

Oral Health Workgroup Charter

3.21.17

Central Oregon Health Council- Oral Health Regional Health Improvement Plan (RHIP) Workgroup

1. PURPOSE

The Oral Health RHIP Workgroup will serve to provide expert advice and action that will support the goals of the Central Oregon Health Council using Lean Practices. The committee is designed to improve each of the Health Indicator Metrics (HIMs) outlined in the RHIP for the Oral Health pillar. All of these efforts are to be done with the True North Metrics as the guiding principles.

Duties to be considered:

- *Collaboration with community partners and other RHIP workgroups.*
- *Writing proposals or creating Requests for Proposals (RFPs) to supplement the needs of the community as they directly relate to the HIMs.*
- *To attend monthly meetings, and subcommittee meetings as applicable.*
- *Reporting annually to the Operations Council to ensure alignment, movement and support.*

2. PURVIEW

The purview of the Oral Health Workgroup includes accountability for the

positive movement of the HIMs, generating ideas and identifying areas that require the use of key tactics (funding, aligned strategies, policy, etc.), encouraging partnerships, and community outreach. The Workgroup is not required to create or apply these initiatives itself, but merely works to ensure that the gaps are filled and that barriers to HIMs improvement are removed.

3. AUTHORITY

Authority is vested to the Oral Health Workgroup by the COHC Board of Directors. In partnership with the Operations Council, the Workgroup has the decision making authority to fiscally support any funded initiatives that affect the HIMs assigned to them. The Workgroup has the individual authority to make a declaration of support for any initiative.

4. COMPOSITION /GOVERNANCE

Community partner representatives and local experts will comprise the Oral Health Workgroup. Every effort will be made to have member representatives from all impacted parties.

New members of the Oral Health Workgroup must be approved by the COHC staff member who acts as the organizer of that Workgroup. Committee members will be educated and be expected to fully understand the scope and authority of the Workgroup. Regular attendance at meetings is expected to direct the responsibilities of the committee.

The committee may form ad hoc subcommittees or request ad hoc member representation as required to achieve specific tasks. The Workgroup will include a member(s) on any sub-committees in order to maintain strategic alignment and communication of improvement ideas.

The Workgroup may choose to appoint a leader, but is not required to do so. The COHC staff will organize all meetings and serve as the spokesperson and liaison for the group. A COHC staff member will fulfill the duties of the leader in his/her absence. Support for meetings will occur through the COHC staff team.

5. RESPONSIBILITIES/DUTIES

a. Scope

Committee members are expected to actively engage in discussions centered on HIMs improvement. The Workgroup is responsible for identifying and declaring their support for the initiatives they believe will have the greatest possible impact on the HIMs.

b. Objectives

The Workgroup shall conduct an A3 on at least one of their assigned HIMs. The committee will be charged with this function in order to identify the gaps and brainstorm strategies for improving the HIMs.

If the Workgroup determines that funding is required to fill a gap, they must present their idea to the Operations Council. Given approval, the Workgroup will draft an RFP, and will review applications once every 6 months with the RFP Review Subcommittee of the Operations Council.

c. Communication

Meetings will be scheduled on a monthly basis. Special meetings may be called if an issue arises that requires immediate attention. Meeting agendas will be updated and sent to Workgroup members prior to meetings.

d. Charter Approval and Revision

This charter must be approved by the Oral Health Workgroup to become active. Revisions to the charter and additions such as charts, etc. will be approved by the Workgroup.

6. CONFIDENTIALITY

Confidentiality must always be maintained during Oral Health Workgroup review and deliberations.