

# COMMUNITY VOICES AND SOLUTIONS (CVAS) TEAM CHARTER

Approved 3/21/17

## CVAS Purpose

The purpose of the Community Voices and Solutions (CVAS) is to provide leadership and guidance to the Minnesota Department of Health's (MDH) State Partnership Initiative Grant funded by the federal Office of Minority Health that is focused on reducing infant mortality disparities among U.S. born African American women living in Hennepin County. The community wisdom and expertise of CVAS members will inform the activities carried out by MDH and its partner organizations to create strategies and solutions to address the structural barriers that lead to poor birth outcomes within the target population.

## CVAS Approach

CVAS is a group of committed individuals representing various sectors that, using a shared leadership and decision-making approach, works with MDH and its partners in utilizing a community engagement model that:

- Engages and activates the African American community in addressing the social determinants through a Health in All Policies approach to reduce the rate of infant mortality
- Builds, sustains, and strengthens the community capacity to change key conditions contributing to health inequities
- Accesses and utilizes cultural assets and other available resources in community
- Addresses behavioral health
- Supports and collaborates with the people that are doing the work in the community and builds on previous recommendations and work already done around African American infant mortality
- Includes fathers and young adults as community participants
- Implements activities that can be sustained in the community in the long-run

## Goals of CVAS

1. Ensure self-advocacy among participants
2. Support and collaborate with individuals and groups that are doing related infant mortality work
3. Review and seek opportunities to influence Hennepin County to change its policies that do not afford mothers and their babies equal opportunities to attain optimal health, and to implement policies that will improve key conditions for their health (for example, baby and parenting classes as alternatives to MFIP employment conditions or creating a one-stop shop for pregnant women with patient-centered care)

## Time Commitment

The CVAS commitment involves attending two-hour meetings every other month for 2017, after which could move to quarterly meetings through the end of the project on July 31, 2020 depending on the amount of work needed. MDH staff will ensure that meeting times and locations accommodate the

majority of CVAS members' needs and availabilities, and will provide a conference call line if they are unable to join meetings in person.

CVAS members are expected to attend at least 75 percent of the scheduled meetings in person or by teleconference, or 4 out of the 6 meetings per year in 2017. If they are unable to attend in person or join by teleconference, a member may send a representative to the meeting and must inform MDH project staff of their intent to do so.

### **Responsibilities and Expectations of CVAS Members**

1. Commit to attending regular meetings and following through on action items as needed
2. Provide input into the planning and implementation of various project activities
3. Review infant mortality recommendations from the Maternal and Child Health Section and other health equity materials as needed
4. Assist in recruiting community members to participate in co-learning sessions and focus groups
5. Assist in the development of the curricula and selection of speakers or contractors as needed for the co-learning sessions
6. Develop interventions and strategies for implementing the relevant recommendations in the MDH statewide Infant Mortality Reduction Plan for the U.S. born African American population in Hennepin County
7. Provide guidance to co-learning participants in the development of action plans for, and implementation of, their mini projects
8. Assist in the development of data collection tools and methods
9. Review the project work plan, and evaluation plan, logic model and theory of change, and provide suggestions for improvement so that the documents are aligned with the goals of the project
10. Participate in the evaluation of the project

### **Decision Making**

With the shared understanding that CVAS members are co-leading this project, in instances where CVAS has to make a decision, members will strive to reach agreement by consensus such that all members are willing to "live with" the proposed action. Members will strive to work expeditiously and avoid revising decisions once they are final.

### **Conflict Resolution**

Members will resolve issues within their power to resolve in a timely manner

If it is necessary to redirect an issue to a larger group for resolution, CVAS will ensure the issue is resolved respectfully and the appropriate decision makers are at the table. If unable to reach consensus, the co-chairs and project coordinator will make final decision.

## Core Practices

1. Everyone has a voice: practice active listening
2. Honor all voices: practice compassionate accountability and withhold judgment
3. Practice integrity: be honest and put aside personal gain
4. Be transparent: share information and your own experiences to provide context, and share our work with others
5. Practice speaking up courageously, reach out to others
6. Embrace tension: practice addressing issues where there is not clear agreement; spend time ensuring everyone feels safe to discuss their point of view

## CVAS Co-Chairs Nomination, Responsibilities, and Time Commitment

CVAS members nominate other members, or nominate themselves, to serve as Co-Chairs throughout the life of the project or until July 31, 2020, whichever comes later.

The responsibilities of the two Co-Chairs include:

1. Act as the liaison between project staff and CVAS members and serve as the primary contact for CVAS
2. Attend all CVAS bimonthly meetings (*time may be split with co-chair*)
3. Work with the Project Coordinator to plan meeting agendas and materials
4. Assist the Project Coordinator in monitoring the flow of meetings to ensure that all agenda items are covered, including prioritizing agenda items if time is running short
5. Bring to project staff's attention issues in the project that require consideration or decision
6. Provide counsel to the project staff on all aspects of decision-making
7. Assist project staff in identifying necessary tasks and reasonable timelines for completion
8. Be attentive to CVAS members' needs and concerns to ensure they remain valued and contributing members of the leadership team
9. Ensure CVAS members' satisfaction in the nature and extent of their participation
10. Ensure CVAS members carry out their responsibilities in a satisfactory manner
11. Represent CVAS in other infant mortality-focused advisory groups as needed

Co-chairs are expected to attend 2-hour bimonthly meetings, with 2 hours for preparation and travel, and occasional consultation to project staff by phone or email of no more than 1 hour per month, for a total of 30 hours per year.