

HEALTHY AGING CAPE COD GOVERNANCE STATEMENT

- I. **VISION:** Cape Cod will have a coordinated and comprehensive regional plan to promote the likelihood and ability of persons to age successfully on Cape Cod, regardless of income.

- II. **VALUES:**
 - a. DATA DRIVEN – Use data to drive decision making and planning efforts
 - b. ENGAGE A BROADER CONSTITUENCY – Connect the universe of issues & constituencies, use common “language”, educate the electorate
 - c. FORWARD THINKING - Attract new partners and resources and seek ways to expand and support effective local solutions
 - d. LOCALLY INFORMED - Tailored to the unique needs of our region acknowledging sub regional differences
 - e. SMART – Learn from others and support evidence-based and effective programs and services
 - f. STRENGTH BASED- Words matter, recognize ageism, frame as positive, economic driver, benefit to all generations
 - g. TACTICAL - Build upon, connect to, leverage, and inform planning efforts underway in the region (e.g. Housing Study at CCC, CCRTA Transportation Plan)

- III. **STRUCTURE AND ROLES:** HACC shall be comprised of stakeholders from across Barnstable County who are working to address quality of life issues so that Cape Cod remains a great place to live throughout the life span.
 - a. **Convener:** Barnstable County Department of Human Services is the municipal lead for this initiative and will provide planning, logistical and staff support; supervise consultants; and when feasible, assist in securing additional resources necessary to execute the regional plan.

 - b. **Leadership Committee:** At a minimum the Leadership Committee shall be comprised of HACC Co-Chairs and Co-chairs of the Work Groups.
 - i. HACC Co-Chairs
 1. HACC shall have no fewer than two and not more than three co-chairs.
 2. Co-Chairs shall be elected annually on staggered terms.
 3. Each co-chair will designate a named alternate to be present and vote in case of an absence
 4. One co-chair position will be reserved for a representative from the current convening body for the purpose of consistency and logistical planning.
 5. Co-Chair Responsibilities:
 - a. setting agendas
 - b. facilitating HACC meetings (rotating between co-chairs)
 - c. monitoring progress of HACC supported initiatives and HACC Work Groups
 - ii. Work Group Co-Chairs
 1. Each Work Group shall have two co-chairs approved by the Leadership Committee.

2. Work Group co-chairs will represent primary and alternate members of the HACC Leadership Committee voting cohort.
3. The approved Work Group Co-chairs will lead and manage the meetings/group and will work with the BCDHS staff to establish agendas.
- iii. Leadership Committee Responsibilities and Expectations:
 1. support the core functions and principles of HACC
 2. meet no less than quarterly in addition to Open HACC Meetings
 3. primarily responsible for reviewing progress on initiatives
 4. provide feedback on work group deliverables
 5. assist with implementing work group deliverables
 6. on an annual basis, or as needs are identified, invite multi-sector representation from stakeholders and organizations to ensure geographic representation, diversity, equity and broad stakeholder participation in HACC (see Attachment A)
 7. participate in at least 2/3 of regularly scheduled meetings (if unable to attend, designated alternate will attend)
 8. share information with HACC on topics of interest, resources, trends or research
 9. act as the point of contact for two-way communication between the town, organization and stakeholders they represent and HACC
 10. provide guidance and advice on the issues pertaining to aging well and healthy living

c. **Work Groups:** HACC shall have work groups organized around different sectors as identified by the Leadership Committee. Meeting cadence to be decided by each Work Group.

- i. There shall be an Age- and Dementia-Friendly Work Group.
- ii. Other Work Groups will be created and/or discontinued as by the Leadership Committee, informed by input from stakeholders and Work Group members.
- iii. Work Groups are comprised of stakeholders, grant funded partners, and other members of the public who are interested in participating and supporting the work of HACC.
- iv. The Department of Human Services (BCDHS) will provide administrative support to the Work Groups.

d. **HACC Open Meetings:** Participants attend as interest & availability allows for the purpose of sharing information, asking for input from peers, identifying needs and coordinating around emerging issues. These meetings shall be held quarterly (Jan., Apr., Jul., Oct.). Participation is open to all.

IV. **Initial Nomination Process (2024):** Upon approval of the Healthy Aging Cape Cod Governance Statement nominations will be accepted via email to the Barnstable County Department of Human Services Older Adult Social Services Program Manager and from the floor at the following HACC Open Meeting. Nominations should include the stated preference for a one-year, two-year or three-year term.

- a. With this initial seating of co-chairs, the group will establish staggered terms, including a one-year, two-year, and a three-year term to be elected by voting leadership members at the April 2025 meeting.

- b. All co-chair positions will transition to three-year terms after this, avoiding complete turnover in leadership in the future.

V. **Nomination Process as of April 2025:** Nominations will be accepted from the floor at the January meeting annually and via email to the Barnstable County Department of Human Services Older Adult Social Services Program Manager January-March annually. Election of new co-chair will take place in April annually. Elected co-chair will take office in July.

- a. One co-chair position will be reserved for a representative from the current convening body for the purpose of consistency and logistical planning.
- b. If newly voted in co-chairs previously held positions of any Work Group chairs, they will relinquish that title and will solely assume role of HACC co-chair. New Work Group co-chairs will be nominated and voted in by the relevant Work Group.

II. **DECISION MAKING:** HACC strives to make decisions by consensus. Consensus is defined as a collective opinion or general accord. In circumstances where consensus is not reached, decisions are made by a simple majority vote when quorum is present. Quorum is defined as: half the voting membership plus one. When primary voting member is unable to attend, the named alternate designee will be allowed to vote in their place.

III. **COMMUNICATION:** HACC utilizes several communication tools, including:

- a. Open HACC meetings
- b. Email
- c. E-Newsletters
- d. Website
- e. Publishing reports to community
- f. Database of resources and information
- g. Social media

IV. **AMENDMENTS:** This document will be reviewed periodically by HACC and updated as needed by the Leadership Committee.

Attachment A
Healthy Aging Cape Cod Participants (in alphabetical order)
Updated 3/25/2024

Including but not limited to:

1. Alzheimer's Disease and Related Dementia Providers
2. Barnstable County Department of Human Services
3. Cape Cod Chamber of Commerce
4. Cape Cod Commission
5. Cape Cod Community College
6. Cape Cod Legislative Delegation
7. Cape Cod Health Care
8. Cape Cod Regional Transportation Authority
9. Cape Cod COAST (Councils on Aging Serving Together)
10. Cape Libraries Automated Materials Sharing network (CLAMS)
11. Community Behavioral Health Center(s)
12. Community Health Centers
13. Elder Services of Cape Cod and the Islands
14. Faith Based Organizations
15. HACC Leadership Committee
16. HACC Working Group members
17. LGBTQ+ Organizations Supporting Older Adults
18. Stakeholders

Organizations and stakeholders may actively participate in or step away from HACC as their time, resources, interests and missions allow.