Dartmouth Health

ANNUAL REPORT 2024

Center for Advancing Rural Health Equity

Making sure **everyone** has a fair shot at a healthy life

www.dartmouth-hitchcock.org/CARHE

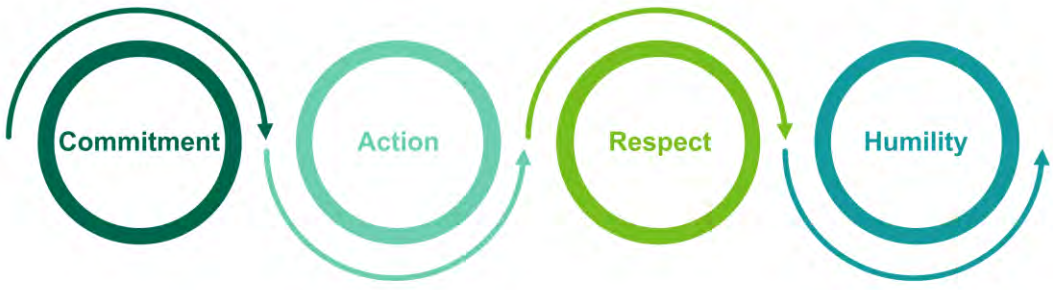
CONTENTS

Our mission is to make sure that people in rural areas have the chance to live healthy lives.

Rural health equity means that all people living in rural areas can live their healthiest lives. A healthy life includes living a life free from discrimination and unfair treatment.

Dartmouth Health launched the Center for Advancing Rural Health Equity (CARHE) in 2022 to help foster partnerships and programs to make sure everyone has a fair shot at a healthy life, no matter who they are or where they live.

We value commitment, action, respect and humility. We strive to be inclusive, transparent, accountable, good stewards of resources, and to co-create the best solutions through shared leadership with partners and the wider community.



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PROJECTS

In 2024, CARHE provided technical assistance and project management support to four projects identified through a Request for Ideas process. This process solicited proposals from groups seeking technical and implementation assistance with projects focused on addressing health disparities in rural areas in northern New England, including New Hampshire, Vermont, and Maine. Proposed ideas could be in the formative stage but had to align with CARHE's vision, mission, values and principles.

LITTLE RIVERS HEALTH CARE FOOD FARMACY PROGRAM

Little Rivers Health Care (LRHC), a Federally Qualified Health Center with clinics in Bradford, Wells River, and East Corinth, Vermont, partnered with CARHE to develop a strategic plan for their Food Farmacy program. Their Food Farmacy Program aims to improve health by creating more equitable access to healthy foods for patients experiencing diet responsive health conditions and food insecurity.

CARHE staff partnered with project leads to develop a vision, mission, and strategic plan with goals, objectives, measures and key activities. They also worked together to develop a patient survey tool and data collection plan to gather input on the program and measure program success.

LRHC applied for and received funding from Hannaford's to purchase a van. CARHE staff also included LRHC in an application for HRSA funding to support some Food Farmacy activities. The team continues to seek additional funding.

LRHC staff have shared that CARHE support, including project management support, content expertise, meeting coordination and facilitation, and expanding staff capacity to focus specifically on the Food Farmacy project, has been helpful with moving this project forward.

NORTHWESTERN MEDICAL CENTER FOOD BAGS PROGRAM

Northwestern Medical Center (NMC), a community hospital in St. Albans, Vermont, partnered with CARHE to establish a shelf stable food bag program to support patients who screen as food insecure through their Social Determinants of Health screening.

The original project lead left NMC a few months into the CARHE partnership, which reduced staff capacity to focus on the project. NMC case management staff helped move

the food bag program forward, but had to limit the scope based on what was feasible in the midst of staff changes.

This new team established a partnership with the Champlain Valley Office of Economic Opportunity, which committed to providing 20 food bags per month to NMC. They also developed a resource guide with additional food resources to include in the bags. Through this process, they were able to develop deeper partnerships and a sustainable referral system to food security and other food system partners in their region. They were also able to adapt their Electronic Medical Record system to support infrastructure for the food bag program. The first food bags were provided to patients in October 2024.

NMC expressed that CARHE support, including content expertise and assistance with outreach to organizations serving immigrant and Abenaki populations, was helpful in moving the project forward. The partnership closed in December of 2024, following the launch of the food bag pilot program.

