Multnomah County Public Health Advisory Board (MCPHAB)

Bylaws

Multnomah County Health Department Vision

Thriving communities that nurture the health and resilience of all.

Multnomah County Health Department Mission

We work with communities to advance health equity, protect the most vulnerable, and promote health and wellness for everyone.

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I. PURPOSE

The Multnomah County Public Health Advisory Board (henceforth referred to as "the Board") has been appointed by the Director of the Multnomah County Health Department (henceforth referred to as "the Department") and the Director of Public Health (henceforth referred to as "the Division") to provide broad stakeholder input on work related to reducing health inequities and improving population health in Multnomah County. The work of the Board has a strong focus on ethics in Public Health practice and developing long-term Public Health approaches to address the leading causes of death in order to reduce health inequities and achieve healthy and thriving communities. To fulfill this role, the Board will do the following through the work of identified Committees:

1.1 Review data on the leading causes of death in Multnomah County.

1.2 Provide community wisdom around primary prevention and health promotion strategies to address the leading causes of death in Multnomah County.

1.3 Review and provide feedback on the Public Health Division's policy and legislative priorities that are in alignment with the work of the Public Health Approaches Committee.

1.4 Participate in a structured ethics process in order to make recommendations to Public Health Division leadership.

1.5 Assess emerging issues through a process that will assess alignment with the scope of responsibilities of the Public Health Approaches and Ethics Committees.

II. MEMBERSHIP

2.1 The Board will include no fewer than fifteen (15) and no more than seventeen (17) members representing many dimensions of the community, including but not limited to the characteristics below:

Community:

- ❑ Racial and ethnic communities
- ❑ Refugee and immigrant communities
- ❑ Disability community
- ❑ LGBTQ community
- ❑ Seniors/aging population
- ❑ Youth

Geographic location:

- ❑ Southwest Portland
- ❑ Southeast Portland
- ❑ Mid-County
- ❑ North Portland
- ❑ Northeast Portland
- ❑ East County
- ❑ Other parts of Multnomah County

Sector:

- ❑ Non-profit/government
- ❑ Faith
- ❑ Business & Finance
- ❑ Education
- ❑ Community Justice/Law enforcement
- ❑ Transportation
- ❑ Housing
- ❑ Healthcare
- ❑ Public Health
- ❑ Law & Policy
- ❑ Student
- ❑ Retired

Interests:

- ❑ Adolescent Health
- ❑ Aging Population
- ❑ Chronic Disease Prevention
- ❑ Community Health Workers
- ❑ Disability Community
- ❑ Emergency Preparedness
- ❑ Environmental Health
- ❑ Health Equity
- ❑ LGBTQ Community
- ❑ Maternal, Child, & Family Health
- ❑ Mental Health
- ❑ Trauma Informed Approaches

Skills:

- ❑ Program Development
- ❑ Research & Evaluation
- ❑ Marketing/Communications/Media
- ❑ Civic Engagement
- ❑ Management & Strategy
- ❑ Equity & Inclusion
- ❑ Cultural Competency
- ❑ Business & Finance
- ❑ Leadership Development
- ❑ Law & Policy

2.2 While the Board's membership will seek to represent the whole community, members of communities that experience health and social inequities, and people who have experienced multiple inequities, will be given preference for membership on the Board.

2.3 Prospective members will apply for membership.

2.4 Applications will be screened for three criteria: equity (applicant explicitly demonstrates commitment to equity, inclusion, cultural responsiveness, racial justice, or social justice); population health (applicant explicitly demonstrates interest in addressing health at the population level, as opposed to a focus on healthcare services); and primary prevention (applicant explicitly demonstrates interest in focusing on primary prevention and addressing the social determinants of health).

2.5 Members will be appointed by the Public Health Director, taking into account recommendations from the Membership Committee.

2.6 All Board members shall be residents of or working within Multnomah County.

2.7 New members step into the membership term of the vacant board member position they are filling and have the option to renew for a second three (3) year term. This does not apply if new members are brought on at the start of the three (3) year cycle.

2.8 Individual Board members will exercise the authority of their position only when the Board is in session. No member of the Board has the authority to act in the name of the Board unless so authorized by theBoard.

