The Leadership Series

A Guide for the Program Services Committee Chair
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I. About the March of Dimes

Our mission and beginnings

The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth and infant mortality. The Foundation carries out this mission through programs of research, community services, education and advocacy to give every baby a healthy start.

Founded in 1938 by President Franklin D. Roosevelt to conquer polio, the March of Dimes realized its goal on April 12, 1955, when the Salk vaccine was declared “safe, potent and effective.” Since then, the Foundation has focused on infant health problems, including birth defects, premature birth and low birthweight. Our long track record of medical advances — including intensive care nurseries, surfactant therapy and folic acid education — has saved millions of babies from death and disability. We are committed to finding the answers that will save America’s babies. (Visit marchofdimes.org for more about the March of Dimes.)

Volunteers and staff: partners in saving babies

March of Dimes helps moms have full-term pregnancies and healthy babies. And if something goes wrong, we offer information and comfort to families. We research the problems that threaten our babies and work on preventing them.

Three million volunteers of all ages, ethnic backgrounds and interests lead March of Dimes fund-raising, program and advocacy efforts to help save babies. They guide and support March of Dimes staff working in two regional offices, state chapters and divisions. Nationally, the March of Dimes is governed by an all-volunteer Board of Trustees with additional counsel from the Board of Honorary Trustees and the Board of Advisors and Representatives.

Volunteers range from children who raise funds to professional organization partners who are helping us make headway in our prematurity campaign — and everyone in between. They are dedicated, committed and resolved in the belief that, working together, we can give every baby a healthy start.

Enduring Vision

From our very beginnings, the March of Dimes has understood that our children are our link to a brighter future. As FDR once said: “Early in our history, we realized the basic
wealth of our land is in healthy, enlightened children, trained to assume the responsibilities and enjoy the privileges of a democracy. The well-being of our youth is indeed our foremost concern – their health and happiness our enduring responsibility.”

More than six decades later, we are still guided by his words and wisdom.
II. The Program Services Committee and the Mission of the March of Dimes

Purpose of the Committee

The Program Services Committee (PSC) of the March of Dimes is one of six standing committees required for each Chapter Board. Policies and procedures for committee structure can be found in the March of Dimes Manual for Chapters. The PSC has the primary responsibility for determining the perinatal needs in the state, prioritizing those needs and developing an annual plan to address the most pressing needs, based on national standards and guidelines.

The March of Dimes Mission

The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. The March of Dimes funds programs of research, advocacy, community service and education that save babies.

The March of Dimes Strategic Plan describes five mission goals:

- Invest in cutting-edge research and prevention initiatives to improve birth outcomes;
- Increase access to health care coverage for women of childbearing age, infants and children;
- Reduce racial and ethnic disparities in birth outcomes;
- Expand international efforts to improve birth outcomes; and
- Enhance the mission delivery capability of the March of Dimes.

Delivery of the Mission

PSC members use their expertise to plan, implement and evaluate public and professional health education programs, determine appropriate collaborations and oversee the selection and evaluation of effective community grants. The March of Dimes collaborates with maternal and child health care professionals at federal, state and local levels to achieve its mission goals. The mission activities of the March of Dimes complement and support those of the United States Public Health Service to achieve the Healthy People 2010 perinatal health goals for the nation.

To enhance the mission delivery capability of the March of Dimes and better support chapter-based mission initiatives, a set of mission policies was established effective in 2001 and revised in 2003. These policies specify that the overall chapter mission effort must consist of a 75/25 ratio of national priorities to local needs. The PSC is responsible for supporting the national mission priorities while maintaining focus on local chapter choice programs.
III. Chapter Mission Investments and Programs

The information in “Chapter Mission Investment and Programs” guides chapter mission investments and decisions. It is drawn from the “Chapter Mission Realignment” statement, which was approved in June 2000 by the National Board of Trustees and updated in December 2003.

Objectives of Chapter Mission Activities

To better support chapter-based mission activities, the following objectives ensure:

- Foundation-wide congruence with the Strategic Plan imperatives;
- Targeted implementation through available chapter resources and external support resources; and
- A balance between national core programs and chapter initiatives.