FALL MOUNTAIN COMMUNITY CORPS

The Fall Mountain School District is located in rural New Hampshire and serves towns from two separate counties with limited resources and significant barriers to health and social necessities. To better respond to the community's needs, members of the school district established a local partnership network.

The Fall Mountain Community Corps conducted interviews, created a mission and vision, and identified priority focus areas, populations, and strategies.

The network decided to focus on food and transportation, centering on people living with disabilities, people who have low or limited income, and people living with substance use disorders. They are in the process of researching existing models to adapt locally. They have also matched with a Dartmouth MPH student who will assist with interviews and focus groups. Looking ahead, this group will focus on identifying measures of success, action planning, funding, and establishing a structure for fiscal sponsorship.

Local project leads have expressed that CARHE staff support, including technical assistance, project management support, and connections to other Dartmouth Health resources, has been very helpful in convening the partnership network to collaboratively develop a plan to address social needs in the Fall Mountain service area.

RECOVERY COMMUNITY ORGANIZATION PLANNING

A group of Windsor, Vermont residents is working to open a local Recovery Community Organization (RCO). A RCO Planning Advisory Committee, made up of members of the community with lived experience, has worked to review local data, study the RCO model, complete a RCO readiness assessment, develop an initial vision and mission, and create a community outreach plan.

The Advisory Committee is working on establishing a Board of Directors to take on the rest of the RCO development, including application for 501(c)(3) status. In the meantime, they will continue to seek funding, fiscal sponsorship, and explore possible space in downtown Windsor that is easily accessible to people seeking recovery support.

Local project leads have limited time to dedicate to this process and have expressed that CARHE staff support has been critical to assembling the Advisory Committee and making progress towards its goals.

BETTER ORAL HEALTH FOR RURAL CHILDREN AGES 0-5 YEARS

The Vermont Department of Health and CARHE are partnering to train pediatricians in rural Vermont and New Hampshire communities to provide Silver Diamine Fluoride (SDF) treatment as a means to halt dental decay in children ages 0-5 years, addressing a significant gap in care for our youngest community members. Early Childhood Caries is the most common disease of childhood in the U.S. Many rural families in Vermont and New Hampshire do not have access to dental care and few have fluoridated water at home. Each year, about 400 children in Vermont undergo general anesthesia for dental issues that may be preventable. SDF is a safe, effective, and minimally invasive treatment that does not involve sedation, local anesthetics, drilling, or filling cavities.

This project is partnering with at least five pediatric medical practices on the integration and use of SDF to treat Early Childhood Caries.

The Vermont Department of Health submitted this project idea to CARHE in 2023. CARHE convened partners from Vermont, the North Country Health Consortium, and pediatric clinics to collectively pursue support for the project. These partners successfully obtained funding from the U.S. Health Resources Services Administration (HRSA), as part of the Northern Border Region Technical Assistance Subawardee Grantee Program.

100%
of projects have implemented community engagement strategies to get input from impacted communities to inform planning

100%
of project leads completely agree that CARHE staff helped create an inclusive team environment in which people feel that their perspectives are included.

Are you interested in partnering with CARHE? Visit our website at www.d-h.org/carhe and fill out our contact form

LEARNING TOGETHER

NH FOOD & AGRICULTURE LISTENING SESSIONS

In Spring 2024, CARHE partnered with the NH Food Alliance to conduct two listening sessions focused on access to healthy food in New Hampshire. This partnership was formed as the NH Food Alliance was spearheading the development of the NH Food and Agriculture Strategic Plan in support of a "thriving, fair, and sustainable local food system." These listening sessions brought together various community partners to discuss food and nutrition security in their rural community. All the feedback was reported back to NH Food Alliance to provide input on the strategic plan. Several key themes emerged around:

- Transportation barriers
- Perceived affordability of healthy food
- Need for strategies to increase awareness of resources and reduce stigma around utilizing resources

POLICY FORUM

Recognizing that political drivers of health, including federal legislative activity, shape health outcomes and access to healthcare, CARHE and the Dartmouth Health Office of Government Relations partnered to cohost the Rural Health Equity Policy Forum on September 4, 2024.

NH Congressional District 2 candidates Colin Van Ostern and Maggie Goodlander were joined by community members who asked health equity centered questions of the candidates and provided an opportunity for candidates to learn about rural challenges and to share their political strategies to tackle health disparities.

STORYTELLING WORKSHOPS

Collecting and sharing stories from rural populations is essential to bringing their needs and strengths to the attention of care providers, funders, decision-makers and the broader region.

