

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

BOARD APPOINTMENT SUMMARY

Meeting Date: May 7, 2013
Department: Administration
Advisory Board: Health Council of Southeast Florida, Inc.

I. EXECUTIVE BRIEF

Motion & Title: Staff recommends motion to approve: reappointment of one individual to the Health Council of Southeast Florida, Inc. for a two year term commencing May 7, 2013:


| <u>Reappoint</u> | <u>Seat No.</u> | <u>Seat Requirement</u> | <u>Nominated By</u> |
|----------------------|-----------------|-------------------------|-------------------------------|
| Dr. Murray D. Sigman | 7 | Health Care Provider | Comm. Valeche Comm. Taylor |

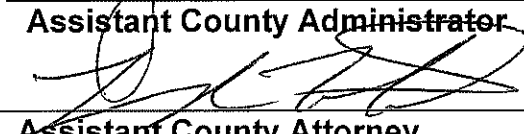
Summary: The Health Council of Southeast Florida, Inc. (Council) is a not-for-profit corporation established pursuant to Section 408.033, Florida Statutes, for the purpose of providing and coordinating health planning activities within Palm Beach, Martin, St. Lucie, Indian River and Okeechobee Counties. The Council consists of twelve members: six representatives for Palm Beach County; two members appointed by Martin County; two members appointed by St. Lucie County; one member appointed by Indian River County; and one member appointed by Okeechobee County. The appointees must be representatives of health care providers, health care purchasers, and non-governmental health care consumers, not to exclude elected government officials. Dr. Sigman is a retired dentist with the Palm Beach County Health Department and has served on the Council since 2008. He is eligible for reappointment and has expressed a desire to continue to serve. A memo dated April 12, 2013 was circulated to the Board of County Commissioners requesting support of Dr. Sigman's reappointment or requesting additional nominations. No additional nomination where received. Countywide (TKF)

Background and Justification: The Council is generally charged with providing services that improve the health and quality of life for individuals living in the five county service area. Specific powers indentified in their bylaws include: establishing a system for gathering and analyzing data on characteristics of health problems; recommending goals and policies for improving health services; and preparing plans and procedures for attainment of health goals. With this reappointment, the Council membership will include six Caucasian females, two Caucasian males, two African-American males, one African-American female, and one vacant position for Indian River County.

Attachments:

1. Boards/Committees Application w/Resume
2. Attendance Record for Dr. Sigman
3. Memo to BCC dated April 12, 2013
4. Current List of Board Members
5. Section 408.033, Florida Statutes

Recommended by:  4/23/13
Assistant County Administrator **Date**

Legal Sufficiency:  4/24/13
Assistant County Attorney **Date**

II. REVIEW COMMENTS

A. Other Department Review:

Department Director

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION**

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Section I (Department): (Please Print)

Board Name: Health Council of Southeast Florida, Inc. Advisory Not Advisory

At Large Appointment or District Appointment / District #: _____

Term of Appointment: 2 Years. From: TBD To: TBD

Seat Requirement: Health Care Provider Seat #: 7

*Reappointment or New Appointment

or to complete the term of _____ Due to: resignation other
Completion of term to expire on: _____

*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: _____

Section II (Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Sigman Murray Douglas
Last First Middle

Occupation/Affiliation: Palm Beach County Health Department
Owner Employee Officer

Business Name: Oral maxillofacial Surgeon

Business Address: _____
City & State _____ Zip Code: _____

Residence Address: 508 Bay Rd.
City & State North Palm Beach Zip Code: 33408

Home Phone: 561 881-8612 Business Phone: () Ext. _____

Cell Phone: 561 310-7198 Fax: () _____

Email Address: dsig@bellsouth.net

Mailing Address Preference: Business Residence

Have you ever been convicted of a felony: Yes _____ No

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code: Male Female
 Native-American Hispanic-American Asian-American African-American Caucasian

Section II Continued:

CONTRACTUAL RELATIONSHIPS: Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

| <u>Contract/Transaction No.</u> | <u>Department/Division</u> | <u>Description of Services</u> | <u>Term</u> |
|---------------------------------|----------------------------|--------------------------------|-------------------|
| Ex: (R#XX-XXXX/PO XXX) | Parks & Recreation | General Maintenance | 10/01/11-09/30/12 |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Attach Additional Sheet(s), if necessary)

OR ^{pdw 4/8} NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

- By watching the training program on the Web, DVD or VHS
- By attending a live presentation given on _____, 20____

AND

By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

*Applicant's Signature: MD Sigman Printed Name: MD Sigman Date: April 8, 2013

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website www.palmbeachcountyethics.com or contact us via email at ethics@palmbeachcountyethics.com or (561) 233-0724.

