



Mobile Health Advisory Committee Application

This application is for people interested in joining the Mobile Health Advisory Committee (MHAC). Completion of this form should take between 15-30 minutes. Applications should be submitted by January 5, 2025 for the first round of reviews. Submit your application via email to medicaid.engagement@odhsoha.oregon.gov

You can get this document in other languages, large print, braille or a format you prefer free of charge. For questions or free help applying in a format that works for you, please contact: Shanaè Joyce-Stringer at shanae.joyce-stringer@oha.oregon.gov or call/text 503-979-8597. We accept all relay calls.

Required*

1. Full Name- First and Last Name*

2. Pronouns*

she/her/hers

he/him/his

they/them/theirs

ze/hir/hirs

I don't use pronouns, use my name

Prefer not to respond

Other

3. Phone number*

4. Please indicate if the following forms of contact are acceptable using the phone number provided*

Okay to send/receive text messages?

Okay to leave voicemail?

5. Preferred Email Address *

6. (Optional) Secondary Email Address. If provided, both email addresses will be used to share information and make contact with you.

7. Please rank in order your preferred method of communication. If we are unable to get a response by email, we will utilize your other preferred methods of communication. *

8. City and county where you live or work *

Professional and Priority Population Identification

According to HB 4052, more than half of MHAC members must represent Oregon's priority populations. Public health and health care professionals or other experts are also invited to apply. To learn more about how HB4052 defines priority populations and communities of color, please visit:

<https://olis.oregonlegislature.gov/liz/2022R1/Downloads/MeasureDocument/HB4052>

9. Have you received health care (Ex: medical, dental, mental health) services from a mobile health unit?*

Yes

No

10. Are you currently or in the past been a public health or health care professional? *

Yes

No

11. Do you identify as a member of a priority population?*

Priority populations are defined as:

Communities of Color; The Nine Federally Recognized Tribes in Oregon and the descendants of members of the tribes; Immigrants; Refugees; Migrant and seasonal farmworkers; Low-income individuals and families; Persons with disabilities; Individuals who identify as lesbian, gay, transgender, or queer, or who question their sexual identity; Individuals who have experienced avoidable illness or other poor health or social outcomes attributable directly or indirectly to racism.

Yes

No

12. (Optional) Which priority population(s) do you identify with? Select all that apply. This information will not be shared publicly but may be used to identify priority population gaps for future recruitment efforts.

- Communities of color
- The Nine Federally Recognized Tribes in Oregon and the descendants of members of the tribes
- Immigrants
- Refugees
- Migrant and seasonal farmworkers
- Low-income individuals and families
- Persons with disabilities
- Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity

Short Response Questions

13. Describe your experience with mobile health units, if any. (For example: you may work with mobile health units or have been served by a mobile health unit). Mobile health unit- any person(s) and/or equipment that travel to communities to provide health related services. *

14. The Mobile Health Advisory Committee gives Oregon Health Authority recommendations on how to award grant funds to entities to operate mobile health units. These grants are meant to improve the health outcomes of Oregonians impacted by racism. What suggestions would you make about giving grant funds to mobile health units to help improve the health of communities in Oregon who are treated unfairly because of racism?

15. Please share your personal journey to understand health equity and why this work is important to you.

16. What skills or experience (personal and/or professional) will you contribute to the Mobile Health Advisory Committee? *

17. Why would you like to serve on the Mobile Health Advisory Committee? *

18. Do you have any questions or comments? Please include them here.