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In 2024 the Center for Advancing Rural Health Equity provided three 90-minute storytelling trainings for 26 rural care workers, facilitated by M. Barney. Additionally, Barney conducted in-depth interviews with 13 care workers from across various sectors to record and share their stories.

CARHE will continue to prioritize rural storytelling as part of its health equity, community engagement, and communications strategies. Stories create a jargon-free human connection, building empathy, resiliency, and understanding across communities.

Act together, learn together, and amplify voices

COMMUNITY ENGAGED SCHOLARSHIP RESOURCE HUB

The Center for Advancing Rural Health Equity has supported the development of the Dartmouth Health Community Engaged Scholarship resource hub. These resources were compiled by a number of academic partners across Dartmouth and Dartmouth Health over the past year. In 2023, clinical, research, and medical school leaders came together to address concerns from community members about the increasing number of requests to participate in academic activities. The academic leaders recognized a need to create a set of 'best practices' for researchers and students reaching out to partner with community members with the goal of improving the experience and reducing the burden on community members.

We look forward to future work to develop resources that will meet the needs of community members who want to learn more about research and scholarship.

The Community Engaged Scholarship resource hub is available to everyone at www.dartmouth-health.org/rural-healthcare-science/community-engaged-scholarship

SOCIAL MEDIA

Find us online at www.facebook.com/carhedh and www.linkedin.com/company/carhe-at-dartmouth-health/ where we engage our online community in learning together, acting together, and amplifying the voices of health equity in our region. Additionally, we share updates on our website and send out an e-newsletter every other month.

CARHE's Facebook platform grew by **60%** and LinkedIn by **74%** in 2024[1]

Join our mailing list at www.dartmouth-health.org/carhe/contact-us

[1] As measured in followers and clicks

LEADERSHIP UPDATES

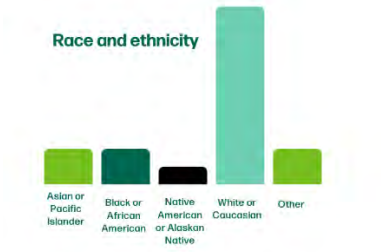
The Leadership Council is the primary governing body of CARHE. It provides strategic direction and ensures CARHE activities remain consistent with its mission, vision and values. Additionally, in 2024 the council also:

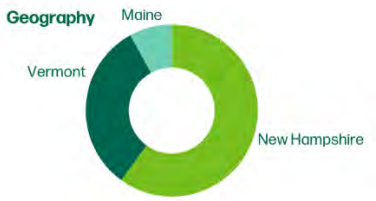
Updated the bylaws

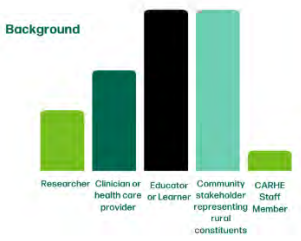
In 2024 the Governance and Nominating Subcommittee reviewed and updated CARHE's governance structure, resulting in new bylaws. Key changes included clarified roles and responsibilities and a change from "Community Advisory Committee" to "CARHE Affiliate Members" with a lesser time commitment compared to Leadership Council members. See the bylaws in the Appendix for more info.

Total Leadership Council members

17







Established a new member recruitment process

The Governance and Nominating Subcommittee also developed a recruitment process for new members. Applications for new members were due in January 2025.

Created new guidelines for engaging with research

A working group of the CARHE Leadership Council developed new guidelines for engaging with research projects. These guidelines outline CARHE's expectations for any research project we support.

To create these guidelines, the CARHE Task Force consisting of researchers and community members met several times to discuss what should happen when researchers and scholars reach out to CARHE to ask for support for a grant proposal. The Task Force debated the question, "What are CARHE's expectations of researchers seeking our support?" The Task Force drafted a set of expectations and criteria to be used in reviewing proposals. Endorsed by the CARHE Leadership Council, these principles are available to all prospective partners on our CARHE website. This criteria is also found in this report's Appendix.

Thank you to Task Force Members, Andrew Loehrer, Terri Lewinson, Anna Tosteson, Angela Zhang, Emily Zanleoni and Ruth Berggren.

Measuring the value of partnerships

A subcommittee of the Leadership Council focused on continuous learning came together to examine possible approaches and tools that can be used to measure the value of partnerships. This group developed a survey for CARHE's Leadership Council to measure levels of engagement and opportunities to strengthen how CARHE operationalizes its equity values and principles within its leadership structures. The Learning Subcommittee will continue to assess opportunities to further measure and evaluate CARHE's partnerships and equity values.