Return this FORM to:
Patty Hindle, County Administration
Post Office Box 1989, West Palm Beach, FL 33402-1989
(561) 355-3229 or phindle@pbcgov.org

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on:

Commissioner's Signature: Jed P. Valdes Date: 4/17/13

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION**

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Occupation/Affiliation: Palm Beach County Health Department
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Business Name: Oral maxillofacial Surgeon

Business Address: _____
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City & State North Palm Beach Zip Code: 33408

Home Phone: 561 881-8612 Business Phone: () Ext. _____

Cell Phone: 561 310-7198 Fax: () _____

Email Address: dsig@bellsouth.net

Mailing Address Preference: Business Residence

Have you ever been convicted of a felony: Yes _____ No

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code: Male Female
 Native-American Hispanic-American Asian-American African-American Caucasian

Section II Continued:

CONTRACTUAL RELATIONSHIPS: Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

| <u>Contract/Transaction No.</u> | <u>Department/Division</u> | <u>Description of Services</u> | <u>Term</u> |
|---------------------------------|-------------------------------|--------------------------------|--------------------------|
| <u>Ex: (R#XX-XXXX/PO XXX)</u> | <u>Parks & Recreation</u> | <u>General Maintenance</u> | <u>10/01/11-09/30/12</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Attach Additional Sheet(s), if necessary)

OR NONE ^{per 4/8}

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Return this FORM to:
Patty Hindle, County Administration
Post Office Box 1989, West Palm Beach, FL 33402-1989
(561) 355-3229 or phindle@pbcgov.org

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: [Signature] Date: 4/15/13

CURRICULUM VITAE
M. DOUGLAS SIGMAN, JR., D.M.D.

CURRENT POSITION

881-8612 (home)
310-7198 (cell)

1970 – Present

Palm Beach County Health Department
901 Evernia St.
West Palm Beach, FL 33402
Consultant in oral surgery for special cases and
emergency dental procedures for Health Care District
patients.

1970 – 1995

Private Practice

1986 – Present

Assist Andrew B. Slavin, D.D.S. with major
maxillofacial trauma and pathology.

2000 – 2004

Oral cancer screening examiner for Major League
Baseball Smokeless Cessation Program

PERSONAL INFORMATION

Date of Birth:
Place of Birth:
Current Residence

March 11, 1942
Philadelphia, Pennsylvania
Palm Beach County, Florida
1949 – Present

EDUCATION

1959 – 1963

Vanderbilt University
Nashville, Tennessee
Bachelor degree in Chemistry major
Biology degree minor

1963 – 1967

University of Louisville School of Dentistry
Louisville, Kentucky
Doctor of Medical Dentistry
Graduated cum laude 1967
Member of Phi Delta Honorary Prosthetics Fraternity
Phi Kappa Phi all University Honor Society
Kentucky College of Dentists award in Journalism
C.V. Mosby Book Award for Scholastic Excellence
American Society of Dentistry for Children Award

1967 – 1970

PhD candidate in Physiology
University of Louisville School of Medicine

M. DOUGLAS SIGMAN, JR., D.M.D.

HOSPITAL AFFILIATIONS AND APPOINTMENTS

Good Samaritan Medical Center

| | |
|--------------------------|---|
| 1973 - Present | Active Staff |
| 1977 - 1982, 1984 - 1991 | Chief of Department of Dentistry and Oral Surgery |
| 1975 - 1977 | Surgical Audit Committee |
| 1977 - 1985, 1986 - 1991 | Credentials Committee |
| 1977 - 1991 | Operating Room Committee |
| 1979 - 1985 | Emergency Room Committee |
| 1977 - 1979 | Library Committee |
| 1986 - 1987 | Chairman of Indigent Patient Care Committee |
| 1987 - 1988 | Vice - President of Medical Staff |
| 1986 - 1991 | Quality Assurance Committee - Chairman 1988 |
| 1986 - 1989 | Executive Committee |
| 1990 - 1993 | Bylaws Committee |
| 1996 - Present | Continuing Medical Education Committee |

St Mary's Hospital

| | |
|----------------|---|
| 1972 - Present | Active Staff |
| 1980 - 1981 | Chief of Department of Dentistry and Oral Surgery |
| 1977 - 1981 | Surgical Audit Committee |

