DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service
Rockville, Maryland 20852 Refer to:
INDIAN HEALTH SERVICE CIRCULAR NO.

CHARTER
NATIONAL ORAL HEALTH COUNCIL
OF THE INDIAN HEALTH SERVICE

Sections
1. Purpose
2. Responsibilities
3. Membership
4. Executive Leadership Committee
5. Committees
6. Meetings, Staff Support, and Budget
7. Relationships
8. Amendments
9. Effective Date

1. **PURPOSE:** The National Oral Health Council (NOHC) will advocate on behalf of American Indians/Alaska Natives for improved oral health by advising and assisting IHS leadership concerning relevant health issues and policies while promoting integration of oral health into overall health.

2. **RESPONSIBILITIES:**
   A. Provide a national forum to identify issues and develop initiatives that address oral health needs.
   B. Provide guidance for clinical dental practice in Indian Health Service, Tribal, and Urban programs (I/T/U).
   C. Promote improved access to dental care:
      • Address issues which compromise an adequate health workforce
      • Advocate for modernization of existing facilities
      • Advocate for additional dental facilities
      • Improve clinical efficiency
      • Decrease oral disease burden
      • Advocate for resources
   D. Improve dental program management through better communication and involvement in the overall health program.
   E. Represent the I/T/U dental staff concerns and serve as a conduit to the IHS leadership:
      • Initiate proposals for health care strategies and policies
      • Participate actively in policy development, review, and implementation
      • Participate in agency strategic planning
      • Share information among council members
   F. Advocate for patient care quality improvement.

3. **MEMBERSHIP:** The National Oral Health Council is a permanent council of the IHS. The Oral Health Council is composed of all dental staff in I/T/U programs.

4. **EXECUTIVE LEADERSHIP COMMITTEE:** The Executive Leadership Committee (ELC) of the NOHC is composed of the Area Dental Officers from each Area and the Headquarters staff of the Division of Oral Health (ADO/HQs group). The Chair of the Executive Leadership Committee is the Director of the Division of Oral Health.

5. **COMMITTEES:** The NOHC may establish standing or ad hoc committees to perform specific projects or tasks.
a. **FIELD ADVISORY COMMITTEE:** The Field Advisory Committee (FAC) of the NOHC is composed of one dentist from each Area, one Dental Assistant, one member from the IHS Dental Hygiene Coalition (DHC), one Dental Clinical Specialist, one Area Dental Officer (ADO) and a representative from IHS Dental Headquarters. Area representatives will be selected by a vote of NOHC members in their respective Area. Their respective group will select IHS Dental Headquarters Representative, DHC, ADO’s, and Dental Specialist representatives. The Dental Assistant Representative will be selected by a vote of the NOHC Dental Assistants. The Area representatives will be elected for two-year terms on staggered rotations. Six Area members will be elected each year. In odd numbered years the first six IHS Areas in alphabetical order will elect new representatives (AK, ABR, ALB, BEM, BIL, and CAL) and in even numbered years the latter six IHS Areas will elect new representatives (OKC, NAS, NAV, PHX, POR, TUC).

Officers of the Field Advisory Committee consist of the Chair, Vice-Chair and Secretary. The Chair and Vice-Chair shall serve a two year term. Officers of the Field Advisory Committee will be Area Representatives selected by a vote of the Field Advisory Committee. The Vice-Chair becomes the Chair after their term as Vice-Chair. The Vice-Chair is elected from the Area Representatives every two years. The Secretary will be elected from the members for a two year term. When a member leaves prior to the end of their term, replacement will be at the discretion of the Chair.

1. Work of the FAC will be established, reviewed, and approved by the ELC.
2. The FAC will develop a work plan and submit it to the ELC by June 15th of each year.
3. The ELC will review and edit (as necessary) the work plan and deliver an ELC-approved FAC final work plan to the FAC by July 15th of each year.
4. All representatives will be chosen and be in place by the January following the year of their election. The terms will be for two years and go from January 1 – December 31.

The Field Advisory Committee is responsive to the NOHC membership and to the Executive Leadership Committee.

6. **MEETINGS, STAFF SUPPORT, AND BUDGET:**
   A. The NOHC meets biennially with its general membership at the IHS Dental Update meeting.
   B. The Executive Leadership Committee (ADO/HQs group) meets monthly by conference call and meets together once each year or as needed at the discretion of the Director of the Indian Health Service.
   C. The Chair and/or members of the Executive Leadership Committee shall attend meetings of the Indian Health Leadership Council (IHLC), the Executive Leadership Group (ELG), meetings with the Director of the Indian Health Service and other leadership meetings as needed.
   D. The Field Advisory Committee of the NOHC is authorized to meet a minimum of one time each year at an approved venue by the Executive Leadership Committee (ADO/HQs group). Conference calls will be set by the Chair of the Field Advisory Committee, and occur every month or as needed. For any meeting or conference call there must be at least 50% of the voting members of the Field Advisory Committee present to establish a quorum. If a Field Advisory Committee member cannot participate, it is their responsibility to appoint an alternate. Failure to attend or appoint an alternate for two sessions within a twelve month period is grounds for dismissal at the discretion of the Chair. Replacement of dismissed members shall be at the discretion of the Chair. Service Units/Tribal programs/Urban clinics will be responsible for the costs incurred by Field Advisory Committee members to attend the Field Advisory Committee meetings.
   E. The Chair of the Field Advisory Committee attends meetings of the ADO group, and other meetings as requested. The expenses incurred by the Field Advisory Committee Chair to attend these meetings shall be reimbursed from IHS dental program reserves.
7. RELATIONSHIPS: The Executive Leadership Committee or Chair of the National Oral Health Council will be available to present issues related to oral health to the Director of the Indian Health Service, ELG or the IHLC. The Chair of the Field Advisory Committee will present the work plan for the NOHC Field Advisory Committee for the coming year and progress made on the prior year’s work plan to the ELC (ADO/HQs group). The Chair of the Field Advisory Committee will participate in the ADO/HQs group meetings and advises IHS senior dental leadership in matters of the field concerning oral health.

8. AMENDMENTS TO THIS CHARTER: This Charter may be amended by a simple majority vote of the Executive Leadership Committee and processed through the Director, Management Policy Support Staff, and office of Management Support.

9. EFFECTIVE DATE: This circular is effective upon the date of signature by the Director of the Indian Health Service.

Michael H. Trujillo, M.D., M.P.H., M.S.
Assistant Surgeon General
Director, Indian Health Service

File:NOHC/charterrevision 6-2012