



### **MPHC Diversity Site Council Overview**

#### **Purpose:**

The purpose of the Diversity Site Councils is to empower stakeholders in the decision-making process by providing avenues for feedback, creating a culture of transparency, engaging action, and promoting accountability. The Diversity Site Council will provide a means of including and engaging all Mountain Park Health Center Stakeholders on a continual basis in our diversity, inclusion, and cultural competency efforts.

#### **Goal:**

The goal of the Diversity Site Councils is to strengthen MPHC's ability to provide inclusive, cross-cultural, and culturally responsible health care while harnessing the diversity of our stakeholders.

MPHC Diversity Site Councils will be responsible for:

- Convening/Meeting at each of the five MPHC clinics on a quarterly basis
- Assisting in the development of site-specific components of the MPHC Strategic Diversity & Cultural Competency Work Plan
- Communicating and disseminating important information to community members
- Developing collaborative relationships within the Site Council
- Encouraging open and honest discussion regarding MPHC's ability to serve all of its diverse stakeholders
- Ensuring stakeholders have a means of communicating concerns, ideas for improvement, emerging issues, collaboration opportunities, etc.
- Participating and promoting participation from internal and external stakeholders in MPHC's annual diversity, inclusion and cultural competency assessment
- Providing a means for transparency and accountability both within MPHC and to the communities we serve.

For more information, contact Gregorio Montes De Oca, Diversity & Community Affairs Coordinator at [gmontes@mphc-az.org](mailto:gmontes@mphc-az.org) or call (602) 243-7277.



**MOUNTAIN PARK  
HEALTH CENTER**

**MPHC Diversity Site Council Meeting Schedule**

**2015/2016 Meeting Dates**

<b>Baseline Clinic</b>	<b>Maryvale Clinic</b>	<b>Goodyear Clinic</b>	<b>Tempe Clinic</b>	<b>Gateway Clinic</b>
<b>1/9/15</b>	<b>1/23/15</b>	<b>2/6/15</b>	<b>2/20/15</b>	<b>3/5/15</b>
<b>4/10/15</b>	<b>4/24/15</b>	<b>5/8/15</b>	<b>5/22/15</b>	<b>6/4/15</b>
<b>7/10/15</b>	<b>7/24/15</b>	<b>8/7/15</b>	<b>8/21/15</b>	<b>9/3/15</b>
<b>10/9/15</b>	<b>10/23/15</b>	<b>11/6/15</b>	<b>11/20/15</b>	<b>12/3/15</b>
<b>1/8/16</b>	<b>1/22/16</b>	<b>2/5/16</b>	<b>2/19/16</b>	<b>3/3/16</b>
<b>4/8/16</b>	<b>4/22/16</b>	<b>5/6/15</b>	<b>5/20/15</b>	<b>6/2/16</b>
<b>7/8/16</b>	<b>7/22/16</b>	<b>8/5/16</b>	<b>8/19/16</b>	<b>9/1/16</b>
<b>10/7/16</b>	<b>10/21/16</b>	<b>11/4/16</b>	<b>11/18/16</b>	<b>12/1/16</b>

\*All Diversity Site Council meetings will occur from 12:00-1:00p.m. Lunch will be provided.

\* 2015 Diversity Site Council Summit will take place August 14<sup>th</sup>, please mark in your calendar.



MOUNTAIN PARK  
HEALTH CENTER

**MPHC Diversity Site Council Commitment Form**

Dear Potential Diversity Site Council Member:

We value your interest in participating in our Site Council and are enthusiastic about the great insight these Councils will provide to our organization and the empowerment it will give our stakeholders

As a member of our Diversity Site Council, you represent our stakeholders. Whether you represent our patients, employees, community or Board of Directors, your input is appreciated. With this in mind, we ask that if you agree to become a member of one of our Site Councils, you commit to a term of one year and commit to attend all four of the Site Council meetings scheduled for your clinic. Since the Councils will only meet once a quarter, it is imperative that all of our stakeholders are represented and that the meetings are productive and worthwhile.

As a gesture of your commitment, we ask that you read and sign the Site Council Commitment Statement below:

**I agree to represent MPHC as a member of the (clinic location here >) \_\_\_\_\_ Diversity Site Council. I understand that this role requires my presence and participation at four Site Council meetings each year. I also understand that by signing this document, I am committing to a minimum of one year as a Diversity Site Council member.**

Printed Name

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Supervisor Signature (if MPHC Employee)

\_\_\_\_\_

Sincerely,

Essen Otu

MPHC Diversity & Community Affairs Director