

# Mobile Health Advisory Committee Feedback Summary

September 2023

## Background

In August 2023, Mobile Health Advisory Committee (MHAC) Members were invited to meet with Mobile Health Unit Pilot Program Staff to discuss member experience and share feedback to improve committee work and processes. In the form of one-on-one sessions, members who participated were asked the following questions:

- Were the workgroup goals clear? How could they be clearer in the future?
- What can we change to improve the workgroup onboarding process?
- How can we make our workgroup discussions more effective?
- What does good facilitation look like to you?
- What was your experience like to share opinions, concerns, and ask questions during or outside of the meeting space?
- As we look towards the future of the MHAC, would you be interested in continuing your membership?

Program Staff completed interviews with seven MHAC members throughout August and September 2023.

## Key Findings

Based on the discussion with each member, Program Staff collected the following feedback and areas for improvement:

### **What areas were noted as gaps in committee work and facilitation?**

- Collective conversation stalled during MHAC meetings with limited Program Staff and external facilitation to guide agenda timelines and topics.

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- Foundational committee documents (Project Charter, Roles and Responsibilities, Established Goals and Tasks) were not in place to set expectations of committee work.
- Member involvement and decision-making roles were unclear and/or did not present opportunity for decision-making expansion.
- Virtual meeting spaces limit engagement compared to in-person meetings.

## **What challenges in Program implementation did members note?**

- OregonBuys is not the most accessible.
- System and protocol limitations.
- Program implementation requires additional OHA staff support.

## **What areas did members suggest for quality improvement in committee work?**

- Incorporate additional engagement tools (ex. Surveys or polls).
- A smaller committee of 10-12 members may be more effective.
- Practice trauma-informed and trauma-stewardship techniques as part of facilitation.
- Conduct 1:1 meeting with members before and after convening the work.
- If scope of work is expanded, create smaller workgroups for members to volunteer in and manage workload.

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- Cross-reference how other internal OHA committees conduct work and committee processes.
- Create ready-to-edit drafts of necessary documents, ensure readability in follow-up materials, and establish must-read HB 4052 documents prior to participating in committee work.
- Build space for debrief and review during meetings and repeatedly reinforce the committee work space as one that values experience and collaboration.
- Create space for introductions prior to conducting official committee business.

### **What areas did members suggest for quality improvement in Program implementation?**

- Consult internal divisions and state agencies (ex. Department of Justice) to clarify intent and function of bill language.
- Leverage opportunities to provide grant writing assistance.
- Find pathways to reduce barriers for smaller organizations interested in applying for Grant funding.

## Next Steps

With the availability of additional funds, Program Staff anticipate the work of the MHAC to continue alongside the Mobile Health Unit Pilot Program.

Member feedback helps to identify successes and gaps in performance to continue to foster an engaging and collaborative environment. In collaboration with current and future members of the MHAC, Program Staff are dedicated, but not limited, to:

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- Develop a Committee Charter and foundational documents outlining member scope, roles and responsibilities.
- Adjust committee recruitment and onboarding processes to include added facilitation and improve accessibility of meetings and materials (ex. Application, House Bill, Scope of Work, Onboarding, and Compensation documents).
- Conduct regular 1:1 meetings with MHAC members.
- Incorporate the use of additional engagement tools, trauma-informed and trauma-stewardship practices as part of facilitation.
- Research and consult with internal and external partners to develop paths forward in navigating grant funding and application support, and system and protocol limitations.

Program Staff acknowledge there will continue to be gaps in resources and system limitations as the work moves forward but intend to transform how recruitment, facilitation, and committee work is conducted for the MHAC where areas for quality improvement have been identified.

To current and former MHAC Members: Thank you. Your time, expertise, and commitment to the committee work and role in implementing the Mobile Health Unit Pilot Program is sincerely appreciated.