



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

## Board Clerk Use Only

Meeting Date: 12/08/15  
Agenda Item #: B.2  
Est. Start Time: 10:45 am approx  
Date Submitted: 11/24/15

**Agenda Title:** **Informational Board Briefing on Health Department Public Education Campaign**

*Note: Title should not be more than 2 lines but be sufficient to describe the action requested.*

**Requested Meeting Date:** December 8, 2015 **Time Needed:** 45 mins.  
**Department:** Health **Division:** Public Health  
**Contact(s):** Tricia Tillman,  
**Phone:** 503-988-8724 **Ext.**  **I/O Address:** 160/8  
**Presenter Name(s) & Title(s):** Joanne Fuller, Health Department Director; Tricia Tillman, Director of Public Health; and invited guests.

## General Information

### 1. What action are you requesting from the Board?

No action requested at this time. Intend for the Board to have a clear understanding about potential impacts of the Health Department Public Education campaign.

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

We are at the halfway point in a year-long, paid public health Prevention Campaign effort. This is an opportunity to update the Board of County Commissioners on campaign efforts to date and the focus of the Prevention Campaign moving forward including:

Desired outcomes of the briefing include:

- 1) The Board of County Commissioners understands the rationale for public health communications as a core prevention and health promotion strategy.
- 2) The Board understands the timeline for this year's public education campaign.
- 3) The Board understands the Public Health vision for moving forward with future public health communication.

There are no expected impacts on Program Offers.

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

None at this time.

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

Briefing only.

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

Not applicable.

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**Required Signature**

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**Elected Official****or Department/**

Joanne Fuller/s/

11/24/15

**Agency Director:** \_\_\_\_\_**Date:** \_\_\_\_\_

*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved."*