



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: Feb. 2017)

Board Clerk Use Only

Meeting Date: 11/6/18
Agenda Item #: C.1
Est. Start Time: 10:00 a.m.
Date Submitted: 10/31/18

Agenda Title: Informational Briefing on Multnomah County Board of Health Role

Requested

Meeting Date: November 6, 2018 **Time Needed:** 60 minutes

Department: Health **Division:** Public Health

Contact(s): Rachael Banks, Public Health Director and Local Public Health Administrator

Phone: _____ **Ext.** _____ **Email:** _____

Presenters: Rachael Banks and Bernadette Nunley

General Information

1. What action are you requesting from the Board?

None. This is an informational board briefing orienting the Board of County Commissioners to their Board of Health role and the Board as the governing body for the Local Public Health Authority.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer(s) this action affects and how it impacts the results.

This is a board briefing orienting the Board of County Commissioners to their Board of Health role and the Board as the governing body for the Local Public Health Authority.

3. Explain the fiscal impact (current year and ongoing).

None.

4. Explain any legal and/or policy issues involved.

Under Oregon law, Multnomah County is the local public health authority (LPHA) and is responsible for management of local public health services and prevention of disease within the County. The Board of County Commissioners is the elected governing body for Multnomah County, and through its Home Rule Charter, is responsible for legislation in the County. The Board is also the governing body for the local public health authority.

The Board of County Commissioners may create the Multnomah County Board of Health as the governing body of the Local Public Health Authority and employ the Board of Health to perform LPHA powers and duties.

5. Explain any citizen and/or other government participation that has or will take place.

N/A

Required Signature

**Elected
Official or
Department
Director:**

/s/

Date:
