



Oregon Health Authority
Northwest Regional Newborn Bloodspot Screening Program
Workgroup Meeting – Roles & Responsibilities
Meeting Minutes

December 12, 2019, 3:00pm-4:30pm
Oregon State Public Health Laboratory (OSPHL)
7202 NE Evergreen Pkwy., Suite 100, Hillsboro, OR 97124
Phone: 888-337-0215 / Access Code: 2001129#

Attendees

Workgroup Members

- Cheryl Hanna, Advisory Board Chair
- Marilyn Hartzell, Advisory Board Member

Staff

- Christianne Biggs, Manager, Northwest Regional Newborn Screening Program
- Sarah Humphrey, Scribe

Guests

- John Powell, Lobbyist, Novartis
- Don Stecher, Associate Director, State Government Affairs, Novartis

Discussion

Welcome

- Each individual in attendance introduced themselves.
- The workgroup achieved quorum.

Discussion and Clarification of Chair and Vice-chair Roles and Responsibilities

Group reviewed the current Roles and Responsibilities defined in the Board Charter for the Chairs and Vice Chairs.

Ms. Biggs did some research about roles and responsibilities for these roles on other boards.

- In general, the Chair is responsible for group participation, being a resource, ensuring welcoming environment, and developing agendas and materials.
- Most commonly, vice-chair is to serve as a back-up for the chair.
- If the legislature wanted to talk with someone, most likely contact would be the external chair as the public face of the board.

- Group may also want to consider the responsibility for representing the board with media.

Dr. Hanna – It is important that chairs are aware of implicit bias and ensure it doesn't affect group decision making. The whole group should feel free to consider whether unconscious bias plays into decision making and be thoughtful about how decisions are made.

- Ms. Hartzell expressed appreciation for the discussion. It may be important for members to consider perspectives and experiences that are not their own. Biases wouldn't be discredited but rather acknowledged.
- Ms. Biggs – Group could consider adding a statement about this topic in the Values section of the charter.
 - o Dr. Hanna and Ms. Hartzell agreed to this approach.
- Ms. Biggs will explore if other public health programs have language on this topic that could be modified for this purpose.

Ms. Biggs – The Chair may want to establish a communication channel for requests for information from the board (e.g., from the legislature or media).

- Ms. Hartzell – May want to include that board members may speak with legislature or media in individual role but are not speaking for the advisory board.

Ms. Biggs – There may be an additional training required by all board members. Ms. Biggs will keep the group updated.

Ms. Harzell - If Chair cannot be at the meeting, the vice chair should assume the role.

- Chris – The co-chair would never become the chair because they cannot vote.
- All three individuals need to work together to ensure all the documents and agenda get pulled together.

Dr. Hanna – May need to clarify that the Vice Chair role requires a time commitment.

The group agreed to add the following the roles and responsibilities for Chair and Vice-Chair.

- Respond to requests for information from the board (e.g., legislature or media) – The Advisory Board Chair will do this, not program Co-Chair.
- Specify that the Vice Chair will serve as the back-up for all responsibilities when the chair is not available.
- Regular exchange of information is required among the Chairs and Vice Chair.
- Make a distinction between the two chairs and the responsibilities they can fulfill.
 - o Advisory Chair – strategic future visioning, topics, managing subject matter expertise of membership, speaking publicly on behalf of the board
 - o Program Co-chair – logistics, resources, etc.

- Consider defining the Chairs and Vice Chair as a leadership body or similar phrase.

Ms. Biggs will develop draft edits to the charter and distribute for review.

Board will need to approve the final charter. If it's ready in time, it can go into the packet for the February meeting.

Feedback Mechanism for Board Members

Dr. Hanna – If a board member is unhappy with the leadership of a group, they should have options other than to report that to the leadership of the group.

Ms. Biggs would like to find a mechanism that is sustainable and doesn't depend on specific individuals or roles. Some groups have anonymous feedback survey each year; the survey goes to another entity for analysis and sharing results with the board.

- Ms. Hartzell and Dr. Hanna agree that having a plan to share the results with the board is less threatening and more productive.
- Dr. Hanna – Could there also be an option to submit feedback throughout the year for urgent concerns?
- Ms. Hartzell – This would set a structured opportunity for feedback. It would also be good for the feedback to focus on the chair and also the many facets of the board functions (e.g., charge, membership composition).
- Ms. Biggs – It may be good to ask board members about feedback process and questions to ask.

Dr. Hanna and Ms. Hartzell will develop an initial set of questions. They will then bring to the board for feedback.

Ms. Biggs will explore whether there are other similar surveys and share with Cheryl and Marilyn.

Dr. Hanna will report status of the project to the board at the February meeting.

Public Comment

No comments or additions.

Wrap up and Next Steps

Packets for advisory board will go out around January 13. These packets are not reliant upon a final product for this project. Agenda for February 4 meeting may need to be edited to incorporate status of this project.

Action Items:

- Program to edit the charter in alignment with the discussion; Distribute to Dr. Hanna and Ms. Hartzell for review.
- Ms. Hartzell and Dr. Hanna will draft questions for board evaluation questionnaire
- Ms. Biggs to reach out to other public health programs regarding:
 - o Implicit bias language
 - o Feedback structures or surveysMs. Biggs will share information with board members – Deadline: Week of January 6, 2020