*Mobilizing for Action through Planning and Partnerships*

Leadership Council

Member Responsibilities & Agreement Form

**Responsibilities of Leadership Council**

1. Attend Leadership Council Meetings (approximately 8)
2. Designate organization backup to attend any meetings that you would be unable to attend
3. Review health data and locality council priorities
4. Participate in strategic planning process to develop a Community Health Improvement Plan (CHIP)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TJHD Community Health Improvement Draft Process Timeline** | | | | | | | | | | | | | | |
|  | Nov '15 | Dec '15 | Jan '16 | Feb '16 | Mar '16 | Apr '16 | May '16 | June '16 | July '16 | Aug '16 | Sept '16 | Oct '16 | Nov '16 | Dec '16 |
| **Hold initial locality council meetings** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Continue locality CHA meetings** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Collect/present quantitative data** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Plan for qualitative research** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Conduct qualitative research** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Determine health priorities** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Write community profile(s)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MAPP Leadership Council meetings to develop CHIP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Complete CHIP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Disseminate profile and CHIP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Leadership Council Agreement**

I have read and understand the responsibilities of the MAPP Leadership Council. By signing below, I acknowledge my agreement to uphold the responsibilities to serve as a member of the MAPP Leadership Council.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Back-Up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other organizations that should be invited to participate:

Do you have any other comments or feedback regarding the MAPP process?