

W.S.C.2.

## AGENDA COVER MEMO

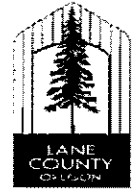
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**AGENDA DATE:** January 5, 2011

**TO:** Board of County Commissioners

**DEPARTMENT:** Health & Human Services

**PRESENTED BY:** Rob Rockstroh



**AGENDA TITLE:** ORDER \_\_\_\_\_ / IN THE MATTER OF APPOINTING ONE MEMBER THE PUBLIC HEALTH ADVISORY COMMITTEE

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### **I. MOTION**

In the Matter of Appointing One Member to the Public Health Advisory Committee.

### **II. AGENDA ITEM SUMMARY**

The Public Health Advisory Committee (HAC) seeks to fill one term completion vacancy. There has been no incumbent in this at-large position since August 31, 2010. The original vacancy announcement attracted only two applicants, but a subsequent thirty-day posting resulted in the current nomination being referred to the Board for consideration for appointment.

### **III. BACKGROUND/IMPLICATIONS OF ACTION**

#### **A. Board Action and Other History**

This committee's name was changed via BO 07-12-5-2 (from the Community Health Advisory Committee to the Public Health Advisory Committee, to avoid confusion with the Community Health Council). Most recent appointments to this committee were made via BO 10-10-6-3 (one re-appointment, one appointment). Last By-laws revision approved via BO 09-2-21-5.

The current vacancy was reposted on September 21, 2010 for a period of 30 days and elicited one application.

Current composition for this committee by Commissioner District (a 12-member committee, with 9 current members) is: (membership list attached)

- District 3 – 8 members
- District 4 – 1 member
- District 5 - 2 members

The proposed appointment would be as follow:

<u>Member/District Residency</u>	<u>Appoint to Position #</u>	<u>Term Expiration*</u>
James Mough (Distr 2 )	At-Large (#2)	08/31/2014

\*this is the maximum term expiration, all advisory committee members serve at the will of the BCC.

The resultant committee composition, by Commissioner District, would be:

- District 2 – 1 member
- District 3 – 8 members
- District 4 - 1 member
- District 5 - 2 members

**B. Policy Issues**

The applicant meets the minimum qualifications for service on this advisory committee and the Public Health Advisory Committee (HAC) appointed a nominations subcommittee to review the application. The subcommittee referred the applicant to the committee for nomination to the BCC at the December 14, 2010 meeting. The Committee voted unanimously to refer the nomination for appointment to the Board of Commissioners.

There are seven at-large positions on this non-mandated committee. The BCC has not yet indicated which of these positions/committee members should be designated as Commissioner-directed appointments.

**C. Board Goals**

N/A

**D. Financial and/or Resource Considerations**

Recruitment for committees represents a significant expense for H&HS both with respect to staff resources and the cost of posting vacancy notices.

**E. Analysis**

The HAC has enhanced the Public Health Division's ability to communicate its mission to the public and to craft the Division's work based on community commentary and input.

This advisory committee continues to elicit solid interest from community members and professionals willing to commit their time and energy to the work of the committee. The committee counts physicians, nurses, a dentist and, if the current nominations are approved, a registered dietician. The value of the expertise that these professionals and their unlicensed colleagues bring to this committee is substantial.

**F. Alternatives / Options**

1. Appoint the nominated candidate.

2. Reject the nomination and re-post the at-large (position 2) vacancy.

**IV. TIMING/IMPLEMENTATION**

If Board approval is received, this member would be added to the HAC with an effective date of 1/5/2011 to serve a term ending on 08/31/2014.

**V. RECOMMENDATION**

Both the HAC and Public Health staff approve the nomination of this committee member proposed above in number 1, under "Alternatives/Options".

**VI. FOLLOW-UP**

Board approval being received, the appointees would be invited to attend the next HAC meeting, scheduled for Tuesday, January 11, 2011.

**VII. ATTACHMENTS**

Board Order  
Proposed Health Advisory Committee Membership Roster  
Applications  
Letter of Appointment

**BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON**

**RESOLUTION**        ) IN THE MATTER OF APPOINTING ONE MEMBER TO THE PUBLIC  
**AND ORDER:**        ) HEALTH ADVISORY COMMITTEE.  
                          )

WHEREAS, The Public Health Advisory Committee has ONE vacancy, due to term expiration; and

WHEREAS, One applicant has been referred to the Commissioners for consideration for appointment, with the advisory committee's endorsement;

NOW, THEREFORE, IT IS HEREBY RESOLVED AND ORDERED that the following individual be appointed to serve on the Lane County Public Health Advisory Committee as listed below:

<u>Member</u>	<u>Appoint to Position #</u>	<u>Term Expiration</u>
James Mough	At-large    #2	8/31/2014

Effective this \_\_\_\_\_ day of January, 2011

\_\_\_\_\_  
, Chair  
Lane County Board of Commissioners

APPROVED AS TO FORM  
Date 12/21/10, Lane County  
J. Hadlow  
OFFICE OF LEGAL COUNSEL

