



Dane County

Meeting Agenda - Final-revised

Board of Health for Madison and Dane County - Executive Committee

Consider:

Who benefits? Who is burdened?

Who does not have a voice at the table?

How can policymakers mitigate unintended consequences?

Thursday, July 25, 2019

5:00 PM

CITY/COUNTY BUILDING, ROOM 507A

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If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below immediately.

Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese inmediatamente al número de teléfono que figura a continuación.

Yog tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntaub ntawv ua lwm yam los sis lwm cov kev pab kom siv tau qhov kev pab, kev ua num los sis kev pab cuam no, thov hu rau tus xov tooj hauv qab no tam sim no.

Please contact Public Health Madison and Dane County at 608 266 4821 or health@cityofmadison.com.

1. CALL TO ORDER / ROLL CALL

REQUEST FOR CHANGES IN AGENDA ORDER

2. CONSIDERATION OF MINUTES

[2019 MIN-137](#) BOARD OF HEALTH-EXECUTIVE COMMITTEE MEETING MINUTES FROM JUNE 12, 2019

Attachments: [BOH Exec Comm minutes 6-12-2019 County draft](#)

3. PUBLIC COMMENT

The Board requests that you limit your comments to 5 minutes or less.

4. DISCLOSURES AND RECUSALS

Members of the body should make any required disclosures or recusals under the Ethics Code.

5. ACTION ITEMS

- 5.a. [2019 RES-118](#) CREATING A NEW PROJECT POSITION TO PROVIDE COMMUNICABLE DISEASE FOLLOW-UP AND SYPHILIS AND HIV PARTNER SERVICES

Attachments: [2019 RES-118](#)
[2019 res-118 fiscal note](#)

Legislative History

6/21/19 County Board referred to the Board of Health for Madison and Dane County
This Resolution Requiring 2/3rds Vote was referred to the Board of Health for Madison and Dane County

6/21/19 County Board referred to the Personnel & Finance Committee
This Resolution Requiring 2/3rds Vote was referred to the Personnel & Finance Committee

- 5.b. [2019 BOH RES-007](#) BOARD OF HEALTH RESOLUTION #2019-13 AUTHORIZATION OF BUDGET TRANSFER OF COMMUNICABLE DISEASE GRANT FUNDS

Attachments: [BOH RES 2019-13 ACD Grant Budget Transfer](#)

- 5.c. [2019 BOH RES-008](#) BOARD OF HEALTH RESOLUTION #2019-14 AUTHORIZATION TO ACCEPT FUNDS FROM OSCAR RENNEBOHM FOUNDATION, INC. TO SUPPORT THE MATERNAL AND CHILD HEALTH PROGRAM

Attachments: [BOH RES 2019-14 Rennebohm Foundation_Updated](#)

- 5.d. [2019 BOH RES-009](#) BOARD OF HEALTH RESOLUTION #2019-15 AUTHORIZATION TO ACCEPT FUNDS FROM THE MAGIC PEBBLE FOUNDATION INC TO SUPPORT NURSE FAMILY PARTNERSHIP (NFP) OPERATIONS

Attachments: [BOH Res 2019-15 Magic Pebble Grant](#)

- 5.e. [2019 BOH RES-010](#) BOARD OF HEALTH RESOLUTION #2019-16 AUTHORIZATION OF BUDGET TRANSFER OF WIC INFRASTRUCTURE GRANT FUNDS

Attachments: [BOH Res 2019-16 WIC Infrastructure Budget Transfer Resolution](#)

- 5.f. [2019 BOH RES-011](#) BOARD OF HEALTH RESOLUTION #2019-17 AUTHORIZATION OF BUDGET TRANSFER OF WIC GRANT FUNDS

Attachments: [BOH Res 2019-17 WIC Grant Budget Transfer Resolution](#)

- 5.g. [2019 BOH RES-012](#) BOARD OF HEALTH RESOLUTION #2019-18 AUTHORIZATION TO ACCEPT FUNDS FROM THE WISCONSIN DEPARTMENT OF HEALTH SERVICES TO SUPPORT THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

Attachments: [BOH Res 2019-18 WIC Grant For Dietetic Internship](#)

- 5.h. [2019 BOH RES-013](#) BOARD OF HEALTH RESOLUTION #2019-19 AUTHORIZATION TO ENTER INTO A CONTRACT FOR PURCHASE OF SERVICES WITH CREATIVE MARKETING RESOURCES

Attachments: [BOH Res 2019-19 Contract for Purchase of Services](#)

6. ADJOURN

NOTE: If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below at least three business days prior to the meeting.

NOTA: Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese al número de teléfono que figura a continuación tres días hábiles como mínimo antes de la reunión.

LUS CIM: Yog hais tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntawv ua lwm hom ntawv los sis lwm cov kev pab kom siv tau cov kev pab, cov kev ua ub no (activity) los sis qhov kev pab cuam, thov hu rau tus xov tooj hauv qab yam tsawg peb hnuv ua hauj lwm ua ntej yuav tuaj sib tham.