

Mobile Health Advisory Committee

Mobile Health Advisory Committee (MHAC)
Workgroup Charter – Approved:

Overview

Objective: The Mobile Health Advisory Committee (MHAC) is chartered to provide guidance to the Oregon Health Authority (OHA) on establishing, funding, and operating a pilot program to improve the health outcomes of Oregonians impacted by racism by providing grants to one or more entities to operate two culturally and linguistically mobile health units in this state.

Problem statement: Racism causes harm, trauma, illness, and death to members of communities of color and priority populations living in Oregon. During the 2021 legislative session [House Resolution 6](#) (HR 6), which Declared Racism a Public Health Crisis, passed. Strategic actions to support this declaration were needed. [HB 4052](#), like HR 6, acknowledges that Oregon’s very founding as a state was rooted in racist ideals, and while the Black exclusionary laws are no longer on the books, the damaging impact of these and other racist policies continue to exist within our present-day policies and systems perpetuating health disparities. HB 4052 calls for accelerated, intentional actions to heal these injustices and articulates strategies and investments to address health inequities.

HB 4052 identified specific strategies to address racism as a public health crisis by:

- Remove barriers to increase access and quality of care for members of priority populations. A pilot mobile health program will create a sustainable, culturally responsive model to increase access to care, informing a collaboratively developed statewide feasibility study.
- Meaningfully invest in community engagement to identify future strategies. Ensure priority populations’ voice informs and directs institutional racism and healthy equity strategies. Racial affinity groups will be part of the Oregon Advocacy Commissions.
- Develop recommendations to fund culturally specific programs. Establish a funding strategy to support intervention programs designed to prevent health conditions that result in inequitable outcomes for priority populations.

Community members have regularly voiced the need for Oregon to take measures to address health inequities both in the health system and in the communities where members live and work. The COVID-19 pandemic brought this need into sharp focus as communities most harmed by social injustices were, and still are, disproportionately harmed by the disease. These communities consistently report that lack of access to care and health resources was and is at the center of their struggle to stay safe and healthy.

Implementing the strategies identified in HB 4052 (2022) pushes OHA to address health inequity directly and systematically. Implementing a mobile health pilot program can also increase access to services to priority populations in remote areas of Oregon.

Purpose: The MHAC brings together individuals from priority populations, public health professionals, health care professionals, or other experts to advise the state on establishing, funding, and operating the mobile health pilot program.

Based on the guidance of the advisory committee, OHA shall provide grants only to entities that:

- (a) Demonstrate the ability to serve priority populations.
- (b) Demonstrate the ability to conduct meaningful community engagement.
- (c) Have previously established relationships with one or more priority populations.

Authority: The MHAC is established by the State of Oregon and as directed in HB 4052 (2022), section one. The MHAC will be supported by OHA. This charter defines the objectives, responsibilities, and scope of activities of the MHAC. Due to the limited resources, the MHAC will use a collaborative model of community engagement with the intent to move towards co-creation. State staff will provide transparency on scope and process limitations while seeking directional guidance from the MHAC. The MHAC will provide advice and make recommendations through a co-developed decision-making process and will capture the voices of priority populations to inform this work. This group is not tasked with implementation, creating technical solutions, or identifying funding streams.

Additional Partner Engagement: OHA recognizes and values the work of the Oregon Advocacy Commissions Office as they develop health equity recommendations related to social determinants of health and initiate processes to make them actionable.

OHA Staff and Membership

<p>Sponsor:</p> <ul style="list-style-type: none"> • Jessica Deas, Management 	<p>Key Staff:</p> <ul style="list-style-type: none"> • Jula Krewson, Program Lead • Shanaè Joyce-Stringer, Public Affairs Specialist <p>Other Staff:</p> <ul style="list-style-type: none"> • Keely West, Compensation support
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Membership: The MHAC will be a 10-to-12-member committee consisting of individuals from priority populations and public health and health care professionals. Greater than 50 percent of members with decision-making authority shall be members of priority populations. Priority populations as defined by HB 4052 (2022) are as follows:

- Communities of color; means members of the following racial or ethnic communities:
 - (A) American Indian;
 - (B) Alaska Native;
 - (C) Hispanic or Latino;
 - (D) Asian;
 - (E) Native Hawaiian;

- (F) Pacific Islander;
- (G) Black or African American;
- (H) Middle Eastern;
- (I) North African;
- (J) Mixed race;
- or (K) Other racial or ethnic minorities

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

Members will be selected based on their availability and willingness to attend MHAC sessions, lived experience, and subject matter expertise, and in a manner to ensure diversity of perspective and representation of the state.

Language access and accessibility is a priority for the state and as such, interpretation, and access to materials in plain language and alternative formats will be provided as needed.