LOOKING AHEAD

In order to have better and more equitable health outcomes, we must be intentional about engaging and gaining insight from populations that are traditionally overlooked, including our rural community members.

UPDATING THE STRATEGIC PLAN

In 2025, CARHE will engage in a strategic planning process to include updates to CARHE strategies, ideas for action, and activities to support the Center's founding mission and vision to improve rural health equity.

NEW 2025 TRAINING: AUTHENTIC COMMUNITY ENGAGEMENT FOR HEALTH EQUITY

CARHE and Better Behavior Health Outcomes are sponsoring an Authentic Community Engagement 3-part workshop series in early 2025.

Emerald Anderson-Ford and Erin Allgood from Liberation Nexus Lab will lead these trainings on how to strengthen community engagement practices to better serve rural communities.

This interactive and informative workshop series will provide participants an opportunity to deepen their commitment to authentic community engagement within rural populations.

APPENDIX

Center for Advancing Rural Health Equity Bylaws 2024

CARHE Guidelines for Research & Project Support

"Bylaws" of
The Center for Advancing Rural Health Equity[1]

Overview of the Center for Advancing Rural Health Equity ("CARHE")

CARHE seeks to advance rural health equity by:

- Acting and learning together as partners,
- Positively impacting the conditions that impact health, and
- Improving access to healthcare services.

CARHE's mission is to advance rural health equity by ensuring that people in rural areas have the opportunity to live healthy lives by learning and acting together in our rural communities.

CARHE's vision is for everyone living in rural communities to thrive and to feel safe and welcomed.

CARHE has adopted the following values to further its mission and vision:

- **Commitment**: We recognize certain hurdles make it harder for people to get the care and support they need to be healthy. We commit to working with our rural neighbors to eliminate these unfair difficulties and harms.

- **Action**: We respond quickly when our communities are in need. We take action to make sure support systems work for everybody. We listen, learn, and make decisions together to help everyone in our rural communities have fair opportunities to live their healthiest life.

- **Respect**: We value every person's experiences and strengths. We earn trust by listening and taking the time to understand one another. We reach out to people who are unsupported and try to prevent the discrimination that divides our communities. Every person deserves honesty, fairness, and respect.

[1] CARHE was created under the umbrella of Dartmouth Health in 2022. CARHE is not an independent 501(c)(3) organization, and as such articles of incorporation and bylaws are not legally required. Although these are not formal "bylaws," they are intended to provide an overview of the CARHE governance structure, roles and responsibilities of its members, and the nomination and selection process for new members.

- **Humility**: We recognize the harm done to some members of our rural communities. We try to earn trust and restore hope where it is lacking. We respect every person's unique life experiences and identities, including experiences of discrimination and oppression. We promote welcoming, easy-to-use services that offer the best health promotion and care possible.

Overview of Governance Structure[2]