Chapter Mission Emphasis

Chapter mission emphasis is a 75/25 ratio of national priorities to chapter choices, with these approximate levels of effort:

- 75% national or core, unifying priorities:
  - 50% National Campaign (Prematurity Campaign, 2003 - 2007)
  - 25% Public Affairs (at least one foundation-wide advocacy issue)

- 25% chapter choice portfolio of annual community services grants, and may also include:
  - Support of state folic acid leadership organization
  - Partnership programs
  - Professional education (i.e., nursing conferences, grand rounds, Genetics & Your Practice)
  - State-based public affairs initiatives

Chapter Support Infrastructure

To support these activities:

- Each chapter will prepare an annual plan and budget for program services and deliver on the priorities contained therein.
- Directors of Program Services positions must be 100% dedicated to mission activities, which includes working with fund-raising and communication staff and volunteers to ensure mission integration.
Priority Perinatal Needs

Web-based PeriStats is the primary tool for establishing state needs for the Prematurity Campaign and other initiatives. Priority perinatal needs should be assessed and problem statements developed each year to support chapter program plans and grant priorities. Chapters will retain the responsibility to insure the priority needs are used to support focused, visible and measurable mission activities.

Chapter Community Grants

- Every chapter must provide a designated amount in their annual grant budget. Chapters are expected to fully expend their community grant funds each year consistent with the Guidelines for Chapter Grants.
- Every chapter must use a standardized Request for Proposal to allocate their own funds within designated priority areas.
- Every chapter will have the authority to approve community grants up to $25,000; larger grants require regional approval. Chapters may renew a grant annually for up to three years. In some cases, chapters will be eligible to approve multi-year grants.

Priority state perinatal needs will continue to drive chapter investment choices. Over time, grants will become progressively more focused, more visible and larger.
IV. Roles and Responsibilities of the Program Services Chair and Committee

The Program Services Committee

The function of the Program Services Committee (PSC) is to develop and guide the mission-related activities of the chapter; therefore, this committee is critical to the success of the chapter in saving babies' lives. The PSC works to maximize the impact and visibility of the March of Dimes throughout the chapter by implementing direct program efforts that target high-risk groups, community collaboration and careful allocation of resources. This committee bears the primary responsibility for determining the greatest perinatal needs in the chapter area, and developing an annual plan to address those needs, in accordance with national standards and guidelines. These national standards and guidelines for program services are found in several documents at your chapter:

- Instructions for Program Planning
- Chapter Program Standards for Success
- Guidelines for Chapter Grants
- External Program Grants Manual

With the expertise of PSC members and other chapter volunteers and staff, and with technical assistance from the regional and national offices, the PSC:

- Plans, implements and evaluates public and professional education programs;
- Determines the most effective opportunities for collaboration; and
- Oversees the awarding and evaluation of community grants.

The Chapter Program Standards for Success provide specific benchmarks for measuring the quality of these activities and progress over time. The “Ensuring Chapter Program Success” section of this guide provides additional information about developing and measuring your programs.

The State Program Services Committee Chair

The State Program Services Committee Chair is appointed by the Chapter Chair based on the recommendations of PSC members. The chair’s primary responsibilities are to:

- Provide leadership to the state PSC by:
  - Recruiting and maintaining a strong, active committee;
  - Facilitating meetings;
  - Ensuring compliance with March of Dimes policies and procedures;
  - Documenting meetings;
  - Assessing members and recognizing member achievement;
  - Serving as liaison with chapter staff and other chapter committees;
- Oversee and support subcommittees including division-level program committees; and
- Serve as a member of the Chapter Board.
The Director of Program Services (DPS) is the staff liaison to the committee and works with the chair to ensure that all chapter programs meet national guidelines and are consistent with the Standards for Success. The PSC Chair and the DPS work in partnership to support all the program needs and activities of the chapter.