2.9 Board members must declare potential conflicts of interest under consideration. Such members will abstain from voting on issues related to conflict of interest as determined by the membership.

2.10 The Public Health Director shall be an ex- officio member of the Board.

2.11 Division staff shall assist Core Team to coordinate activities of the Board. Staff assigned to the Board shall coordinate committees, help create agendas, maintain minutes, and attend to other support needs.

2.12 The Membership Committee will review composition and attendance reports quarterly to proactively identify gaps in representation of current membership and to engage current members as needed.

2.13 The Membership Committee and staff will co-lead active recruitment when membership falls below the threshold of fifteen (15) members.

2.14 County staff will ensure ongoing passive recruitment on the Board's web page.

III. TERMS OF MEMBERSHIP

3.1 The standard term of Board members shall be three (3) years.

3.2 The term of membership shall begin on July 1 each year and expire three years hence on July 1.

3.3 Board members shall be appointed to no more than two (2) successive terms of membership members unless specifically approved by the Public Health Director.

3.4 Members will serve staggered terms to balance continuity of membership with new membership. Term length for the second term will be voluntary. At the end of the first term for the initial cohort of the Board, one third will serve another full three (3) years, one third will serve two (2) years, and one third will serve one (1) year.

3.5 Members are allowed one (1) unexcused absence for full board meetings and one (1) for Committee meetings. For an absence to be considered excused, members must give notice to Board support staff one (1) week in advance of meetings, except in case of emergency.

3.6 In the event of family leave or other circumstances that require an extended leave from Board duties, members may miss up to six (6) meetings per year and still retain membership status on the Board.

3.7 The Membership Committee will make recommendations to Division staff in the event that a member has one (1) unexcused absence for full board meetings and one (1) unexcused absence for Committee meetings during the year. This may include a recommendation of vacating from the Board.

3.8 All members are expected to complete the Member Agreement. Members who do not abide by the Agreement may be removed from the Board. See Charter for group agreements that serve as behavioral expectations for all meetings.

3.9 All members are expected to participate in either the Ethics or Public Health Approaches Committee.

IV. COMMITTEES

4.1 Annually, the Board shall select a Core Team from its membership.

4.1.1 Each officer shall serve for one (1) year or until a successor has been duly elected.

4.1.2 An officer's term may be renewed once for a total of two terms.

4.1.3 The Core Team shall be responsible for the general operation of the Board including establishment of committees and presiding over Board meetings. The Core Team will establish responsibilities amongst itself.

4.2 Board Committees are standing or ad hoc. Standing committees include the Ethics Committee and PH Approaches Committee. Ad hoc committees include the Membership Committee and Finance Committee.

4.3 The Board will have representation on other County Councils/Committees as appropriate, including but not limited to the Health Department's Community Budget Advisory Committee.

V. DECISION-MAKING

5.1 The Board shall use a formal process for decision-making when conducting three major categories of Board work:

5.1.1 Providing recommendations to Public Health Division leadership on the following topics:

- Public health ethics in practice
- Developing public health approaches to address the leading causes of death in Multnomah County

5.1.2 Deciding whether and how to provide input to decision-making entities other than Public Health leadership related to public health priorities. These entities include but are not limited to Multnomah County Board of Commissioners, Oregon Health Authority, City of Portland, Metro, and others.

5.1.3 Making changes to group structure and process, including bylaws. Examples include adding or changing group agreements, moving meeting time or location, membership, and other changes.

5.2 The Board will strive to make decisions via consensus. Consensus means that Board members can agree to or live with a decision or position based on proposals aimed at addressing the critical concerns expressed by the Board. Consensus simply connotes acceptability, and does not necessarily mean

unanimity.

5.3 In the event consensus cannot be reached, the Board will move to voting based decision-making, also known as Robert's Rules of Order or parliamentary process.

5.3.1 In this process, each member will receive one vote.

5.3.2 Voting decisions will be made using a simple majority (51% of voting members).

5.3.3 All voting decisions will be recorded in the minutes for historical reference.

5.3.4 A minority report may be generated to document member feedback that does not align with majority opinion. This report will be shared with decision-makers to consider in decision-making processes.

