stakeholders in the communities to discuss, plan, and provide unique community activities and training that strengthen and empower perinatal health in the African American and American Indian communities, and establish perinatal health standards that will be shared throughout the community;
2. Assure that seamless, unduplicated services from multiple service providers meet each consumer's and family needs in a respectful, culturally competent manner that promotes each family's strengths and self-care capabilities.
3. Provide respectful, culturally appropriate education that promotes healthy perinatal beliefs and self-care, through messaging at sites frequented by the target population and through selected mass media outlets;
4. Provide holistic, respectful, culturally competent perinatal services that can be replicated throughout the Minneapolis and St. Paul perinatal system;

ARTICLE III: Organizational Structure

THE GRANTEE AGENCY

The Minneapolis Department of Health and Family Support (MDHFS) is the grantee agency for TCHS. It is responsible for administering the project and is accountable for allocation and expenditure of grant funds. It has primary responsibility for monitoring the progress of the project toward its goals and objectives, including reducing the disproportionately high rates of infant mortality among Minneapolis and St. Paul's African American and American Indian communities. MDHFS hires Project Management staff, is responsible for establishing and supporting the Consortium, and coordinates the preparation and submission of all required reports and continuation applications.

The grantee agency will assure that Twin Cities Healthy Start Consortium's plans reflects the particular interests and comprehensive needs of the constituents in the identified target areas, and that these families are major stakeholders in the success of the project.

PROJECT MANAGEMENT

TCHS Project Management is responsible to the grantee agency and performs functions and tasks in support of the grantee and the TCHS Consortium. TCHS Project Management reports directly to the Director of Research and Program Development, Minneapolis Department of Health and Family Support.

THE CONSORTIUM

The Consortium is an expert resource for the grantee agency and the project on community engagement, program development and systems needs.

The Consortium consists of the Executive Committee and the Program Participant and Community Member Advisory Committee.

EXECUTIVE COMMITTEE

Purpose and Functions

The Executive Committee relates directly to Project Management, providing program oversight and assisting with policy development and program implementation activities.

Specific functions include:

- Reviewing project performance and making recommendations for improvements or program modifications.

- Developing an annual infant mortality-related community health education work plan;
- Contributing to the development, revision, and implementation of the Local Health Systems Action Plan;
- Reviewing the annual program budget and making recommendations regarding the allocation of resources, selection of subcontractors, and budgeting of grant funds;
- Establishing and overseeing the membership requirements and operations of the Program Participant and Community Member Advisory Committee.
- Establishing and overseeing the membership requirements and operations of ad hoc committees.

Leadership

The Executive Committee will be led by two co-chairpersons. One chairperson will represent the African American target population and one will represent the American Indian target population.

- Co-chairs may be nominated by voting members of the Executive Committee.
- Co-Chairs will serve a one-year term (June – May) with the option to renew for additional terms.
- The Co-chairs will be elected by a majority vote of the Executive Committee.

Membership

Voting members serving indefinite terms include the following:

- One representative from each program site providing direct services under a TCHS contract.
- One representative from Hennepin County Human Services and Public Health department
- One representative from St. Paul-Ramsey County Department of Public Health
- One representative from Minnesota Department of Health and Minnesota Department of Human Services.

- Four liaisons from the Program Participant and Community Member Advisory Committee elected to fill this role by the advisory committee.
- One representative from any of the Minnesota Health Care Program prepaid health plans that serve the target populations in Minneapolis and St. Paul.
- Representatives of community-based agencies that serve program participants or advocate on behalf of infant mortality reduction and healthy birth outcomes shall be nominated and approved as deemed relevant to reducing infant mortality by the Executive Committee.
- Other community stakeholders as nominated and approved by the Executive Committee. These members shall serve a term of no longer than two years.

Non-Voting members include the following:

- Twin Cities Healthy Start project director
- Twin Cities Healthy Start program staff

Quorum

Quorum for the Executive Committee shall be majority of voting members.

PROGRAM PARTICIPANT AND COMMUNITY MEMBER ADVISORY COMMITTEE

Purpose and Functions

The Program Participant and Community Member Advisory Committee (known as the TCHS Advisory Committee) will serve as a forum for community-based agencies, consumers, community members and site staff to enhance and develop programming and resources for Healthy Start participants. The committee will also develop and review, marketing materials and outreach strategies to help reduce infant mortality.

The Advisory Committee will serve as advisory to the Executive Committee by identifying gaps in perinatal services, presenting concerns and ideas on how to enhance the Twin Cities Healthy Start program, recommending policy for the development of the Twin Cities Healthy Start program, including the identification of issues and services, and establishing priorities for those activities in Minneapolis and St. Paul

Members will also encourage eligible people to enroll in the program and help identify groups or organizations in the project area to respond to Requests for Proposal (RFP) that will increase or enhance services that are needed.

Leadership

Leadership will be shared by the Project Participant and Community Member At-Large Advisors. This will be done on a voluntary, rotating basis to encourage participation and leadership from all advisory committee members. TCHS program staff will guide the meeting and provide a food supplement and child care, as well as assume all administrative duties.

The advisory committee will elect four (two African American representatives and two American Indian representatives) liaisons to the Executive Committee. These liaisons will be voting members of the Executive Committee and present the advisory committee's recommendations. These liaisons may be nominated by members of the advisory committee and selected by a majority vote.

Membership

Voting members in the Advisory Committee are limited to the following roles:

- **Program Participant Advisors** who act as a representatives for all program participants from their program sites. These advisors are selected through an application and interview process administered by the TCHS program sites.
- **Community Member At-Large Advisors** provide cumulative experience and knowledge of the impact on infant mortality in the Twin Cities community. A maximum of four community member at-large advisors are allowed on the committee.

Community member at-large Advisors must be residents of Minneapolis or St. Paul. These advisors will submit applications and be interviewed by the Twin Cities Healthy Start project management staff. Project management staff will then nominate candidates to the advisory committee. Community member at-large advisors are then selected by a majority vote by the advisory committee.

- **One staff member from each program site.**

Non-Voting members include:

- **TCHS project management staff**

The exact composition of the Advisory Group membership will be subject to a vote by the Executive Committee.

Quorum

Quorum for the Program Participant and Community Member Advisory Committee shall be majority of voting members.

ARTICLE IV: Amendments

The grantee agency upon the recommendation of the Executive Committee, and in consultation with the Program Participant and Community Member advisory Committee may amend these by-laws.