



What the Consumer Advisory Board Does:

- Provides advice and guidance on healthcare innovation policies
- Recommends consumer representatives to State Innovation Model (SIM) advisory groups
- Ensures meaningful consumer participation in healthcare policy decisions
- Engages consumers and promotes community input in SIM health care innovation planning and implementation

Who We Seek:

We seek consumers and advocates experienced in dealing with health conditions. We need 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 Board (CAB) member provides opportunity to learn about health care in Connecticut, to advocate for change, and to be the voice of the consumer.



Background

Consumer Advisory Board Mission

To advocate for consumers and provide strong public and consumer input in Connecticut health reform policies.

Consumer Advisory Board Vision

To ensure that state healthcare innovations lead to positive health outcomes and fairness for consumers across Connecticut.

About the State Innovation Model

In December 2013, Connecticut developed a plan for a healthier state through a whole-person-centered health care system that:

- 1) improves community health & eliminates health inequities;
- 2) ensures superior access, quality, and care experience;
- 3) empowers people to actively participate in their health and healthcare; and
- 4) improves affordability by reducing healthcare costs.

Connecticut received a federal SIM Design grant to begin the process of transforming healthcare. The CAB was established as one of three governing bodies for this process.

The CAB's major role is to promote and provide consumer involvement in this transformation. Under the SIM Model Test grant awarded December 2014, the CAB membership increased and its activities expanded.

CAB Member Responsibilities

The CAB meets monthly from 1 to 3 p.m. in the Hartford area (schedules are posted on the SIM website). Members are expected to attend these meetings. Members may also have the opportunity to serve on CAB subcommittees and other SIM work groups, or to participate in educational and listening sessions.

*To learn more about the CAB and our activities, contact:
Jeannina Thompson at Jeannina.Thompson@ct.gov.*

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

Application for Consumer Advisory Board Representatives

We invite consumers and advocates 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? (50-150 words)	
2. Describe an experience in which you advocated for yourself, a family member, or a community member for improved healthcare. (50-150 words)	
3. Describe your experience using the healthcare system, including, if you wish, health conditions that affect you. If you work as an advocate, please describe your experience working on behalf of others. (50-150 words)	
4. What would you bring to healthcare reform discussions and how would your participation contribute to the overall process of improving healthcare?	
5. Please describe the health coverage experience that you would bring to the process regarding public or private health. For example, Medicare, HUSKY (Medicaid), Access Health CT or commercial insurance. (50-150 words)	
6. Who do you work for and in what capacity? (if applicable)	
7. 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 the decision process, financially or otherwise.	
8. By serving as a member of the CAB, 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	
9. 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: _____	
10. Would you like to be considered for other vacancies? If so, we will hold your application for one year. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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