

Connecticut **SIM** connecticut state innovation model Consumer Advisory Board



What Does the Consumer Advisory Board Do?

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

We are seeking **YOUNG ADULTS** who want to talk about health conditions such as:

- Disabilities
- Arthritis
- Diabetes
- Mental health
- Asthma
- Addiction

Candidates should be comfortable sharing views; have good problem-solving skills and be willing to work with others.



Background

Consumer Advisory Board Mission

To advocate for people 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 community members across Connecticut.

Why join the SIM CAB?

Serving as a CAB member provides an opportunity to learn about healthcare in CT, to advocate for change, and to be the voice for other young adults.

CAB Member Responsibilities

The CAB meets monthly **from 1 to 3 p.m.** in the Hartford area, and schedules are posted on the SIM website. Members are expected to attend these meetings in person, via phone, or with video-conference. There may be activities between meetings that members may be asked to participate in, such as educational forums and listening sessions.

To learn more about the CAB and our activities, contact **Deanna Chaparro** at deanna.chaparro@ct.gov.



To apply, please complete the application on the reverse or online at <http://www.healthreform.ct.gov/jointhecab>.

Application for Young Adult 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 resume or bio with this application. Please limit these submissions to one page.

Name	Organization (if applicable)
Address/City/State/Zip Code	
Email Address	Phone Number
1. If there was a friend in need of help, how would you connect them with healthcare or SIM CAB? (50-150 words)	
2. Describe an experience in which you advocated for yourself, a family member, or a community member to help them. (50-150 words)	
3. Is healthcare accessible to young people? Why or why not? (50-150 words)	
4. How would your participation in SIM CAB contribute to the overall process of improving healthcare? (50-150 words)	
5. Tell us anything you know about health insurance, including any issues with HUSKY (Medicaid), your parents' insurance, or Medicare.	
6. Why are you interested in healthcare? (50-150 words)	
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, and 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)	
10. Do you want us to hold your application for one year, in case you are not accepted in this round but future opportunities come up? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mail application to: SIM PMO c/o Office of the Healthcare Advocate, PO Box 1543, Hartford, CT 06144