

**OFFICE OF HEALTH EQUITY (OHE)  
ADVISORY COMMITTEE APPLICATION**

APPLICANT INFORMATION			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Title:</b>			
<b>Company:</b>			
<b>Address:</b>			
<b>City:</b>		<b>County:</b>	<b>Zip Code:</b>
<b>Telephone:</b>		<b>Fax:</b>	
<b>Email Address:</b>			
<b>Representing (Check all that apply):</b>			
Consumer		Expert	Other (Specify):
Advocate		Clinician	
<b>Geographic Area of Representation:</b>	<b>City:</b>	<b>County:</b>	<b>Or Statewide:</b>
<b>List Area(s) of Expertise:</b>			
<b>Representing the Following Organizations (Optional):</b>			

**STATEMENT OF INTEREST**

Your completed Application Package must include a Statement of Interest that discusses Items 1- 5 below in three pages or less:

1. Your reasons for applying for membership to the OHE Advisory Committee and the assets you would bring to it.
2. Your background, experience, and/or knowledge in public health, healthcare, mental health, policy, program planning and development, quality improvement, and/or research/data related to public health and mental health.
3. Your affiliation with or representation of vulnerable community groups<sup>1</sup> .
4. Your knowledge and experience regarding specific issues affecting vulnerable communities and vulnerable places to increase positive health and mental health outcomes.
5. How you will obtain input from constituencies that you represent and how you will communicate the issues addressed by the Committee with community members.

Attach your Statement of Interest to this application. Your statement should be three pages or less and should be no smaller than 12-point font.

<b>REFERENCES</b>
<p><b>Must include three(3):</b></p> <p>Name of Reference:                      Organization:                      Telephone:                      E-mail Address:</p> <p>Name of Reference:                      Organization:                      Telephone:                      E-mail Address:</p> <p>Name of Reference:                      Organization:                      Telephone:                      E-mail Address:</p>

<sup>1</sup> “Vulnerable communities” include, but are not limited to, women, racial or ethnic groups, low- income individuals and families, individuals who are incarcerated and those who have been incarcerated, individuals with disabilities, individuals with mental health conditions, children, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) communities, or combinations of these population

## MEMBERSHIP TERMS AND AGREEMENT

The CDPH, OHE shall establish an advisory committee to advance the goals of the office and to actively participate in decision making. The advisory committee shall be composed of representatives from applicable state agencies and departments, local health departments, community-based organizations working to advance health and mental health equity, vulnerable communities, and stakeholder communities that represent the diverse demographics of the state. The chair of the advisory committee shall be a representative from a non-state entity. The committee shall meet, at a minimum, on a quarterly basis. Subcommittees of this advisory committee may be formed as determined by the chair. Members serve at the discretion of the CDPH and must agree to abide by the following membership terms:

- Participate in four meetings per year.
- Actively participate in every convened meeting of the Committee from beginning to adjournment.
- Prepare for each meeting by reading materials distributed in advance.
- Engage in small and large group discussions in a manner that is respectful of divergent perspectives, ideas, and experiences.
- Work to achieve consensus on recommendations of the Committee.
- Facilitate communication between community representatives and the Committee.
- Gather local community and/or affiliation group input regarding needs and priorities for consideration by the Committee.
- Work within a group process to meet deadlines.
- Make recommendations on a broad range of health and mental health related issues that improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and achieving equity.
- Solicit and reflect the views of represented constituencies as well as their personal perspectives and expertise.

*By signing this document below, I acknowledge that I have read and understand the above purpose and membership terms to the California Department of Public Health, Office of Health Equity Advisory Committee. If selected for membership to the Office of Health Equity Advisory Committee, I agree to abide by the above membership terms*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION PROCESS****Step 1: Complete the OHE application form:**

- Application is available in Adobe PDF format for download\_
- Save the blank PDF form onto your computer. You must have Adobe Reader® software. It is available free online for download if you do not already have it on your computer.
- Type your information into the form. You may find it helpful to type the information into a Word document first and then cut and paste it into the PDF form.
- Print out the completed PDF application. This form will NOT let you save the information you entered. Only the blank form can be saved. We recommend you make a copy for your records.

**Step 2: FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST RETURN THE FOLLOWING DOCUMENTS TO THE OFFICE OF HEALTH EQUITY:**

- Completed Application Form
- Statement of Interest (1 – 3 pages)
- Curricula Vitae or Resume

**Applications can be submitted via:**

US Mail:            California Department of Public Health  
                         Office of Health Equity  
                         PO Box 997377, MS 0022  
                         Sacramento, CA 95899-7377

Fax: 916-552-9861. Please call to confirm receipt of your fax.

Email: If you have a document scanner you can scan and email to [OHE@cdph.ca.gov](mailto:OHE@cdph.ca.gov)

For questions regarding the completion of the application, or to confirm receipt of your application, send an email to [OHE@cdph.ca.gov](mailto:OHE@cdph.ca.gov) or call (916) 324-9261.