**LANE COUNTY PUBLIC HEALTH ADVISORY COMMITTEE (LM 3.538)**

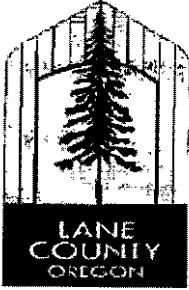
"The Committee shall consist of twelve (12) members, each of whom shall serve terms of not more than four (4) years expiring August 31, limited to two (2) consecutive terms, but staggered over the four-year period among the members. However, in circumstances when the Board deems it in the County's best interest, the Board may reappoint an incumbent to more than two consecutive terms. Five non-designated members shall be appointed directly by individual County Commissioners . All members serve at the will of the appointing commissioner(s), per LM 3.506 (2)(e)." (By-Laws, Article III, A)

"Committee shall consist of citizens with a broad public health interest and concern, not limited to single interests or issues. Committee representation shall include geographic, socioeconomic, and professional interests. Membership shall include: five (5) persons "licensed by this state as health care practitioners" and seven (7) "persons who are informed on and interested in public health matters". (ORS 431.412 (5)(a)(b). Public members with diverse backgrounds are preferred. County employees are not eligible for membership." (By-Laws, Article III, B)

"Whenever a vacancy occurs during a term, the replacement shall be appointed only to fill the unexpired portion of the term." (By-Laws, Article IV, A) This sentence has been interpreted to mean that a committee member may serve two full terms after filling a vacated term.

<b>Pos # Category</b>	<b>Members (licensed as)</b>	<b>Dist.</b>	<b>Term</b>	<b>Max. Term Until</b>	<b>Officers</b>
1 At-large	James Lakehomer	5	3	08-31-13	
2 At-large	James Mough	2	1	08-31-14	
3 At-large	Ruth Duemler	3	2	08-31-11	
4 At-large	Barbara Lowry Food Service	3	1	08-31-11	
5 Licensed	Gail Hacker (physician)	4	1	08-31-13	
6 At-large	Paula Dion-Watson	3	2	08-31-14	Vice-Chair
7 At-large	James Lemieux	2	1	08-31-12	Chair
8 Licensed	Beth Naylor (registered dietician)	3	1	08-31-14	
9 Licensed	Larry Dunlap (physician)	3	1	08-31-13	
10 Licensed	Stephen Hull (dentist)	3	2	08-31-12	
11 Licensed	Deborah Cater (registered nurse)	3	CT	08-31-11	Secretary
12 At-large	James Robertson	3	CT	08-31-11	

Rob Rockstroh, Director, Health & Human Services - 682-4035 – rob.rockstroh@co.lane.or.us  
 Karen Gillette, Public Health Program Manager - 682-4013 – karen.gillette@co.lane.or.us  
 Kathleen Blair, AA, 682-4327, Collette Christian, PSC - 682-3086 – collette.christian@co.lane.or.us  
 \*(CT) = Completion of Term (unexpired term, more than 6 months remaining, until date listed)



Lane County  
CITIZEN ADVISORY COMMITTEE  
APPLICATION

APPLICANT'S NAME AND CITY: <b>JAMES MOUGH - SPRINGFIELD</b>	DATE: <b>11-3-2010</b>
NAME OF ADVISORY COMMITTEE: <b>PUBLIC HEALTH ADVISORY</b>	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.)

- See attached -

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of gender, race, color, national origin, religion, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?

*[Handwritten mark]*

6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?

No

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)

No  Yes Specify:

8. How did you learn about this vacancy?  Newspaper  Word of mouth  Other:

9. In which County Commissioner District do you reside? please check one:

Unsure  West Lane County  Springfield  South Eugene  North Eugene  East Lane County

\*The Board of Commissioners has adopted the following policy on reappointments:

a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.

b. The deadline for incumbent applications will be the same as the deadline for new applications.

\* Unless waived by the Board.

# PUBLIC HEALTH ADVISORY COMMITTEE

## APPLICATION

James A Mough

Springfield, OR

1. For the past 31 years I have lived in Lane County and worked as a clinical laboratory scientist in various settings; hospital, clinical, public health, and now college health. This has afforded me extensive experience and training in the fundamentals of public health, especially public health microbiology and disease epidemiology. I am currently the Laboratory Manager for the University Health Center at the Univ. of Oregon.
2. Having worked for Lane County Public Health for several years in the 1990s, I am acutely aware of disparity between the charge for public health to safeguard our communities and the chronic underfunding of local and national healthcare efforts. I would hope to bring to the committee a point of view from someone who works daily on the health efforts for a large segment of our community.
3. While I work with a population that is, in general, better informed and better prepared to be advocates for their own health, not everyone in our community is so fortunate. The "Big issues" of public health are not readily addressable on a county level, but we can work to ensure that our public health efforts reach across cultural and economic barriers in our communities. The overreaching impacts of public health need to be felt in all corners of the county. On a different but related "vein", I have an interest in the environmental and public health impacts of historic mercury mining in Lane County and the ongoing impacts on our water, food and ecosystems.
4. I have been a member of the Countywide Preparedness Group since 2002, although I've been pretty much only a corresponding member for the last few years.

Additionally, I've been a member of the Coast Fork Willamette Watershed Council since its inception and currently serve on the Board of Directors.

5. The diseases and conditions that come to mind when discussing public health know no boundaries of race, gender, or class, but the impact of those diseases or conditions of public health concern frequently seem to have greater impact on disadvantaged or marginalized members of our communities. Lack of affordable access to even minimal healthcare needs has a social and economic ripple effect. Despite the best efforts of many health care entities in our communities, we still have groups that are underserved because of cultural and societal barriers. I constantly work in my current position as Laboratory Manager to try to ensure that our programs and efforts reach all the campus community.