

NOTES:
FROM THE STUDENT HEALTH ALLIANCE MEETING
Washington, DC
April 4-6, 2003

Convening: Thanks to grant funding from the Josiah Macy Jr. Foundation, the Public Health Student Caucus (PHSC) in collaboration with the American Medical Student Association (AMSA) convened twelve national organizations of health students collectively known as the Student Health Alliance (SHA). The SHA met at the Kaiser Family Foundation's National Headquarters in Washington, DC, on April 5-6 2003 to develop the following infrastructure for the Alliance: 1) mission statement; 2) vision statement; 3) short and long term goals; and 4) the organizational structure necessary to fulfill the mission. Representatives from each of the 12 organizations participating in SHA contributed to this discussion including (in alphabetical order):

- Am. College of Nurse Practitioners
- Am. Dietetic Association, Student Services
- Am. Medical Assoc, Medical Student Section
- Am. Medical Students Association
- Am. Physical Therapy Assoc, Student Assembly
- Am. Student Dental Association.
- Natl. Assoc. of Black Social Workers
- National Student Nurses Association
- Public Health Student Caucus
- Student Academy of Am Acad. of Phys.

Assts

- Student Natl. Medical Assoc.
- Student Osteopathic Medical Assoc.

Background. The SHA was established on Saturday, November 9, 2002, in Philadelphia, Pennsylvania during the First National Leadership Conference for Students in Healthcare. Specifically, representatives from 12 national student organizations signed a memorandum of understanding to formalize into the Student Health Alliance, which established the following consensus:

- ❖ All organizations will jointly organize and assemble an annual national meeting, the National Student Leadership Conference, to share ideas and information in order to work collaboratively on projects focused on preventing disease, promoting health and eliminating health disparities.
- ❖ All organizations will form an alliance in order to foster and promote collaborative work focused on prevention and the Nation's Health Objectives, Healthy People 2010.
- ❖ All organizations will urge their respective membership and chapters to participate in the collaborative projects developed as a result of the alliance.
- ❖ All organizations will exchange relevant printed resources and other information on a regular basis for the cross-education of their members and constituencies, and the interdisciplinary encouragement of novel ideas and approaches to preventing disease and promoting health.

At the conclusion of the meeting, it was determined that a planning retreat must be convened within 6 months of the Leadership Conference to develop a mission, vision, goals and structure for the Student Health Alliance. In response to this charge, student leaders from the PHSC and the AMSA worked with the Association of Academic Health Centers (AHC) to identify potential funding sources to convene a planning retreat. Based on discussions with the AHC, it was determined that the Josiah Macy Jr. Foundation, an organization committed to help demonstrate or encourage ways to increase teamwork between and among health care professionals, would be the most appropriate foundation to seek funding for this project. In January 2003, the Student Health Alliance, through the American Public Health Association, was awarded \$12,000 to convene the planning retreat in Washington, D.C. in April 2003.

Planning Retreat: In order to build on lessons learned from past successes and failures at creating national student coalitions, Fitzhugh Mullan, a national health leader and historian discussed the history of health student organizing in the 20th century. The SHA leaders considered the premise that students are the future, and as such have a special license to challenge the way things are, imagine how things might be and mobilize to influence positive system change. The structure and function of each of these past organizations were also discussed and related to SHA's current efforts. Those present then presented brief background about their organizations, summarized on the matrix attached.

The participants agreed that for the planning retreat to be successful, a vision statement, well-defined goals, and structure must be developed to operationalize the items agreed upon in the memorandum of understanding. To accomplish this, meeting participants were to be respectful of the views of others, would ask questions to clarify differences, would agree to keep the conversation confidential in terms of not attributing particular ideas to individuals and to specify when speaking personally or organizationally.

❖ **Activities:** Participants agreed that before any formal organizational structure could be developed, the types of activities and initiatives the organization might undertake must be discussed and that these would initially be based on items listed in the memorandum of understanding. After consideration, the group agreed that the activities would fall into two categories: Educational and Collaborative. Brainstorming about activities in each category produced the following lists:

- Educational Activities – guided by Healthy People 2010
 - Exchanges about the organizational structures, their values, their priorities
Professional issues and activities
 - Electronic Communication
Conference calls
List-serves
Web links, webcasts, web-chat, discussion boards
 - Publications – collective versus one participating organization promoting SHA activities
 - Conferences
 - Topic-focused events
 - Guided by Healthy People 2010
- Collaborative Activities – guided by Healthy People 2010
 - Communication (using the same techniques listed above)
 - Events, Conferences
 - Policy statements
 - Actions/Joint activities
Improve health
Improve collaboration

The group noted that there was a lot of overlap in these lists, and that most activities could combine educational and collaborative objectives.

Vision and Mission. The group decided that it would be helpful to have a vision and mission statement to organize their thoughts. A working group produced the following vision statement:

“The Student Health Alliance aims to improve the health of our communities and the effectiveness of our health care delivery system by fostering an awareness, understanding and collaboration among members of the health care team.”

Some participants questioned whether the terms “health care” and “health care team” were too narrow. Others questioned whether some this statement was really a mission statement. They proposed a vision statement more focused on end goals:

“We envision a health care delivery system in which members of (all, some) disciplines more effectively collaborate and have a greater understanding of their respective roles.”

Some participants expressed concern over the term “roles.”

Everyone agreed to consider language for these statements and to get comments to Toni, Bridgette or Princess before April 20th.

