

Public Health Advisory Commission

City of Alexandria, VA | Generated 4/7/2026 @ 3:38:23 PM by OnBoardGOV - Powered by ClerkBase

Applicant	Date	Boards	Address	Contact	Status
Sylvia Jones	3/1/2026	Public Health Advisory Commission Contested (Incumbent)	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Lisa Marie Mays	11/29/2025	Public Health Advisory Commission Contested	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Maggie Noday	11/26/2025	Public Health Advisory Commission Contested	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated
Dr James Evan Watson	1/1/2026	Public Health Advisory Commission Contested	Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.): Yes		Validated

Status

Name Sylvia Jones

Application Date 3/1/2026

Expiration Date 10/1/2026

Board Member [Sylvia A. Jones](#)

Status Validated BY: UNKNOWN USER @BEFORE 4/1/2026

Board	Vacancies	Status
Public Health Advisory Commission	1	Contested (Incumbent)

Basic Information

Name
Sylvia Jones

Contact Information

Yes, I am a resident of the City of Alexandria.
(NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)

Yes

Email
REDACTED

Phone
REDACTED

Occupation

Employer (student and youth applicants list school)
Inova

Job Title
REDACTED

New Applicant or Current Member

Current Member of This Board

How many terms have you served?

2

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

Healthcare Professional Citizen Member

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

9 Years

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

During this time of major challenges and rapid change, communities are facing I want to address complex health issues. These issues, for me, include, but are not limited to, how to engage citizens, and how elected officials and other civic leaders can generate civic will to break gridlock, and improve management in public health. These are a few reasons why I would like to join the Public Health Commission. I have gained relevant academic and professional experience, including effectively providing leadership, strategic planning, administrative expertise, enhanced emergency preparedness, and a commitment to communication and collaboration with stakeholders, to address health disparities. I want to join the Public Health Commission to contribute my skills to the community in a positive way. Over time, I have gained experience managing large teams and building interdisciplinary partnerships. Additionally, I have worked with diverse populations and the public in rural and urban areas, ensuring cultural proficiency in public health services. My professional and volunteer work with Alexandria Medical Reserve Corps has helped improve public health.

Have you ever served the City of Alexandria in any capacity?

Yes (Please explain), Current Commissioner with the Public Health Advisory Commission

Have you ever attended a meeting of the Board or Commission for which you are applying?

Yes

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

Yes

Please explain relation and capacity:

My husband, Kobie Grffin, is a commissioner with the Children, Youth, and Families Collaborative Commission.

Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?

Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

Healthcare (Master of Business Administration) Fort Hays State University-Hays, KS May 2012 Health Service Administration (Bachelor of Science) Our Lady of the Lake College-Baton Rouge, LA December 2008

Summary of Work and Experience

I am a leader with more than a decade of healthcare operations consisting of strengthening multi-site clinical practices through structured workflows, accountable team leadership, and improvement. My career reflects consistent progression into roles that require stabilizing operations, improving access, and building reliable systems and patient experience.

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

Would you like to complete the Supplemental Questions? Non-Discrimination Data Supplemental Questions For Applications to City Boards, Commissions, and Committees Confidential - NOT FOR PUBLIC INFORMATION Completion of this section is VOLUNTARY. When completed, the section is separated and redacted from your application prior to the application's submission to City Council. COUNCIL AND STAFF DO NOT USE THIS FORM IN DETERMINING APPOINTMENTS. Information provided in this section is treated confidentially and the information is forwarded to the Alexandria Office on Human Rights for compilation of statistics.

REDACTED

How did you hear of this vacancy?

REDACTED

Status

Name Lisa Marie Mays
Application Date 11/29/2025
Expiration Date 6/29/2026
Board Member [Lisa Marie Mays](#)
Status Validated BY: UNKNOWN USER @BEFORE 4/1/2026

Board	Vacancies	Status
Public Health Advisory Commission	1	Contested

Basic Information

Name
Lisa Marie Mays
Date of Birth
REDACTED

Contact Information

Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)
 Yes
Email
REDACTED
Alternate email
REDACTED
Phone
REDACTED

Occupation

Employer (student and youth applicants list school)
 United States Department of Agriculture, Agricultural Marketing Service, Commodity Procurement
Job Title
REDACTED

New Applicant or Current Member

New Applicant

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

Public Health Advisory Commission Citizen

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

I have lived in Alexandria since July of 2016.

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

Due to my history of working with multidisciplinary coalitions to accomplish public health objectives, I believe I can serve as a well-informed and effective citizen member of this coalition. My passion for public health stems from a firm belief that a healthy public is a safe, productive, and engaged public, and that a strong public health record benefits citizens and businesses alike.

Have you ever served the City of Alexandria in any capacity?

Yes (Please explain), Elections Office in two elections, 2024 and 2025.

