

## *Partnership for a Healthier Alexandria*

### **Vision:**

Working together to assure optimal health for the Alexandria community.

### **Mission Statement:**

To promote a safe and healthy Alexandria through coalition building, collaborative planning and community action.

### **Leadership:**

The leadership positions, specifically chairperson, may be held by Alexandria community residents, Alexandria service providers, representatives of local organizations, agencies or commissions, or Alexandria business owners. The *Partnership* steering committee will nominate and agree upon the chairperson through discussion and consensus.

### **Membership:**

*Partnership* membership is open to Alexandria community residents, Alexandria service providers, representatives of local organizations, agencies or commissions, and Alexandria business owners. Membership will include individuals or groups that are critical to the priorities selected and those that self-select themselves based on interest. Members may serve on workgroups, which will be established to help plan and implement community health improvement strategies and programs (see Roles/Responsibilities for Other Community Stakeholders below).

### **Roles/Responsibilities:**

Roles and responsibilities may include, but are not limited to, the following:

Steering Committee:

- Fulfill the leadership roles for the *Partnership*
- Provide the initial direction of the *Partnership*
- Establish *Partnership* vision and mission, structure and processes
- Help identify and expand the community stakeholder group
- Help identify existing community assets, resources, services and programs
- Agree on Alexandria's priority health issues
- Preside over workgroups
- Suggest and select solutions or effective strategies and programs to address health priorities
- Lead development of priority-specific goals and objectives
- Help create action plans
- Provide organizational/community linkages, help to leverage local resources

- Support outreach efforts to raise awareness about the *Partnership* and its goals

#### Health Department:

- Help guide the *Partnership* and its processes
- Provide staff to support *Partnership* activities and efforts
- Continually communicate with steering committee, stakeholders and community-at-large
- Provide technical assistance through research, by aiding in the development of work plans, evaluation plans, logic models, etc. and through grant writing
- Prepare for and organize meetings (for the time being)
- Assist in 1) setting health priorities, 2) identifying target populations and settings, 2) planning strategies, and 3) implementing and evaluating interventions
- Assist and meet with workgroups
- Help plan and coordinate action plans
- Provide aid and assistance to steering committee members in their roles and responsibilities, when necessary

#### Other Community Stakeholders:

- Serve on workgroups (other roles to be determined based on different workgroup roles, tasks, etc.)
- Community asset mapping
- Help identify specific strategies, settings, and target populations
- Suggest and select solutions or effective strategies and programs to address health priorities
- Help develop priority-specific goals and objectives
- Help create action plans
- Provide organizational/community linkages, help to leverage local resources
- Support outreach efforts to raise awareness about the *Partnership* and its goals

#### **Decision-making:**

When making decisions, every attempt will be made to find win-win solutions and to achieve consensus. In cases where consensus cannot be reached, members in attendance are entitled to one vote each. All motions will be decided upon by a simple majority vote of those members in attendance.

#### **Communication:**

Steering committee-wide communication will occur through periodic e-mail updates and sharing of related resources, with the possibility of developing a newsletter or website in the future. The Community Health Assessment and an overview of the *Partnership* have been added to the Alexandria Health Department web site. Additional updates, information, and announcements can be added to this web page as needed. Informative press releases may also be utilized to communicate with the public

## **Marketing:**

A social marketing workgroup may be developed in the future, in which social marketing strategies and marketing materials may be developed for the *Partnership*.

## **Outreach:**

Outreach efforts will be made to raise the community's awareness of the *Partnership* and its mission and goals by the following:

- AHD Health Planner will speak with local organizations, associations, commissions and agencies.
- Steering committee members will speak informally with other committees, commissions, etc. on which they serve.
- AHD Health Planner may send mailings/announcements to local organizations, civic associations, neighborhood and homeowner associations, and Alexandria commissions.
- Work with social marketing workgroup.