Palm Beach Regional Hospital (Formerly Doctor's Hospital of Lake Worth)

| | |
|--------------------------|---|
| 1974 - 1988 | Active Staff |
| 1988 - 1990 | Consulting Staff |
| 1990 - 1992 | Honorary Staff |
| 1981 - 1988 | Credentials Committee |
| 1988 | Ethics Committee Chairman |
| 1986 - 1988 | Quality Assurance Committee |
| 1974 - 1979, 1981 - 1988 | Chief of Department of Dentistry and Oral Surgery |
| 1974 - 1979, 1981 - 1988 | Executive Committee |

EMERGENCY ROOM COVERAGE

| | |
|----------------|---|
| 1970 - Present | Emergency room coverage provided at the above hospitals primarily for the treatment of dento-facial trauma and management of infection. |
| 1986 - 1988 | Palm Beach County Health Care Task Force - created Health Care District |

M. DOUGLAS SIGMAN, JR., D.M.D.

PALM BEACH COUNTY HEALTH DEPARTMENT

| | |
|----------------|---|
| 1970 – Present | Consultant in Oral Surgery Specialty treatment for complex cases |
| 1996 – Present | Credentials Committee Health Care District Medicaid HMO |

LICENSES

| | |
|-------------|----------|
| June 1967 | Kentucky |
| August 1968 | Florida |

Patty Hindle

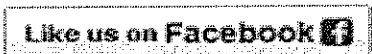
From: Lisa Muniz [LMuniz@HCSEF.org]
Sent: Monday, April 15, 2013 10:41 AM
To: Patty Hindle
Subject: RE: Health Council Roster

Importance: High

Hi Patty,
Dr. Sigman attended the majority of the meetings. Thank you for your patience.

| Dates | Attended |
|------------|----------|
| 3/31/2011 | Yes |
| 5/26/2011 | Yes |
| 8/24/2011 | Yes |
| 9/22/2011 | Yes |
| 10/27/2011 | Yes |
| 12/15/2011 | No |
| 1/26/2012 | Yes |
| 2/17/2012 | Yes |
| 3/15/2012 | Yes |
| 5/31/2012 | Yes |
| 6/28/2012 | Yes |
| 8/16/2012 | Yes |
| 10/18/2012 | Yes |
| 12/20/2012 | No |
| 2/21/2013 | yes |

Regards,
Lisa Muniz, Program Assistant
Health Council of Southeast Florida
600 Sandtree Drive, Suite 101
Palm Beach Gardens, FL 33403
T 561.844.4220 ext. 28
F 561.844.3310
E lmuniz@hcsef.org
www.hcsef.org



Attachment # 2

Under Florida Law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead contact this office by phone or in writing.



MEMORANDUM

County Administration

P.O. Box 1989

West Palm Beach, FL 33402-1989

(561) 355-2030

FAX: (561) 355-3982

www.pbcgov.com

TO: Mayor Steven L. Abrams & Members of the Board of County Commissioners

FROM: Patty Hindle, Agenda Coordinator
County Administration *[Signature]*

DATE: April 12, 2013

RE: Health Council of Southeast Florida, Inc.

Palm Beach County
Board of County
Commissioners

Steven L. Abrams, Mayor

Priscilla A. Taylor, Vice Mayor

Hal R. Valeche

Paulette Burdick

Shelley Vana

Mary Lou Berger

Jess R. Santamaria

County Administrator

Robert Weisman

The Health Council of Southeast Florida, Inc. (formerly Treasure Coast Health Council, Inc.) is comprised of 12 members: 6 representatives appointed by Palm Beach County; 1 appointed representative each for Indian River County; and Okeechobee County; and 2 representatives each appointed by Martin County and St. Lucie County. Appointees shall be representatives of health care providers, health care purchasers, and non-governmental health care consumers. A majority of the Council must be health care purchasers and health care consumers, and the Council must include a representative number of persons over 60 years of age. The purpose of the Council is to assess, plan and advise for the health needs in the above counties; establish a system for gathering and analyzing data on characteristics of health problems in the counties and recommend goals and polices for developing and improving health services.

One of Palm Beach County appointees, Dr. Murray D. Sigman's term expired March 14, 2013. Dr. Sigman is eligible for reappointment and has expressed a desire to continue to serve. If you wish to support Dr. Sigman's reappointment, please sign and return the enclosed Boards/Committees Application. If you wish to have another nominee who meets the health care provider seat requirement considered for appointment, please provide the nominee's contact information.

