|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01930 (11/2016) | **STATE OF WISCONSIN**  Page 1 of 3 |
| **MINORITY HEALTH ADVISORY GROUP**  **NOMINATION AND AGREEMENT** | |

**NOMINATION**

The Wisconsin Division of Public Health (DPH) is seeking nominations for membership on the Minority Health Advisory Group. The Advisory Group contributes to improving the overall health and well-being of racial and ethnic minority populations in Wisconsin by connecting DPH with communities to discuss issues relating to the health of racial and ethnic minority populations in Wisconsin. The Advisory Group is composed of 15 community representatives from across Wisconsin with strong expertise and/or interest in minority health and racial and ethnic health disparities from a variety of disciplines, including health care, mental health, public health, education, and social services. The group meets quarterly with meetings often taking a full day.

Membership is open to individuals interested in the health of minority populations, who are willing to commit to attending and participating in meetings, and who do not have conflicts of interest. Members are selected through a competitive nomination and application process and members serve a two-year staggered term until resignation or removal.

**CRITERIA FOR ADVISORY GROUP MEMBERSHIP:**

• Fifteen (15) community members from across the state

• Include tribal, African American, Asian American, and Hispanic members

• Mix between rural and urban.

• Geographically diverse

• Members with a strong expertise/interest in minority health and racial/ethnic health disparities

• From a variety of disciplines, including health care, mental health, public health, education, and social services

• Members can serve a maximum of three consecutive terms, but they may return for additional terms after taking at least a two-year time break

**SELECTION CRITERIA FOR ADVISORY GROUP MEMBERSHIP:**

A Nomination Committee will be composed of at least five (5) Advisory Group members to seek, outreach, and review nominations according to the Operating Procedures.

• Nominations will be submitted to DPH through the Minority Health Program mailbox during even numbered years.

• Nominations will come from multiple sources. Members can nominate and self-nominate.

• Minority Health Program staff will summarize nominations against a matrix of membership sectors.

• The Nomination Committee will review the nominations and the membership sector matrix and provide feedback to the DPH Office of Policy and Practice Alignment (OPPA) Director.

After receiving the input from the Nominations Committee, the OPPA Director will review the nominations and make final appointments to the Advisory Group. New Advisory Group members will begin their terms at the beginning of the upcoming year.

**NOMINEE’S CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | **Organization** (Optional) | | |
|  | | | |  | | |
| **Address, City, Zip Code** (Work or Home) | | | | | | |
|  | | | | | | |
| **Phone** | | | **Email Address** | | | |
|  | | |  | | | |
| **Population Representation**  In the following table, please indicate the categories you identify with, work, or volunteer.  Please note that this terminology is used by the U.S. Department of Health and Human Services and grantees such as the Wisconsin Minority Health Program, and may not reflect the terminology used by you or your organization(s). | | | | | | |
| **POPULATION / SECTOR** | **YOU** | | | **YOUR**  **ORGANIZATION**  *(volunteer or paid)* |
| American Indian |  | | |  |
| Asian |  | | |  |
| Black/African-American |  | | |  |
| Hispanic |  | | |  |
| White |  | | |  |
| Other |  | | |  |
|  |  | | |  |
| Alcohol health issues |  | | |  |
| Nutrition/Physical Activity health issues |  | | |  |
| Opioid health issues |  | | |  |
| Suicide health issues |  | | |  |
| Tobacco health issues |  | | |  |
|  |  | | |  |
| Local and tribal health departments |  | | |  |
| Elected officials |  | | |  |
| For-profit |  | | |  |
| Nonprofit |  | | |  |
| Other (please specify) |  | | |  |

|  |  |  |
| --- | --- | --- |
| **SHORT BIOGRAPHY** | | |
|  | | |
| Please insert a biographical sketch in the box below (maximum 1000 characters). | | |
|  | | |
| **AGREEMENT** | | |
| If selected for membership in the Minority Health Advisory Group, I commit to actively participating in meetings and activities of the Group during my term. | Yes | No |
| I commit to attending the meetings of the Minority Health Advisory Group. | Yes | No |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Name of** Nominee (Print Name) | | |
|  | | |
| Please email the Minority Health Program, if you have any questions.  Return completed form to [DHSWIMinorityHealthProgram@wisconsin.gov](mailto:DHSWIMinorityHealthProgram@wisconsin.gov) by no later than Friday, December 16, 2016. A decision is expected to be made by the end of the year, and new members will be notified in January 2017. | | |