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## **BACKGROUND**

The OHSU Healthcare Cultural Advocacy Team (CAT) was established 2009 to recommend diversity, inclusion and cultural competency initiatives for the OHSU Healthcare mission. CAT initiated programs are funded by the Healthcare Administrative Team. The CAT has members from various professional, geographical, cultural, ethnic, sexual orientation and religious/spiritual backgrounds.

## **INSTRUCTIONS FOR COMPLETION**

The OHSU Healthcare Cultural Advocacy Team is currently accepting applications. Those interested in serving on the CAT should review the position description for membership and advise their immediate supervisor of their desire to serve and of the time commitment involved (48 hours annually sponsored by individual departments). Supervisors will acknowledge their support by signing and dating the application form; the applicant must also sign and date the form.

To complete the CAT application form, please provide specific information to illustrate how your background, interests, and skills meet the qualifications as described below. Please attach your resume. You may also attach additional pages as needed.

In addition to your supervisor, submit the name of a reference who can speak to your experience with and interest in fostering diversity, inclusion, and cultural competency among individuals with diverse backgrounds or experiences.

## **SELECTION PROCESS AND NEXT STEPS**

- Send your application to Riikka Salonen, Manager, Workforce Equity & Inclusion, Healthcare Human Resources via internal mail: Mail code: SJH4R, fax: 503.494.1232 or email: [cat@ohsu.edu](mailto:cat@ohsu.edu).
- The applications are due July 12, 2013.
- All healthcare employees who indicate interest will be considered.
- Healthcare Human Resources will verify the references.
- The current OHSU Healthcare Cultural Advocacy Team will select the new CAT members from among those who submitted applications.
- All applicants will be contacted regarding the results of the nominations by July 22, 2013.

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## **CAT MEMBERSHIP REQUIREMENTS**

### **Background**

It is *preferred* that members demonstrate:

- Respect, empathy, and humility in working with cultural and linguistic differences.
- Successful participation in high performing, diverse teams.
- Coursework and/or experience that provided exposure to tenets of cultural competence and/or diversity advocacy.

*Please note:*

- Bicultural individuals, members of ethnic or cultural minority groups, members of the LGBT community, persons with disabilities, immigrants, and/or refugees are encouraged to apply.

### **Experience**

It is *required* that members have:

- An overall performance appraisal indicating OHSU core competencies at or above fully proficient.
- No current disciplinary action on file.

It is *preferred* that members have:

- Performance ratings that excel.
- Experience that demonstrates personal passion to achieve cultural inclusion and sensitivity at OHSU.

### **Certifications, Licensures, Registrations, or Memberships**

It is *preferred* that members have:

- Membership in organizations promoting cultural competency and diversity advocacy and/or participation in related projects or activities.

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KEY RESPONSIBILITIES:	% of duties
<ul style="list-style-type: none"> <li>• Attend CAT meetings:</li> </ul>	
<ul style="list-style-type: none"> <li>○ Contribute to the development of the OHSU Healthcare Diversity and Inclusion Strategic Plan, aligned with OHSU Diversity and Inclusion Action Plan, aimed at helping OHSU achieve the status of employer and provider of choice for diverse individuals and communities.</li> </ul>	50%
<ul style="list-style-type: none"> <li>○ Provide recommendations for best practice and support program development within OHSU Healthcare that promote diversity and enhance cultural competency and inclusion.</li> </ul>	
<ul style="list-style-type: none"> <li>• Attend assigned sub-committee meetings and CAT sponsored events whenever their work schedule and duties allow, with a minimum of one event annually.</li> </ul>	10%
<ul style="list-style-type: none"> <li>• Support marketing and communication of diversity and inclusion initiatives to relevant audiences.</li> </ul>	10%
<ul style="list-style-type: none"> <li>• Provide support to individual units and departments that are requesting assistance in increasing cultural competency in their workplace.</li> </ul>	10%
<ul style="list-style-type: none"> <li>• Identify resources to expand interaction and collaboration with diverse community organizations.</li> </ul>	10%
<ul style="list-style-type: none"> <li>• Other duties as recommended by the CAT and approved by the OHSU Healthcare Administrative Team.</li> </ul>	10%



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**CAT APPLICANT INFORMATION**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Department: \_\_\_\_\_ Your Phone: \_\_\_\_\_  
Your Email: \_\_\_\_\_ Your mail code: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Email: \_\_\_\_\_ Supervisor's mail code: \_\_\_\_\_

**YOUR INTEREST AND QUALIFICATIONS**

Please tell us why you are interested in serving on the CAT and describe what background, experience, skills, knowledge and abilities you would bring in service as a Cultural Advocate for OHSU Healthcare. (Attach an additional page if needed.)



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**REFERENCE (Other than OHSU Supervisor)**

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

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**REFERENCE (Other than OHSU Supervisor)**

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

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**SIGNATURES/APPROVALS**

My signature denotes that I am willing to serve in the capacity of CAT member. I certify that I meet the requirements set forth above and that I will attend and actively participate in all meetings. My supervisor is aware of and supports my participation. My supervisor's signature denotes support for my cultural advocate role and confirms the provision of reasonable release time to attend meetings or other approved activities up to 48 hours annually.

	Type Name	Signature	Date
<b>MEMBER</b>			
<b>MEMBER SUPERVISOR</b>			