

# **Oklahoma Health Improvement Planning (OHIP) Team**

## **Operating Procedures**

**Revised November 4, 2009**

# OKLAHOMA HEALTH IMPROVEMENT PLANNING (OHIP) TEAM OPERATING PROCEDURES

## TEAM MEMBERSHIP

**Composition of OHIP Team.** Official designated members of the Oklahoma Health Improvement Planning (OHIP) Team should reflect the views of their respective constituencies and shall be officially designated by the agencies, organizations, or groups they represent. These members will provide the foundation for the development of the Oklahoma Health Improvement Plan and serve in leadership roles during the process.

These OHIP Team members may make recommendations for consideration for additional appointments for membership to the official OHIP Team by submitting a form [attached hereto as Attachment A, OHIP Membership Appointment Recommendation Form] to the OHIP Staff Designate as referenced on the OHIP Team Membership roster. The OHIP Executive Team will make the final determination in regard to team membership. It is suggested that membership on the OHIP Team should not exceed 35 to 40 members. Members of the OHIP Team act as official Primary Designees of their respective constituencies and the State of Oklahoma with the main purpose to improve the health of all Oklahomans.

The OHIP Team seeks members who have demonstrated a commitment to the Team's vision, mission and values. In order to assure that there is representation from the public, private, and voluntary sectors in the OHIP process, additional participation is encouraged in the work groups, community meetings, and OHIP Team Meetings. Active participation in the process should be inclusive and anyone with a commitment to the vision, mission and values of this process is invited to participate.

**Appointment Process, Participation and Length of Appointment.** A Primary Designee is defined as the designated OHIP Team Member on the OHIP Team Membership roster with full rights and privileges as such member.

OHIP Team Members shall serve until a replacement is designated. Active participation is required and the OHIP Executive Team may ask for a replacement if a Primary or Secondary Designee is not actively engaged. It is vital that there be consistent representation for continuity during the process. An OHIP Team Member determined by organizational title is permanent by position and not person. Organizations that frequently change leadership, such as membership organizations, should consider identifying representatives that will be able to provide continuity to OHIP when possible.

OHIP Team Members (a/k/a Primary Designees) will serve in that capacity unless they designate another individual as a Secondary Designee. An official letter [or OHIP Designee Form attached hereto as Attachment B] should be submitted to the OHIP Staff Designate indicating the name of the Secondary Designee and their contact information, along with authorization to act on behalf of the identified OHIP Team Member (a/k/a Primary Designee.) Consideration should be given to the need for continuity in the membership to assure progress of plan development. Continued active participation of informed participants is vital to the success of the planning process. Secondary Designees are encouraged to attend and participate in all OHIP Team meetings to assure this continuity. In the absence of the designated OHIP Team Member (a/k/a Primary

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Designee), the Secondary Designee would have full rights and privileges as the designated OHIP Team Member (a/k/a Primary Designee.)

Members resigning their appointment should give written notice of intent to resign to the OHIP Staff Designate with adequate notice to assure continued group representation. Any materials related to the completion of assigned responsibilities should be provided to the OHIP Staff Designate. The OHIP Team Chair and/or the OHIP Staff Designate will solicit an official replacement for the resigning member when necessary.

**Officers.** The following officers shall represent the OHIP Team: Chair and such other officers as the OHIP Team shall deem necessary for the proper management of the team. The Chair will facilitate the process, preside at meetings of the Executive Team and the OHIP Team, present findings and recommendations on behalf of the OHIP Team, and carry out other business of the OHIP Team as needed.

**Staff Designate, Staff and Advisors.** The Oklahoma State Department of Health, Tulsa Health Department and Oklahoma City-County Health Department will each be contributing staff positions to this effort and an OSDH staff position will serve as the OHIP Staff Designate and be responsible for coordinating the overall OHIP process, along with the coordination of collaborative efforts of all designated staff. At the request of the OHIP Team, advisors may be designated to assist the Team in conducting business.

### **EXECUTIVE TEAM**

For the orderly operation of the Oklahoma Health Improvement Planning process there shall be an Executive Team comprised of the following OHIP Team members:

- Oklahoma State Board of Health Representatives
- Oklahoma City-County Health Department (OCCHD) Board Representative
- Tulsa Health Department (THD) Board Representative
- Oklahoma State Department of Health Commissioner
- Oklahoma City-County Health Department Director
- Tulsa Health Department Director
- Chairs of Designated OHIP Main Work Groups

The OHIP Executive Team will oversee the Oklahoma Health Improvement Planning (OHIP) process and provide leadership to the OHIP Team and work groups.

### **MEETINGS**

**Voting:** At regular and special meetings, each OHIP Team Member (a/k/a Primary Designee) and/or their Secondary Designee shall have one (1) vote. Proxy voting is allowed by Secondary Designees only.

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**Regular Team Meetings, Executive Team Meetings, and Notice of Meetings:** Regular meetings of the OHIP Team shall be held quarterly. The Executive Team shall meet at times to be determined by the Executive Team, but not less than four (4) times per year prior to or on the date of the regularly scheduled OHIP Team Meeting.

Electronic notice stating the place, day and hour of the meeting and, in the case of special meetings, the purpose or purposes for which the meeting is called, shall be delivered or given by electronic mail to each OHIP Team Member not less than three (3) days before the date of the meeting. Notice sent by electronic mail shall be deemed given at the time such notice is sent as dated on the email.

**Minutes and Work Group Materials:** Detailed minutes of each OHIP Team meeting will be recorded and distributed. Upon approval, the minutes will be posted on the Oklahoma State Department of Health web site.

Resources produced by work groups or the OHIP Team will be made available on the Oklahoma State Department of Health web site. It is the intent of the OHIP Team to be as transparent as possible in regard to their efforts and that information relating to the work of the OHIP Team be readily available to the interested stakeholders and the general public.

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Attachment A

**OHIP Membership Appointment Recommendation Form**

I would like to propose that the following individual be recommended for addition to the Oklahoma Health Improvement Planning Team.

**Individual's Contact Information:**

Individual's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Criticality for Addition to OHIP Team:**

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Nominated By:

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Member's Printed Name

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Attachment B

**Oklahoma Health Improvement Planning (OHIP) Team**

**Designee Form**

I, \_\_\_\_\_, hereby state that I am the Primary Designee for the Oklahoma Health Improvement Planning Team and that \_\_\_\_\_ is appointed as my Secondary Designee. I authorize this designee to act on my behalf and exercise all my rights and privileges as an OHIP team member.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Primary Designee's Contact Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Designee's Contact Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_