

REGIONAL HEALTH EQUITY COALITION STEERING COMMITTEE CHARTER

Charter Purpose: This Charter is a statement of the scope, objectives, and participants in the Steering Committee of the Regional Health Equity Coalition for Southern Oregon. It outlines the mission of the Equity Coalition, identifies the stakeholders, provides a preliminary delineation of the roles and responsibilities of members, and outlines the decision making process of the Coalition.

NAME OF COALITION: SO Health-E

VISION: Health Equity for All!

MISSION:

Establish a cross-jurisdictional Regional Health Equity Coalition to advance policy, systems, and environmental changes that promote equity and address social determinants of health. The Coalition shall prioritize health disparities for underrepresented populations, including racially and ethnically diverse communities, people with disabilities, LGBT communities, and low-income individuals.

I. PURPOSE:

1. To build and sustain a coalition with a focus on increasing health equity in our region.
2. To identify health disparities that exist in our region, and produce a regional health equity report.
3. To be a vehicle of change by working to advance policies, systems and environmental changes that will address the social determinants of health in our region.
4. To collaborate and encourage efforts of organizations with a shared purpose of increasing health equity.
5. To ensure cultural agility training occurs throughout Southern Oregon.
6. To advance authentic community engagement, especially among communities of color, that will further the mission and vision of the coalition.

II. MEMBERSHIP/PARTICIPATION:

Steering Committee Membership:

The Steering Committee shall consist of 15-20 Stake-holders. The Committee shall strive to include 50% representation from the following priority populations (persons of color, persons of non-dominant sexual orientation or gender identity, persons with disabilities, persons from disadvantaged socio-economic backgrounds). Steering Committee representation will strive to include the following sectors:

- County health departments
- Coordinated care organizations

- Community-based organizations
- Community health centers
- Education
- Youth & consumers
- Dental care organizations
- Mental health organizations

The Steering Committee will guide the development of a Strategic Planning Process and the production of a Regional Health Equity Report. The Steering Committee will also advise and guide the staff of the Health Care Coalition of Southern Oregon on the process of engaging and convening a larger community coalition, with representation from a broad cross-sector of the community.

Steering Committee Membership is for a one-year period, with possibility of renewal. Membership will be re-examined and discussed annually. An attendance Report will be generated at the end of each year, as part of each steering committee member's self-assessment. This will provide an opportunity to determine if any shifts and changes in membership are in the best interest of the Coalition, its member organizations, and the individuals serving on the Steering Committee. Steering Committee members will sign a Memorandum of Understanding annually, documenting that they commit to the expectations and responsibilities of serving on the Steering Committee, and attesting they have no conflicts of interest.

Fiscal Agent/Lead Organization: Health Care Coalition of Southern Oregon (HCCSO) is the Coalition's Fiscal Agent, Lead Organization, and provides staffing. As fiscal agent, HCCSO Board members hold the legal responsibility to approve and monitor the budget and activities of the Coalition. The Board will accept recommendations from the Steering Committee. At least one member of the HCCSO Board of Directors shall serve on the Coalition Steering Committee, and will serve as liaison to the HCCSO board. This will ensure that input and recommendations from the steering committee guide any official HCCSO board decisions that affect the Coalition. Key HCCSO staff members with staff time allocated to this project will serve as de-facto steering committee members.

III. STEERING COMMITTEE PARTICIPANT EXPECTATIONS/RESPONSIBILITIES:

Steering Committee members agree to:

- Attend in person a minimum of 75% of scheduled meetings each year. For organizations receiving a participation stipend, the amount of the stipend will be pro-rated based on attendance if attendance falls below 90%.
- Fully participate in establishing priorities for the Coalition, and actively participate in committee-work groups.

IV. STEERING COMMITTEE MEETINGS:

Meetings of the Steering Committee shall take place monthly, with a minimum of 9 meetings in a year.

V. WORK GROUPS : The coalition shall form work groups to develop and implement work plans for key strategic areas identified by the Coalition's strategic plan. -Members of the Steering Committee are expected to join at least one work group. Each work group shall appoint a chair who is also a member of the steering committee (but not HCCSO staff). The chair shall take a leadership role, working with staff to develop work group agendas, facilitate meetings, develop work plan for the group, and focus on accountability. Work groups shall use the fist-to-five decision-making process to appoint the chair.

Specific work groups may include the following:

- Cultural agility
- Health equity data and assessments
- Policy & Advocacy

Other Ad-hoc Work Groups may be formed for a specific task or objective named by the Steering committee. This may include an Accountability Group composed of leadership members of the Coalition, with the task of developing metrics and benchmarks for the three-year Strategic Plan.

Members of the General Assembly and Community may join Work Groups, after filling out a simple application. The purpose of the application is to state the work group's mission, goals, and meeting time, and for the applicant to provide contact information and state why they are interested in joining the group. The application will be reviewed by the Work Group and/or chair prior to having the individual join that group.

VI. STEERING COMMITTEE LEADERSHIP ROLES:

Chair – Steering Committee members shall elect a Chair of the Coalition. The Chair shall be the official representative of the Coalition, and shall collaborate with the paid staff in conducting the business of the Coalition. The term of office of the Chair shall be one year.

Vice-Chair – Steering Committee members shall elect a Vice-Chair of the Coalition. The Vice-Chair will be the representative of the Coalition in the Absence of the Chair. The term of office of the Vice-Chair shall be one year.

