Board of Health

Regular Meeting

Agenda

335 South Broadway
De Pere, WI 54115
https://www.deperewi.gov/

Monday, September 13, 2021 **5:15 PM** **Council Chambers and Virtual**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **September 13, 2021** at **5:15 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

The public may attend the meeting either in person in the Council Chambers or electronically/telephonically. Electronic or telephonic access to the meeting is provided below:

Computer/smart phone accessing https://www.gotomeet.me/DePere

OR

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
United States: +1 (312) 757-3117
Access Code: 154-883-285

I.

1. Call to Order
2. Roll Call
3. Approval of 6-21-21 meeting minutes
4. Public Comment on Matters not on the Agenda
5. Consideration and possible approval of Draft of 2022 Health Department and Board of Health budgets
6. Consideration and possible action on 2021-2022 Health Department Fee Schedule
7. The updated Brown County Including De Pere Community Health Assessment & Improvement Plan 2020-2021
8. Discussion regarding progress of De Pere Health Department Strategic Plan 2020-2025
9. Communicable Disease Report
10. Update on COVID-19 response
11. Future Agenda Items
12. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Agenda Sent To:
Alderpersons
City Administrator
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 13, 2021**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Approval of 6-21-21 meeting minutes**

ATTACHMENTS:

- 6.21.21 BOH Minutes(DOCX)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – JUNE 21, 2021

The Board of Health of the City of De Pere, Wisconsin met in regular session on Monday, June 21, 2021 at 5:00 p.m.

1. **Call to Order**
The meeting was called to order by Dennis Hibray at 5:00 pm.

2. Roll Call
Roll call was taken and the following members were present: Jonathon Hansen, John Quigley, Dennis Hibray, Teresa Gulyas, Dr. Steve Stroman and Dr. Michael McHenry. Also present were Deborah Armbruster, Kristin Johnson and Kelly Burke. Citizen attendees were Shirley Brown, Ellen Miron, Amy Rank, Lorie J. Marschie, Tyler Holtzheimer and Dana Holtzheimer.

3. Introduction of newly assigned Board members, Jonathon Hansen and John Quigley
Jonathon Hansen represents District 2 on the City Council. He also serves on the Historic Preservation Commission and the Board of Public Works. He is a Mortgage Processor, working from home.

John Quigley was elected as an Alderman in April 2021. He represents the 4th District. John is a teacher in the Green Bay Public Schools. He also serves on the Personnel and Finance Committee.

4. Public Comment Period
No public comments were made.

5. Hearing on the City of De Pere Determination of Dangerous Animal Order – 645 S. Huron St. issued by De Pere Health Director, Deborah Armbruster on 06/03/2021
The order alleges that on May 29, 2021 the dog owned by Lorie Marschie, 645 S. Huron St. without provocation inflicted bodily harm on a domestic pet on public or private property.

Deborah Armbruster explained she and Chief Beiderwieden reviewed the police report and the city ordinance and made the determination that this was a dangerous animal. The order was issued for the following:
The animal, without provocation inflicted substantial bodily harm on a person, domestic pet or animal on public or private property.
The animal chases or approaches a person in a menacing fashion or apparent attitude of attack without provocation on public or private property.

This incident included 2 bites by the same dog.

Amy Rank explained the incident in which her dog was attacked while crossing the street. After the initial attack, Amy took her dog into her garage, when the dog owned by Lorie Marshie attacked her dog a second time.

Lorie Marschie explained that her two dogs were in the yard, not fenced in, and went into the street where the attack occurred. After the attack, Lorie was able to constrain both her dogs, but one dog jerked which caused her to let go of one dog, which then went and attacked a second time. Lorie's husband broke up the second attack.

After hearing both accounts of the attack, the meeting went into closed session.

Dennis Hibray made a motion to go back into open session. The motion was seconded by John Quigley. The motion passed. Dennis Hibray made a motion to deny the appeal in this case. The motion was seconded by Jonathon Hansen. Upon roll call vote, the motion passed. The animal was ordered to be removed from the city within 48 hours of receiving written notification.

6. Hearing on the City of De Pere Determination of Dangerous Animal Order – 324 N Sixth St. issued by De Pere Health Director, Deborah Armbruster on 06/03/2021

The Order alleges that on May 31, 2021, the dog owned by Tyler Holtzheimer, 324 N 6th Street, De Pere, while off the owners property, killed a domestic pet without provocation, without provocation inflicted substantial bodily harm on a domestic pet while on public or private property, and chased or approached a person in a menacing fashion or apparent attitude of attack without provocation on public or private property.

Tyler Holtzheimer spoke regarding the incident. He pointed out that after their dog (Lyle) had the victim's dog in his mouth, Lyle did not retaliate to any person who hit him or kicked him while trying to free the other dog. Tyler took Lyle for a behavioral consultation. They had an evaluation with a trainer at In Touch Dog training, who indicated that Lyle has high prey drive which can be corrected through training. Tyler described the home and yard modifications they will be taking to assure there will be no further incidents like this.

Shirley Brown, the owner of the deceased dog, described the incident in which 2 dogs hopped a fence and the larger dog attacked her 6 pound dog while they were on a walk. One dog had her dog in its mouth and the second dog bit Shirley on her arm, drawing blood. Neighbor's came and beat the attacking dog, trying to free the victim's dog, but the attacking dog (Lyle) would not let the victim's dog go.

After hearing the description of the incident from both parties, The Holtzheimer's stepped out to allow Shirley to make a private statement.

Dr. Michael McHenry made a motion to go into closed session. Teresa Gulyas seconded the motion.

Dennis Hibray made a motion to go back into open session. Jonathon Hansen seconded the motion.

Dennis Hibray made a motion to deny the appeal in this case. John Quigley seconded the motion. A roll call vote was taken. The motion passed unanimously. The animal must be removed from the city within 48 hours of receiving written notification.

7. Approval of March 15, 2021 Meeting Minutes

Jonathon Hansen made a motion to approve the March 15, 2021 meeting minutes. Teresa Gulyas seconded the motion. Upon vote, the motion passed unanimously.

8. Communicable Disease Report

Deborah Armbruster asked if anyone had questions about the Communicable Disease report included in the meeting packet. No one had any questions.

9. Update on the Agent program

Deborah Armbruster reported that Trista Groth passed her Standardization. Debbie explained that the Health Department was without an agent for a period of time and had to work with Menasha Health Department to have their sanitarian help us out. Debbie reported that we will still have an equipment contract with Menasha and we plan to update our Memorandum of Understanding with Menasha stating that De Pere and Menasha will help each other out with the Agent Program as needed. This is not a monetary agreement.

10. Update on COVID-19 response

Deborah Armbruster reported that the Health Department is planning to stop doing daily COVID reports. There is not much to report on anymore. We will start back up again if there is a surge in cases. Debbie reported that the Health Department has served approximate 250 adolescents at our school based clinics. We are doing 2nd doses this week as well as walk-ins for first doses. We are thinking about doing a back to school promotion for COVID and other vaccinations. The State is continuing to encourage public health to offer a variety of pop-up clinics. The Health Department will be going to the Farmers Market this week. Next week we will be giving vaccinations at our first Beer Garden. We are doing a pop-up clinic at St. Anne's Episcopal Church on Sunday. We have talked to the Brown County Fair about doing a clinic there, but no determination on this has been made. We will also offer vaccine at the Fire Dept. open house in September.

Johnson&Johnson extended their expiration dates, so we will have enough of it for our clinics. There have been some issues with myocarditis, pericarditis and blood clots. This is being noted, but is not preventing the administration of the vaccine. We have a great supply of Moderna. Pfizer is the only vaccine approved for ages 12 and up. The area providers are now giving vaccine in their clinics instead of at community sites.

The delta variant is now starting in Wisconsin. We have 38 cases.

The state is now encouraging us to go back to our normal programming. The Health Department has limited term employees on staff to help with vaccine clinics.

Dr. Stroman added that now we have approval to give the COVID vaccine along with other vaccines. Pfizer has applied for their vaccine to be regular use instead of emergency use.

11. Discuss need for change in Board of Health Meeting Times

Debbie Armbruster explained that we are being encouraged to have our Board of Health meetings in the Council chamber so that they may be video recorded. Therefore, the Board needs to pick new meeting dates. We need to meet at least once every 3 months (4 times a year). After discussion, the Board decided on the 2nd Monday of the month at 5:15 pm – 7:15 pm, 4 times per year, March, May, September, and November, with special meetings as necessary. The Board will discuss a co-chair as a future agenda item.

12. 2021 Review of Policies & Procedures by Dr. Stroman, Medical Advisor

Dr. Stroman has reviewed the Health Departments Policies and Procedures

13. Discontinuation of blood pressure clinics

Deborah Armbruster reported that our clients at the blood pressure clinics are always the same few people who are all under a physician's care. Therefore, the blood pressure clinics are not necessary and we will discontinue them.

14. Presentation of 2020 Annual Report

Feedback from the Board of Health was that the annual report was very well written, impressive, and informative.

15. Alcohol and drug legislation presented by Teresa Gulyas

Teresa reported that the delivery to homes did not pass, but the "Cocktails To Go" did pass legislation. There are some changes being talked about regarding texting and driving. Medical and recreational marijuana will not come to the floor as it was taken out by the Republican legislators.

16. Future Agenda Items

Dennis Hibray may not be available on September 13. Teresa Gulyas volunteered to be the acting chair for that meeting.

17. Adjournment

Teresa Gulyas made a motion to adjourn the meeting. Dr. Michael McHenry seconded the motion. Upon vote, the motion passed. The meeting was adjourned at 7:13 pm.

Respectfully Submitted,
Kelly Burke
Health Department Administrative Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 13, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Consideration and possible approval of Draft of 2022 Health Department and Board of Health budgets**

ATTACHMENTS:

- #1 GENERAL GOVERNMENT (PDF)
- #1 GENERAL GOVERNMENT BOH (PDF)
- #14 Health Department (PDF)
- #15 Board of Health (PDF)
- 2022-7 Yr Capital Projects Worksheet (PDF)

City of De Pere
2022 General Fund
Adopted Budget

EXPENDITURES

HEALTH DEPARTMENT

			Account Title	2020 Year End Actual	2021 Adopted Budget	2021 6 mos Actual	2021 Year End Estimate	2022 Dept Head Proposed	2022 / 2021 Budget % Of Change
Account Number			PERSONAL SERVICES						
100	54100	110	Salaries	$ 288,728	$ 304,262	$ 135,079	$ 270,158	$ 320,383	5.30%
100	54100	120	Hourly Wages	40,637	43,555	19,994	39,988	47,195	8.36%
100	54100	125	Overtime Wages	0	0	0	0	0	0.00%
100	54100	126	Seasonal Labor	21,542	0	43,770	0	0	0.00%
100	54100	150	FICA	24,676	26,608	12,826	23,726	28,120	5.68%
100	54100	151	Retirement	22,688	23,478	9,014	20,935	23,893	1.77%
100	54100	152	Health, Dental, DIB, Life & Wks Cmp Ins	91,138	88,840	35,186	70,372	88,075	-0.86%
100	54100	190	Training	30	0	0	0		0.00%
			Subtotal	**489,440**	**486,744**	**255,869**	**425,179**	**507,665**	**4.30%**
			CONTRACTUAL SERVICES						
100	54100	210	Telephone	1,700	1,700	573	1,700	1,700	0.00%
100	54100	211	Postage	0	0	0	0	0	0.00%
100	54100	212	Seminars and Conferences	1,318	1,700	265	1,000	1,700	0.00%
100	54100	215	Consulting	0	0	0	0	0	0.00%
100	54100	218	Cell/Radio	1,012	800	511	782	800	0.00%
100	54100	240	Equipment Maintenance	1,288	800	14	800	800	0.00%
			Subtotal	**5,318**	**5,000**	**1,363**	**4,282**	**5,000**	**0.00%**
			SUPPLIES AND EXPENSE						
100	54100	310	Office Supplies	2,181	2,500	318	2,500	2,500	0.00%
100	54100	320	Memberships/Subscriptions	1,170	800	95	700	800	0.00%
100	54100	324	Medical Supplies	3,536	5,000	219	5,000	5,000	0.00%
100	54100	330	Mileage Reimbursement	289	1,800	0	500	1,800	0.00%
100	54100	331	Transportation	0	1,500	72	1,072	1,500	0.00%
100	54100	351	MCH Grant	361	12,675	0	8,933	8,933	-29.52%
100	54100	354	Childhood Lead Grant	0	1,724	522	1,877	1,877	8.87%

City of De Pere
2022 General Fund
Adopted Budget

EXPENDITURES

HEALTH DEPARTMENT

			Account Title	2020 Year End Actual	2021 Adopted Budget	2021 6 mos Actual	2021 Year End Estimate	2022 Dept Head Proposed	2022 / 2021 Budget % Of Change
100	54100	355	Immunization Outreach Grant	4,585	7,339	1,398	7,458	7,458	1.62%
100	54100	358	Preparedness Grant	42,104	34,037	21,573	34,037	34,037	0.00%
100	54100	359	Prevention Grant	0	5,313	0	4,294	4,294	-19.18%
100	54100	360	Communicable Disease Grant	2,144	3,600	212	3,600	3,600	0.00%
			Subtotal	**56,371**	**76,288**	**24,409**	**69,971**	**71,799**	**-5.88%**
			CAPITAL OUTLAY						
100	54100	810	Capital Equipment	0	0	0	0	31000	#DIV/0!
			Subtotal	**0**	**0**	**0**	**0**	**31000**	**#DIV/0!**
			TOTAL	**$ 551,129**	**$ 568,032**	**$ 281,641**	**$ 499,432**	**$ 615,464**	**8.35%**

City of De Pere
2022 General Fund
Adopted Budget

EXPENDITURES

BOARD OF HEALTH

Account Number PERSONAL SERVICES

			Account Title	2020 Year End Actual	2021 Adopted Budget	2021 6 mos Actual	2021 Year End Estimate	2022 Dept Head Proposed	2022 / 2021 Budget % Of Change
100	54110	124	Hourly Wages Board of Health	$0	$0	$0	$0	$0	0.00%
100	54110	150	FICA	0	0	0	0	0	0.00%
100	54110	190	Training	0	100	0	0	100	0.00%
			Subtotal	**0**	**100**	**0**	**0**	**100**	**0.00%**
			TOTAL	**$0**	**$100**	**$0**	**$0**	**$100**	**0.00%**

Health Department

Program Full Time Equivalents: 5.0

Program Mission:

The mission of the Health Department is to protect and promote public health across the lifespan through: education, policy development and valued services.

