



**COUNTY OF DURHAM, NORTH CAROLINA
BOARD OF COUNTY COMMISSIONERS
Agenda Action Form**

ITEM:

Budget Ordinance Amendment No. _____ Public Health: Recognize an increase of \$3,597 of Refugee Health funds from NC DHHS, Division of Public Health to support the Refugee Health Program in Durham County

DATE OF BOCC MEETING: March 13, 2017

REQUEST FOR BOARD ACTION:

The Board is requested to approve Budget Ordinance Amendment No. _____ to recognize an increase in funds of \$3,597 from the NC Epidemiology/Communicable Disease Branch, Division of Public Health.

Funding will be used support the increased number of screenings of Refugees.

Please note that this amendment requires no additional County funds.

ALIGNMENT WITH STRATEGIC PLAN: This aligns with Strategic Goal 2: Health and Well-being for All.

RESOURCE PERSONS: Gayle Harris, MPH, Public Health Director

COUNTY MANAGER'S RECOMMENDATION: The County Manager recommends that the Board approve Budget Ordinance Amendment No. _____ to recognize the increase in funds in the amount of \$3,597 from the NC Epidemiology/Communicable Disease Branch, Division of Public Health.

County Manager: _____

		Motion	Yes	No
<input type="checkbox"/> Approved	Foster	_____	_____	_____
<input type="checkbox"/> Denied	Howerton	_____	_____	_____
	Jacobs	_____	_____	_____
	Page	_____	_____	_____
	Reckhow	_____	_____	_____



**COUNTY OF DURHAM, NORTH CAROLINA
BOARD OF COUNTY COMMISSIONERS
Agenda Action Form**

ITEM:

Budget Ordinance Amendment No. _____ Public Health: Recognize a decrease of \$199 of Communicable Disease funds from NC DHHS, Division of Public Health to support the STD/HIV Program in Durham County

DATE OF BOCC MEETING: March 13, 2017

REQUEST FOR BOARD ACTION:

The Board is requested to approve Budget Ordinance Amendment No. _____ to recognize a decrease in funds of \$199 from the NC Communicable Disease Branch, Division of Public Health.

Please note that this amendment requires no additional County funds.

ALIGNMENT WITH STRATEGIC PLAN: This aligns with Strategic Goal 2: Health and Well-being for All.

RESOURCE PERSONS: Gayle Harris, MPH, Public Health Director

COUNTY MANAGER'S RECOMMENDATION: The County Manager recommends that the Board approve Budget Ordinance Amendment No. _____ to recognize a decrease in funds of \$199 from the NC Communicable Disease Branch, Division of Public Health.

County Manager: _____

		Motion	Yes	No
() Approved	Foster	_____	_____	_____
() Denied	Howerton	_____	_____	_____
	Jacobs	_____	_____	_____
	Page	_____	_____	_____
	Reckhow	_____	_____	_____



Item #

**COUNTY OF DURHAM, NORTH CAROLINA
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Agenda Action Form**

ITEM:

**Budget Ordinance Amendment No. _____ to Recognize \$40,000 from the NC DHHS
Division of Public Health Women’s and Children’s Health/ Women’s Health Branch**

DATE OF BOCC MEETING: March 13, 2017

REQUEST FOR BOARD ACTION:

The Board is requested to approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$40,000 from the Department of Health and Human Services Division of Public Health for Preconception Health Services in Durham County.

The one-time Preconception Health funding is to assist with managing and convening focus groups with women and men ages 18-30 in order to gather data about women’s and men’s knowledge of life planning, preconception health and wellness, Please note that this amendment requires no additional County funds.

The Board of Health has approved this amendment.

ALIGNMENT WITH STRATEGIC PLAN: This grant aligns with Strategic Goal 2: Health and Well-being for All by providing more resources to purchase supplies for the provision of family planning services.

RESOURCE PERSONS: Gayle B. Harris, MPH, Health Director

COUNTY MANAGER’S RECOMMENDATION: The County Manager recommends that the Board of County Commissioners approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$40,000 from the Department of Health and Human Services Division of Public Health for Preconception Health Services in Durham County

County Manager: _____

		Motion	Yes	No
() Approved	Foster	_____	_____	_____
() Denied	Howerton	_____	_____	_____
	Jacobs	_____	_____	_____
	Page	_____	_____	_____
	Reckhow	_____	_____	_____



Item #

**COUNTY OF DURHAM, NORTH CAROLINA
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Agenda Action Form**

ITEM:

Budget Ordinance Amendment No. _____ to recognize \$10,795 from the Duke Health's Division of Community Health to support the Community Health Assessment Survey.

