



Dane County

Minutes

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?

Wednesday, June 6, 2018

4:00 PM

City County Building; Room 507

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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

The Chair called the meeting to order at 4:01 PM.

2. CONSIDERATION OF MINUTES

2018 MIN-059 BOARD OF HEALTH EXECUTIVE COMMITTEE
MEETING MINUTES FOR MAY 21, 2018

A motion was made by REDMOND, seconded by HALVERSON, that the Minutes be approved the minutes. The motion carried by a voice vote.

3. PUBLIC COMMENT

Nan Fey; Chair, Madison Food Policy Council

4. DISCLOSURES AND RECUSALS

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

5. ACTION ITEMS

5.a 2018 C ORD-001 ADOPTING THE CITY OF MADISON
COMPREHENSIVE PLAN

A motion was made by HALVERSON, seconded by REDMOND, that the City Ordinance be recommended for approval. The motion carried by a voice vote.

6. ADJOURN

A motion was made by REDMOND, seconded by HALVERSON, that the be adjourned. The motion carried by a voice vote.

The meeting adjourned at 4:32 PM.

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.