List of Program Service(s) Descriptions:

1) Public Health Nursing –Promote and protect the health of populations using knowledge from nursing, social, and public health sciences. Apply nursing and public health principles to assess, develop, implement, and evaluate care plans and health programs related to health promotion, disease prevention, and health protection services for individuals, families, and the community.
2) Public Health Sanitarian – Provide environmental health services to ensure the health and safety of the community. Provide weights and measures inspection services as required of municipalities by state statute.

Important Outputs:

1) Maternal child health programming/services – Activity funded by property tax and grant funding. Maternal child health programming is *required by state statute*. Services include, but are not limited to: community planning for coordination of service delivery, education to groups and individuals regarding development and health issues, linking individuals to essential community resources and gap filling services to include home visitation. Through the Community Partnership for children, visits are offered to all families at the time of their child's birth to provide early intervention health education, referral and follow-up as needed to increase healthy outcomes, promote school readiness and assure a positive trajectory along the life course. Public Health Nurse home visits are completed based on medical provider referral, self-referral or based on nursing staff evaluation of risk factors identified at the time of birth.
2) Community Health Assessment/Improvement Planning-Time and effort is funded by tax levy and is *required by state statute*. Together with community partners, conduct assessment of leading health data indicators, choose priorities to focus efforts on and develop evidence-based community strategies to achieve measurable outcomes.
3) Injury prevention education/assurance: to include child passenger safety and prevention programs for the older adult– Activities funded by grant funding and property tax. *The assurance of injury prevention programming required by state statute*. Strengthen community infrastructure to provide a cross-section of services based on current data. For child

passenger safety: an inspection and education are provided for families of children less than eight years of age to ensure child safety while transported in a motor vehicle. Benefit to the residents is to ensure the safety of individual children and prevent injuries and fatalities. The adult prevention programs are the Stay At Home Assistance to help the older adult be able to stay in their home safely and Stepping On is a falls prevention program.

4) Childhood and Adult Immunizations – Activity funded by grant funding, Wisconsin Immunization Program, fee for service revenue, and property tax. Childhood immunization programming is *required by state statute*. Vaccines are available at no charge for all children through 18 years of age who do not have insurance coverage for immunizations through the Wisconsin Immunization Program or who are Medicaid eligible. Vaccine can also be provided to adults depending on the type of vaccine and eligibility. If an adult is not eligible, private pay vaccine may be available. Increased vaccination of residents (children and adults) prevents the spread of vaccine preventable diseases. The health department also assures population health by monitoring vaccine compliance for children less than 24 months of age. Families are encouraged by several methods to complete the initial vaccination series. Completion of the initial vaccine series prevents the spread of vaccine preventable diseases.
5) Communicable Disease Investigation and Follow-up – Activity funded by property tax and grant funding. Communicable disease programming is *required by state statute*. There are over 100 diseases that are required to be reported to local health departments by statute. Various levels of investigation and follow-up are required for each of the diseases or outbreak by the local health department to prevent the spread in our community. This output also includes tuberculosis control and prevention. Local health departments are required by state statute to provide distribution of treatment for latent TB infection and follow-up for any active TB Infections to prevent the spread in the community.
6) Public Health Preparedness – Activity funded by grant dollars. Programs and planning are completed each year to meet the requirements of the Department of Health Services Contract. This program benefits the community by ensuring the health department's ability to respond to urgent public health matters and be a partner in the City's Emergency Management.
7) Resident Complaint Investigation and Resolution -- Activity funded by property tax. Human health hazards investigation and resolution *required by state statute and city ordinances*. Resident concerns/issues are received and follow-up is completed in a timely manner.
8) Weights and Measure Inspections – Activity funded by program revenue. State statute requires municipalities to permit and inspect all businesses for compliance with weights and measures equipment ensuring consumer protection for weights and measures devices.
9) Establishment Licensing and Inspections (Department of Health Services and Department of Agriculture and Consumer Protection) – Activity funded by program revenue. The agent contract for the City of De Pere provides licensing and inspections for all restaurants, temporary restaurants, hotel/motels, campgrounds, swimming pools, spas, tattoo & body piercing, school kitchens, recreational education camp establishments and temporary/permanent retail establishments. This program provides the community with establishments that are compliant with the Wisconsin state code ensuring the health and safety of those who patronize them.

10) Rabies Control – Activity funded by property tax. Follow-up is completed on all reported animal bites and exposures as *required by state statute and city ordinance* for the victim of the bite and the animal who bit. Benefit to the community is the prevention of rabies infection.
11) Childhood Lead Poisoning Prevention – Activity funded by grant funding. Blood lead levels of children are monitored and follow-up is provided to all families of children with elevated levels as *required by state statute*. Public education on lead also provided.
12) Public Health Education – Activity funded by property tax and grant funding. Education is provided to residents in a variety of ways including direct mailings to households, monthly articles, city-wide newsletter contributions, up-to-date website, channel 4 contributions, educational presentations in the community, press releases, media interviews and individual education.
13) Radon Testing Program- Activity is funded by program revenue. Kits are provided to city residents at a nominal fee to allow residents access to test kits and education.

Expected Outcomes:

1) Avert vaccine preventable disease by assuring vaccine coverage rates are maintained and/or increased in select population cohorts.
2) Conduct surveillance, investigation and institute public health control measures for all suspect, probable and confirmed cases of communicable disease within the City of De Pere.
3) Prevent illness through the assurance of establishment compliance with food safety, environmental and hygiene standards.

2022 Performance Measures:

1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 83% city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 4 Pneumococcal and 1 varicella for De Pere children turning 24 months. Increased efforts are and will continue to be made in order to increase our city's immunization rates.
2) Health Department nursing staff will initiate the investigation of 100% of suspect, probable and confirmed cases of illness and disease within 72 hours in accordance with state statute.
3) Conduct education and follow-up to assure that food establishments are compliant with the state/local laws.

a. 100% of licensed establishments will be inspected at least once annually as required by the DATCP Agent Contract. Due to the unforeseen pandemic which began at the beginning of 2020, inspections were halted per the authorization of DATCAP. De Pere Health Department has been in close communication with our licensed establishments both by email and in person. Inspection efforts resumed in early 2021 however due to the back log of establishment inspections we are working on completing 100% of the inspections by end of fiscal year 6-30-2022.
b. Re-inspections will be conducted as necessary to verify compliance.
c. Establishment complaint investigation will be initiated within 72 hours of receipt.

2021 Performance Measurement Data (July 2020 – June 2021)):

1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 83% city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 varicella for De Pere children turning 24 months.
   a. Result: The immunization rate for this age group is at 76% by 24 months of age. This lower rate is due to the pandemic and children not receiving routine medical care and/or clinics/health departments were closed for a period of time due to the Safer at Home order in 2020.
2) Health Department nursing staff will initiate the investigation of 100% of reported suspect, probable and confirmed cases of illness and disease within 72 hours in accordance with state statute.
   a. Result: Health department staff investigated all disease reports within 72 hours including our COVID19 cases.
3) Conduct education and follow-up to assure 95% of the establishment's critical violations identified are corrected within the stated timeframe.
   a. Result: Investigations for establishment complaints were initiated within 72 hours.
   b. Result: Due to the pandemic, all establishments did not get inspected within the fiscal year.

Significant Program Achievements:

This last budget year, the health department started with the first 2 ½ months of normal programming which consisted of focus on innovative health promotion programs within the City, while coordinating/connecting with broader health initiatives within the county and state. **Due to the COVID-19 pandemic that began in March 2020 and has continued to date, we have not been able to resume all of our programs and services as indicated in the following narrative.** The health department does education through Ages and Stages developmental screenings at the Kress library during both Picnic and Play and Storytime. We are able to touch a large number of families during these programs educating them on lead poisoning, injury prevention, immunizations, family

preparedness, health promotion and wellness topics. We are part of the Communicable Disease Surveillance committee for Brown County which has been instrumental in keeping public health and health systems apprised of current disease activity within Brown County. We are a lead for the Sexually Transmitted Infection workgroup for Northeast WI and have been instrumental in developing new interview documents and documents to share with medical providers to improve follow-up. We are chair of the Brown County Breastfeeding Coalition and chair of the Brown County Coalition for Suicide Prevention. We continue to be very active with Safe Kids initiatives including safe sleep programs and car seat installations. We are focusing on the older adult through groups at the De Pere Community Center, continuing with the Stay At Home Assistance program and the Stepping On program. Our intent was to have our first Stepping On sessions this spring but due to the pandemic had to cancel. We were hoping to re-schedule for Fall 2021 however in light of the ongoing pandemic and health department response activities we have once again postponed this program. We work in conjunction with the Aging and Disabilities Resource Center with referrals for the Stay At Home Assistance Program and the Stepping On Program. We also give presentations to a woman's group focusing on women's health issues from the WI Well Women's Grapevine Program.

COVID-19 response activities have consumed most of the health department's time and efforts. We continue recommending and working with our schools, businesses and community at large promoting the mitigation strategies advised by the Center for Disease Control and WI Department of Health Services. Contact tracing continues to be a primary task of the health department with help from the State Contact Tracing team. Since the arrival of the COVID-19 vaccines, from 1/7/2021 through 8/17/2021 the health department has conducted (69) vaccine clinics and given (3,525) doses of vaccine. And efforts are being made to provide both influenza and COVID-19 vaccines at several clinics in the fall.

The Public Health Emergency Preparedness coordination for the City of De Pere is completely managed by the De Pere Health Department. In conjunction with De Pere Emergency Management, we were instrumental in updating the City's Emergency Operations Plan and have handled emergency events within the city. We have also developed and practiced emergency plans and initiated exercises utilizing all city departments in order to be better prepared to deal with emergency situations. We continue to be a board member of the Northeast WI Healthcare Emergency Readiness Coalition (NEW HERC) and a board member of the Regional Northeast WI Regional Trauma Advisory Council (RTAC).

We continue to partner with the Medical College of WI and St. Norbert College on various projects as well as mentoring their students to public health. We continue to mentor nursing students from the various institutions of higher education.

The health department continues to serve as a resource for local businesses for food and weights/measures licensing and inspection. The health inspector works diligently to assure that rules and regulations are followed while being very accessible to business owners to assist with questions and/or concerns that may arise throughout the license year. The health inspector is also involved in the monitoring of all special events being held within the city.

Existing Program Standards Including Importance to Community:

The health department's 10 essential services are the model program standards set forth by the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention (CDC) for local public health departments. These essential services protect and promote the health of the community thus creating a healthier place to live, work and play. The standards are outlined below:

1) Monitor health status to identify and solve community health problems (i.e. Community Health Improvement Plan, maintain, advocate for and utilize vaccine and disease registries).
   a. Allows for a common set of measures for the community to prioritize the health issues that will be addresses through strategic planning and action, to allocate and align resources and to monitor population-based health status improvement over time.
2) Diagnose and investigate health problems and health hazards in the community (i.e. investigations of disease outbreaks, coordinate activities for fee exempt Wisconsin State Lab of Hygiene testing in accordance with standing orders and state recommendations).
   a. Allows for trending illness/disease, identification of changes or patterns and investigation of underlying causes or factors. Ready access to this information can curtail an outbreak if a common source is identified.
3) Inform, educate, and empower people about health issues (i.e. health education and health promotion partnerships with schools, churches, and work-sites. This could include media/social media outlets).
   a. Allows residents make better informed healthy choices throughout their lives. Health promotion activities give individuals groups and communities greater control over conditions affecting their health.
4) Mobilize community partnerships and action to identify and solve health problems (i.e. coalition activities associated with the community health improvement plan. The three health issues that the partnerships are working on currently include: alcohol, nutrition (and physical activity) and oral health).
   a. Allows for the sharing of resources and accountability in undertaking community health improvement. Relationships among private, public and non-profit institutions allow for networking, coordination, cooperation and collaboration achieving a common purpose).
5) Develop policies and plans that support individual and community health efforts (i.e. health department policies and plans as well as community policies and plans. This could include, but is not limited to: ordinances, codes, smoke-free policies, health department strategic plan, emergency preparedness plans and community health improvement plan).
   a. Allows for an effective governmental presence at the local level. The development of policy to protect the health of the public assures public health practice aligns with the needs of the community.
6) Enforce laws and regulations that protect health and ensure safety (i.e. restaurant/hotel/tattoo inspections, health hazard enforcement, isolation /quarantine, school immunization requirements, communicable disease reporting/follow-up, etc.).

a. Protects the health and ensures safety for the residents and visitors.