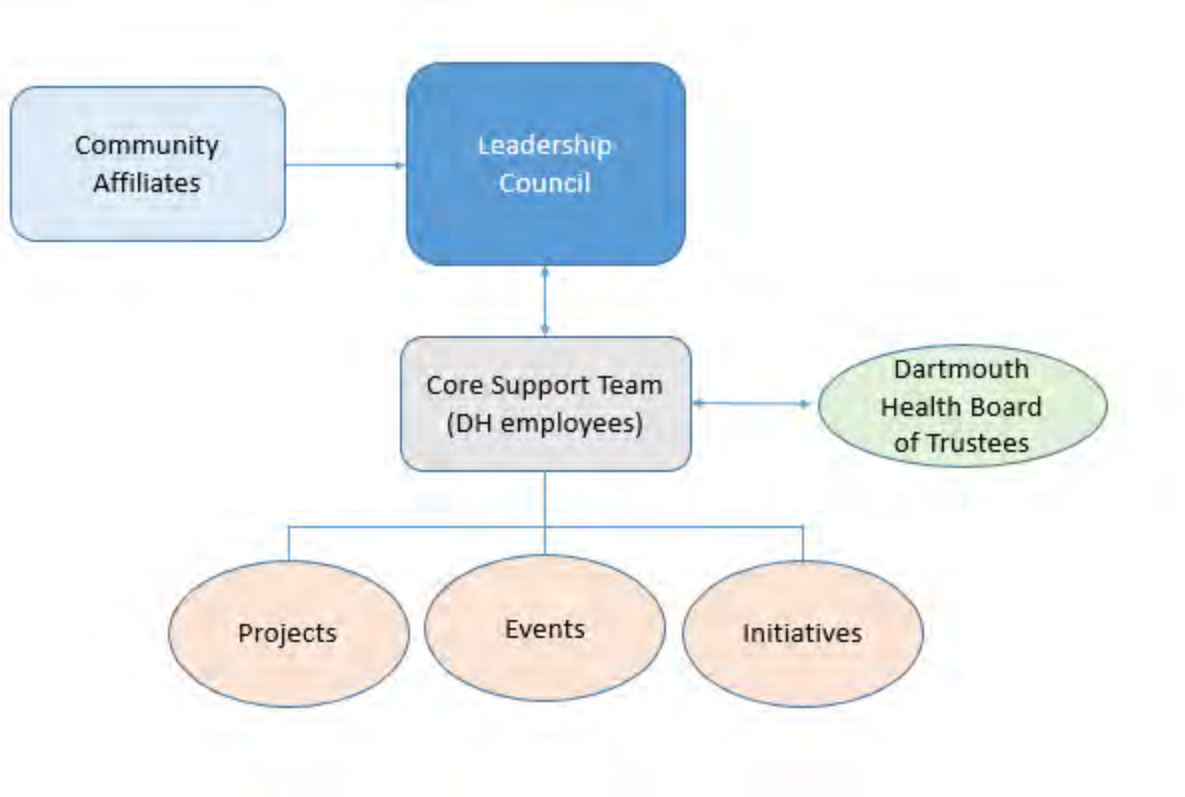
CARHE believes in the following governance principles:

- Balancing the powers of members (with the associated accountability) and their primary duties to advance CARHE's mission toward improving the just distribution of health outcomes for the rural populations we serve.
- Supporting open communication and setting priorities for the institutional and community collaborations required to successfully develop and implement changes that will improve health equity.
- Allocating resources that achieve the best value and greatest gains in health equity for populations served.
- Supporting sustainable initiatives, even after initial implementation efforts are completed.
- Embracing a diverse Leadership Council that "acts and learns together" by seeking the expertise and experience from an even broader set of community representatives through CARHE's affiliate membership option.

The Figure below shows the core components, which include:

1. Leadership Council
2. Affiliate Members
3. Committees and Action Groups
4. Core Support Team

[2] Governance refers to the establishment of policies and the continuous monitoring of their proper implementation by CARHE.



1. Leadership Council

A. Purpose and Overview

The Leadership Council is the primary governing body of CARHE, providing strategic direction and oversight to ensure CARHE operations are consistent with its mission, vision, and values and adhere to health equity principles.

The Leadership Council will:

- Establish and routinely review CARHE's **strategic direction** and priorities for advancing rural health equity,
- Ensure CARHE **operations and activities** are consistent with its mission, vision, and values and adhere to health equity principles and practices,
- Actively seek research and experiential data from a broad pool of community stakeholders, including but not limited to Affiliate Members (described in Section 2 below), to identify **community needs** around rural health equity and opportunities for impact,
- Identify **funding opportunities** to promote the long-term sustainability of CARHE and its work and
- **Self-govern** as an independent body and support CARHE operations and activities through committees and action groups (described in Section 3 below).

B. Leadership Council Membership

The Leadership Council will comprise 13 members representing the diversity of CARHE partners and constituents. Membership will include: 2 members of the research community; 2 members engaged in clinical transformation to improve health equity; 2 members from the education and learning sector, 6 community-level stakeholders representing rural constituents, and 1 CARHE senior staff member.

Membership will strive to be inclusive and represent the diverse populations in northern New England rural communities and their experiences accessing health care. CARHE recognizes that definitions of diversity are fluid and can change over time. Diversity can be represented by diverse geographies, service sectors, life experiences, and demographics, including but not limited to age, gender identity, race and ethnicity, sexual orientation, income, access to or lack of access to resources, (dis)ability, health status, veteran status, citizenship status, and others.