Members at large – The other members of the Steering Committee shall be members at large. Additional members may be invited to join the Steering Committee when and if a candidate is recommended by one or more current members.

Coalition Coordinator: This paid staff role is supported by funds from the grant.

The Coordinator is responsible for planning, implementing, and evaluating activities associated with the Coalition, and serves as key representative of the Coalition. (Jenn Ware)

Coalition Administrative Assistant: This paid staff role is supported by funds from the grant. The Administrative Assistant provides administrative support to the Coalition and its committees, including scheduling and arranging meetings, sending out meeting notices, and other Coalition support. (Martha Rivera)

Grant Manager: This paid staff role is supported by funds from the grant. The Grant Manager will work closely with the Coalition Coordinator to achieve the goals and objectives of the Coalition, and is accountable for appropriate expenditure of grant funds, and ensuring that grant deliverables are met. (Maggie Sullivan)

Research Coordinator: This sub-contracted role is supported by funds from the grant for a community-engaged researcher with knowledge of community-based participatory research techniques and qualitative and quantitative techniques. Tasks include overseeing the community assessment and data collections process. (Joanne Noone)

VII. DECISION-MAKING:

In the spirit of a Health Equity Coalition, steering committee business shall be conducted based on the philosophy of mutual respect. Budgetary decisions or large programmatic or staffing decisions must legally be adopted by the HCCSO Board Decisions. However, the Board will in most cases be guided by the recommendations of the Steering Committee. Decisions will be made first by a Fist to Five Consensus. If the group reaches an impasse, a majority vote will determine the final decision.

A. Fist to Five Voting

Fist to Five voting offers all members an opportunity to communicate their vote in a means beyond a simple yes or no. This voting method provides discussion surrounding all questions and looks for paths that will allow the entire group to come to an agreement and feel positive about the final decision.

In this voting model a fist is equivalent to a no and yes can vary by the number of fingers raised at the time of the vote. Raised fingers will hold the following meanings:

1. 5 fingers raised means that the member is in complete agreement with the decision, supports the Coalition, and will help implement the task.
2. 4 fingers raised means that the member supports the decision.
3. 3 fingers raised means that the member is neutral to the decision and is willing to agree with passing it.
4. 2 fingers raised means that the member has some reservations about the decision but is willing to support it.
5. 1 finger raised means that the member does not support the decision and needs to discuss the issue further or offer changes in order to support it.

6. No fingers raised (fist) means that the member does not agree with the decision at all and requires more discussion and can offer suggestions.
- B. Steering Committee Voting Process
1. When a decision is on the table for voting, all members of the steering committee will raise their hands to place a vote.
 2. All members will observe the number of fingers raised by each member. If the vote requires confidentiality, all members will write their vote on a piece of paper and hand to the Chair.
 3. The Steering Committee will offer members who vote 2 fingers or less the opportunity to express their reservations and suggest changes they view as necessary in order to vote in support of the decision.
 4. The group will then discuss the concerns.
 5. A second and final vote will be taken.
 6. A decision can be passed once the majority of the Steering Committee members have voted 3 or more fingers. If there is a majority of 1s and 2s the issue will be tabled for discussion at a later date.
 7. If there is a small number of 1s and 2s, the group will move to a traditional consensus vote.

Decisions made by HCCSO Staff

In order to conduct day-to-day business, react quickly to time-sensitive requests, and to avoid overburdening the Steering Committee members with small decisions, HCCSO staff will make some decisions without involving the Steering Committee. These decisions will be made in accordance with the mission and the strategic plan, within the parameters of the approved budget, and in the best interests of the Coalition. These include:

- Grant Administration, deliverables, and other administrative decisions
- Office Operations
- Travel and requests under \$5,000.

For time-sensitive decisions related to public relations, sponsorship, and for letters of support, staff will involve the Steering Committee chair and the appropriate Work Group Chair.

VIII. Addition of New Steering Committee Members

Steering committee members play a key role in identifying and recruiting potential new steering committee members. When proposing new members, the steering committee will take into account how the nominee will help to broaden cross-sector representation, contribute to representation of priority populations, and help to achieve the mission of the Coalition.

Nominations of new Steering Committee members will be discussed with the full Steering Committee. A fist-to-five vote will be used to determine if the nominee shall be invited to join the Steering Committee. Once accepted by vote of the

Steering Committee, a new nominee will be asked to sign an MOU, and will be invited to the next Steering Committee.

IX – SO-Health-E General Assembly

Membership/Participation:

Membership in a larger, community-wide coalition shall be open to any individual or organization that supports SO-Health-E’s mission, and supports or is interested in equity in Southern Oregon. The General Assembly will build community engagement, provide a forum for community input, and provide an opportunity to share the strategic vision and activities of the Coalition with the larger community.

Meetings:

Meetings of the So-Health-E Community Coalition shall take place at least four times per year, and shall be organized at a time and location that encourages wide participation of community members.

First Adopted by Steering Committee on Thursday May 1, 2014

Revised by the Steering Committee on Thursday April 7, 2016

NOTES:

The Charter is a living document that can be revised at any time. The Steering Committee recommends reviewing this at least annually. At the next review, Committee recommends considering the following:

- *Is a Quorum Needed? What should it be?*
- *Should there be term limits for Steering Committee members?*
- *Should there be criteria/process for removing Steering committee Members? (Attendance, Behavior, etc)*