7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable (i.e. working with community partners in identifying populations with barriers to personal health services, knowing community resources and linking people to needed resources and providing "gap filling" services (as appropriate). Some gap filling services provided include: care coordination for children and youth with special health care needs, immunizations, home visitation, and car seat education/installation.
   a. Allows for those with identified barriers, access needed community programming and health services.
8) Assure competent public and personal health care workforce (i.e. workforce certifications, licenses and education required by law/policy guidelines needed to provide public health services, provide mentoring opportunities for students/new graduates)
   a. Allows for a competent workforce. The complexity of promoting health and preventing disease in a diverse society requires the public health workforce to continually learn and apply this new knowledge. Emerging needs are continuously changing and with that competencies and trainings will forever be evolving.
9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services (i.e. at least every 3-5 years the local health department evaluates the accessibility and effectiveness of population-based health services collaboratively on a local level and state level (Community Health Improvement Plan and Healthiest Wisconsin 2020). At this time, documented progress towards goals are reviewed and discussed and revised as needed. Informal satisfaction surveys have also been implemented to improve upon gap filling personal health services provided within the local health department).
   a. Evaluation of the accessibility/quality of services delivered allows for re-allocation of resources and re-shaping programs as needed within the health department and within the community.
10) Research for new insights and innovative solutions to health problems (i.e. linkages with UW systems that conduct research and obtain best practice and evidence-based recommendations for programming, monitor and research best practice information from other agencies and organizations on a local, state and federal level).
   a. Innovation and the implementation of research-based programming within the health department or within the community, strengthens public health practice and ultimately benefits the health of the community.

Costs and Benefits of Program and Services:

The adopted 2022 Health Department program cost is $615,464. Clinical and community preventive services provide important health benefits at a reasonable cost. Some preventive services are cost saving; others are cost-effective. (According to the Johns Hopkins Bloomberg School of Public Health every dollar spent on immunizations is projected to save $44.00. Every dollar spent on community prevention is cited to save $5.60 according to the American Public Health Association.) Investing early and wisely in both clinical and community preventive services is essential if we are to successfully address the leading causes of death and disability,

namely, chronic diseases and their risk factors. Essential services ensure the public's safety. The investment in primary prevention programming and services, decreases chronic disease and increases the quality of life for those who live, work and play in the City of De Pere.

2022 Program Goals:

1) Increase vaccination rates toward the long-term goal of 90% for all children completing primary vaccination series by two years of age.
2) Monitor, prevent, suppress and control communicable diseases in accordance with federal and state recommendations/guidelines.
3) Conduct timely inspections of licensed establishments to decrease environmental public health risks.

2022 Budget Significant Expenditure Changes:

1) Salaries increased $16,121 due to projected step increases and performance awards.
2) Hourly wages increased $3,640 due to projected step increase.
3) FICA increased $1,512 due to projected step increases.
4) Health, Dental, DIB, Life and Workers Comp decreased $765 due to changes in employee benefit election.
5) Seminars and Conferences: Regional and State WALHDAB meetings $90; WALC conference $214, Environmental Health Conferences $400; required state conference for Weights and Measures program $300; Public Health Operations Conference $232, Governor's Conference $200.
6) Memberships/Subscriptions: Wisconsin Public Health Association $275, Wisconsin Association of Local Health Departments and Boards (WALHDAB) $410, Wisconsin Environmental Health Association $40, and Wisconsin Association of Weights and Measures $30, Wisconsin Certified Lactation Counselors Association (WALC) $25.
7) Maternal-Child Health Grant $8,933, Prevention Grant $4,294, Childhood Lead Grant $1,877.

Board of Health

Program Full Time Equivalents: 0

Program Mission:

To act as a policy forming body for health department staff in efforts to protect and promote the health of City of De Pere residents.

List of Program Service(s) Descriptions:

1) Medical Advisor: Provides medical orders and advisement to the Health Officer and staff.
2) Fiscal Approval: Approve annual budget that meets the public health needs of the community at an amount acceptable to the community.
3) Policy Development: Review local policies and standards for public health services provided by health department staff.

Important Outputs:

1) Approval of Health Department Policy and Procedures: Activity funded by property tax. Policy and procedures provide for consistent services provided to the community.
2) Approval of Annual Budget: Activity funded by property tax. The annual budget provides for the operation of health department services. This allows the community to have input into the funding utilized to support public health programming.
3) Advisement to Health Officer and staff: Activity funded by property tax. Required by state statute. Provides standing orders for medical services provided and program guidance for services to meet the community's needs.

Expected Outcomes:

1) Maintain or increase the health of community members by assuring the provision of public health services according to Wisconsin State Statute, standing orders and established department policy and procedures.
2) Maintain or increase the number of public health services provided to the community at the lowest possible cost.

2022 Performance Measures:

1) Assure annual review of health department strategic plan and updates to the agency's policy and procedures by May of each year.
2) Recommend at least 1 health policy to the City Council for consideration/adoption.

2021 Performance Measurement Data (July 2020 – June 2021):

1) Assure annual review of health department strategic plan and updates to the agency's policy and procedures by May of each year.
   a. Result: The board of health reviewed the agency's policy/procedures on 6/21/2021..
2) Recommend at least (1) health policy to the City Council for consideration/adoption.
   a. Result: The Board of Health gave their recommendation to support the health department following the guidance of both the Center for Communicable Disease and the WI Department of Health Services for their direction with the COVID-19 response efforts.

Significant Program Achievements:

The Board of Health has been very support of the extensive and all-encompassing COVID-19 response efforts made by the health department during this past year. They have been kept informed of the progression of the response activities.

Existing Program Standards Including Importance to Community:

1) Conduct at least quarterly meetings of the Board of Health.
   a. Community Importance.
      i. Provides opportunity for required actions of the board.
      ii. Allows opportunity for community involvement.
      iii. Required by state statute for all local health departments.

Costs and Benefits of Program and Services:

The adopted 2022 Board of Health program cost is $100.00. The program benefits the community by allowing for resident involvement of board members in the policy development and public health programming. In addition, the Board supports health department programming that promotes healthy lifestyles and protects health through health education, policy development and valued services.

2022 Program Objectives:

1) Develop policy and provide leadership that emphasizes public health needs and that advocates for equitable distribution of public health resources and/or environmental changes improving health and quality of life.
2) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status and community health needs.

2022 Budget Significant Expenditure Changes:

There are none.

CITY OF DE PERE SEVEN YEAR CAPITAL IMPROVEMENTS PLAN
2022 - 2028

CAPITAL PROJECTS WORKSHEET

PROPOSED BY: Debbie Armbruster Health Director

DATE PREPARED: 07/28/2021

DESCRIPTION OF PROJECT

Truck for the health department.

NEW: **or** **REPLACEMENT:x**

PROJECTED COST: $31,000

PROPOSED METHOD OF FINANCING **$** **%**

- GENERAL FUND
- x CAPITAL IMPROVEMENTS FUND x
- GENERAL OBLIGATION DEBT
- SPECIAL ASSESSMENT
- GRANTS
- OTHER

ADDITIONAL ANNUAL OPERATING AND MAINTENANCE COSTS (Identify)

The health department does have an expenditure account for operation and maintenance of the vehicle.

PROJECT JUSTIFICATION

The current health department truck is 16 years old. Currently the undercarriage is very rusted. Recently the brake lines fell apart (while being driven) due to rust.

PROJECT RANKINGS

CITY COUNCIL

STAFF RECOMMENDATION **Goal No.** 1

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 13, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Consideration and possible action on 2021-2022 Health Department Fee Schedule**

ATTACHMENTS:

- 2021.2022Health Department Fee Listing updated 7.29.21 (PDF)

2021-20222 Health Department Fee Schedule

City of De Pere Health Department
Fee Schedule
2021/2022 License Year DATCP

Type of Licensing 2019/2020	New License Categories (if applicable) 2021/2022	2019/2020 Total Fee	2021/2022 Total Fee	# facilities in De Pere	Total 2021/2022 projected revenue	NOTES
Division of Food and Recreational Safety (DFRS)						
RESTAURANT/MOBILE RESTAURANT	***RETAIL FOOD- SERVING MEALS (restaurants, catering, mobiles)***					
Prepackaged	Retail Food -Serving Meals, Prepackaged	$125.00	$125.00	1	$125.00	
Prepackaged with tavern	Retail Food-Serving Meals, Prepackaged w/ Tavern	$243.00	$243.00	4	$972.00	
Low Complexity	Retail Food- Serving Meals, Simple	$444.00	$444.00	2	$888.00	
Low Complexity with tavern	Retail Food- Serving Meals, Simple w/ Tavern	$562.00	$562.00	0	$0.00	
Moderate Complexity	Retail Food -Serving Meals, Moderate	$574.00	$574.00	32	$18,368.00	
Moderate Complexity with tavern	Retail Food -Serving Meals, Moderate w/ Tavern	$692.00	$692.00	13	$8,996.00	
High Complexity	Retail Food- Serving Meals, Complex	$708.00	$708.00	10	$7,080.00	
High Complexity with tavern	Retail Food - Serving Meals, Complex w/ Tavern	$826.00	$826.00	8	$6,608.00	
Additional kitchen area		$81.00	$81.00	0	$0.00	
Tavern		$118.00	$118.00	1	$118.00	
Additional bar area-tavern		$33.00	$33.00	0	$0.00	
Temporary Restaurant Permit	***See new license categories below***	~~$168.00~~	~~$168.00~~	0	$0.00	

2021-20222 Health Department Fee Schedule

LODGING						
Hotel / Motel 5-30 Rooms		$302.00	$302.00	1	$302.00	
Hotel / Motel 31-99 Rooms		$430.00	$430.00	2	$860.00	
Hotel / Motel 100-199 Rooms		$532.00	$532.00	0	$0.00	
Hotel / Motel 200+ Rooms		$623.00	$623.00	0	$0.00	
Bed & Breakfast		$140.00	$140.00	0	$0.00	
Tourist Rooming House		$115.00	$115.00	7	$805.00	
SWIMMING POOLS						
Pool		$373.00	$373.00	8	$2,984.00	
Additional Pool		$183.00	$183.00	4	$732.00	
Water Attraction with up to 2 slides per basin		$183.00	$183.00	1	$183.00	
Additional Pool Slide or Water Slide		$92.00	$92.00	0	$0.00	
Annual Indoor pool sampling fee		$0.00	$90.00	8	$720.00	
Annual Outdoor pool sampling fee		$0.00	$75.00	5	$375.00	
CAMPGROUNDS/SPECIAL EVENT CAMPGROUNDS						
1-25 Sites		$192.00	$192.00	0	$0.00	
26-50 Sites		$236.00	$236.00	0	$0.00	
51-99 Sites		$269.00	$269.00	1	$269.00	
100-199 Sites		$310.00	$310.00	0	$0.00	
Over 200 Sites		$347.00	$347.00	0	$0.00	
Recreational / Educational Camp		$216.00	$216.00	1	$216.00	
TATTOO / BODY PIERCING						
Tattoo Establishment		$191.00	$191.00	3	$573.00	
Body-Piercing Establishment		$191.00	$191.00	0	$0.00	
Combined Tattoo & Body Piercing Establishment		$281.00	$281.00	1	$281.00	
Temporary Tattoo Establishment		$125.00	$125.00	0	$0.00	
Temporary Body Piercing Establishment		$125.00	$125.00	0	$0.00	
Temporary Combined Tattoo/Body -Piercing Establishment		$180.00	$180.00	0	$0.00	
SCHOOLS						
Production Kitchen		$262.00	$262.00	11	$2,882.00	
Satellite kitchen		$185.00	$185.00	3	$555.00	