# Seats	Sector
2	**Research Community** Interest in health equity, skills in community engaged research, research design, and evaluation
2	**Education and Learning** Faculty and/or learners with knowledge of health disparities, expertise in multidisciplinary learning and innovations in education
2	**Healthcare Delivery and Clinical Transformation** Expertise in the delivery of health care services and deficiencies that contribute to health disparities; skills in health system transformation, redesign, and co-production
6	**Community-Level Stakeholders Representing Rural Constituents** Knowledge of community assets and deficits as they relate to health and health equity including the socioeconomic and behavioral drivers of health in rural populations; knowledge of barriers to optimal health encountered by rural populations
1	**CARHE Senior Member** DH senior leader with expertise in multidisciplinary collaborations and community partnerships; can advocate for CARHE internally at DH; has knowledge of CARHE operations and organizational strengths and risks

All 13 Council Members, including the CARHE Senior Member, will be voting members during the first three years of approving these bylaws. Upon conclusion of the three years, the voting status of the CARHE Senior Member will be reviewed and may be extended by majority vote of the 12 other Council Members.

As part of the restructuring of CARHE's governance structure in the spring of 2024, members of the Leadership Council will be invited to continue as Council Members or to become Affiliate Members, so long as the expectations for membership can be met and there are sufficient seats.

C. Leadership Council Member Expectations

Council Members are responsible for:

- **Strategic Direction:** Establish and routinely review CARHE's mission, vision, and values and periodically adjust/update CARHE's strategic direction and priorities.
- **Oversight of Operations and Activities:** Review progress reports from the Core Support Team and provide input into developing, implementing, and evaluating CARHE projects and programming as requested.
- **Identification of Community Needs and Opportunities for Impact:** Be willing to learn and broaden one's understanding of the strengths and needs of rural New England communities as they relate to health and health equity by reviewing research and clinical data and experiential data as provided by Affiliate Members and other sources.
- **Long-Term Sustainability**: Identify potential funding opportunities and collaborations to further the long-term sustainability of CARHE and its work. Serve as an ambassador for CARHE by promoting CARHE's mission and work and raising CARHE's public profile in the broader community.
- **Self-Governance:** Develop leadership paths and succession planning within the Leadership Council by cultivating officers and committee chairs. Evaluate, and identify strategies to deepen the engagement of Leadership Council members. Nominate and elect new Council Members and Affiliate Members using criteria adopted by the Leadership Council. Actively support CARHE and its work through committees and action groups, and routinely assess the effectiveness of these committees and action groups.

To support CARHE and further its work, Council Members agree to:

- Attend at least 75% of Leadership Council meetings,

- Actively participate in at least one committee or action group,
- Come prepared to meetings and complete assigned tasks by agreed-upon deadlines, and
- State any conflict of interest, or a perceived conflict of interest, and abstain from voting where applicable.

The CARHE Core Support Team will support Council members by:

- Providing clear, timely communications about CARHE projects and activities,
- Scheduling meetings at least 6 months in advance whenever possible,
- Distributing meeting materials with enough time for members to prepare responses,
- Conducting efficient, productive meetings, and
- Providing support as requested between meetings.

D. Terms

Council Members are invited to serve for a two-year term with the option to renew up to two times – for a maximum of three consecutive terms. Ideally, membership terms will be staggered so that no more than half of the membership rotates off the council at one time.

E. Nomination and Election

The initial Leadership Council and Community Advisory Council members at the time these bylaws are adopted were selected by the Core Support Team, guided by input from the 2022 CARHE Planning Team.

Going forward, community members may self-nominate themselves or be nominated by a Council Member for consideration to the Leadership Council. The Governance and Nominating Committee ("GNC") will review the nominations and recommend a slate of candidate(s) for consideration and election by the Leadership Council. In making its recommendation, the GNC will consider the current membership of the Leadership Council and seek to fill identified gaps in membership. The GNC will also seek to maintain a diverse membership using a criteria matrix approved by the Leadership Council.

New members shall be elected by the Leadership Council when a seat is available. Each Council Member shall cast one vote per candidate. The candidate(s) receiving the most votes shall be elected to the Leadership Council.

At a minimum, to be considered for Council Membership, candidates will need to demonstrate their:

- Expertise and/or experience with health equity concerns in northern New England populations,
- Alignment with CARHE's mission, vision, and values,
- Demonstrated ability to work collaboratively with diverse partners and solution-oriented,
- Ability to commit the required time, and

Candidates who are serving, or previously served, as an Affiliate Member will be determined to have met the above minimum criteria to be considered for Council Membership.

F. Removal

A Council Member may be removed from the Leadership Council upon the unanimous vote of the other Council members.