**Responsibilities of the Committee**

The members of the PSC are responsible for:
- Maintaining a membership composition and structure that meets the Chapter Program Standards for Success;
- Actively participating in subcommittees and division program committees;
- Annually determining chapter priority perinatal health needs;
- Developing and implementing an annual plan to address the state’s perinatal health needs;
- Assistance in developing and monitoring the program budget;
- Allocating and evaluating chapter community grants and awards;
- Educating health professionals and conducting health promotion activities for the communities served; and
- Developing strategic partnerships.

The following sources will help your committee members accomplish their responsibilities:
- Chapter Program Standards for Success
- PeriStats and Perinatal Profiles
- Program Planning Guide
- Guidelines for Chapter Grants
- Working Collaboratively
- Prematurity Campaign National Goals

**Determining Membership**

According to the *Manual for Chapters* and the Program Standards for Success, the PSC must:
- Have at least eight members
- Have representation from at least four health disciplines
- Have representation from families with personal mission-related experience
- Have representation from all divisions (or all major geographic regions)
- Reflect (within 5%) the racial and ethnic composition of the chapter's geographic area
An effective PSC includes diversity in a number of areas – among the health disciplines, among the racial and ethnic groups represented in the chapter, geographically, and in length of service on the committee. A fully diverse PSC provides the necessary range of expertise, energy and influence needed for mission success. **Recommended health disciplines for committee membership include:**

- Public Health
- Nutrition
- Medicine
- Nursing
- Reproductive health
- Pediatrics
- Epidemiology
- Social work
- Health education
- Health planning
- Midwifery

Membership of the PSC should be determined in a way that will help meet the standards for success and the program guidelines. All committee members must complete the conflict of interest disclosure forms on an annual basis.

**Committee Structure**

State Program Services Committee size and structure depends upon the size of your chapter and the complexity of the program plan; the PSC must have at least eight members, but can have more – just be sure there is a clear role and key activities for each committee member. Most State Program Services Committees specify a number of representatives from each of the chapter’s divisions (usually 2 or 3), and a targeted number of at-large members. At-large members should have statewide influence and impact in their respective professional roles. Each chapter develops its own structure and procedures for its PSC, specifying terms of office, subcommittee membership and so on. (See the sample structure in the *Management Materials* section of this guide.)

The PSC must meet at least four times per year with minutes taken that are filed in the chapter office. Program Services Committees also must have written guidelines, including term limits, for the committee operation. Careful planning and resource allocation must be given to ensure that the PSC and subcommittees can meet as needed to accomplish the assigned tasks described in the program plan. Meetings may be conducted in person, via teleconference or through a combination of formats.

Many successful March of Dimes PSCs have a vice chair who assists in fulfilling the responsibilities of committee leadership. A vice chair also provides for smooth succession planning, with an experienced volunteer leader prepared when the chair’s term expires.
Subcommittees of the Chapter Program Services Committee

To function well, the Chapter PSC should be divided into various subcommittees that are focused on specific mission areas. Chapter PSC members often serve on more than one subcommittee depending on their expertise, time and interests. The following five subcommittees and corresponding roles are recommended. Division PSCs may also have a similar subcommittee structure depending on need, but this is not required.

Planning and Evaluation Subcommittee
- Conducts an annual assessment of the perinatal health needs of the state;
- Develops an annual plan to address the state’s perinatal health needs;
- Assists in developing a budget to support state program activities;
- Monitors PSC progress in meeting objectives of the program plan;
- Assists subcommittees and division program committees in evaluating their activities;
- Reports achievements to state volunteers and staff;
- Develops resources to help the committee and chapter inform communities about program achievements; and
- Makes recommendations to the Public Affairs Committee for perinatal health policy needs.

Professional Education Subcommittee
- Educates health professionals throughout the state about the mission of the March of Dimes;
- Determines the continuing education needs of perinatal health providers and related disciplines;
- Plans, implements and evaluates professional education programs to address provider needs;
- Promotes use of March of Dimes professional education resources (nursing modules, Grand Rounds, Genetics & Your Practice, FAS Tutor, etc.) among providers throughout the chapter; and
- Assists chair in recruitment of professionals to serve on the PSC and subcommittees.

