



APPLICATION PERIOD OPEN FOR CONSUMER REPRESENTATIVE MEMBERSHIP ON THE CONSUMER ADVISORY COUNCIL OF THE OFFICE OF HEALTH STRATEGY

The Consumer Advisory Council of the Office of Health Strategy (CAC) is now accepting applications (**deadline March 23, 2020**) for new [membership](#) on the CAC. The mission of the Consumer Advisory Council of the Office of Health Strategy is to facilitate public and consumer input in Connecticut health reform policies. The overarching vision of the CAC is to ensure that OHS has a sounding board of consumer voices to inform Connecticut healthcare innovations which lead to positive health outcomes and health equity for consumers across Connecticut.

Consumer Advisory Council members bring together consumer views that might not otherwise be heard. They recommend and participate in consumer engagement activities and identify gaps in healthcare services, inequities and emerging healthcare needs in CT communities.

We seek members throughout the State of Connecticut and especially consumers of healthcare with direct lived experiences including people with significant healthcare needs and caregivers of chosen or biological family members. We seek diversity in the membership of the Council, including those from historically underserved communities and groups.

Serving as a volunteer Consumer Advisory Council member provides opportunities to make your voice heard, promote health equity and learn about healthcare in CT from sources across the state.

Please contact Leslie Greer, Leslie.Greer@ct.gov or visit our [website](#) for applications.

A committee of the CAC will review all applications and nominate new members who bring a variety of skills and experiences and who help to build a representative and diverse Council. For example, we welcome applications from people with experience seeking healthcare who wish to speak from that perspective; from people representing diverse races, ethnicities, languages, ages, sexual orientations and gender identities; and from people from around the state.

Our next meeting of the CAC is on Tuesday, March 10th from 3-5 PM at CT Behavioral Health Partnership Offices, 500 Enterprise Drive, Rocky Hill, CT. 06067 in the Crandall Room on the 4th Floor. Applications will be available at that time and meetings are open to the public.

The deadline to return your application is March 23, 2020.

Background: [The Office of Health Strategy](#) is a state agency created by the Connecticut General Assembly; it started operations in 2018. Our Executive Director is Victoria Veltri. It is an agency that contains a Data & Analytics Unit, Health Innovation Unit, Health Systems Planning Unit, the All-Payers Claims Database and a Consumer Engagement and Outreach Unit.



OHS

CONNECTICUT

Office of Health Strategy

Our mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for all Connecticut residents.

OHS Consumer Advisory Council Duties:

- Planning and executing consumer engagement activities;
- Engaging consumers and promoting community input on healthcare innovation strategies;
- Ensuring meaningful consumer participation for healthcare policy decisions.

Who We Seek:

We seek consumers, advocates and others experienced in dealing with health conditions. We choose a diverse and balanced mix of participants, and will consider life experience, individual circumstances, source of health insurance, and race or ethnicity. Candidates should be comfortable sharing views, have good problem-solving skills, and be willing to work with others.

Serving as a Consumer Advisory Council member provides opportunity to learn about healthcare in Connecticut and to be a voice for consumers.



Background

Consumer Advisory Council Mission

To advise the OHS on consumer healthcare issues and provide significant public and consumer input on Connecticut health reform.

Consumer Advisory Council Vision

The overarching vision of the Consumer Council is to ensure that Connecticut healthcare innovations lead to positive health outcomes and health equity for consumers across Connecticut.

CAC Member Responsibilities

The CAC meets monthly from 3-5 p.m. in the Hartford area (schedules are posted on the Consumer Engagement [website](#)). Members are expected to attend these meetings. Members may also have the opportunity to serve on CAC subcommittees or to participate in educational and listening sessions.

To learn more about the CAC and our activities, contact: Leslie Greer at Leslie.Greer@ct.gov.



Submit the application via email: Leslie.Greer@ct.gov, online
or mail application to: OHS, PO Box 340308, 450 Capitol Avenue MS# 51OHS, Hartford, CT 06134-0308

Application for OHS Consumer Advisory Council Representatives

We invite individuals with diverse experiences to complete the following application. Please note that any information you share may become public, particularly with regard to health conditions. You should share only that information that you are comfortable making public. If you wish, you may submit a one-page resume or a short bio with this application.

Name	Organization (if applicable)
Address/City/State/Zip Code	
Email Address	Phone Number
1. What does healthcare reform mean to you? (100 words or less)	
2. Describe an experience in which you advocated for yourself, a family member, or a community member for improved healthcare. (100 words or less)	
3. Describe your volunteer work experience in your community. List any and all organizations you have or are currently volunteering with.	
4. What would you bring to healthcare reform discussions and how would your participation contribute to the overall process of improving healthcare?	
5. Who do you work for and in what capacity? (if applicable)	
6. Do you have a possible conflict of interest? By conflict of interest we mean that you, or your employer, or your immediate family members could possibly benefit from the outcome of decisions made by OHS, financially or otherwise.	
7. By serving as a member of the CAC you will be expected to attend one two-hour meeting every month. Work assignments, emails, or phone calls may be required between meetings. Are you able to devote the time necessary to be an active participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Describe your racial/ethnic background. (optional) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African-American (not of Hispanic or Latino origin) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not of Hispanic or Latino origin) <input type="checkbox"/> Self Description: _____	
9. What is your sex and gender identity? Check all that apply. (Optional) <input type="checkbox"/> Woman <input type="checkbox"/> Transgender <input type="checkbox"/> Man <input type="checkbox"/> Agender <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Not specified , please specify _____	

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