2021-20222 Health Department Fee Schedule

TYPE OF LICENSING						
DATCP/RETAIL FOOD	***RETAIL FOOD - NOT SERVING MEALS (includes mobiles)***					
Not Engaged in food processing-prepackaged	Retail Food- Not Serving Meals, Prepackaged (TCS)	$128.00	$128.00	9	$1,152.00	
Process Non-potentially or potentially hazardous, sales less than $25,000-low complexity	Retail Food- Not Serving Meals, Simple (final product non-TCS)	$198.00	$198.00	11	$2,178.00	
Process Non-Potentially Hazardous, sales of at least $25,000-low complexity plus	Retail Food- Not Serving Meals, Simple (TCS Food)	$426.00	$426.00	9	$3,834.00	
Process Potentially Hazardous, sales of at least $25,000 but less than $1,000,000-moderate complexity	Retail Food- Not Serving Meals, Moderate	$625.00	$625.00	18	$11,250.00	
Process Potentially Hazardous, sales of at least $1,000,000-high complexity	Retail Food- Not Serving Meals, Complex	$1,154.00	$1,154.00	4	$4,616.00	
Temporary Retail Food Permit	***See new license categories below***	~~$168.00~~	~~$168.00~~	0	$0.00	
Temporary Restaurant/Retail Food Permit	***Transient Retail Food Establishment***					
	*Non-TCS Food***		$83.00	0	$0.00	DATCP fee is $75, plus $7.50 reimbursement fee = ~$83
	TCS Food		$168.00	6	$1,008.00	
	*Prepackaged TCS Food only***		$49.00	0	$0.00	DATCP fee is $45, plus $4.50 reimbursement fee = $49

2021-20222 Health Department Fee Schedule

	** Fees were created based on DATCP license fees plus 10% reimbursement charge					
Micromarket	Micromarket	$40.00	$40.00	13	$520.00	
Micromarket 2+	Micromarket 2+	$60.00	$60.00	1	$60.00	
FEES FOR DHS AND DATCP						
Inspection Fee		$44.00	$44.00	0	$0.00	
Operating without a License/Permit		$162.00	$162.00	0	$0.00	
Operating without a Certified Food Manager on Staff		$150.00	$150.00	0	$0.00	
Late Fee		$162.00	$162.00	0	$0.00	
Level 1 Pre-inspection for Prepackaged, Tourist Rooming House, and Bed & Breakfast licenses		$135.00	$135.00	0	$0.00	
Level 2 Pre-inspection for other license types		$270.00	$270.00	0	$0.00	
1st Reinspection		$126.00	$126.00	0	$0.00	
2nd Reinspection		$251.00	$251.00	0	$0.00	
3rd Reinspection		$376.00	$376.00	0	$0.00	
WEIGHTS AND MEASURES PROGRAM						
		See W&M fees	**See W&M fees**			
Late Fee		10% of fee	10% of fee	0		
Annual Processing Fee		$40.00	$40.00	0	$0.00	
2022 GENERAL PUBLIC HEALTH						
TSPOT Test		$75.00	NA			
Tuberculosis Skin Test		$25.00	NA			
Adult Hepatitis A Vaccination		$50.00	NA			
Adult Hepatitis B Vaccination		$55.00	NA			
Influenza Vaccination		$35.00	$20-$30 evaluated yearly	0	$0.00	
Radon Test Kit-short term		$10.00	$10.00	0	$0.00	
Bee Keeping Initial Permit		$30.00	$30.00	0	$0.00	

2021-20222 Health Department Fee Schedule

Bee Keeping Renewal Permit		$10.00	$10.00	0	$0.00	
Noise Variance Permit		$30.00	$30.00	0	$0.00	
				TOTAL	$79,510.00	
				Less $ paid to state	-$4,613.50	
				TOTAL REVENUE	**$74,896.50**	

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 13, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**The updated Brown County Including De Pere Community Health Assessment & Improvement Plan 2020-2021**

ATTACHMENTS:

- Final CHA CHIP 2020-2021 6.14.21 Compressed (PDF)

BROWN COUNTY COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT PLAN 2020-2021

Public Health
Prevent. Promote. Protect.

EXECUTIVE SUMMARY

The Community Health Assessment is a tool for Brown County to develop a deeper understanding of the health of our community. By pulling together information and painting a picture of health and well-being in Brown County, we can begin to understand where and how we should focus our resources, in order to increase overall health at various levels: for individuals, within groups, and as a whole.

Leading these efforts is Beyond Health, a steering committee comprised of leaders from both the public and private sectors: healthcare partners, public health agencies, and non-profit partners who work collaboratively to identify actionable priorities, minimize disparities in health, and adapt as needed to new and emerging health concerns.

At the top of this list in 2020 is the COVID-19 pandemic. Throughout the past year, Beyond Health members have engaged in a robust public health response to the pandemic, continuing to monitor and assess health in Brown County and partner whenever possible to ensure that community members have the tools and resources needed to stay healthy in the midst of unprecedented barriers to health.

We know that gaps exist in health depending on affiliation with certain groups: whether that is race, ethnicity, age, socioeconomic status, or more. Brown County is actively committed to minimizing these inequities, acting upon knowledge gained as a part of this assessment process, and moving our interventions upstream to ensure the most impact possible. This means weaving an intentional focus on the determinants of health - and not just health outcomes - into both our analysis and chosen strategic priorities.

We understand health in our community through a mix of both listening to community members' perspectives, presenting measurable indicators of health, and looking introspectively at public health systems already in place. We would like to thank the taskforces who have dedicated time and resources to this work over the last three years, and are optimistic that collectively we can continue to build on progress made, moving into this next cycle of community health improvement planning together.

The Beyond Health Steering Committee

2020: THE PANDEMIC

COVID-19

The coronavirus pandemic has impacted health outcomes in many ways across the globe. Brown County has been affected by this largescale incident and our public health system has responded.

Throughout this report, we will include COVID-19 health impacts, data points, and community members' perspectives on the pandemic into our summaries whenever possible. While we are beginning to understand just how COVID-19 affects health, there are still many unknowns, including potential longer-term effects.

Our community's response has been to come together, partner, and work in a coordinated way to navigate the pandemic. However, the strains on public health, in terms of both resources and the workforce, has stretched already-limited resources even thinner.

Additionally, workers and families continue to carry the weight of job loss, childcare concerns, financial hardships, and more. And COVID-19 is shining a light on the fact that communities who have historically been impacted to a higher degree are disproportionately affected by the pandemic.

However, our public health system in Brown County is strong and we are looking forward into 2021 with expanded access to vaccines on the horizon, and with continued optimism. We are stronger together, and will continue to work together to ensure a healthy community for ALL of Brown County.

BROWN COUNTY COMMUNITY PROFILE

Brown County, WI is the home to a rich heritage of cultural and community traditions. Located in the Northeast region of Wisconsin, Brown County is home to more than a quarter of a million residents. The majority of jobs in the area are service-providing. Other jobs are goods-producing and include trade, transportation, and utilities, manufacturing and government. Brown County is made up of the following municipalities:

CITIES
Green Bay, De Pere

VILLAGES
Allouez, Ashwaubenon, Bellevue, Denmark, Hobart, Howard, Pulaski, Suamico, Wrightstown

TOWNS
Eaton, Glenmore, Green Bay, Holland, Humboldt, Lawrence, Ledgeview, Morrison, New Denmark, Pittsfield, Rockland, Scott, Wrightstown

TRIBAL NATIONS
Oneida

616 SQUARE MILES

OVERALL HEALTH RANKING

21

of 72 Wisconsin counties

COMMUNITY SNAPSHOT

264,542

Total Population

Male 50% Female 50%

Urban 86% Rural 14%

$62,100

Median Household Income

Median Age: 37

Average Life Expectancy: 80

Sources:
Industries: http://www.city-data.com/us-cities/The-Midwest/Green-Bay-Economy.html
County Health Rankings, population, sex distribution, median household income: U.S. Census Bureau, 2019. www.census.gov/quickfacts/fact/table/browncountywisconsin/PST04.and Average Life Expectancy: County Health Rankings 2020. www.countyhealthrankings.org/app/wisconsin/2020/overview.
Urban/Rural: http://www.city-data.com/county/Brown_County-WI.html

COMMUNITY PROFILE

Total Population 264,542

Race and ethnicity are two concepts related to ancestry. "Race" is usually associated with physical characteristics and "ethnicity" is typically linked with cultural expression and identification. It is possible to identify with one or more groups within established concepts of race and ethnicity, or to identify as outside of pre-established racial or ethnic groups.

RACE

88% White Alone

3% Black or African American Alone

3% American Indian and Alaska Native Alone

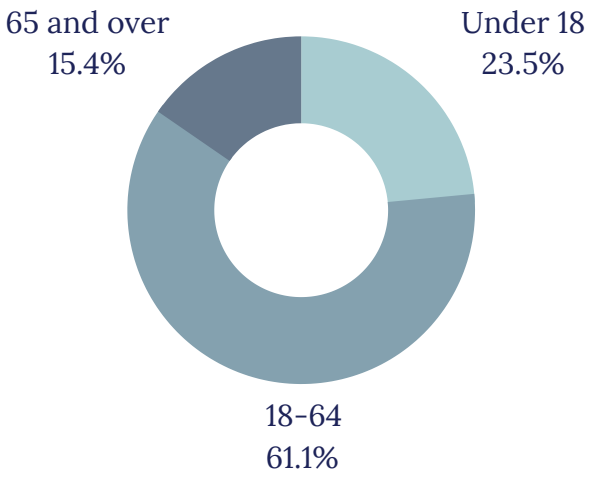
3% Asian Alone

3% Two or More Races

ETHNICITY

9% Hispanic Community

AGE



LGBTQ+

LGBTQ+ is an all-encompassing term meant to describe individuals who identify as lesbian, gay, bisexual, transgender and questioning or queer. This term refers to factors related to sexual identity and/or gender identity.

4% Adults (18+) in WI who identify as LGBTQ

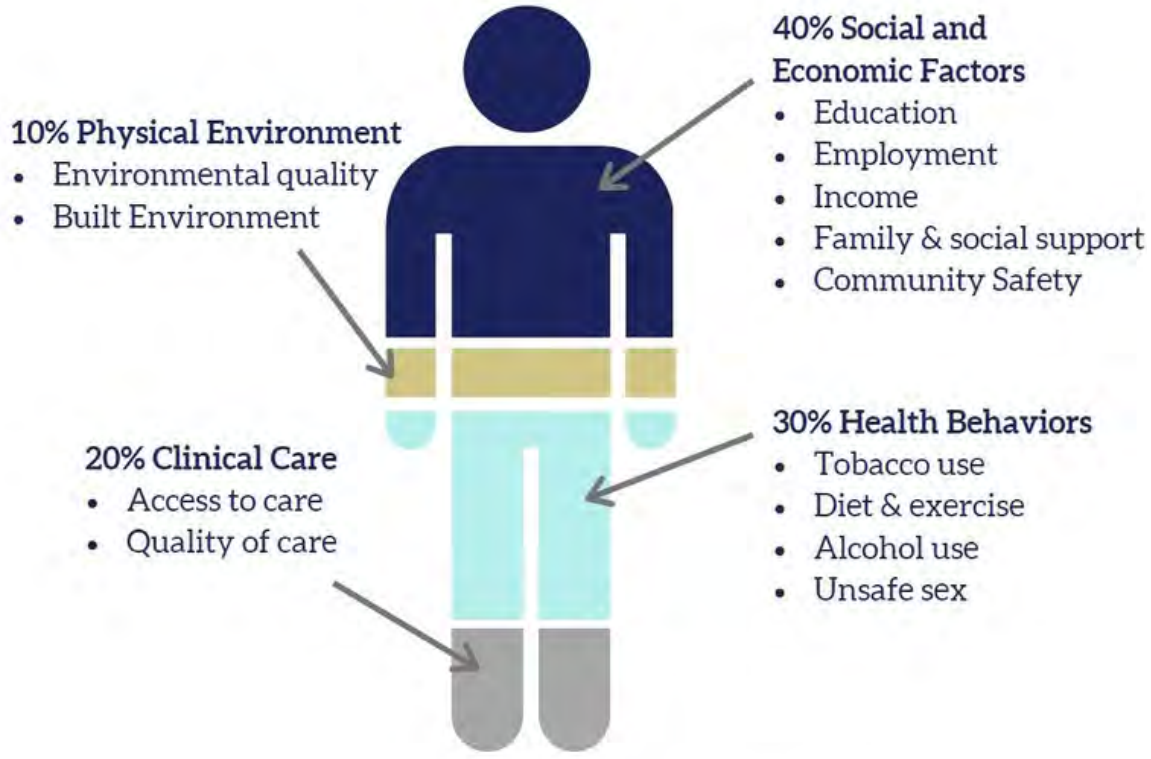
4% WI workforce members who identify as LGBTQ

29% LGBTQ adults in WI (25 +) who are raising children

Sources:
Intro: www.nationalgeographic.com/culture/topics/reference/race-ethnicity/
Population, Race, Ethnicity, Age Data: U.S. Census Bureau, 2019.
www.census.gov/quickfacts/fact/table/browncountywisconsin/PST0
LGBTQ+ Data: Wisconsin Interactive Statistics on Health, 2018. https://wish.wiscons
Data: Census 2018; Gallup/Williams 2019, 2020. https://www.lgbtmap.org/equality-maps/profile_state/WI

WHAT DETERMINES OUR COMMUNITY'S HEALTH?