Have you ever attended a meeting of the Board or Commission for which you are applying?

No

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?

Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

Masters Degree in Public Health, Registered Dietitian Nutritionist (RDN), Bachelors of Science Degree in Nutrition, Bachelors of Arts Degree in Media Studies

Summary of Work and Experience

Over a decade of experience overseeing and implementing federal, state, and local food assistance and nutrition programs, including those which required coordination across disciplines including education, workforce training, transportation, and agriculture to accomplish shared goals. Work history includes government, nonprofit, and private sector employment, including an early work history in marketing which informs my perspective on communications with the public. Public service program history includes The Emergency Food Assistance Program (TEFAP), National School Lunch Program (NSLP), National School Breakfast Program (NSBP), Summer Food Service Program (SFSP), Supplemental Nutrition Assistance Program (SNAP), Women, Infant, and Children's Supplemental Nutrition Assistance Program (WIC), Commodity Supplemental Food Program (CSFP), and Food Distribution Program on Indian Reservations (FDPIR).

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

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REDACTED

Gender

REDACTED

Sexual Orientation

REDACTED

Ethnicity

REDACTED

Do you have a disability?

REDACTED

Status

Name Maggie Noday
Application Date 11/26/2025
Expiration Date 6/26/2026
Board Member Maggie Noday
Status Validated BY: UNKNOWN USER @BEFORE 4/1/2026

Table with 3 columns: Board, Vacancies, Status. Row 1: Public Health Advisory Commission, 1, Contested

Basic Information

Name Maggie Noday
Date of Birth REDACTED

Contact Information

Yes, I am a resident of the City of Alexandria.
(Date of Birth) REDACTED
Email REDACTED
Phone REDACTED

Occupation

Employer (student and youth applicants list school) AllCare Family Medicine
Job Title REDACTED

New Applicant or Current Member

New Applicant

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

citizen

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

3 years

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

I am interested in joining this committee because public health initiatives are incredibly important to a thriving city and community. I believe my perspective as a therapist would be a great addition to this committee because of the of lens I have in my work as well as a citizen of Alexandria.

Have you ever served the City of Alexandria in any capacity?

No

Have you ever attended a meeting of the Board or Commission for which you are applying?

No

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

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Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

Highest level of education: Master's of Science in Education, Clinical Mental Health Counseling

Summary of Work and Experience

I have worked as a licensed mental health therapist since 2016 in various settings including community mental health, addiction recovery, youth and young adult, and gambling recovery.

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

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REDACTED

How did you hear of this vacancy?

REDACTED

Status

Name Dr James Evan Watson
Application Date 1/1/2026
Expiration Date 8/1/2026
Board Member [James Evan Watson](#)
Status Validated BY: UNKNOWN USER @BEFORE 4/1/2026

Board	Vacancies	Status
Public Health Advisory Commission	1	Contested

Basic Information

Name
Dr James Evan Watson
Date of Birth
REDACTED

Contact Information

Yes, I am a resident of the City of Alexandria. (NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.)
Yes
Email
REDACTED
Phone
REDACTED

Occupation

Employer (student and youth applicants list school)
Children's National Hospital
Job Title
REDACTED

New Applicant or Current Member

New Applicant

What seat are you applying for? (Ex: citizen, architect, youth member, etc.)

health professional

Do you currently live in the City of Alexandria? NOTE: If your answer is no, a residency waiver is required for positions that are not specific to an organization or profession.

Yes

How long have you lived in Alexandria?

1.5 years

Statement of Interest (Do not include personal information such as phone numbers, addresses, emails, etc.)

I am a young professional who is very passionate about the health of my community. I am looking to become more involved and connected with other community members. Furthermore, as someone who spends their career in an acute care setting, I frequently see the impacts of both good and poor public health efforts (especially with our pediatric population).

Have you ever served the City of Alexandria in any capacity?

No

Have you ever attended a meeting of the Board or Commission for which you are applying?

No

Are you now paid by the City of Alexandria?

No

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?

No

Attendance Requirements: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled business trips and emergency work assignments only. All other absences are recorded as unexcused. In light of the aforementioned statement, will you be able to attend at least 75% of the regular meetings of the board which you may be appointed?

Yes

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867 regarding the completion of a financial disclosure statement?

Yes

Educational Background

B.S. in Health Sciences from Clemson University Doctorate in Physical Therapy from the Medical University of South Carolina

Summary of Work and Experience

1 year of outpatient pediatric PT 1.5 years of acute inpatient pediatric PT 3 years of transport in adult inpatient setting 2 years of pro bono outpatient adult PT

References - Please list names, phone number and/or email addresses of three references that support your application.

REDACTED

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REDACTED

Gender

REDACTED

Sexual Orientation

REDACTED

Ethnicity

REDACTED

Do you have a disability?

REDACTED

How did you hear of this vacancy?

REDACTED