Grants Subcommittee
- Regularly evaluates the chapter community grants process to ensure full community access, funding focuses on priority perinatal health needs, and maximum impact of the grants as a mission strategy;
- Ensures an objective, competitive review process for all proposals submitted;
- Develops an evaluation system for grants (including review of progress reports, conducting site visits, etc.);
- Ensures compliance with all policies and procedures as outlined in the Guidelines for Chapter Grants;
- Develops and updates list of agencies that receive Requests for Proposals;
- Provides technical assistance as needed to potential grant applicants;
- Ensures compliance with the Conflict of Interest procedures, including completion of forms and documentation of process if/when conflicts arise; and
- Establishes and monitors the Community Awards process, if applicable.
Community Programs Subcommittee
- Educates the community about the mission of the March of Dimes;
- Educates communities statewide, especially women of childbearing age, about perinatal health issues;
- Determines the preconception and prenatal health education needs of women;
- Plans, implements and evaluates March of Dimes programs (i.e. Storks Nest, Comenzando bien, Pregnancy Workshop) based on identified state and local needs;
- Assists the PSC Chair in recruitment of community leaders to serve on the PSC and subcommittees;
- Promotes the use of March of Dimes public health education resources throughout the chapter; and
- Provides the Public Affairs Committee with health information to use in advocating for legislative/regulatory initiatives.

Prematurity (National Campaign) Subcommittee
- Provides opportunities for health professional education;
- Provides educational opportunities for specific target audiences as identified by the campaign;
- Supports media activities with local, state and national information, and provides trained spokespeople who reinforce March of Dimes campaign messages;
- Assures that chapter-sponsored targeted initiatives directly relate to desired campaign outcomes, and incorporate best practices. These initiatives could include chapter grant-funded projects or other cooperative projects that the chapter pursues with local partner organizations; and
- Identifies key national education initiative partner organizations in the state and communities and collaborates to achieve campaign goals.

The members of the State Program Services Committee have important roles and responsibilities that will affect the health, well being and lives of babies born in the state. Select committee members carefully work with them to develop a strong structure, provide clear job descriptions for the subcommittees and measure the impact in communities throughout the chapter area.

In the Management Materials section of this guide, you will find the following pieces related to information on committee roles and responsibilities:
- State Program Services Committee Chair Position Description
- State Program Services Committee Member Position Description
- Division Program Services Committee Chair Position Description
- Division Program Services Committee Member Position Description
- State and Division Program Services Committee Structure and Guidelines
- Sample Program Services Committee Meeting Agenda
- Sample Program Services Committee Conference Call Agenda
- Sample Template for Recording Program Services Committee Minutes
- Conflict of Interest Procedure and Disclosure for Program Services Committee Members
V. Ensuring Chapter Program Success

Now that you have the information you need to be sure that your committee is functioning well and prepared to lead the chapter’s mission activities, you will want to develop solid methods to check your committee’s progress. There are three primary measures of chapter program success:

- Achieving full credit on the Chapter Program Standards for Success (or increasing your score annually)
- Meeting all of the objectives in the chapter program plan
- Demonstrating a measurable improvement in perinatal health through one or more chapter programs

Chapter Program Standards for Success

The Chapter Program Standards for Success help chapters identify areas of excellence and improvement that should then be reflected in program plan objectives. The Standards for Success for Program Services and instructions on how to use them are available from your chapter and regional office.

Working together with the DPS, the committee should use the Chapter Program Standards for Success and the derived ratings during the chapter planning period (summer through early fall) to identify areas that need improvement. These items should be included in the chapter’s program plan for the coming year. The chapter should also be scored at the end of each calendar year to measure progress in improving the chapter’s original score. In addition, scoring might be useful whenever there is a significant change in program activities, staffing or volunteer structure and as required in applications for awards and national grants.

Chapter Program Plan

The annual chapter program plan contains the goals, objectives and activities that the chapter will implement to achieve the mission. The PSC should work together with the DPS to develop the program plan, monitor progress and assess results. Toward the end of the year, the chapter should conduct an evaluation indicating which objectives were met and determine which activities will be continued in the following year.