Health is more than the decisions that we make at an individual level. According to a model developed by the CDC, health behaviors make up only 30% of our overall health. 70% of our overall health is determined by factors that are bigger than the choices that we make on a daily basis. With this in mind, we can't focus solely on health outcomes - we must look at the bigger picture, focusing on what truly determines our health. This report will highlight examples from each of the categories listed here.



Source:
www.countyhealthrankings.org/sites/default/files/media/document/CHRRoverview2020v2.pdf

GROUNDING OUR WORK IN THE SOCIAL DETERMINANTS OF HEALTH

The 70% of our health which is made up of factors beyond our individual health behaviors and choices include the categories listed below. Recognizing this, public health agencies strive to address not only health behaviors, but to build partnerships, analyze policies, and engage in strategies which improve community conditions. By exploring the social determinants of health in this Community Health Assessment, we can capture a more comprehensive picture of the health of our community.

ADDRESSING HEALTH EQUITY AND RACISM:

RACISM IS A PUBLIC HEALTH CRISIS

Racism is one of the root causes of inequities that impact health. While this may be drawing renewed attention nationally, these conversations are not new. Health equity continues to be a priority for Public Health and Community Partners and is purposely highlighted in this Community Health Assessment and Improvement Plan. Public Health will continue to engage with community partners in order to better understand racism in our County and plan initiatives aimed at advancing equitable health and well-being.

A TIMELINE OF MOVING TOWARDS ACCEPTANCE OF RACISM AS A PUBLIC HEALTH CRISIS

1986

The World Health Organization (WHO) acknowledged that social justice & equity are fundamental for health and that health promotion actions should aim at reducing differences in current health status and ensuring equitable opportunities and resources so all people can achieve their fullest health

1999

US Dept. of Health and Human Services made elimination of health inequities a national public health goal

2018

The Wisconsin Public Health Association (WPHA) passed a resolution declaring racism a public health crisis in Wisconsin

2020

The Green Bay City Council, along with 18 other organizations representing healthcare, business, nonprofits, and education passed a resolution declaring racism a public health crisis locally showcasing the cross-sector commitment to ending racism in Brown County.

TODAY

February 2021, Brown County Board of Supervisors approved the resolution, "Resolution Advancing Racial Equity and Support Throughout Brown County." This is a step forward in formally recognizing the inequities that exist due to systemic racism that contribute to discrimination in housing, education, employment, and criminal justice which all affect health outcomes like morbidity, mortality, life expectancy, and health status. A subsequent resolution was passed to establish a subcommittee to focus on addressing racial equity and provide necessary support throughout Brown County.

RACISM AS A PUBLIC HEALTH CRISIS:

Some of the inequities in the social determinants of health that put racial and ethnic groups at increased risk for poor health in general and at risk of getting sick and also dying from COVID-19 include:

Discrimination: *Unfortunately, discrimination exists in systems meant to protect health, such as: health care, housing, education, criminal justice, and finance. Discrimination, which includes racism, can lead to chronic and toxic stress and shapes social and economic factors that put some people from racial and ethnic minority groups at increased risk health risks.*

Healthcare access and utilization: *People from some racial and ethnic minority groups are more likely to be uninsured than non-Hispanic whites. Healthcare access can also be limited for these groups by many other factors: lack of transportation, child care, ability to take time off of work, communication barriers, cultural differences between patients and providers, and historical and current discrimination in healthcare systems. Some people from racial and ethnic minority groups may hesitate to seek care because they distrust the government and healthcare systems responsible for inequities in treatment and historical events.*

Occupation: *People from some racial and ethnic minority groups are disproportionately represented in essential work settings such as healthcare facilities, farms, factories, grocery stores, and public transportation. Various factors impact the potential for health risks, such as close contact with the public or other workers, not being able to work from home, and not having paid sick days.*

Educational, income, and wealth gaps: *Inequities in access to high-quality education for some racial and ethnic minority groups can lead to lower high school completion rates and barriers to college entrance. This may limit future job options and lead to lower paying or less stable jobs. People in these situations often cannot afford to miss work, even if they're sick, because they do not have enough money saved up for essential items like food and other important living needs.*

Housing: *Some people from racial and ethnic minority groups live in crowded conditions that make it more challenging to follow prevention strategies. In some cultures, it is common for family members of many generations to live in one household.*

These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic minority groups live, learn, work, play, and worship. They have also contributed to higher rates of some medical conditions that increase one's risk of severe illness. In addition, community strategies to slow the spread of COVID-19 may cause unintentional harm, such as lost wages, reduced access to services, and increased stress, for some racial and ethnic minority groups.

Source: Centers for Disease Control: https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html)

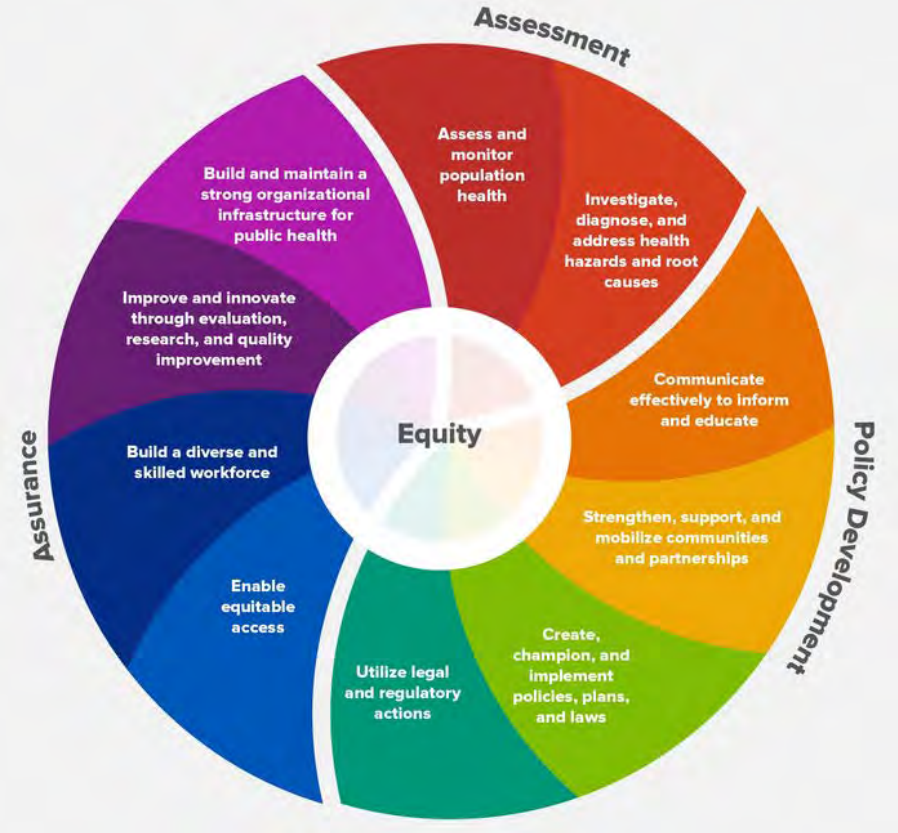
OUR APPROACH TO THE COMMUNITY HEALTH ASSESSMENT

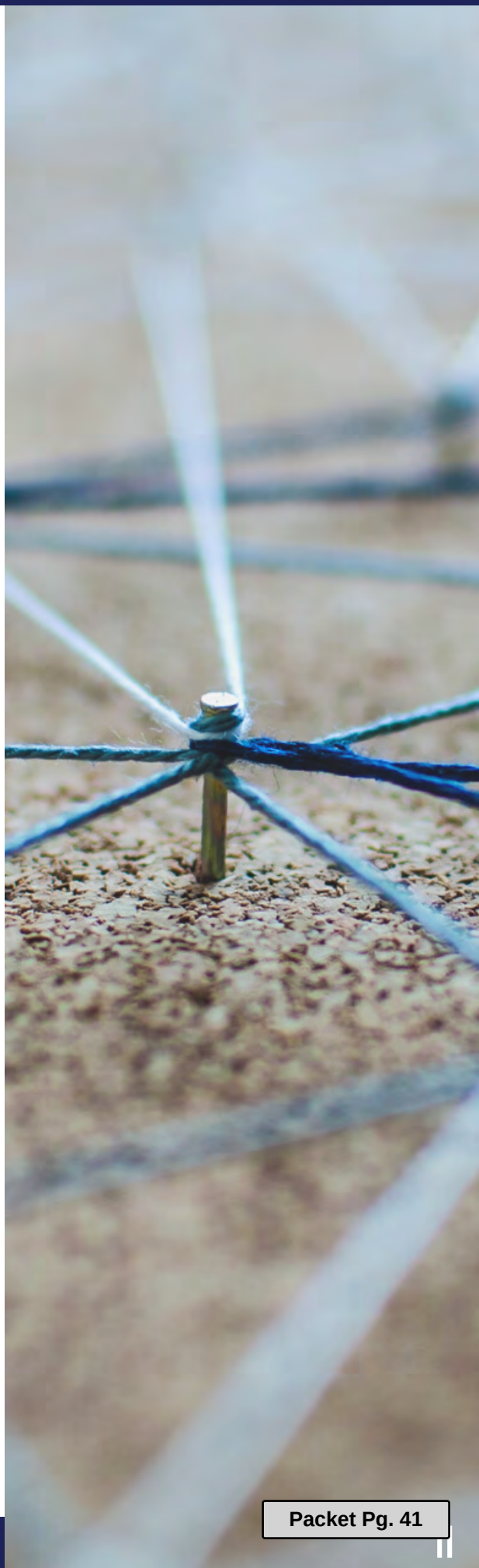
This report is is aligned with the Center for Disease Control and Prevention (CDC) social determinants of health model and will present a picture of health that is comprehensive and robust, utilizing the most recent data available.

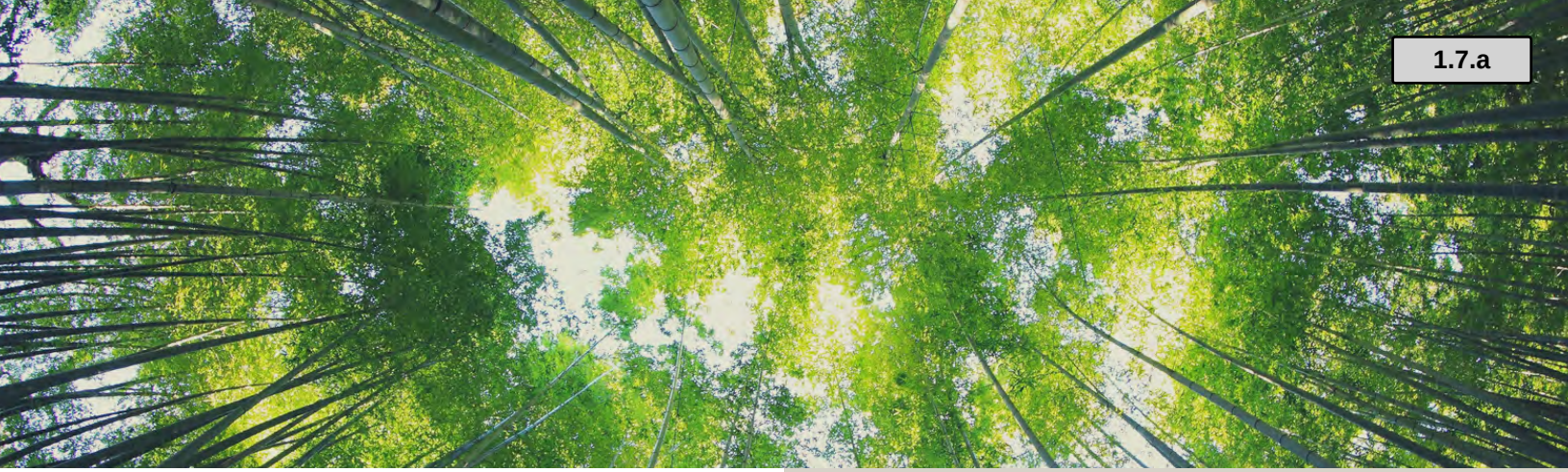
The following domains will be highlighted in this report:

- **Physical Environment**
- **Social and Economic Factors**
- **Health Behaviors**
- **Clinical Care**
- **Health Outcomes**

Additionally, the CDC has identified essential services that public health systems should provide in communities, and this framing is important to the overall assessment process:







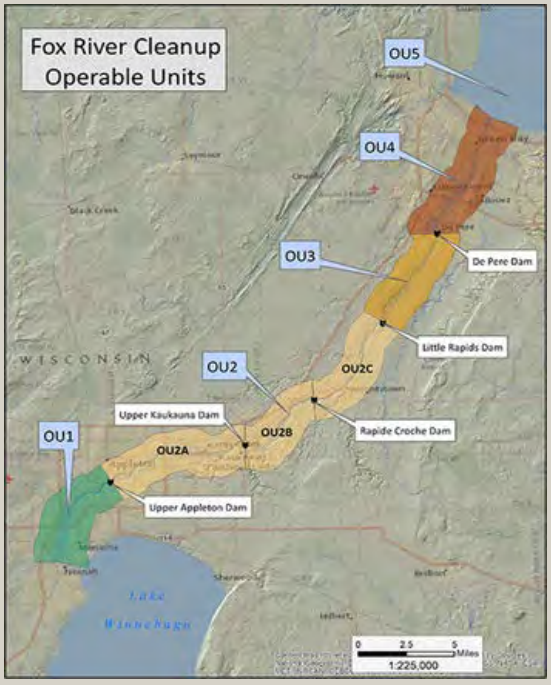
PHYSICAL ENVIRONMENT

The physical environment of a community can impact your health in many ways. From safe drinking water to clean air to being able to access healthy foods, each and every aspect of your environment plays a role in your health. When a community is able to provide a safe, equitable environment to its members, the community tends to be healthier.

