



## Racial Health Equity Advisory Committee MEMBERS WANTED

### Purpose

The Racial Health Equity Advisory Committee (RHEAC) advises BPHC in its work to advance racial justice and health equity for all Boston residents. The RHEAC makes recommendations in the planning, development, and implementation of BPHC's Racial Justice and Health Equity priority areas including equitable budget, communications, community engagement practices, and COVID-19 decisions.

### Membership

The RHEAC is a 12-member committee that represents Boston's racially and ethnically diverse viewpoints and interests. RHEAC membership reflects the communities impacted by health inequities. Prior experience or expertise in public health is not necessary. Community leaders with a range of life experiences are encouraged to apply. Members are required to live in the city of Boston to apply and cannot be employees of the City of Boston or the Boston Public Health Commission.

### Membership Responsibilities

- Serve a two-year membership term and attend no more than ten group meetings a year.
- Review health data reports, planning documents, and other materials to help ensure alignment with BPHC's mission, vision, and health equity priorities
- Actively participate in meeting discussions and share community feedback and ideas with BPHC.
- Represent the concerns and interests of their communities and/or their respective constituency.
- Share information about BPHC, public health, and health equity with their community.
- Attend, as needed, other internal and external partner meetings.

### Membership Benefits

- Members will receive a stipend of \$50.00 per meeting for participating in RHEAC and other approved meetings or events.
- Free leadership development and educational trainings to enhance personal and professional skills.
- Opportunities to ensure that community perspectives are considered in BPHC policy and program design.

**Completed applications are due Friday, July 16, 2021. Submit by email to:**

**Jannet Sanchez, Health Equity Coordinator  
Office of Racial Equity & Community Engagement  
[JSanchez@bphc.org](mailto:JSanchez@bphc.org)**

For more information, visit [www.bphc.org/rheac](http://www.bphc.org/rheac)

# Application for Membership

## Part 1: Contact Information

To help us process your membership application, please provide all the information requested and print clearly.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Neighborhood: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Part 2: Applicant Demographics

Please check the box for each category with which you most closely identify. Supplying this information will assist BPHC to achieve diversity on its RHEAC. Your response will be kept CONFIDENTIAL and available only to BPHC support staff.

**I identify as:**  Man  Woman  Genderqueer/Non-binary **I identify as Transgender:**  Yes  No  
**I identify as LGBTQ+:**  Yes  No **I am a Veteran:**  Yes  No  
**My age range is:**  18-24  25-29  30-39  40-49  50-59  60-65  65 or older  
**I speak another language fluently:**  Spanish  Chinese  Haitian Creole  Cape Verdean Creole  Vietnamese  
 or  Other: \_\_\_\_\_

## Race/Ethnicity

Hispanic or Latino/a	Federal Race Categories	Ethnic Groups
Please check one	Choose all that apply, but please choose at least one	Please choose one or more from the following
I am:  <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a	I am:  <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	I am:  <input type="checkbox"/> Arab/Middle Eastern <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Chinese <input type="checkbox"/> Colombian <input type="checkbox"/> Dominican <input type="checkbox"/> Haitian <input type="checkbox"/> Portuguese <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know

If selected as a member of the RHEAC, please indicate the category you wish to represent most appropriately (check one).

I am a:  
 Client of BPHC's programming or services (list program): \_\_\_\_\_  
 Community resident (list neighborhood you live in): \_\_\_\_\_  
 Provider of public service (list employer): \_\_\_\_\_  
 Member of a local advocacy or organizing group (list group): \_\_\_\_\_  
 Other: \_\_\_\_\_

### Part 3: Racial & Health Equity Advisory Membership

Please print clearly and respond briefly to all the questions below. If you need more space than provided, feel free to continue on a separate sheet of paper and attach it to this application. You may attach a resume or other supporting documents that you have written that reflect your community work.

Please explain why you want to become a member of the RHEAC and describe any personal or professional skills or experiences you hope to contribute to the RHEAC.

What health inequities would you like to see the committee address?

What makes you a community leader? Please describe your participation or relationship in any boards, committees, community-based organizations, or local organizing work.

What personal experiences or formal training have you had in public health or social/racial justice?

How did you hear about the opportunity to become a RHEAC member? (Check all that apply)

- BPHC Newsletter     BPHC Social Media     Community Organization: \_\_\_\_\_  
 Community Event: \_\_\_\_\_     Other: \_\_\_\_\_

### Part 4: Participant Signature

As part of the selection process, all applications will be reviewed by a selection committee. Applicants for consideration will be invited to participate in an interview. If you have questions or need application assistance, please contact Jannet Sanchez by email at [jsanchez@bphc.org](mailto:jsanchez@bphc.org). Thank you for your time and interest.

<b>Signature:</b>  	<b>Date:</b>  
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