G. Compensation

Compensation of $500 every six months will be provided to those members who would not be able to fulfill their responsibilities without compensation. Council members may elect to accept or decline compensation so long as there are no conflicts with other organizations or institutions with which they are affiliated.

H. Officers

The chair and vice-chair are elected officers of the Leadership Council. The Core Support Team will provide administrative support, including taking meeting minutes and circulating meeting reminders and agendas.

i. Qualifications: Any Council Member may be nominated or self-nominated to serve as an officer of the Leadership Council. The member receiving the most votes from the Leadership Council shall be elected to the officer position.

ii. Term: Officers serve a one-year term commencing on _____ and ending on _____ of the following year, which can be extended to a second year by a majority vote of the Leadership Council. The vice-chair will automatically ascend to the chair position at the end of the chair's one-year (or two-year, if applicable) term.

iii. Removal or Resignation: An officer may be removed by a 2/3rd vote of the Leadership Council at any time. An officer may resign by giving written notice to the Leadership Council.

iv. Duties of the Chair: The chair shall preside at the Leadership Council meetings and set the agenda with the vice-chair and the Core Support Team.

v. Duties of the Vice-Chair: In the absence of the chair, or their inability or refusal to act, the vice-chair shall perform the chair's duties.

I. Meetings

The Leadership Council will meet six times per year. A meeting agenda and minutes from the previous meeting will be distributed to Council Members before the next meeting and will be reviewed and approved by the Leadership Council at the start of each meeting.

J. Decision Making

A quorum is the presence of half of the voting membership of the Leadership Council plus two. (For instance, if there are 13 voting members on the Leadership Council, then a quorum is met with nine members. If there are 11 or 12 voting members, then a quorum is met with eight members. Decisions will be made using a consensus-driven process outlined below. Council Members will express their levels of agreement using the following:

1. I enthusiastically agree!
2. Yes, I agree.
3. I have minor reservations, and generally agree. I will actively support the.
4. I have major reservations and would like more dialogue before moving forward.
5. I will actively work against this idea. I do not think it is in our best interest to move forward.

Discussion rule: discuss, try to resolve reservations for ≥ 3
Decision rule: if everyone 3 or lower is at “good enough” consensus, move forward!

2. Affiliate Membership

A. Purpose and Overview

The role of Affiliate Members is advisory in nature, bringing a wider voice of the community to the Leadership Council, and broadening support for CARHE and its work.

Although Affiliate Members are not members of the Leadership Council (and therefore not subject to the expectations and responsibilities listed in Section 1.C. above), Affiliate Members serve a critical role in expanding the Leadership Council's knowledge and understanding of rural health equity concerns and helping to communicate CARHE's work and impact to the larger community.

Additionally, affiliate membership will offer a "training opportunity" for community members who are interested in the Leadership Council and who would like to develop their skills and experience to become strong candidates for the Leadership Council. Mentorship by a Council Member will be offered to community members who are seeking a training opportunity.

Affiliate Members will:

- Advise the Leadership Council on community needs as they relate to rural health equity in Northern New England and opportunities for impact through collaboration, investment and complementary efforts.
- Advise the Leadership Council on community assets and deficits as they relate to rural health equity to avoid the duplication of resources and confusion.
- Serve as an ambassador for CARHE by promoting CARHE and communicating CARHE's work and impact to the larger community.
- Inform the Leadership Council on the perceived value of CARHE and its work.

B. Affiliate Membership

As part of the restructuring of CARHE's governance structure in the spring of 2024, members of the Community Advisory Council will be invited to continue as Council Members or Affiliate Members, so long as the expectations for membership can be met and there are sufficient seats.

There may be up to seven Affiliate Members at any given time.

C. Affiliate Member Expectations

Affiliate Members are expected to:

- Attend at least two Leadership Council meetings per year.
- Contribute knowledge and expertise based on research and clinical studies or from field work or lived experiences to broaden the Leadership Council's understanding of the strengths and needs of Northern New England communities as they relate to rural health equity.
- Make a presentation to the Leadership Council on a topic to be mutually agreed upon by the Affiliate Member and the Core Support Team. The presentation can be about the Affiliate Member's research, field work or lived experiences related to health and rural health equity.
- Widely share information about CARHE and its work within the Affiliate Member's professional networks.

The CARHE Core Support Team will support Affiliate Members by:

- Providing clear, timely communications about CARHE projects and activities,
- Scheduling meetings at least 6 months in advance whenever possible,
- Identifying presentation topics that may be of interest to the Leadership Council, and
- Providing information about CARHE to prospective Affiliate Members.