The physical environment of a community includes both the natural and built environment.

Source:
Fox River Clean Up: dnr.wisconsin.gov/topic/FoxRiver/Background.html

FOX RIVER CLEANUP



The Fox River Cleanup Project, in partnership with the Wisconsin DNR, is a great success story of improving the water quality locally.

This 12 year project succeeded by accomplishing its goals of: achieving surface water quality criteria for PCBs, protecting humans who consume fish from exposure to contaminants that exceed protective levels, protecting ecological receptors from exposure to contaminants above protective levels, and reducing the transport of PCBs. To find out more information, check out this website:

foxrivercleanup.com/proj

PHYSICAL ENVIRONMENT: WATER

Water is an essential component to living a healthy life. Water helps flush waste from your body, regulates body temperature, and helps your brain function. It is important to have clean and safe water in the community.

Brown County has experienced substantial flooding the last few years. This flooding has had an impact on many private wells, as well as in public waters. Approximately 5% of housing units in Brown County are within a 100 year flood zone. This is comparable to the rate of the state overall. Global warming leads to increased flooding, which can be costly to a community in terms of dollars and lives lost.

PERCENT OF POPULATION WITH WATER WITH OPTIMAL* FLUORIDE LEVELS

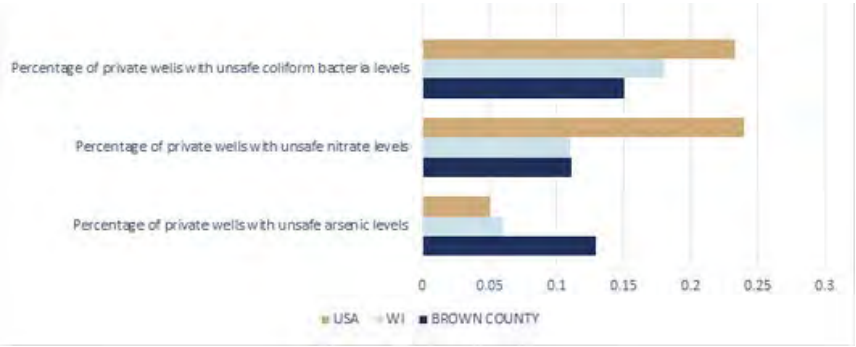
Brown County	Wisconsin
96%	88%

Fluoride can be found in most municipal water systems. It provides many health benefits to a community's members, such as preventing tooth decay and cavities.

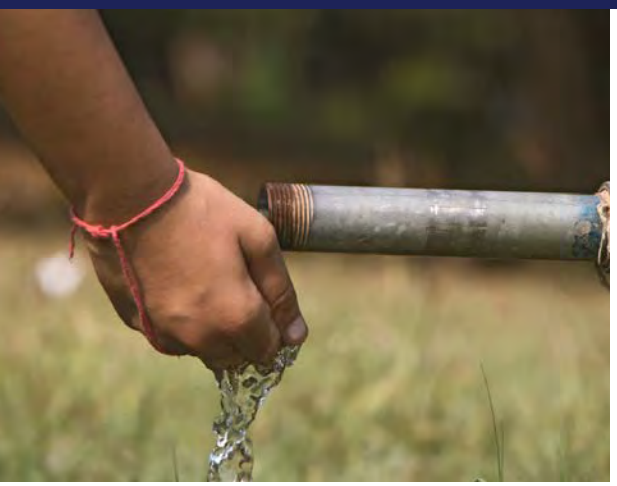
**Optimal has been defined as .8-1.3 mcg*

Ensuring a community's water is clean and safe is one way to make sure its members are healthy. Having high levels of coliform, nitrate, or arsenic in your well water can negatively impact health.

WELL WATER QUALITY



A LOCAL SUCCESS STORY: REMOVING LEAD WATER PIPES IN THE CITY OF GREEN BAY



In 2020, the City of Green Bay successfully completed a five year effort to remove all of the lead pipes in the City's limits. Lead exposure can lead to detrimental health impacts, especially in children,. Removing the lead pipes will have lasting benefits in the community. The City of Green Bay Water Utility replaced 1,781 utility owned and 247 privately owned lead service lines. The model used to accomplish this has been shared nationwide by the EPA. This currently leaves 15% of homes in Brown County with lead pipes, whereas the state of Wisconsin has 25% of homes that still have lead pipes.

Sources:
Flooding: browncounty.maps.arcgis.com/apps/webappviewer/index.html?id=1fba3fd419045e48aa6ba759838387c/; https://furmancenter.org/files/NYUFurmanCenter_HousingInTheFloodplain_May2017.pd
Fluoride: www.dhs.wisconsin.gov/publications/p0/p00719-brown.pdf
Wells: www.dhs.wisconsin.gov/publications/p0/p00719brown.pdfhttps://www.mdpi.com/20799276/4/3/655/htm
Lead Pipes: www.wpr.org/green-bay-has-officially-replaced-all-citys-lead pipes#:~:text=Around%20the%20time%20the%20water,by%20the%20end%20of%202020

PHYSICAL ENVIRONMENT: TRANSPORTATION

Transportation plays a critical role in public health. Motorized vehicles can lead to increased air pollution, traffic crashes, and decreased physical activity. Looking at alternative methods of transportation can increase the health of a community.

PERCENT OF POPULATION WITH A DRIVER'S LICENSE

Brown County	Wisconsin
69%	**74%**

Drivers licenses have an impact on the economically disadvantaged in a community. Obtaining and maintaining a drivers license is expensive. If there are not adequate transportation options available to the community members, such as public transportation, many members of the community will struggle.

PERCENT OF POPULATION WITH ACCESS TO PUBLIC TRANSPORTATION

Brown County	Wisconsin
29%	**54%**

Public transportation is relied on by many to get to work or school, run errands, or visit the doctor's office . Investing in and promoting public transportation helps keeps the air cleaner by reducing the number of motorized vehicles on the road. When public transportation is lacking, many community members are unable to fulfill their basic needs.

DID YOU KNOW?

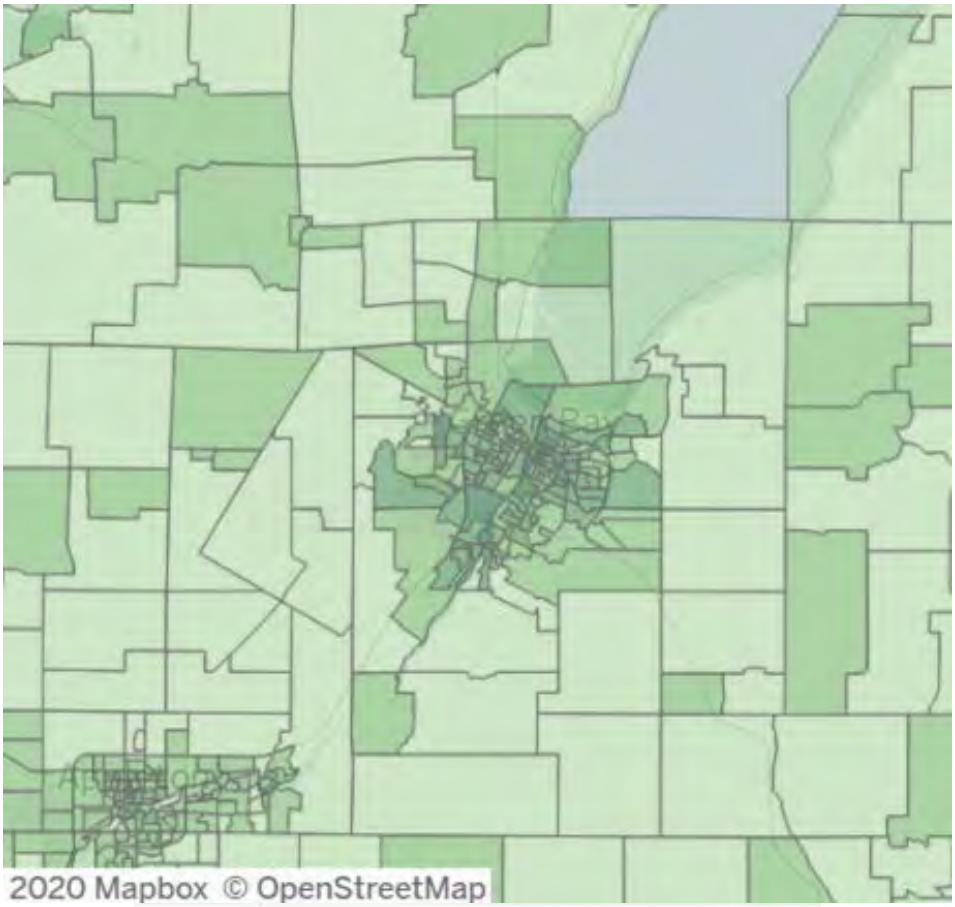
In 2017, the Brown County Bicycle and Pedestrian Plan Update was approved and goes in depth with the process taken to obtain public input, recommendations for improving amenities, and implementation. The Plan can be found here:

www.browncountywi.gov/departments/planning-and-land-services/planning/bicycle-and-pedestrian-planning/

Sources:
Licenses: datahub.transportation.gov/Roadways-and-Bridges/Licensed-Drivers-by-state-gender-and-age-group/xfkb-3bxx;
Public Transportation: wisconsindot.gov/Documents/about-wisdot/newsroom/statistics/factsfig/2018ff.pdf

PHYSICAL ENVIRONMENT: TRANSPORTATION

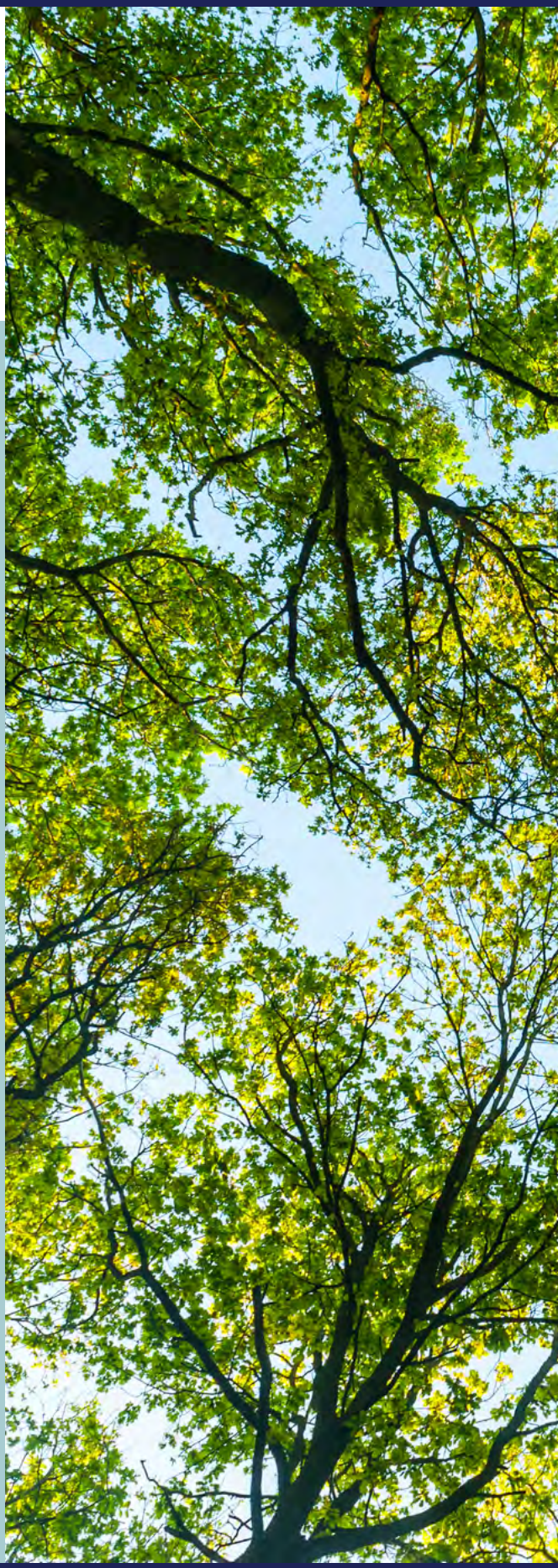
BROWN COUNTY WALKABILITY



Having a walkable community makes it easier to get from place to place, while encouraging community members to walk rather than use a motorized vehicle. Walkable neighborhoods tend to have more active members, as well as an overall healthier community.

