



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

### Board Clerk Use Only

Meeting Date: 9-4-12  
 Agenda Item #: B.1  
 Est. Start Time: 10:00 am  
 Date Submitted: 8-29-12

### Agenda Title: **Informational Board Briefing on Employee Wellness Initiative**

*Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.*

**Requested Meeting Date:** September 4, 2012 **Time Needed:** 40 minutes

**Department:** Chair's Office and DCM - Central HR - Employee Benefits **Division:** Sponsor: Chair's Office

**Contact(s):** Abbey Hendricks, HR - Employee Benefits

**Phone:** 503-988-5015 **Ext.** 22568 **I/O Address:** 503/4/Benefits

**Presenter Name(s) & Title(s):**

- Steve Herron, Labor Relations Director
- Abbey Hendricks, Employee Benefits and Wellness Manager
- Michael Hanna, President, AFSCME Local 88
- Sonia Manhas, Community Wellness and Prevention Manager, Health Department

### General Information

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

No action is requested. This is a briefing

**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.**

At the request of the Chair's Office, a Wellness Initiative Committee was created with representatives from Benefits and Wellness, the Health Department's Community Wellness & Prevention Program, Labor Relations, Finance and AFSCME Local 88. The Committee was charged to perform an assessment of the county's current employee wellness program and to assess and develop recommendations for an effective employee wellness program.

This briefing will summarize the Committee report completed in July 2012 reflecting on the past six months of work.

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

N/A

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

N/A

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

N/A

---

**Required Signature**

---

**Elected Official  
or Department/  
Agency Director:**

Karyne Kieta /s/

**Date:** 8-29-12