Demonstrating Measurable Results

In addition to tracking process measures (i.e. the number of pregnant women or health professionals reached through program activities), chapters should also develop and assess outcome measures where possible. Some examples include health indicators, such as prenatal care utilization rates; health behaviors, such as smoking during pregnancy; and changes in knowledge and awareness of perinatal issues. The chapter will need to assess what data collection mechanisms are available to gather this information. Some good sources are health department data and local surveys. The chapter may also identify other outcomes resulting from program activities such as increased visibility, additional revenue and new partnerships.
The Chair of the Program Services Committee and the DPS should lead the process of scoring the chapter’s progress on the Standards for Success and evaluating progress on your program plan. The Regional Program Director, members of the Planning and Evaluation subcommittee, the State Director and other functional area leads (such as the Communications Director and the Chair of the Communications Committee) should also be involved in chapter assessment. Chapters that excel in meeting the Program Standards for Success and their program plan goals should consider applying for the Chapter of the Year Award. The criteria and application process for this award is released annually.

Here are proven ways you, as PSC chair, can establish and maintain a strong, effective Program Services Committee.

✓ **Recruit the right people.** The better your recruitment efforts, the better the field of qualified candidates for your committee. Carefully select interested and qualified members. Make sure that there are enough people to assign everyone manageable tasks, so that each member can be successful.

✓ **Plan and evaluate.** Allow adequate time for program planning and evaluation during committee meetings. Dedicate meeting time to fully understanding the perinatal health needs of your chapter and to evaluating the program plan. Use your Planning and Evaluation Subcommittee effectively so that full committee meetings are productive.

✓ **Communicate well and often.** Establish a clearly defined work plan for the committee that specifies tasks, responsible individuals and due dates. Include progress reports in meeting minutes. Ask for agreement and confirmation that activities are understood and achievable.

✓ **Follow up.** Let committee members know from the beginning that you (or someone you designate) will follow up regularly with support and assistance. Consistent follow-up will show members that the March of Dimes values their actions.

✓ **Manage meeting time effectively.** Use your meeting time effectively by starting and ending on time, following a prepared agenda and maintaining discussion focus on agenda topics and action items. Doing so will show respect for your members’ time and commitment.

✓ **Share new information.** Keeping members informed of new resources and emerging community issues will strengthen their commitment to meetings and chapter program initiatives. Allow a brief amount of time on each meeting agenda for a national, state or community update.

✓ **Get the help you need.** You and your committee are not alone! The national and regional offices have volunteers and staff members who can assist in planning, problem solving, committee development and orientation. PSC chairmen in other chapters with similar experiences can help you achieve your goals. If assistance is needed, just ask – your regional program director and regional NOV program services representative are available to help.
✓ Assess and recognize participation. With the Director of Program Services, conduct an annual assessment of each member's participation. Organize a special activity to recognize successful members and move unproductive members off the committee to a specific role in which they can succeed.

✓ Make the experience rewarding. Volunteer service should be a rewarding experience. Ensure that the time spent in meetings and in the work of the group is enjoyable and meaningful. Those who have joined your committee are dedicated to improving babies’ lives, so be sure your committees’ activities are productive and rewarding.
V. Management Materials  
(Samples, Tools and Forms)

The following resources are necessary for all chapter committee members:

**The Manual for Chapters**  
**The March of Dimes Annual Report**  
**The March of Dimes Web site – marchofdimes.org**

Additionally, please refer to the following materials that are contained in this section:

**Position Descriptions**  
- State Program Services Committee Chair  
- State Program Services Committee Member  
- Division Program Services Committee Chair  
- Division Program Services Committee Member

**Charts**  
- Sample State Chapter Board of Directors  
- Sample State Chapter Volunteer Structure (Models A, B and C)  
- Sample National Volunteer and Staff Structure Organizational Chart  
- State Chapter Committees (by function)

**Other**  
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- State and Division Program Services Committee Structure and Guidelines  
- Sample Program Services Committee Meeting Agenda  
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