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| **DEPARTMENT OF HEALTH SERVICES** Division of Public HealthF-02258 (01/2018) | **STATE OF WISCONSIN**Office of Policy and Practice Alignment |
| **MINORITY HEALTH ADVISORY COMMITTEE APPLICATION** |
| The Division of Public Health (DPH) is seeking applications for membership on the Minority Health Advisory Committee (MHAC). The MHAC contributes to improving the overall health and well-being of racial and ethnic minority populations in Wisconsin. |
| Membership is selected through a competitive application process. Members are eligible to serve two-year terms that are renewable for up to three (3) terms.  |
| **PURPOSE AND GOALS*** Cultivate relationships/partnerships with ethnic minority communities.
* Provide feedback regarding DPH initiatives, activities, and programs.
* Assist with dissemination of information from DPH and Minority Health Program (MPH) to members’ respective communities.
* Bring forth opportunities, challenges, and resources on behalf of your respective community and/or organization to the committee.
* Participate in projects and/or tasks in smaller subcommittees as appropriate.
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| **NOMINATION CRITERIA FOR ADVISORY COMMITTEE MEMBERSHIP*** The committee will comprise a minimum of 10 and a maximum of 15 community members from across the state of Wisconsin, with at least one representative from each of the ethnic minority communities: African American, American Indian, Asian, and Hispanic.
* Members will have strong expertise or interest in minority health and racial and/or ethnic health disparities.
* Members can serve a maximum of two consecutive terms and may return for additional term(s) after being off the committee for one two-year term.
* Members will meet quarterly each year.
* Meeting locations will vary and travel may be required.
* Members must be able to work with a diverse group of individuals.
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| **SELECTION CRITERIA FOR ADVISORY COMMITTEE MEMBERSHIP**The staff of the Minority Health Program will review the nominations and make recommendations to the DPH senior leadership. Senior leadership will make final appointments to the committee. * Applications must be submitted to DPH through the Minority Health Program mailbox.
* Potential members must apply.
* New committee members will begin their terms in March 2018.

**Stipends will not be provided for participation on the Committee, but travel reimbursement can be arranged***.* |

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| **DEPARTMENT OF HEALTH SERVICES** Division of Public HealthF-02258A (01/2018) | **STATE OF WISCONSIN**Office of Policy and Practice Alignment |
| **MINORITY HEALTH ADVISORY COMMITTEE (MHAC) APPLICATION** |
| Name of Nominee |
|       |
| Organization (optional) |
|       |
| Address | City and Zip Code: |
|       |
| Phone (Include area code) | Email Address |
|      -     -      |       |
| Please below indicate how **you** identify **yourself.** Note that the terminology used is from the Wisconsin Department of Health Services, and Wisconsin Minority Health Program, and may not reflect the terminology used by you and your organization(s). |
| **Population/Sector** |
| **Sex (Optional)** | [ ]  Male | [ ]  Female  |  |
| **Ethnicity/Race** | [ ]  American Indian | [ ]  Black/African American | [ ]  Hispanic |
| [ ]  White | [ ]  Asian | [ ]  Other        |
| **Population Representation** |
| Please indicate **the interest** you will be representing in the MHAC. |
| Will you be representing an organization on this committee? | [ ]  Yes [ ]  No |
| What ethnic community does your organization represent? |  |
| What county is your organization located in? |  |
| Would you consider the community you represent urban or rural? | [ ]  Urban [ ]  Rural |
| Are you an elected official?  | [ ]  Yes [ ]  No |
| Are you a part of Tribal or Local Health Department?  | [ ]  Yes [ ]  No |
| Do you participate in any other committees or boards concerning ethnic minorities in Wisconsin? | [ ]  Yes [ ]  No |
| If selected for the committee, would you be interested in becoming an officer? | [ ]  Yes [ ]  No |

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| **Short Answer Questions** |
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| **Please answer the following questions. You may answer below or provide your response in an attachment. (Maximum one page)** |
| 1. What are your experiences working with ethnic minorities whether volunteer or paid positions?

Click here to enter text. |
| 1. Why are you interested in being part of the committee?

Click here to enter text. |
| 1. What specific skills and knowledge can you contribute the committee?

Click here to enter text. |
| **Minority Health Advisory Committee Agreement** |
| If selected for membership in the Minority Health Advisory Committee, I commit to attending,and actively participating in meetings and activities of the Committee during my term.[ ]  Yes [ ]  No |
| I have no conflict of interest with participation with The MHAC.[ ]  Yes [ ]  No |

**Nomination and Selection Process**

**Applications open** – January 16, 2018 (8:00 AM)

**Applications close** – February 5, 2018 (10:00 AM)

**Notification of selections** – February 13, 2018

**I have read and understand the requirements of becoming a member of the Minority Health Advisory Committee. If selected, I agree to adhere to the terms of this agreement.**

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| SIGNATURE - Nominee |  | Date Signed |

Please submit applications to DHSWIMinorityHealthProgram@dhs.wisconsin.gov.

Applications submitted after **February 5, 2018 10:00AM** will not be considered.