Staff intends to agenda Dr. Sigman's reappointment for May 7, 2013, so please return signed from no later than April 26th. If you have any questions, please contact me at 355-3229.

:ph

Enclosures

Application w/Résumé
Section 408.033, Florida Statutes
Current Membership Roster
Attendance Record

Attachment #

3



PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
HEALTH COUNCIL OF SOUTHEAST FLORIDA, INC.

I. AUTHORITY :

Chapter 82-182, Laws of Florida 1982; and F.S. 408.033.

II. APPOINTING BODY :

III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL :

The local Health Council shall consist of twelve (12) members: six (6) representatives for Palm Beach County; one (1) member appointed by Indian River County, two (2) members appointed by Martin County, one (1) member appointed by Okeechobee County, and two (2) members appointed by St. Lucie County. Appointees shall be representatives of health care providers, health care purchasers, and non-governmental health care consumers, not to exclude elected government officials. A majority of the Council members must be health care purchasers and health care consumers and the Council must include a representative number of persons over 60 years of age. Appointments shall be for a term of two (2) years and be eligible for reappointment. Any member of the Council appointed by PBC may be removed by the BCC for misfeasance, malfeasance or willful neglect of duty.

EXTENDED COMPOSITION :

IV. MEETINGS :

Third Thursday of the month at 4:00p.m., 600 Sandtree Drive, Ste. 101, Palm Beach Gardens, FL 33403

V. FUNCTIONS :

For the purpose of defining health service needs and assisting health care facilities, health care providers and hospices to develop programs of service that will assure the best possible health service to the community.

Attachment # 4

* Indicates a member having an action pending

VI. LIAISON INFORMATION :

LIAISON DEPARTMENT

CONTACT PERSON

ADDRESS

None

Andrea Stephenson

600 Sandtree Dr Ste 101
Palm Beach Gardens FL 33403
Phone # 561-844-4220 Ex. 18

County Administration

Jon Van Arnam, Asst. Cty Adn

301 N Olive Ave Ste 1101 Governmental Center
West Palm Beach FL 33401
Phone # 561-355-2740

* indicates a member having an action pending



HEALTH COUNCIL OF SOUTHEAST FLORIDA, INC.

| SEAT ID | CURRENT MEMBER | ROLE TYPE | RACE CODE | GENDER | BUSINESS / HOME PHONE | SEAT REQUIREMENT | APPOINT DATE | REAPPOINT DATE | EXPIRE DATE |
|---|---|-----------|-----------|--------|-----------------------|--------------------------|--------------|----------------|-------------|
| Appointed By : Indian River County Commission | | | | | | | | | |
| 1 | Vacant | Member | | | | Health Care Provider | | | / |
| NOMINATED BY : | | | | | | | | | |
| Appointed By : Martin County Commission | | | | | | | | | |
| 2 | Anita Cocoves NONE 2401 E Monterey Rd Stuart FL 34996 | Member | CA | F | 772-419-6932 | Health Care Purchaser | 11/18/2011 | | 11/17/2013 |
| NOMINATED BY : | | | | | | | | | |
| 3 | Edward Fischman, C-North County Foot & Ankle 901 W Indiantown Rd Ste 15 Jupiter FL 33458 | Member | CA | M | 561-745-8700 | Health Care Provider | 05/24/2011 | | 05/23/2013 |
| NOMINATED BY : | | | | | | | | | |
| Appointed By : Okeechobee Cty Commissioners | | | | | | | | | |
| 4 | Tiffany Collins NONE 1728 NW 9th Ave Okeechobee FL 34972 | Member | CA | F | 863-462-5761 | PBC Health Care Provider | 04/04/2011 | | 04/04/2013 |
| NOMINATED BY : | | | | | | | | | |

* indicates a member having an action pending

Appointed By : PBC County Commission

5 Lillian DeCicco Member AA F -- Health Care Consumer 02/04/1997

1311 W 25th St
Juno Beach FL 33408

NOMINATED BY :

6 Festus "Frank" Hayden Member AA M 561-792-0589 Health Care Consumer 12/18/2012 12/17/2014

11180 Cobblefield Rd
Wellington FL 33449

NOMINATED BY :

7 M. Douglas Sigman Member CA M 561-881-8612 Health Care Provider 12/02/2008 03/15/2011 03/14/2013

508 Bay Rd
North Palm Beach FL
33408

NOMINATED BY :