## **Process for defining health priorities:**

Prior to the July *Partnership* steering committee meeting, the following will occur:

1. Health Department will update morbidity and mortality data, so we are making decisions using the most current information (quantitative)
2. Health Department will have conversations with local businesses, health insurers, schools, churches and other faith-based institutions, local organizations/associations, etc. to gain broader interest and input. This will inform local groups and individuals about the *Partnership* and provide them an opportunity to share their perspectives on the health priorities identified in the CHA and which they see as the most pressing for their families, neighborhoods, churches, places of work, etc. (qualitative). Efforts will be made to talk with diverse groups representing different populations in Alexandria.

This is not to recreate the Community Health Assessment, only to strengthen the findings and identify which priorities are most relevant at this time. It is also a way to educate the community about the *Partnership* in the early stages and can serve as a recruitment tools as we move into the next phase.

A priority discussion will take place at the July steering committee meeting where:

1. Steering committee will receive an update on information gathered prior to the meeting as well as examples of strategies to address priorities
2. Steering committee will have a discussion strictly related to priorities
3. Steering committee will vote on top priorities
4. By the end of this meeting, 2-3 priorities will be selected based on the priority vote.

If feasible, it is proposed that the priorities: 1) address both health promotion and disease prevention; 2) allow for the integration of multiple health issues; 3) are placed in a positive and encouraging framework; and 4) encourage inclusion and participation of healthy individuals/populations as well as those at higher risk for or suffering from some of the CHA identified priorities. Additional priorities may be selected in the future.

### **Workgroups:**

As we proceed, workgroups will be developed based on needs determined by the steering committee. Steering committee members and other community residents may self-select themselves to be part of a group based on interests, skills, expertise and the residents they represent. The steering committee must agree that there is a need for the workgroup. These groups may be formed for: 1) specific health topics, 2) specific strategies, 3) specific events or activities, 4) specific settings (schools, workplace, churches or other faith institutions), or 5) other needs (marketing, asset mapping, evaluation, grant seeking, etc.).

Workgroups will represent the vision and mission of the *Partnership* and will have a Chairperson. Workgroups will have specific projects/goals and will report progress at the general meetings. The steering committee will be responsible for appointing workgroup Chairs.

### **Recruiting stakeholders and engaging the community:**

- **When to engage:** Initial engagement of other community stakeholders will take place before priorities are determined to encourage updated decision-making for the selection of priority issues. Continued engagement and recruitment will take place before and during workgroup development and discussions about community assets, specific strategies, settings, and target populations, etc.
- **How to engage:**
  - AHD Health Planner will speak with local civic associations, organizations, commissions, schools, businesses, health insurers, churches and other faith-based groups/institutions, etc.
  - Send letters/announcements to local organizations, associations, agencies, commissions, schools (administration), businesses, media, etc. to publicize the *Partnership* and its mission/goals
  - AHD and steering committee members informally discuss with organizations, associations, commissions, etc. they are part of
  - Hold kick-off event for *Partnership* and invite community
- **For what reason:** Recruitment and engagement of stakeholders will take place to make them aware of the *Partnership*; to receive input regarding perceived health issues in the Alexandria community related to the CHA issues identified; to serve on workgroups; to become involved in specific *Partnership* events; to help identify community assets, specific strategies, settings, and target populations, etc.
- **Who to engage:** Engage stakeholders that have interest in specific topics and events and those that are critical to the priorities selected (example: if trying to encourage restaurants to go smoke-free or provide healthy menu alternatives, we need to involve restaurant owners).

**Meetings:**

The steering committee will meet once a month but frequency of meetings may be revisited in the future based on need. Meetings will be on the X (1,2,3,4) XXX (day of week) of every month, from X:00 – X:00 AM/PM, unless otherwise scheduled. Meetings will be held at the Nannie J. Lee Community Center. *[Update: Because the Partnership work groups meet monthly, the Partnership Steering Committee will meet every 3-4 months.]*