

## Advisory Committee Application 2019

### 1. Application to be a member of the Office of Health Equity Advisory Committee

Thank you for your interest in applying to be a member of the California Department of Public Health Office of Health Equity Advisory Committee.

The Advisory Committee is composed of representatives from vulnerable communities, stakeholder communities that represent the diverse demographics of the state, applicable state agencies and departments, local health departments, and community-based organizations working to advance health and mental health equity.

The committee is required to meet, at a minimum, on a quarterly basis. The meetings may be held in cities all across the state to ensure broad representation and increased access to members of vulnerable communities and small organizations that represent or serve vulnerable communities.

Members may serve up to two terms of three years each, for a total of six years.

Members serve at the discretion of the California Department of Public Health and must agree to abide by the following membership terms:

- Attend and actively participate from beginning to adjournment for no fewer than three quarterly meetings per year, or nine quarterly meetings per three-year term.
- Participate in at least two additional meetings, such as subcommittee meetings (e.g. agenda setting meetings) from beginning to adjournment, per year, or six subcommittee meetings per three-year term.
- 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.

1. Will you be able to fulfill the above listed requirements of membership?

Yes

No

Advisory Committee Application 2019

2. Contact Information

In order to help with our selection process and to comply with our mandate to represent vulnerable communities (Health and Safety Code section 131019.5), as part of this application, we will ask you for information related to your personal background and lived experiences, areas of interest and expertise, representation of vulnerable communities, etc. Please note that any information you provide as part of this application will become public information for purposes of the California Public Records Act. Please DO NOT include confidential information about yourself or others in this application.

2. First Name

3. Last Name

4. Address

Organization

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

3. Geographic Representation

California is a very geographically diverse state, with different cultures and resources varying, and oftentimes being impacted, by geography. The Office of Health Equity strives to ensure the members of the Advisory Committee and the organizations they represent reflect the geographic diversity of our state.

5. Please select that geographic region that you and your organization represent. For example, if you are based in Riverside, but your organization is statewide you would select Inland Empire and Statewide. You can represent the same geographic region as well. If your organization represents a region please select the region where the headquarters or office with the greatest number of staff is located.

Southern and Border Region    Inland Empire/Inland Border    Central Valley    South and Central Coast    Gold Country    Bay Area    Northern Mountain and North Coast

You represent the following geographic region

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Your organization represents the following geographic region

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Sectors and Areas of Expertise

The Office of Health Equity Advisory Committee should have a broad representation of sectors and the members should have a diverse set of skills and areas of expertise that will advance health equity in California.

6. What sector(s) does your organization represent (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Health Care/Health Insurance            | <input type="checkbox"/> Mental Health/Counseling/SUD/Social Work |
| <input type="checkbox"/> Education                               | <input type="checkbox"/> Economic Development                     |
| <input type="checkbox"/> Transportation                          | <input type="checkbox"/> Community Based Organization/Non-Profit  |
| <input type="checkbox"/> Government (State, County, City)        | <input type="checkbox"/> Faith Based Organization                 |
| <input type="checkbox"/> Research/Data Collection/Academia       | <input type="checkbox"/> Tech/Data/IT/Informatics                 |
| <input type="checkbox"/> Policy/Advocacy                         | <input type="checkbox"/> Art/Design/Performance                   |
| <input type="checkbox"/> Justice/Law Enforcement/First Responder | <input type="checkbox"/> Agriculture/Food Systems                 |
| <input type="checkbox"/> Armed Forces/Veterans                   |   |

Other (please specify)

7. What sector(s) do you represent given your lived experience, both personal and professional? (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Health Care/Health Insurance/Clinicians | <input type="checkbox"/> Mental Health/Counseling/Social Work    |
| <input type="checkbox"/> Education                               | <input type="checkbox"/> Economic Development                    |
| <input type="checkbox"/> Transportation                          | <input type="checkbox"/> Community Based Organization/Non-Profit |
| <input type="checkbox"/> Government (State, County, City)        | <input type="checkbox"/> Faith Based Organization                |
| <input type="checkbox"/> Research/Data Collection/Academia       | <input type="checkbox"/> Tech/Data/IT/Informatics                |
| <input type="checkbox"/> Policy/Advocacy                         | <input type="checkbox"/> Art/Design/Performance                  |
| <input type="checkbox"/> Justice/Law Enforcement/First Responder | <input type="checkbox"/> Agriculture/Food Systems                |
| <input type="checkbox"/> Armed Forces/Veterans                   |  |

Other (please specify)