Scope

The MHAC's scope is to make recommendations and to provide advice to OHA. The MHAC will provide advice and recommendations to support Oregon in its efforts to award funds to entities to operate culturally and linguistically specific mobile health units and determine the feasibility of expanding mobile health units throughout the state. In particular, the MHAC will advise OHA on:

1. Developing program goals and activities that address negative health outcomes of Oregonians impacted by racism.
2. Strategies for announcing funding opportunities.
3. Strategies for selecting award recipients.
4. Recruiting and appointing MHAC members.
5. Gathering input to develop a feasible statewide mobile health plan.

State staff will be responsible for developing draft recommendations, strategies, and/or plans based on input from the MHAC. State staff are responsible for facilitating meeting spaces and providing logistical support to create safe, virtual environments for gathering. Input from the MHAC will be incorporated into OHA's December 31, 2025, and June 30, 2026, reports to the Legislative Assembly on the implementation of the pilot program and the recommendations for implementing a statewide mobile health unit program.

Meetings

The MHAC meets monthly and will extend no later than January 2, 2027. The committee meets for two hours once a month. Open work sessions may also be available to create time and space for member engagement and to support open and transparent work.

If members cannot attend a meeting, they can provide input via email or by talking with a staff person. Members cannot send proxies to participate in meetings on their behalf.

Decision-Making Process

The MHAC agrees to make any decisions through a majority based decision-making process. Votes are considered valid when a quorum of 60 percent is met. Members may submit votes via email.

Members

In support of a pilot program set to end on January 2, 2027, there are no appointment terms for members of the MHAC. Members may continue to serve until they express their interest to discontinue. Additionally, a member's seat may be vacated if they fail to communicate or engage for a period of three months or greater. If a member misses a meeting, OHA support staff will attempt to conduct outreach via email.

If a member anticipates an absence of three months or greater, the committee may vote to onboard a temporary member from the pool of applicants.

Guiding Principles

The following principles and definitions will guide the work of the MHAC:

- Oregon's strategic goal to end health inequities by 2030.
- Oregon's health equity definition: Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable distribution or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.
- Centering those most impacted – seeing lived experience and community wisdom as valid and valued sources of data.

Working Agreements

The following agreements will guide how the MHAC members will work together.

We will:

- Focus on equity.
- Show up with good intentions and be accountable for what we say and do.
- Commit to addressing and repairing any harm we cause to one another.
- Listen respectfully to each other.
- Make sure everyone's voice is heard/share the microphone.
- Be respectful to each other.
- Commit to being uncomfortable at times.
- Know that we are greater together.
- Avoid using acronyms or explain them when we do.
- Create a supportive environment by extending grace to others.
- Strive for understanding rather than judgment.
- Demonstrate intentionality of the inclusion of the ideas and opinions of community members and health professionals in remote areas of Oregon.

Group Commitments

Each member of the MHAC agrees to the following commitments:

- To prioritize attending meetings.
- To review meeting materials ahead of time and come prepared to participate.
- To stay present and engaged in meetings to the best of my ability.
- To be respectful to other MHAC members and their ideas and viewpoints.
- To take the time we need to make sure everyone understands the material and they have the information they need to participate.

Success:

Short Term

- Successfully recruit for open committee positions.
- Maintain membership requirements of the committee (>50% priority populations).
- Build an RFP (if required).
- Gather member feedback.
- Maintain communications loop.
- The charter will be reviewed quarterly and reaffirmed by a majority of MHAC members.

Long Term

- Post the funding solicitation (if required).
- Award funds.
- Gather member feedback.
- Draft and submit legislative reports composed of a feasible state model for mobile health support, supportive case for state support to mobile health, evaluation data from the mobile health pilot program, and recommendations on implementing health equity policies gathered by the Oregon Advocacy Commissions Office.

Compensation

Members serving on the Mobile Health Advisory Committee are eligible for compensation per Oregon Revised Statute (ORS) 292.495. It provides for some individuals to receive compensation and expenses related to their service on state boards and commissions, otherwise referred to as committees throughout this document. The law went into effect on September 25, 2021, and applies to committees operated by OHA and all state agencies.

Under this law, qualified members of state committees can be compensated for committee work. Compensation is taxable.

Public Meetings and Comments

MHAC meetings are subject to public meetings law and are open for public viewing and participation. No advanced notice is required for members of the public to provide comments during the scheduled MHAC meetings. Time will be allotted for public comment in the amount of 5 minutes at the start and end of each meeting. Public comments may also be received via email to Jula Krewson at jula.krewson@oha.oregon.gov and Shanaè Joyce-Stringer at shanae.joyce-stringer@oha.oregon.gov

Additional Resources

For more information on the work of this committee, see the Mobile Health Unit Pilot Program webpage linked [here](#).