Source:
Walkability: https://www.wihealthatlas.org/walkability

PHYSICAL ENVIRONMENT: OUTDOOR SPACES



URBAN TREE CANOPY COVERAGE

"Urban Tree Canopy Coverage" is a term to describe the layer of tree leaves, branches, and stems that provide coverage of the ground when viewed from above.

An Urban Tree Canopy Coverage Assessment aims to create a detailed land coverage map. This includes high-resolution landcover (<2'), high-resolution parcel data, individual parcels, and the entire watershed.

Improving a community's tree canopy coverage can lead to many benefits, such as reducing air pollution, providing comfort during peak summer temps, and giving wildlife a habitat.

In forested areas, a 40-60% tree canopy is the target, whereas the target for grassland cities is 20% and 15% for desert cities.

Brown County:

15%

Wisconsin:

29%

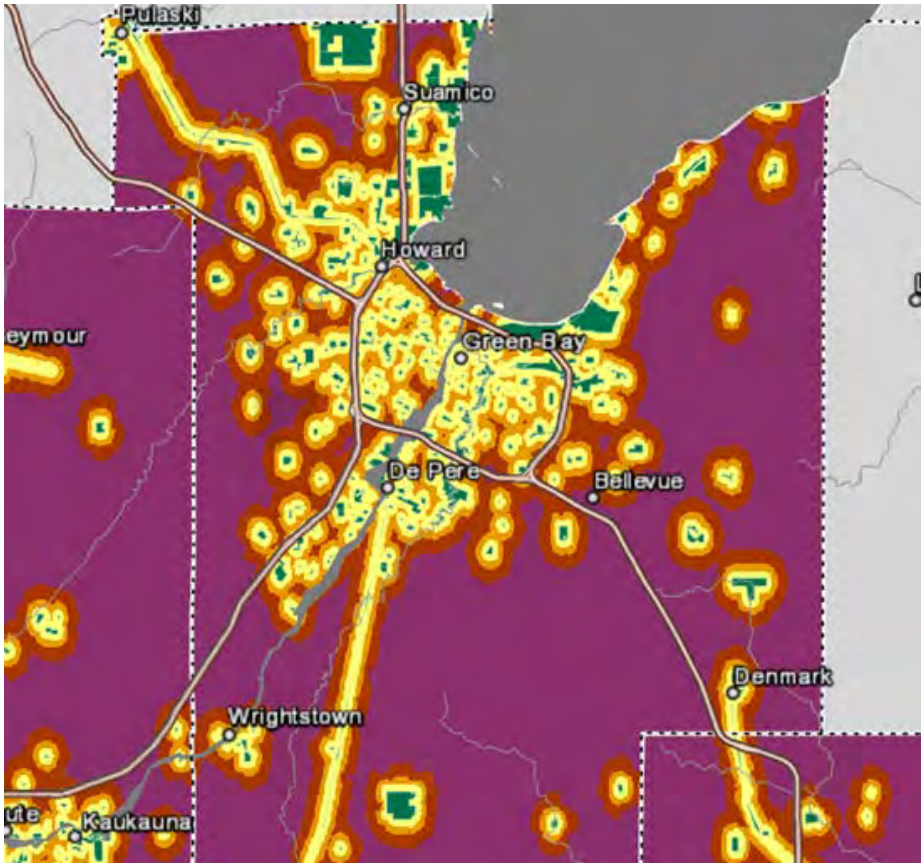
Source:
Urban Tree Canopy: www.cwp.org/making-urban-trees-count/

PHYSICAL ENVIRONMENT: OUTDOOR SPACES

When community members have access to parks and green spaces, they are more likely to live an active lifestyle. Parks help build healthy and stable communities, while also providing psychological and social health benefits to individuals.

MAP OF BROWN COUNTY PARKS

DISTANCE FROM OUTDOOR RECREATION AREAS



Legend

Parks, Schools, & Open Space

Outdoor Recreation Access

Distance

- Over 1 Mile
- 1 Mile
- 1/2 Mile
- 1/4 Mile

Sources:
Intro: www.tpl.org/health-benefits-parks
Parks Map: browncounty.maps.arcgis.com/apps/OnePane/basicviewer/index.tml?appid=e77ecd45a31d48738ba60371d67d8bb0
Outdoor Recreation: www.arcgis.com/apps/webappviewer/index html id=117ebb348c64415ebf10e0ae9f0ccff1

PHYSICAL ENVIRONMENT: HIGHLIGHTED RISKS

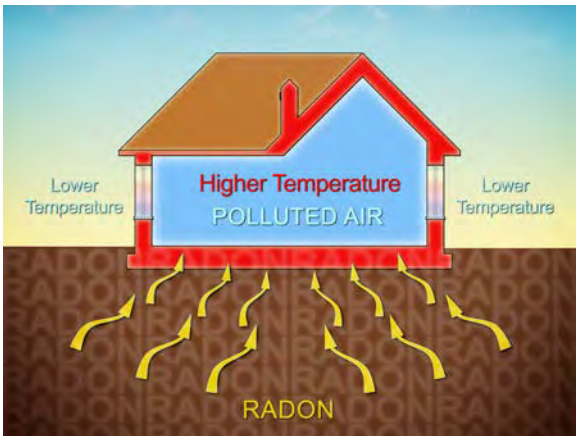
*Brown County's **liquor license** rate per 1,000 people is 1.2, while the State's is 1.5. While Brown County might be slightly lower than Wisconsin's as a whole, research conducted over decades has shown us that an over-concentration of alcohol outlets will result in higher rates of alcohol-related disorder even when all the licensees obey the law. When a cluster or over-concentration of alcohol outlets develops, local law enforcement costs usually increase as well.*

*Brown County currently has 6% of **tobacco** retailers within 500 feet of school, whereas the State is at 5%. When there are retailers near schools, there is an increase in misuse, as well as higher smoking rates among youth.*

ASTHMA

Asthma is a chronic disease that affects breathing and limits the ability to get oxygen into the lungs. Asthma symptoms often happen when a person is in contact with a trigger, such as outdoor air pollution or airborne pollens.

Disparities exist in Wisconsin when it comes to asthma and past data have shown that black individuals experience higher prevalence of asthma compared to other racial/ethnic groups. The hospitalization rate for black Wisconsin residents was 5.8 times as high as the rate for white residents.



***Radon** is an odorless, tasteless, colorless natural gas. It is the second leading cause of cancer in the United States and is the number one cause of lung cancer amongst non smokers. Radon can exist in your home, so testing your home regularly can decrease your risk of radon exposure.*

PERCENT OF RADON TESTS WITH RESULTS AT OR ABOVE EPA STANDARD*

Brown County	Wisconsin
53%	50%

*EPA Standard defined as 4 pCi/L

COAL

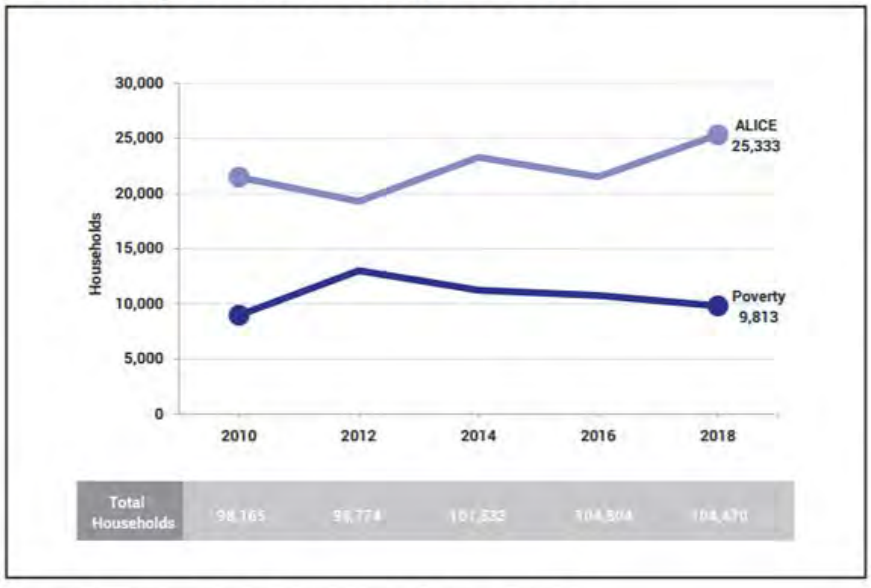
The coal piles in Green Bay are widely recognizable, but that is coming to an end. Georgia-Pacific plans to end their coal use and use natural gas boilers, which will help reduce air emissions. In addition, removing the coal and expanding economic activity at the Port is being supported through a WI Economic Development Corporation grant awarded to Brown County.

Sources:
Tobacco: https://truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-low-income-communities;
Alcohol: https://www.cdc.gov/alcohol/pdfs/CDC-Guide-for-Measuring-Alcohol-Outlet-Density.pdf;
https://law.wisc.edu/wapp/communityproblems.html
Asthma: Brown County 2019 County Environmental health profile, https://www.dhs.wisconsin.gov/publications/p0/p00719-brown.pdf and the Wisconsin Department of Health Services (DHS). Wisconsin Environmental Public Health Tracking (EPHT) Program. Asthma Data 2014 Available at https://www.dhs.wisconsin.gov/epht/asthma.htm.
Radon: www.dhs.wisconsin.gov/publications/p0/p00719-brown.pdf
Coal: fox11online.com/news/local/georgia-pacific-to-end-coal-use-at-broadway-mill;
https://www.wbay.com/2021/01/04/state-grants-500000-for-port-of-green-bay-expansion/

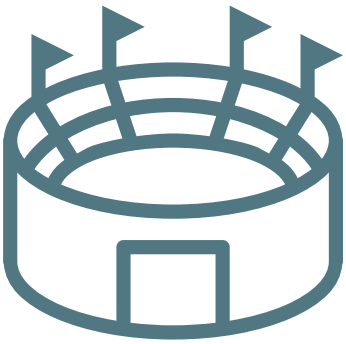
SOCIAL AND ECONOMIC FACTORS

Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors also affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.

Households by Income, Brown County, 2010 to 2018



Sources: ALICE Threshold, 2010-2018; American Community Survey, 2010-2018
(ALICE = Asset Limited, Income Constrained, Employed)



Brown County is 5th of 72 counties in WI ranked by visitor spending

Sources:
Intro: www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes
Tourism: industry.travelwisconsin.com/research/economic-impact
Visitor Spending: 2.2019. http://industry.travelwisconsin.com/research/economic-impact

SOCIAL AND ECONOMIC FACTORS

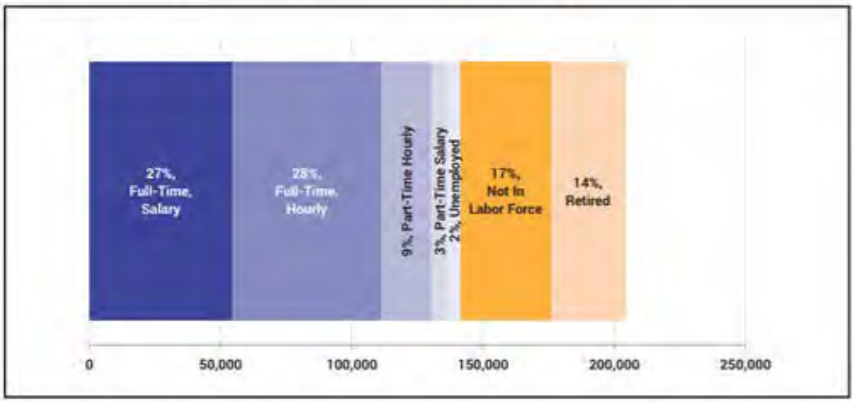
IN BROWN COUNTY:

15,122 *households are single parent households*

21,944 *people are living in poverty*

11% *of children under age 18 live in poverty*

Labor Status, Population 16 and Over, Brown County, 2018



Note: Data for full- and part-time jobs is only available at the national level; these national rates (51% of full-time workers and 75% of part-time workers paid hourly) have been applied to the total county workforce to calculate the breakdown shown in this figure. Full-time represents a minimum of 35 hours per week at one or more jobs for 48 weeks per year.