Structure. A small working group reported and the group discussed and accepted the following proposals:

- SHA would be a virtual organization or coalition, at least at first. It would be made up of designated official people who would act as liaisons from the founding dozen student health organizations. Each organization would have one representative and one vote (see “decision-making” below).
- Liaisons would:
 - have term of at least one year (staggered to meet the cycles of the individual organizations)
 - have an active clear line of communication to their organizations student governing body
 - meet at least once per year (this would be called the “Annual Meeting”)
 - communicate on behalf of their organizations through various forums created by SHA,
 - direct the activities of SHA, and
 - work with the three leadership positions defined below.
- A Coordinator would:
 - be elected for a term of one year at the annual meeting (see “decision-making” below),
 - not vote, except to break a tie,
 - have been a liaison previous to election as coordinator,
 - convene and preside over the SHA,
 - identify potential funding sources,
 - oversee management of resources of SHA,
 - identify health-student organizations outside of SHA for potential communication and/or inclusion,
 - convene special working groups as needed,
 - report back to the liaisons about the work of committees or working groups, and
 - continue to advise and consult with SHA for at least one year after term as coordinator is done.
- A Communications Facilitator would be:
 - one of the current liaisons,
 - appointed by the Coordinator and approved by the liaisons,
 - responsible for all outgoing educational materials, and
 - able to solicit subgroups of liaisons as needed for projects or activities.
- A Convenor of the National Leadership Conference for Students in Healthcare would be:
 - one of the current liaisons at the time selected (if later not a liaison, no vote)
 - appointed by the Coordinator at least six months before a conference, and approved by the liaisons,
 - responsible for coordinating the annual conference (next: January 2004), and
 - able to solicit subgroups of liaisons as needed for projects or activities.

Decision-Making. Decisions within SHA will be governed by two principles:

- 1) One vote per organization, and
- 2) No financial burden can be put on a group without their explicit consent.

Decision-making would take place in two stages: First SHA would consider the political and financial implications of any potential decision that would commit SHA and/or its participating organizations to action such as organizational structure changes, ratification of policies, projects, initiatives etc. Based on the implications of the decision to be made, several voting procedures as detailed below could be utilized.

Second, SHA would explore where resources might be found to carry it out. The participants agreed that an organization might approve of a project and yet not be able to support it with resources (money, staff, promotion, volunteers). In this case, the student organization could “opt-out” of financial burden or “opt-in” if it wished to contribute funding to advance a SHA project. No organization would be subject to financial burden, or “opting-in” without its express written consent. Further, an organization might not be enthusiastic about a project and yet support it in solidarity with others.

Those participating agreed that the group would operate under a modified form of parliamentary procedures in which discussions would be informal, but decisions would be formal to record the precise matters being considered, the decisions made, and the responsibilities accepted or assigned.

Everyone agreed that decisions could be made in face-to-face meetings, or by electronic means such as conference calls and email polls.

The quorum for decision-making would be two-thirds of all participating groups.

If a liaison could not participate in a decision-making forum, a substitute or alternate from that organization could be allowed to vote provided that the designated liaison had formally given a proxy. A liaison could not give a proxy to someone from another organization.

A simple majority vote of those present/participating and voting would be sufficient for internal and administrative matters such as approval of reports and minutes, and election or affirmation of leadership.

A two-thirds super majority of all participating groups would be needed for matters that are not routine in nature, such as:

- adoption of budgets (or other appropriation of funds),
- strategic plans (including prioritizing, defining events, pursuing funding),
- alternation of by-laws, and
- affirmation of new participating organizations or affiliates.

Consensus (Quaker style, no-one blocking consensus) would be used to determine if SHA as a group publicly endorses (or undertakes) a program or position.

The Communication Rule: Everybody is free to communicate with each other, but most of the time (except when the communication is personal or clearly bi-lateral), everybody should be copied.

The Advance Notice Rule: Big issues (requiring consensus) should be sent out at least 30-days in advance of a decision, so that liaison will have to time to circulate the issue to their decision-structures and get clear authority and guidance.

By-Laws: Based on these discussions and notes, Sayeed, Neil and Paul agreed to begin drafting by-laws.

Projects: Adam and Annmarie will work on developing criteria to consider and define projects as well as brainstorming a list of example project ideas that would advance our “draft” mission focused on education and collaboration.

New Members: The participants agreed that groups that want to be part of SHA should seek membership. No criteria will be defined at this point. New members will be elected as described above. Many groups have been invited and have not yet decided to join. These include Pharmacists, the NASW and ACHE. Occupational therapists, chiropractors, and other specialty groups (such as podiatrists and ophthalmologists), and have not been contacted.

Next Steps: Chris will continue as coordinator at least until the next national leadership meeting in January 2004. He will send out these notes and will send out the electronic version of the SHA logo so all groups can post information about SHA to their web-sites.

SHA representatives will go back to their organization and work on formalizing the newly developed “liaison” position as part of the formal structure. For example, PHSC will explore incorporating language into their bylaws that establish the President as the official liaison to SHA and that participation in the SHA is part of his/her position duties. SHA representatives should report to Chris within two months

By-Laws: Based on these discussions and notes, Sayeed, Neil and Paul agreed to begin drafting by-laws and have a draft completed no later than 60 days after Sunday April 6.

Projects: Adam and Annmarie will work on developing criteria to consider and define projects as well as brainstorming a list of example project ideas that would advance our “draft” mission focused on education and collaboration and have a draft completed for circulation to all SHA representatives no later than 60 days from Sunday April 6.

Mission/Vision: Everyone agreed to consider language for the mission/visions statements and to get comments to Toni, Bridgette and Princess before April 20th. At that point, Toni, Bridgette or Princess will review the comments, revise and refine the mission/vision statements and provide them to Chris by May 1.

Planning Retreat Summary: Chris will work with Frank Blechman to revise and refine the summary of the planning retreat and submit the final report and budget to the Josiah Mach Foundation, no later than January 1, 2004 per the grant guidelines.

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