DATE OF BOCC MEETING: March 13, 2017

REQUEST FOR BOARD ACTION:

The Board is requested to approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$10,795 from the Duke Health's Division of Community Health to support the Community Health Assessment Survey.

The Board of Health has approved this amendment.

Please note that this amendment requires no additional County funds.

ALIGNMENT WITH STRATEGIC PLAN: This grant aligns with Strategic Goal 2: Health and Well-being for All.

RESOURCE PERSONS: Gayle B. Harris, MPH, Health Director

COUNTY MANAGER'S RECOMMENDATION: The County Manager recommends that the Board of County Commissioners approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$10,795 from the Duke Health's Division of Community Health to support the Community Health Assessment Survey.

County Manager: _____

		Motion	Yes	No
<input type="checkbox"/> Approved	Jacobs	_____	_____	_____
<input type="checkbox"/> Denied	Howerton	_____	_____	_____
	Hill	_____	_____	_____
	Carter	_____	_____	_____
	Reckhow	_____	_____	_____



Item #

**COUNTY OF DURHAM, NORTH CAROLINA
BOARD OF COUNTY COMMISSIONERS
Agenda Action Form**

ITEM:

Budget Ordinance Amendment No. _____ to Recognize \$522.73 in Donations to Support Project BUILD.

DATE OF BOCC MEETING: March 13, 2017

REQUEST FOR BOARD ACTION:

The Board is requested to approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$522.73 in donations from the Ekklesia Community Development Corp and Wepay to support Project BUILD.

These donations will support Project BUILD in providing for identified needs of specific youth.

The Board of Health has approved this amendment.

Please note that this amendment requires no additional County funds.

ALIGNMENT WITH STRATEGIC PLAN: This grant aligns with Strategic Goal 2: Health and Well-being for All and Strategic Goal 3: Public Safety.

RESOURCE PERSONS: Gayle B. Harris, MPH, Health Director

COUNTY MANAGER'S RECOMMENDATION: The County Manager recommends that the Board of County Commissioners approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$522.73 in donations from Ekklesia Community Development Corp and Wepay to support Project BUILD.

County Manager: _____

		Motion	Yes	No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Jacobs	_____	_____	_____
	Howerton	_____	_____	_____
	Hill	_____	_____	_____
	Carter	_____	_____	_____
	Reckhow	_____	_____	_____



**COUNTY OF DURHAM, NORTH CAROLINA
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ITEM:

**Budget Ordinance Amendment No. _____ to Recognize Funds in the Amount of \$4,000
From the Duke Margolis Center for Health Policy for the Healthiest Cities and Counties
Community Seed Grant**

DATE OF BOCC MEETING: March 13, 2017

REQUEST FOR BOARD ACTION:

The Board is requested to approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$4,000 from the Duke Margolis Center for Health Policy to use as planning funds to support the activities identified in the Healthiest Cities and Counties Challenge.

Challenge activities include work toward improving food security in Durham, education on the Durham’s Smoking Rule and work towards the development and use of the Community Health Worker position in Durham County.

The Board of Health has approved this amendment.

Please note that this amendment requires no additional County funds.

ALIGNMENT WITH STRATEGIC PLAN: This program aligns with Strategic Goal 2: Health and Well-being for All.

RESOURCE PERSONS: Gayle B. Harris, MPH, Health Director

COUNTY MANAGER’S RECOMMENDATION: The County Manager recommends that the Board of County Commissioners approve Budget Ordinance Amendment No. _____ to recognize funds in the amount of \$4,000 from the Duke Margolis Center for Health Policy to use as planning funds to support the activities identified in the Healthiest Cities and Counties Challenge.

County Manager: _____

	Motion	Yes	No
() Approved	_____	_____	_____
() Denied	_____	_____	_____
	Jacobs	_____	_____
	Hill	_____	_____
	Howerton	_____	_____
	Carter	_____	_____
	Reckhow	_____	_____