AGENDA ITEM NUMBER: 3.3  
ITEM: Approve Health Commission member reappointment for submittal to the San Luis Obispo County Board of Supervisors

ACTION REQUIRED:  
It is requested that the Health Commission approve and authorize staff to submit the Health Commissioner application for Tamar Sekayan to the San Luis Obispo County Board Supervisors for reappointment to a Health Care Consumer Seat on the County of San Luis Obispo Health Commission.

SUMMARY NARRATIVE:  
The composition of the Health Commission is dictated by article III, section 1 of the County of San Luis Obispo Health Commission bylaws which specify that the voting membership of the Health Commission shall consist of a majority of health care consumers who are not direct or indirect providers of health care. Of the remainder of the voting membership, two shall be indirect providers and three shall be direct providers who are representative of the health care system in San Luis Obispo County. The Heath Commission currently has 3 vacancies which are detailed below:

<table>
<thead>
<tr>
<th>Member Seat Representation</th>
<th>Current</th>
<th>Required</th>
<th>Vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Consumers (minimum 51% majority)</td>
<td>4</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Indirect Providers</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Direct Providers</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Seats</strong></td>
<td><strong>8</strong></td>
<td><strong>11</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

Efforts to achieve and retain full membership for the Heath Commission are ongoing and this item recommends one applicant for reappointment to maintain one Health Care Consumer Seat.

The Health Commission bylaws require a minimum of six Health Care Consumer representatives. Tamar Sekayan, Healthcare Industry Consultant and Social Worker for Onyx Pharmaceuticals is recommended for reappointment to maintain one Health Care Consumer seat on the County of San Luis Obispo Health Commission.

STAFF COMMENTS:  
Staff recommends the approval of the reappointment of Tamar Sekayan to a Health Care Consumer Seat on the County of San Luis Obispo Health Commission. Upon approval, staff will submit a recommendation for reappointment by the Board of Supervisors at an upcoming meeting.
COUNTY OF SAN LUIS OBISPO HEALTH COMMISSION MISSION:

The mission of the County of San Luis Obispo Health Commission shall be to work with, and on behalf of, the residents of the county to preserve and improve the quality of health for all people within the community.

BY-LAWS, ARTICLE III, SECTION 1 – MEMBERSHIP:

a. The voting membership of the Commission should be broadly representative of the social, economic, linguistic, handicapped, and racial populations, geographical areas within the county and be in reasonable proportion to the ethnic origin, gender and age groups in the population of San Luis Obispo County.

b. The voting membership of the Commission shall consist at all times of a majority six (6) of health care consumers who are not direct or indirect providers of health care. The remainder of the Commission voting membership, five (5), two (2) shall be indirect providers and three (3) direct providers who are representative of the health care system in San Luis Obispo County. For the purposes of this Commission, effective July 1, 2000, indirect providers are defined as those individuals who are affiliated with the health care system and who are currently providing support services. These may include, but are not limited to medical office staff, health care administrators, health insurance personnel, health education/trainers, and individuals who are members of governing boards of a health care entity. Direct providers for the purposes of this Commission are defined as those individuals who are currently providing “hands on” health care services. These may include but not limited to, physicians, nurses, lab technologists, pharmacists, dentists, physicians assistants, ophthalmologists, podiatrists, mental health therapists, and other health care service providers.

(Please print or type)

Name Tamar Sekayan

Home Address

City Arroyo Grande Zip 93420

Work Address Same

City

Home Phone Alternate Phone Email

☑ Current ☐ Past Occupation Healthcare Industry Consultant and Social Worker

☑ Current ☐ Past Employer Onyx Pharmaceuticals, a subsidiary of Amgen

ON A SEPARATE SHEET, PLEASE INCLUDE A SHORT NARRATIVE IN RESPONSE TO THE FOLLOWING QUESTIONS.

1. Why do you want to serve on the San Luis Obispo County Health Commission?

2. What do you envision contributing during your term on the Commission?

3. What health issues interest or concern you?

4. The expectation is that Commissioners will devote at least 10 hours per month. Will your time schedule permit this commitment?

Please attach a resume, if available. A resume will not substitute for the above-requested information.

Please attach two letters of reference attesting to your knowledge and interest in promoting health care in San Luis Obispo County.

PLEASE RETURN COMPLETED APPLICATION TO: HEALTH COMMISSION, 2191 JOHNSON AVENUE, SAN LUIS OBISPO, CA 93401
The County of San Luis Obispo Health Commission Bylaws state that “the voting membership of the Commission should be broadly representative of the social, economic, linguistic, handicapped, and racial populations, geographical areas within the county and be in reasonable proportion to the ethnic origin, gender and age groups in the population of San Luis Obispo County.”

Please assist us in meeting this objective by completing the following:

Name ________________ Tamar Sekayan

GENDER – Please check one:
1. □ Male
2. ✔ Female

AGE GROUP – Please check one:
1. □ Under 21
2. ✔ 21 - 45
3. □ 46 - 60
4. □ 60 or over

HOUSEHOLD ANNUAL INCOME – Please check one:
1. □ Less than $15,000
2. □ $15,000 - $29,999
3. □ $30,000 - $49,999
4. □ Over $50,000

ETHNIC IDENTIFICATION – Please check one:
1. □ White (non-Hispanic)
2. □ Black (non-Hispanic)
3. □ Hispanic
4. □ Asian / Pacific Islander
5. □ American Indian / Alaskan Native
6. □ Filipino
7. ✔ Other Armenian

DISABILITY – Please check one:
1. □ Hearing
2. □ Visual
3. □ Speech
4. □ Physical
5. □ Developmental Disability
6. □ Other ______________________
7. □ None