

Charter Bylaws for an Immunization Equity Coalition

Article I. Name of the coalition.

This organization shall be known as the “Greater Austin/Travis County Immunization Equity Coalition.” This organization shall sometimes be called the “Immunization Equity Coalition” for brevity during communications or messaging.

Article II. Purpose, Vision, and Mission of coalition.

Purpose

The purpose of this organization is to create a sustainable network focused on health equity in planning and strategizing improved vaccine coverage, immunization accessibility and vaccine uptake in the greater Austin/Travis County area. This includes equitable educational and training efforts.

Vision

The Greater Austin/Travis County community is a place where residents are up to date with recommended immunizations at equitable rates.

Mission

To bring diverse organizations and individuals together to equitably improve policies, systems and environments related to vaccine access and information.

Catchy slogan

Prevent the spread of disease – Immunize!

Article III. Goals of coalition.

Equity Statement

The Center for Disease Control Prevention’s (CDC) definition of health equity is “When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”

Despite the fact that Austin is frequently cited as one of the fittest cities in the United States, disparities continue to persist for African Americans, Immigrants, Latinos, and LBTGQ people of color. These populations continue to experience higher rates of death and disease. For example, incidence rates for cancer, diabetes, cardiovascular disease, HIV infection, infant mortality, and premature and low birth weight babies for African American and Hispanic populations in Austin and Travis County continue to be higher than that of other ethnic groups (Huang, 2015).

The coalition prioritizes advancing equity and plans to address questions with a Health Equity Lens. Equity lens means to evaluate an action, policy, or program for disparate or inequitable health impacts on people when they are grouped into categories including (but not limited to):

- Age
- Disability

- Gender, gender identity, sex, sexual orientation, or marital or pregnancy status
- Employment, employment status, or access to sustainable job opportunities
- Housing, housing status, access to safe and affordable housing, or housing location
- Income level, education level, or socioeconomic status
- Language preference or English proficiency
- National origin, citizenship, or immigration status
- Race, ethnicity, or color
- Religion or creed
- Veteran or military status

We will build coalition competencies to promote equity practices by using accepted health equity verbiage and sharing equity training opportunities.

Goals

1. Establish a leadership group which will ensure that Vision, Mission, Goals and Strategies are reviewed yearly in collaboration to reflect our evolving needs; decisions will be made using an established and agreed upon method. This group will also search to identify funding sources for sustainability. This group will also plan for a regular cadence to meet (perhaps a call once a month with the leaders from each group to gather updates to add into a monthly newsletter/meeting minutes email distribution).
2. Establish a group which will address membership with a health equity lens and ask who needs to be invited to join; commitment letters will be signed between those involved which will be mindful of the time that individuals may or may not be able to invest and provide incentives where able (Communication and Health Equity, Incentives team)
3. Establish a group which will map vaccines epidemiologically broken down by the affected populations; outbreak updates regarding Vaccine Preventable disease; this group will also track the accessibility of receiving a vaccination if uninsured in our community. (EPI, TVFC and Research Analysts)
4. Establish a group (Vaccine Ambassadors, Providers) which will provide feedback on vaccination uptake rates/coverage levels; vaccine provider survey or provider needs assessment. (Research Analysts and also Provider Education)
5. Establish a group (Vaccine Ambassadors, Non-providers) which will provide feedback on vaccination uptake rates/coverage levels; other community based entities, organizations, or individuals which do NOT provide vaccinations but would like to partner to improve messaging or education (Trusted Messengers, HDRP Community Education)
6. Establish a group which will coordinate strategic planning for targeted outreach vaccination clinics or mass vaccination; (PHEP and also MVP planning)
7. Establish a group of individuals from target communities (Trusted Messengers) which will receive training from APH on Vaccine Preventable Disease communications and then receive follow on technical assistance and support as needed (HDRP Education, Incentives team).
8. Establish a group which will track and share updates on IMMtrac and other electronic records recommendations for improved patient recall.
9. Establish a group which will ensure that activities are transparent; meeting minutes are shared and a point of contact is made public for feedback or questions. This group will also request

members to share opportunities which would be pertinent to other coalition members; a method to widely share information (monthly email and/or monthly blog regarding updates). This group will also share and archive reports that are shared by members.

Article IV. Membership.

Members will have the power to vote on officers, coalition activity or charter and bylaw updates. There is no required fee, elected officers and workgroup leaders must attend 50% of general coalition meetings. If a member's actions reflect poorly on the organization's mission or purpose, their membership may be revoked after prior notice/trial at a general meeting; the vote will require a two-thirds vote.

This Coalition is committed to being a coalition that is diverse in terms of age, race, economic status, class, ability, size, education, citizenship, national origin, ancestry, sexuality, employment status, religion, and gender. The coalition must reflect the communities it serves. To do this, we will have a goal that addresses membership and seeks to evaluate who currently is a member, why past recruited groups or individuals were unable to participate (and seeks to remedy those situations), and invites others who are missing from the table to join. This will be a large portion of the work for the workgroup which the Membership, Equity, and Inclusion Officer leads.

