

Universal Health Plan Governance Board

Committee Charter

July 2024 – March 2026

July 15, 2024. Version 2

Approved by the Board, [July 18, 2024]

Community Engagement and Communications Committee Charter

The Community Engagement and Communications Committee will be responsible for both community engagement and communications workstreams.

Committee Membership:

Board Members: Amy Fellows and Michelle Glass (Co-Chairs); Warren George

Non-Board Members: Grace Hocog, Mickie Derting, Juan Pablo Villalobos Garcia, Collin Stackhouse, Max Brown, Jensina Hawkins, Jay Brown, John Buzzard, Craig Newton, Juana Yesenia Hernandez-Solis, Katie Koenig, Josilyn Ogden

Tasks

Community Engagement Tasks:

- Review Joint Task Force Final Report's appendices on community engagement, understand existing feedback that communities have given and identify gaps in engagement including, but not limited to, behavioral health consumers and providers
- Identify strategies to engage with communities and stakeholders using existing structures and meetings
- Engage with key partners including: federally recognized tribes in Oregon, businesses, Providers, Clinics, CCOs, community-based organizations (CBOs), disability-led organizations and insurance carriers
- Develop plan for general public outreach to engage throughout the Finance and Operations committees
- Engage with small and large businesses particularly in the development of the revenue and finance development of the Universal Health Plan
- Present feedback received through community engagement efforts to the Governance Board committees and board to inform decisions

Communications Tasks:

- Identify communication materials needed and develop strategies for using the materials
- Identify the best messages to communicate the value of a Universal Health Plan

Deliverables:

Community Engagement Deliverables: [Section 2(3) f, g, h]

- Use existing mechanisms to get feedback and identify gaps
- Community engagement outreach plans for business, health care industry and health care consumers throughout Oregon
- At a minimum, present workstream recommendations to relevant community partners following each workstream to get feedback on recommendations prior to board review

Communications Deliverables:

- Develop a communications plan, including a message strategy, that includes materials – PowerPoint, talking points, and one-pagers – developed at major benchmarks of the project available for outreach community engagement
- A minimum of ten presentations of the comprehensive plan to finance and administer a Universal Health Plan open to communities throughout Oregon to hear the final work prior to submission to the legislature
- Create a dissemination plan to the final report to ensure full public knowledge

Process Considerations

The committee will provide recommendations to the board and has no authority to make decisions for the board. The committee will exist until it is dissolved by the board. Committee members serve at the pleasure of the board and by a vote of the board may be removed, or replaced.

The committee will be making recommendations on specific outreach efforts that will impact the other committee's work timelines. Keeping the board aware of the timelines for communications and community engagement will be very important.

Recommendations Guidance: Committee Decision – Making Process

Quorum: A simple majority of committee members.

Consensus: A consensus decision-making approach will be used to facilitate the committee's deliberations and to ensure that the committee receives the collective benefit of the individual views, experiences, backgrounds, training, and expertise of its members.

Voting: Recommendations to the board made by the committee, including when there is consensus, must be taken by public rollcall vote of all members present. Voting should flexibly follow the process set forth in Robert's Rules of Order. Absent compelling circumstances (e.g., as mandated by applicable conflict of interest laws and policies), committee members should not abstain from voting. Voting can be used when

consensus is not achieved, and any committee member is eligible to make a motion. If there are votes in the minority, those members voting in the minority may submit an explanation of their vote and provide alternative proposals.

Timeline and Meeting Frequency: July 2024 – March 2026

Committee will meet every two – three weeks and provide monthly updates to the Governance Board on progress.

June: Governance Board review and approve committee charter

July: Recruit non-board member committee members

August/ September: Foundation building. Review prior community engagement during the Joint Task Force and identify existing meetings and structures to use for outreach efforts.

October /November: Develop communications plan and materials to assist with additional listening and outreach efforts to supplement the Joint Task Force work and increase the public's understanding of the work of the Governance Board. Develop outreach plans to assist with workstream engagement.

December 2024-December 2025: Implement outreach and communications efforts as recommended by the committee and approved by the board.

October 2025: Create dissemination plan and develop communication materials.

January, 2026 – March, 2026: Give a minimum of ten presentations on comprehensive plan throughout Oregon. Disseminate final report to increase public understanding of the plan.

Subject Matter Expertise

Community engagement strategies. Knowledge of health care, business, and health care consumers to engage with this effort.

Resources Needed

Communications and messaging. Language translation. Community engagement specialist to support engagement efforts.

Staff

Jenny Donovan, Senior Policy Specialist, and Katy DeLuca, Executive Assistant, UHPGB