**Health Information Technology Oversight Council**

**Call for Nominations**

**Submit to:** HITOC.info@dhsoha.state.or.us

The Oregon Health Authority (OHA) is now accepting nominations for the [Health Information Technology Oversight Council (HITOC)](https://www.oregon.gov/oha/hpa/ohit-hitoc/pages/index.aspx)[[1]](#footnote-1).

**Deadline:** Applications are accepted on a rolling basis.

**What is HITOC?**HITOC is responsible for establishing the strategic plan for health information technology (health IT) for Oregon, making policy recommendations, assessing the health IT landscape, and providing programmatic oversight. HITOC reports to the Oregon Health Policy Board, and its membership is set by the Board. HITOC members participate in health system transformation by working towards a vision of health IT-optimized health care, in which robust health IT tools support providers, patients and their families, health systems, communities, Medicaid Coordinated Care Organizations (CCOs), health plans, and policymakers. ([Additional information](http://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/HITOCAppBackground2022)[[2]](#footnote-2))

**Who we’re looking for:**We are looking for motivated members with health IT expertise and are especially interested in nominees who can provide perspectives on:

* Oral health
* Social determinants of health (SDOH), including community advocates
* Health equity
* Racial, ethnic, and geographic diversity (especially Central communities)
* Consumer/patient advocacy
* Behavioral health (both mental health and substance use disorder treatment)
* Informatics, quality improvement, and/or privacy and security
* Provider organizations and providers of different types
* Local Public Health agencies
* CCOs and health plans

*Note: Technology vendors are not eligible to serve on HITOC but may be considered for workgroups or subcommittees.*

**Details of service:**HITOC meets for three hours every other month virtually (12:30-3:30 pm the first Thursdays of even numbered months) and may resume meeting in Portland in 2022. When in-person attendance resumes, members may still participate via phone/webinar. Membership terms are for 3 years.

**Health Information Technology Oversight Council Application**

**Submit to:** HITOC.info@dhsoha.state.or.us

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Organization: |  |
| Address: |  |
| Email: |  |
| Phone: |  |

**Please check all that apply:**

[ ]  I am interested in serving on HITOC

[ ]  I am interested in serving on a future HITOC work group.

**Please select the areas of expertise, knowledge, or direct experience you have** (select all that apply)**:**

|  |  |
| --- | --- |
| **Healthcare delivery:**[ ]  Oral Health[ ]  Physical Health[ ]  Behavioral Health[ ]  Public Health[ ]  Hospital or Health System[ ]  CCO or health plan[ ]  Post-acute care or long-term services and supports[ ]  Other: (Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | **Experience Areas**[ ]  Health Information Exchange or Community Information Exchange[ ]  Security & Privacy[ ]  Analytics[ ]  Interoperability[ ]  Quality Improvement[ ]  Informatics[ ]  Finance[ ]  Governance[ ]  Law & Policy |
| **Communities:**[ ]  Social determinants of health and social supports[ ]  Community-based organization [ ]  Consumers/Patients or Consumer Advocacy[ ]  Community Advocacy[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Please answer the following questions (you can attach additional pages):**

1. Why are you interested in participating in HITOC?
2. Please describe your relevant experience and how it would benefit HITOC.
3. Can you commit to attending regular, bi-monthly meetings and to reviewing materials prior to meeting?
4. Please describe any other experience serving on a committee, board, or collaborative group to which you were a contributor.
5. Is there anything else you would like us to know that may be relevant to serving on HITOC?

**Demographic Survey Section**

*The Oregon Health Policy Board is committed to ensuring all committees reflect the racial, ethnic, gender, geographic, and disability diversity of Oregonians. To help achieve this goal, we would appreciate you providing the following information. Please note, these questions are optional.*

The Oregon Health Authority and the Oregon Health Policy Board are updating how demographic information is captured and may request further information from final candidates at a later time.

If you have questions about these questions or how we use this information, please contact hope.peskin-shepherd@dhsoha.state.or.us.

**Please see the following pages regarding demographic information.**

**Race and Ethnicity**

1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply

**Hispanic and Latino/a/x**

[ ]  Central American

[ ]  Mexican

[ ]  South American

[ ]  Other Hispanic or Latino/a/x

**Native Hawaiian and Pacific Islander**

[ ]  Chamoru (Chamorro)

[ ]  Marshallese

[ ]  Communities of the Micronesian Region

[ ]  Native Hawaiian

[ ]  Samoan

[ ]  Other Pacific Islands

**White**

[ ]  Eastern European

[ ]  Slavic

[ ]  Western European

[ ]  Other White

**American Indian and Alaska Native**

[ ]  American Indian

[ ]  Alaska Native

[ ]  Canadian Inuit, Metis, or First Nation

[ ]  Indigenous Mexican, Central American, or South American

**Black and African American**

[ ]  African American

[ ]  Afro-Caribbean

[ ]  Ethiopian

[ ]  Somali

[ ]  Other African (Black)

[ ]  Other Black

**Middle Eastern/North African**

[ ]  Middle Eastern

[ ]  North African

**Asian**

[ ]  Asian Indian

[ ]  Cambodian

[ ]  Chinese

[ ]  Communities of Myanmar

[ ]  Filipino/a

[ ]  Hmong

[ ]  Japanese

[ ]  Korean

[ ]  Laotian

[ ]  South Asian

[ ]  Vietnamese

[ ]  Other Asian

**Other Categories**

[ ]  Other (please list) \_\_\_\_\_\_\_\_\_

[ ]  Don’t know

[ ]  Don’t want to answer

1. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

[ ]  Yes. Please write your primary racial or ethnic identity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  I do not have just one primary racial or ethnic identity.

[ ]  No. I identify as Biracial or Multiracial.

[ ]  N/A. I only checked one category above.

[ ]  Don’t know

[ ]  Don’t want to answer

**Disability**

1. Do you have a disability?

[ ]  Yes

[ ]  No

[ ]  Decline to answer

**Sexual Orientation and Gender Identity**

1. What is your gender identity?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Decline to answer
2. Do you identify as LGBTQIA (lesbian, gay, bisexual, transgender/transsexual, queer/questioning, intersex, and/or asexual/aromantic/agender)?

[ ]  Yes

[ ]  No

[ ]  Decline to answer

**Geography**

1. Do you have experience living or working in urban, suburban, rural or frontier areas? (Select all that apply)

[ ]  Urban

[ ]  Suburban

[ ]  Rural

[ ]  Frontier

[ ]  Decline to answer

**Accessibility**

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

* CART (live captions)
* Sign language and spoken language interpreters
* Written materials in other languages
* Braille
* Large print
* Audio and other formats

If you need help or have questions, please contact ohit.info@dhsoha.state.or.us. OHA will make every effort to provide services for requests on application and/or meeting materials.

1. <https://www.oregon.gov/oha/hpa/ohit-hitoc/pages/index.aspx> [↑](#footnote-ref-1)
2. <http://www.oregon.gov/oha/HPA/OHIT-HITOC/Documents/HITOCAppBackground2021> [↑](#footnote-ref-2)