Article V. Officers, Staff and duties.

Governing structure: Austin Public Health currently funds a position to conduct Immunization Coalition work; this person will take the lead on all coalition activity as the Coalition Coordinator. The Immunization Coalition Coordinator's activities will be overseen by the elected Officers/Workgroup leaders. Coalition Officers/Workgroup Leaders will be elected by general coalition members. The day-to-day coalition operations will be conducted by the Immunization Coalition Coordinator who will follow the Roberts' Rules to Order.

Officers: Outline coalition's officers, with correct titles, terms of office and duties.

1. Immunization Coalition Coordinator. Traditionally hired by and funded by Austin Public Health. The day-to-day coalition operations will be conducted by the Immunization Coalition Coordinator who coordinates all goals, objectives, and tasks. (They may assign tasks to individual members who will act as the Officer until a replacement officer can be elected.
2. Membership, Equity, and Inclusion Officer. Elected by Coalition Membership. They are the workgroup leader for Goal # 2. Terms of office are 2 years.
3. Vaccine Monitoring and Outbreak Epidemiology Officer. Elected by Coalition Membership. They are the workgroup leader for Goal # 3. Terms of office are 2 years.
4. Quality Improvement and Provider Needs Analysis Officer. Elected by Coalition Membership. They are the workgroup leader for Goal #4. Terms of office are 2 years.
5. Quality Improvement and Non-provider Needs Analysis Officer. Elected by Coalition Membership. They are the workgroup leader for Goal #5. Terms of office are 2 years.
6. Strategic Planning and Emergency Preparedness Officer. Elected by Coalition Membership. They are the workgroup leader for Goal #6

7. Trusted Messenger Coordinator. Traditionally hired by and funded by Austin Public Health. They work closely with the 5. *Quality Improvement and Non-provider Needs Analysis Officer* and the *Community Engagement and Communication Officer* to ensure that messages for community members are updated to be relevant; they work closely with all Trusted Messengers to ensure they are trained and equipped to share the relevant Public Health Messaging.
8. Electronic Medical Records and IMMtrac Officer. Traditionally hired by and funded by Austin Public Health. They are the workgroup leader for Goal #8.
9. Community Engagement and Communications Officer. Elected by Coalition Membership. They are the workgroup leader for Goal #9. Terms of office are 2 years. They also fulfil the role of Recorder, as detailed in Roberts' Rules of Order.

Electing and vacating offices: If office is elected, an online vote will be conducted every two years. The vote is conducted online to allow for those members not present at a general meeting to have a say. The runner up will be noted as being the next in succession should an office vacate prematurely.

Work Groups: The desire is to have a comprehensive 9 workgroups of specialized members who focus on the 9 specific goals. These Workgroups may or may not meet regularly (it is possible that a meeting to discuss updates is only needed when updates come along). It would be hoped that the workgroup meet at least once a year to receive updates from the Quality Improvement and Needs Assessment Officers on needs pertinent to their goal. The Workgroup should then discuss prioritization of those needs and decide on strategies or projects to address the needs. It is also possible that new or emergent workgroups may be stood up temporarily; this will be at the discretion of the Immunizations Coalition Coordinator and Officers.

Decisions: Unless otherwise stated in these bylaws, the Coalition will utilize Roberts Rules to Order in conducting business. A meeting will be considered to have a quorum if a majority of the Workgroup Leaders are present. A compromise between the rights of the individual and the rights of the assembly in that a two-thirds vote is required to adopt any motion that suspends or modifies a rule of order previously adopted; or prevents the introduction of a question for consideration; or closes, or limits, or extends the limits of debate; or limits the freedom of nomination or voting; or closes nominations or the polls; or deprives one of membership or office.

Dues: There are no dues required to be a member of the Immunizations Coalition

Article VI. Meetings.

General meetings will occur at least once quarterly; if the Coalition Coordinator and officers deem that the business should occur at a quicker cadence, the schedule will be published with the meeting minutes. Workgroup meetings will occur at least once annually; if the Coalition Coordinator and officers deem that the business should occur at a quicker cadence, the schedule will be published with the meeting minutes. All officers have authority to call a General Coalition meeting, notice will be given via email to all members along with teleconference instructions. An annual report from the Quality Improvement and Needs Assessment Officers will be filed and distributed at the December General Meeting.

Article VII. *Work Groups and Special Committees.* Members who decide to participate in a Work Group do not have a specific “time of office” in their capacity. They also do not have a requirement to attend specific percentages of Work Group meetings.

Article VIII. *Parliamentary Authority.* Unless otherwise stated in these bylaws, the Coalition will utilize Roberts Rules to Order in conducting business. A meeting will be considered to have a quorum if a majority of the Workgroup Leaders are present.

Article IX. *Dissolution Clause.* Disposition of coalition’s property/money if the Coalition dissolves will be donated to Austin Public Health. Dissolution will require a two-thirds vote.

Article X. *Amending Bylaws.* Any member can make a proposal for amendment of Bylaws. For this to pass will require a two-thirds vote.