8. What are your topics or areas of interest or expertise (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Built Environment   | <input type="checkbox"/> Civil Rights   |
| <input type="checkbox"/> Environmental Health/Environmental Justice/Climate Change | <input type="checkbox"/> Children/Youth/Young Adults  |
| <input type="checkbox"/> Social Justice  | <input type="checkbox"/> Health Education   |
| <input type="checkbox"/> Social Determinants of Health                             | <input type="checkbox"/> Women's Health   |
| <input type="checkbox"/> Immigration/Immigrant Health                              | <input type="checkbox"/> LGBTQ Health   |
| <input type="checkbox"/> Health Care Reform/Access to Health Care                  | <input type="checkbox"/> Aging/Elderly  |
| <input type="checkbox"/> Mental Health   | <input type="checkbox"/> Infectious Disease   |
| <input type="checkbox"/> Substance Use/Misuse/Addiction                            | <input type="checkbox"/> Policy   |
| <input type="checkbox"/> Violence Prevention                                       | <input type="checkbox"/> Native American/Tribal Engagement  |
| <input type="checkbox"/> Justice Involved/Formerly Incarcerated                    | <input type="checkbox"/> Poverty/Poverty Reduction  |
| <input type="checkbox"/> Chronic Disease   | <input type="checkbox"/> Emerging leaders/Para-Professionals (Community Health Workers, promotoras) |

Other (please specify)

5. Community Representation

The Office of Health Equity Advisory Committee should be representative of and represent our vulnerable communities.

9. Which of the following communities does your organization represent (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Women  | <input type="checkbox"/> Individuals who are limited English proficient (LEP)                             |
| <input type="checkbox"/> Racial or ethnic groups (indicate which one(s) in "other" box)                         | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, Queer, And Questioning (LGBTQ+) communities |
| <input type="checkbox"/> Low-income individuals, families, or communities                                       | <input type="checkbox"/> Consumer of mental health services   |
| <input type="checkbox"/> Individuals who are justice involved (currently incarcerated or formerly incarcerated) | <input type="checkbox"/> Family members of mental health consumers  |
| <input type="checkbox"/> Individuals with disabilities  | <input type="checkbox"/> Caretakers for family members who have disabilities or illnesses                 |
| <input type="checkbox"/> Individuals with mental health conditions  | <input type="checkbox"/> Individuals who have or currently are experiencing homelessness                  |
| <input type="checkbox"/> Children   | <input type="checkbox"/> Veterans or members of the armed services  |
| <input type="checkbox"/> Youth and young adults   | <input type="checkbox"/> Rural/isolated communities   |
| <input type="checkbox"/> Seniors  | <input type="checkbox"/> Substance use/misuse   |
| <input type="checkbox"/> Immigrants and refugees  |   |

Other (please specify)

10. Which of the following communities do **you** represent (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Women  | <input type="checkbox"/> Individuals who are limited English proficient (LEP)                             |
| <input type="checkbox"/> Racial or ethnic groups (Please indicate which one(s) in "other" box)                  | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, Queer, And Questioning (LGBTQ+) communities |
| <input type="checkbox"/> Low-income individuals, families, or communities                                       | <input type="checkbox"/> Consumer of mental health services   |
| <input type="checkbox"/> Individuals who are justice involved (currently incarcerated or formerly incarcerated) | <input type="checkbox"/> Family members of mental health consumers  |
| <input type="checkbox"/> Individuals with disabilities  | <input type="checkbox"/> Caretakers for family members who have disabilities or illnesses                 |
| <input type="checkbox"/> Individuals with mental health conditions  | <input type="checkbox"/> Individuals who have or currently are experiencing homelessness                  |
| <input type="checkbox"/> Children   | <input type="checkbox"/> Veterans or members of the armed services  |
| <input type="checkbox"/> Youth and young adults   | <input type="checkbox"/> Rural/isolated communities   |
| <input type="checkbox"/> Seniors  | <input type="checkbox"/> Substance use/misuse   |
| <input type="checkbox"/> Immigrants and refugees  |   |

Other (please specify)



6. Statement of Interest

Please complete the following section to share with us why you would like to be part of the Advisory Committee and what strengths you bring.

Responses to each question in this section should not exceed 1000 words, or the equivalent of 1-page per question.

11. Why do you want to be a member of the Office of Health Equity Advisory Committee? What assets do you bring?

12. What is your background experience, and/or knowledge in public health, healthcare, mental health, policy, program planning and development, grant writing, quality improvement, and/or research/data related to public health and mental health?

13. What is your knowledge and experience regarding specific issues affecting vulnerable communities and vulnerable places to increase positive health and mental health outcomes?

14. How will you obtain input from constituencies that you represent and how will you communicate issues addresses by the Advisory Committee with community members?

15. Membership Terms and Agreement:

By checking this box and typing my name below I am accepting this as my electronic signature that I acknowledge that I have read and understand the purpose and membership terms of the California Department of Public Health, Office of Health Equity Advisory Committee.

I certify that all information provided in this application is accurate to my knowledge.

If selected for membership to the Office of Health Equity Advisory Committee, I agree to abide by all membership terms and conditions.

I understand that the information I have provided as part of this application will become public information and is subject to the California Public Records Act.

Check Here

Type name and date here:

7. References

You must include three (3) references as part of your application.

16. Reference 1:

Name of Reference:

Organization:

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

17. Reference 2:

Name of Reference:

Organization:

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

18. Reference 3:

Name of Reference:

Organization:

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

19. Please upload your resume or CV

Choose File

No file chosen