Additionally, mentorship by a Council Member will be offered to Affiliate Members who would like a training opportunity to consider and/or seek a Leadership Council position in the future.

D. Affiliate Member Terms

Affiliate Members will be invited to serve for one year, with the option to renew up to two times for a total of three consecutive years.

E. Nomination and Election

Community members may self-nominate themselves or be nominated by a Council Member for consideration to the Affiliate Membership.

The GNC will review the nominations and recommend a candidate for election to the Affiliate Membership by the Leadership Council. In making its recommendation, the GNC

will consider the knowledge and expertise of the current Affiliate Membership and the needs of the Leadership Council. The GNC will also seek to maintain a diverse Affiliate Membership using criteria developed by the full Leadership Council.

New Affiliate Members shall be elected by the Leadership Council when a seat is available. Each Council Member shall cast one vote per candidate. The candidate(s) receiving the most votes shall be elected as an Affiliate Member.

At a minimum, candidates will need to demonstrate their:

- Alignment with CARHE's mission, vision, and values, which can include working with or identifying as an under-represented community member,
- Strong interest and/or experience living in or working with rural health (in)equities,
- Willingness to present a topic (including but not limited to research, field work or personal stories) to broaden/deepen the Leadership Council's understanding of health equity principles and practices or the community's assets and deficits, and
- Ability to commit the required time.

F. Removal

An Affiliate Member may be removed upon the unanimous vote of the Council Members.

G. Compensation

Compensation of $150 every six months will be provided to those members who would not be able to fulfill their responsibilities without compensation. Affiliate Members may elect to accept or decline compensation so long as there are no conflicts with other organizations or institutions with which they are affiliated.

3. Committees and Action Groups

A. Purpose

Committees and Action Groups are intended to enable the Leadership Council to self-govern as an independent body and also to support CARHE operations and activities. Below are committees and action groups currently existing when these bylaws are adopted. The Leadership Council shall regularly review the effectiveness and need for these committees and action groups and remove or create new ones as needed.

B. Overview

The Executive Committee consists of the chair, vice-chair, and at least one member of the Core Support Team.

The Governance and Nominating Committee (GNC) shall include at least one Council Member and one Core Support Team member. Affiliate Members and community members may also join the GNC, as long as the GNC is chaired or co-chaired by a Council Member.

As of the adoption of these bylaws, action groups include: Engagement and Communications as well as Learning and Education.

Descriptions and work plans are attached as an addendum to this document.

4. Core Support Team

[to be inserted at a future date within one year of the approval of these bylaws]

Document History

Bylaws adopted by majority vote of the Leadership Council on May 22, 2024.

Dartmouth Health

Center for Advancing Rural Health Equity

CARHE Guidelines for Research & Project Support

Center for Advancing Rural Health Equity Endorsement Process

July 2024

Over the past several years, there have been increasing numbers of initiatives to engage community members and community-based organizations in support of research, clinical improvement efforts, and education. The Center for Advancing Rural Health Equity (CARHE) is eager to support these efforts by supporting equitable partnerships in work that improves health and health equity. The following guidelines were developed for researchers, students, clinicians, and community members seeking CARHE support for proposed research, service, or implementation projects.

Criteria for CARHE Support-

Research proposals and/or projects should:

1. Be aligned with CARHE mission and vision
2. Seek meaningful engagement with the community
3. Be designed to ensure academic teams collaborate equitably with community partners, learn from the intervention, and share findings in ways that benefit the community
4. Explicitly connect the proposal to improvements in health equity
5. Engage the community from the earliest possible stage of the research/project cycle
6. Address a priority identified by the community

Each criteria is scored from 1-3 (1= minimal alignment with criteria, 2 = moderate alignment, 3= strong alignment)

CARHE expectations of researchers, project leaders, faculty sponsoring student projects-

1. Commit to engaging community at the highest level of collaboration
2. Provide fair and just compensation for community experts
3. Be good stewards of community resources and people's time
4. Define clear roles and responsibilities for all partners
5. Provide defined timelines of participation
6. Share project results with the community
7. Define decision making processes and methods to share power
8. Evaluate the quality of community engagement during the project
9. Utilize ethical community-engagement practices

To request support from the Center for Advancing Rural Health Equity, select How to Get Involved from the CARHE website and complete the brief form under Partner With Us.