VI. MEETINGS

6.1 Board meetings and the two standing Committee meetings are held at a meeting date, time and location that promotes membership participation.

6.2 The Board will meet as a whole four (4) times annually at a regularly scheduled board meeting.

6.3 The Ethics Committee will meet four (4) times annually.

6.4 The Public Health Approaches Committee will meet four (4) times annually.

6.5 The Membership Committee will meet as needed. Scheduled meetings will be communicated to the board.

6.6 The Finance Committee will meet as needed and as appropriate. Scheduled meetings will be communicated to the board.

6.7 The minimum number of members who must be present at a scheduled board meeting in order to call the meeting to order and conduct business is eight (8)

6.8 Meeting time and location will be reviewed annually and may change based on consensus.

6.9 Meeting materials and agendas will be made available one week in advance of a scheduled meeting

VII. ADVOCACY AND LOBBYING

7.1 The Board in its official capacity may advocate for bills, budget, and policy priorities.

7.2 The Board may not in its official capacity advocate for or against election petitions, candidates, political committees, or ballot measures. These activities are prohibited by public employee campaigning and election law requirements (ORS 260.432).

7.3 The Board must seek approval for lobbying and advocacy activities from Public Health leadership. Any Board lobbying and advocacy priorities must align with County priorities and be coordinated jointly with County programs and staff. The board may work on activities through data and research, providing community wisdom around primary prevention and health promotion strategies, and providing feedback on the Public Health Division's policy and legislative priorities that are in alignment with the work of the Public Health Approaches Committee.

7.4 If a Board member is asked in their official Board member capacity to produce a guest opinion related to a ballot measure or candidate, the content must be impartial, according to ORS 260.432. A Board member may write a letter to the editor that contains political advocacy so long as they do so on their own time and not in their official capacity.

VIII. AMENDMENTS

8.1 A recommendation to repeal or amend the bylaws of the Board may be proposed through a consensus process, provided that the proposed amendment shall have been read at a previous meeting of the Board or provided that it has been made available to each member at least twenty (20) days prior to the meeting at which the proposal is considered.

IX. CONFLICT OF INTEREST

9.1 All Board members must sign a conflict of interest disclosure form. As necessary, each member must update their disclosure form in writing to reflect any changes related to affiliation.

9.2 Members are expected to declare all conflicts of interest at the beginning of each meeting, and to remind others taking part in a decision-making process of their affiliations.

9.3 All Board members may advocate for an issue during the discussion period. However, should the issue come to a consensus decision or vote, members with a declared conflict(s) should consider abstaining from voting on any specific issue when their conflict could be perceived to affect their decision-making.

9.4 If a perceived conflict of interest is identified that affects any action or vote, any Board member may address the Board and state the perceived conflict of interest issue.

9.5 It is the responsibility of the Core Team members to point out any instance where a Board member's input is perceived to affect the discussion.

9.6 No Board member shall be an employee of the County.

X. INCENTIVE

10.1 At-large members of the Board shall be offered a financial incentive equivalent to $50 per meeting for participation on the Board. This incentive is intended to offset costs associated with childcare, transportation, and related needs. Members who participate in ad hoc committees are eligible to receive the same $50 equivalent incentive per Committee meeting.

10.2 Whether or not to accept this incentive is to be decided by individual Board members.

XI. PUBLIC MEETINGS

11.1 The Board shall abide by the laws regulating open meetings and open access to all information (ORS 192.610 to 192.690).

11.2 The Facilitator may regulate the length of public participation and limit appearances to presentations of relevant points.

11.3 To assist persons who wish to comment at Board meetings, Division staff may make sign-up sheets available. Members of the public will be called to testify in the order that their names are submitted to Division staff, unless otherwise recognized by the Chair.

11.4 The Facilitator has authority to keep order and impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with the group agreements, reasonable rules of conduct or whocreates a disturbance may be asked to leave.

11.5 Under public meetings law, it is not permitted for Board decisions to be made over email because decisions involving the full Board must be made in a public setting. However, Committees may conduct business over email.