8 Mary Jo "Joey" Buffin Member CA F 561-882-6476 Health Care Provider 04/17/2012 04/16/2014

St. Mary'S Medical Center
901 45th St
West Palm Beach FL
33407

NOMINATED BY :

* Indicates a member having an action pending

Appointed By : PBC County Commission

| | | | | | | | | | |
|---|--|--------|----|---|-------------------|-----------------------|------------|------------|------------|
| 9 | Marnie Poncy Joseph C. Kempe, PA 941 N Highway A-1-A Jupiter FL 33477 | Member | CA | F | 561-747-7300 X115 | Health Care Purchaser | 08/25/1992 | 04/17/2012 | 04/16/2014 |
|---|--|--------|----|---|-------------------|-----------------------|------------|------------|------------|

NOMINATED BY :

| | | | | | | | | | |
|----|---|--------|----|---|--------------|-----------------------|------------|--|------------|
| 10 | Patricia "Pat" Avakian 178 Somerset I West Palm Beach FL 33417 | Member | CA | F | 561-689-3176 | Health Care Purchaser | 01/15/2013 | | 01/14/2015 |
|----|---|--------|----|---|--------------|-----------------------|------------|--|------------|

NOMINATED BY :

Appointed By : St. Lucie County Commission

| | | | | | | | | | |
|----|--|--------|----|---|--------------|----------------------|------------|--|------------|
| 11 | Daniel Regis NONE 2414 SE Melaleuca Blvd Port St Lucie FL 32960 | Member | AA | M | 772-497-4211 | Health Care Consumer | 08/16/2011 | | 08/19/2013 |
|----|--|--------|----|---|--------------|----------------------|------------|--|------------|

NOMINATED BY :

| | | | | | | | | | |
|----|---|--------|----|---|--------------|----------------------|------------|--|------------|
| 12 | Donna Dubois NONE 2547 Creekside Dr Ft Pierce FL 34981 | Member | CA | F | 772-341-0001 | Health Care Provider | 08/16/2011 | | 08/19/2013 |
|----|---|--------|----|---|--------------|----------------------|------------|--|------------|

NOMINATED BY :

* indicates a member having an action pending

Select Year:

The 2012 Florida Statutes

[Title XXIX](#)
PUBLIC HEALTH

[Chapter 408](#)
HEALTH CARE ADMINISTRATION

[View Entire Chapter](#)

408.033 Local and state health planning.—

(1) LOCAL HEALTH COUNCILS.—

(a) Local health councils are hereby established as public or private nonprofit agencies serving the counties of a district. The members of each council shall be appointed in an equitable manner by the county commissions having jurisdiction in the respective district. Each council shall be composed of a number of persons equal to 1½ times the number of counties which compose the district or 12 members, whichever is greater. Each county in a district shall be entitled to at least one member on the council. The balance of the membership of the council shall be allocated among the counties of the district on the basis of population rounded to the nearest whole number; except that in a district composed of only two counties, no county shall have fewer than four members. The appointees shall be representatives of health care providers, health care purchasers, and nongovernmental health care consumers, but not excluding elected government officials. The members of the consumer group shall include a representative number of persons over 60 years of age. A majority of council members shall consist of health care purchasers and health care consumers. The local health council shall provide each county commission a schedule for appointing council members to ensure that council membership complies with the requirements of this paragraph. The members of the local health council shall elect a chair. Members shall serve for terms of 2 years and may be eligible for reappointment.

(b) Each local health council may:

1. Develop a district area health plan that permits each local health council to develop strategies and set priorities for implementation based on its unique local health needs.
2. Advise the agency on health care issues and resource allocations.
3. Promote public awareness of community health needs, emphasizing health promotion and cost-effective health service selection.
4. Collect data and conduct analyses and studies related to health care needs of the district, including the needs of medically indigent persons, and assist the agency and other state agencies in carrying out data collection activities that relate to the functions in this subsection.
5. Monitor the onsite construction progress, if any, of certificate-of-need approved projects and report council findings to the agency on forms provided by the agency.
6. Advise and assist any regional planning councils within each district that have elected to address health issues in their strategic regional policy plans with the development of the health element of the plans to address the health goals and policies in the State Comprehensive Plan.
7. Advise and assist local governments within each district on the development of an optional health plan element of the comprehensive plan provided in chapter 163, to assure compatibility with the health goals and policies in the State Comprehensive Plan and district health plan. To facilitate the

Attachment # 5