Sources: American Community Survey, 2018; Federal Reserve Bank of St. Louis, 2018

MEDIAN HOUSEHOLD INCOME

Overall	$62,100
Native American	$36,700
Hispanic	$46,500
Black	$23,200
Asian	$76,500
White	$62,900

THE CHANGING LANDSCAPE IN WI

- Over half of jobs were hourly paid in 2018
- Only 26% of working-age adults had the security of a full-time job with a salary
- 34% were out of the labor force

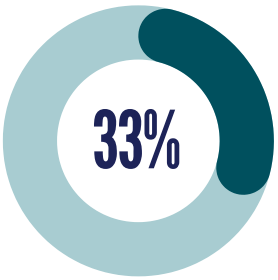
Sources:
number of households w/ single parent: WI Environmental Public Health Data Tracker, 2018. *www.dhsgis.wi.gov/DHS/EPHTracker/#/map/Populations%20and%20Vulnerabilities/popAndVulIndex/NOTRACT/52/593*
Median Income and Child Poverty: County Health Rankings, 2018. https://www.countyhealthrankings.org/app/wisconsin/2020/overview.
Overall Poverty: WI EPH Data Tracker, 2018. https://www.dhs.wisconsin.gov/epht/data.htm
Changing Landscape: American Community Survey, 2018

SOCIAL AND ECONOMIC FACTORS

MENTAL HEALTH AND EMPLOYMENT:

The World Health Organization has identified depression as the leading cause of disability worldwide. People with depression report **5x** *as many days per month when poor mental or physical health kept them from doing their usual activities, compared to those without depression. Depressed workers report an average of* **5.6** *hours a week of health-related lost productive time (1 hour absent and 4.6 hours of lost productivity on average). Additionally, more incidences of short-term disability are caused by mental health disorders (13%) than back problems, heart disease, arthritis, metabolic disorders and hyptertension.*

POOR MENTAL HEALTH DAYS



of employed adults in Brown County report 1 or more poor mental health days per month

POTENTIAL MENTAL HEALTH IMPACTS IN THE WORKPLACE:

- *Productivity*
- *Taking appropriate safety precautions*
- *Concentration*
- *Decision-making*
- *Judgement*
- *Relationship skills*
- *Meeting deadlines*
- *Worker retention*

FINANCIAL IMPACT ON THE WORKPLACE

Poor mental health days cost Brown County employers

$400,000,000

per year

DID YOU KNOW?

There are an average of

7,500,000

poor mental health days for all Brown County adults ***per year***

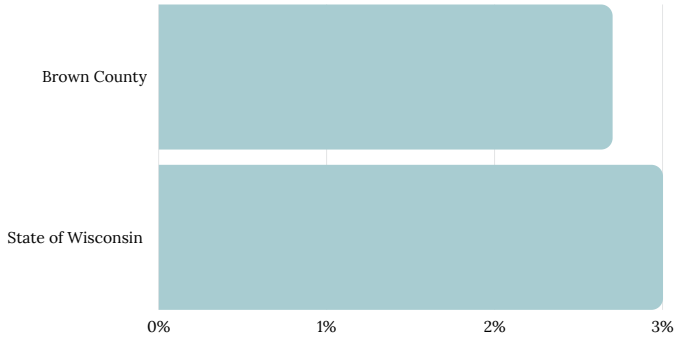
Behavioral Risk Factor Survey reports an average of 3.4 PMHDs/month among Brown County adults, which then works out to over 7 million PMHD/year.

Sources:
Behavioral Risk Factor Survey Data
Journal of Occupational and Environmental Medicine, July 2018

SOCIAL AND ECONOMIC FACTORS

EMPLOYMENT

Overall unemployment rates in Brown County and Wisconsin in 2020



HOUSING COSTS

Brown County

Montly Rent for 2 bedroom apartment: $860

Average Median Home Price: $180,400

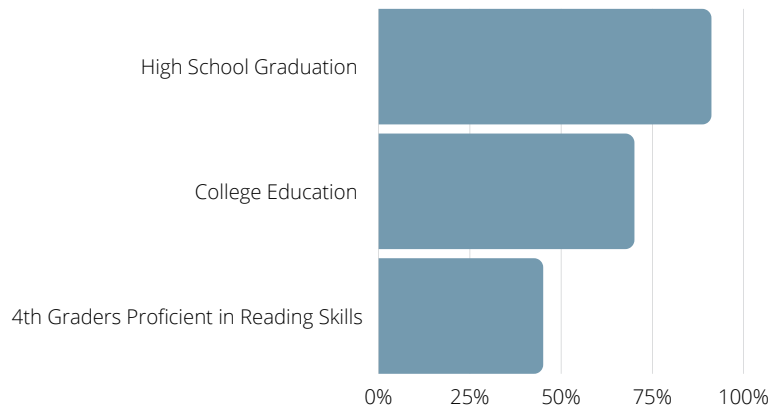
State of Wisconsin

Montly Rent for 2 bedroom apartment: $774

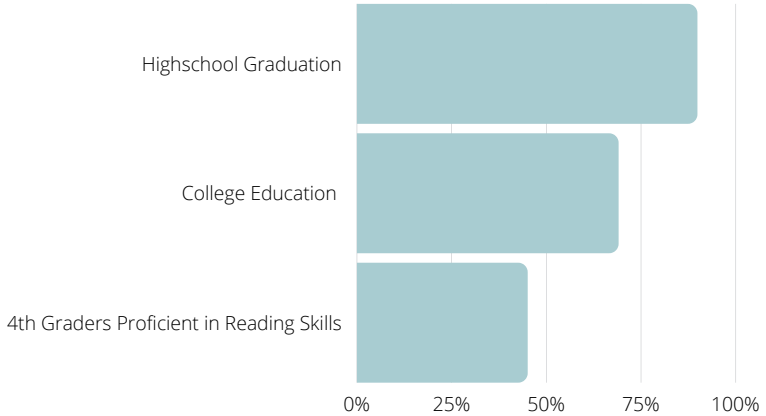
Average Median Home Price: $223,000

EDUCATION

Brown County



State of Wisconsin



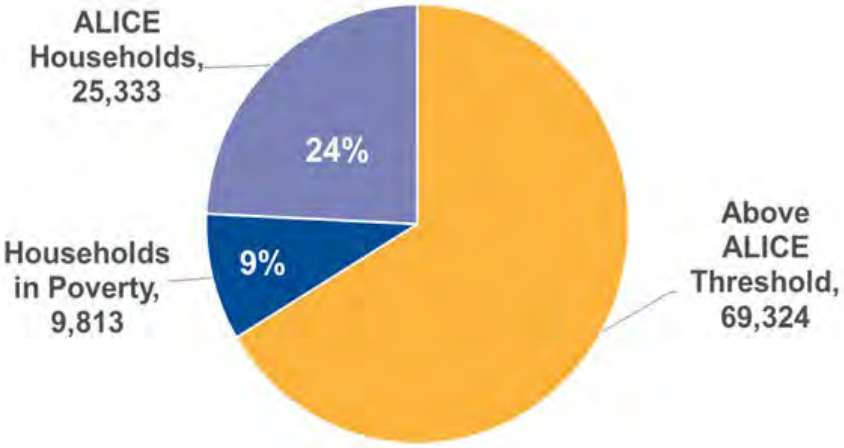
Sources:
Employment Data: www.countyhealthrankings.org/app/wisconsin/2020/rankings/brown/county/outcomes/overall/snapshot
Housing Costs Data: www.rentdata.org/states/wisconsin/2019; https://www.wra.org/HousingStatistics/
Education Data: cdn.ymaws.com/www.unitedwaywi.org/resource/collection/572412D0-E79C-45FA-9049-FBF519C516DC/Brown_County__ALICE2020_.pdf
4th Grade Literacy Data: https://www.countyhealthrankings.org/app/wisconsin/2020/measure/factors/116/data

WHO IS ALICE?

UNITED FOR ALICE

ALICE refers to Asset-Limited, Income Constrained, Employed individuals in our community who live above the federal poverty level, but below a household survival budget. ALICE households typically struggle with paying monthly bills, saving money for emergencies, and saving for investing in the future. ALICE households typically hold low-wage jobs and are more vulnerable to hardships, including health-related concerns.

ALICE IN BROWN COUNTY, 2018



TRENDS IN WISCONSIN

- *Overall Cost of Living*
- *Worker Vulnerability*
- *Flat Wages*
- *Total Number of ALICE households*

In Brown County, the average ALICE Household Survival Budget was $23,280 for a single adult, $25,416 for a single senior, and $72,864 for a family of four with young children in 2018.

DISPARITIES BY AGE

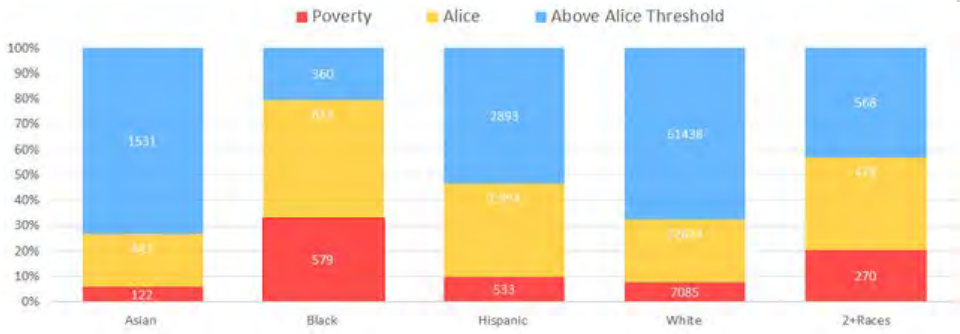
***53%** of households headed by individuals age 65 and older, and **48%** of households headed by individuals under age 25 lived below the ALICE threshold in 2018.*

For more information visit: UnitedforALICE.org/Wisconsin

Sources: ALICE Threshold, 2018; American Community Survey, 2018

SOCIAL AND ECONOMIC FACTORS

DISPARITIES BY RACE/ETHNICITY, 2018



IN BROWN COUNTY IN 2018, 1 IN 3 HOUSEHOLDS WERE BELOW THE ALICE THRESHOLD (MORE THAN 35,600)

79% *of Black households in Brown County lived below the ALICE threshold*

47% *of Hispanic households in Brown County lived below the ALICE threshold*

33% *of Caucasian households in Brown County lived below the ALICE threshold*

CHILD CARE QUICK FACTS

54% *of households in Wisconsin were located in a childcare desert*

72% *of parents/primary caregivers who live in Brown County households and have children under the age of 6 were working*

Sources:
Race/Childcare: ALICE Threshold, 2018; American Community Survey, 2018
Welcome Baby: 2019/2020 Program Data, Family Services of NE Wisconsin

WELCOME BABY PROGRAM

All Brown County parents with newborns receive a Welcome Baby Visit while pregnant or at the hospital, through a Family Services of Northeast Wisconsin Program. These visits are done by trained Community Resource Specialists and screen families for risk factors. During these visits information on community resources is shared and the families can be connected with early childhood programs. Between December 2019 and December 2020, 1608 total screenings were completed, and of those, 28% were positive for risk factors (457). Below are details from those positive screenings:

% POSITIVE SCREENINGS BY RACE

Native American	9%
Asian	4%
Black	10%
Hispanic	19%
Multiple Races	4%
African (Somali)	2%
White	38%
Unknown	14%

56% *of those who screened positive were referred to appropriate community resources (434 total)*

COMMON REFERRAL TYPES

Basic Needs: 37%
BadgerCare: 2%
Personal Safety: 1%
Financial Assistance: 15%
Counseling: 4%
Public Health: 5%
Housing: 11%
GED/Education: 4%
Food Pantry: 41%

With the COVID-19 pandemic, parents, students, teachers, small business owners, and community leaders have faced challenges when trying to connect with each other.

Brown County launched a website to test the internet speed in our community:

www.browncountywi.gov/broadband

The data collected from this will be used to support a request for federal funding and investment to improve our broadband internet infrastructure and web capabilities in areas like education, business, health care and overall quality of life.

Now is the time to come together as we aim to improve our internet access and connectivity.

SOCIAL AND ECONOMIC FACTORS:
CONNECTEDNESS

Social networks are associated with geographic closeness, historical ties, political boundaries, etc. and can shape social and economic activities like: migration, trade, job-seeking, consumption, public health, social mobility and more.

SOCIAL SUPPORT

Number of membership associations per 10,000

Brown County	Wisconsin
9	12

INTERNET ACCESS

41% of households with incomes less than $20,000 without an internet subscription

14% of households have no internet access

8% of households have no computer

25% of households have no smartphone

Sources:
Intro: Baily M., Coa R., Kuchler T., Stroebel J., Wondg A. "Social Connectedness: Measurements, Determinants, and Effets", Journal of Economic Perspectives, Volume 32, Number 3—Summer 2018, Pages 259–280.
Social Supports: County Health Rankings; 2017. https://www.countyhealthrankings.org/app/wisconsin/2020/overview.
Internet Access: WI EPH Data Tracker for 2014-2018. https://www.dhs.wisconsin.gov/epht/data.htm.

HOMELESSNESS AND COVID-19

Brown County Health & Human Services and the area's housing and homeless service providers have been working together during the pandemic to support those in the community experiencing housing insecurity. The numbers of individuals and families at risk of housing insecurity grew during the pandemic. Brown County Public Health held a small focus group discussion with housing service providers to determine how the pandemic was effecting this population.

A LACK OF:
RESOURCES
POWER
SOCIAL CONNECTEDNESS

are ongoing hurdles that the homeless population and the service agencies experience and all of these disparities were made worse by the covid-19 pandemic in our community.

SOCIAL AND ECONOMIC FACTORS: HOMELESSNESS

During 2020, approximately **283** individuals (216 adults, 67 children) have been housed in Brown County homeless/housing shelters and facilities.

An additional **271** households are on a waiting list.

BROWN COUNTY HOMELESS & HOUSING COALITION

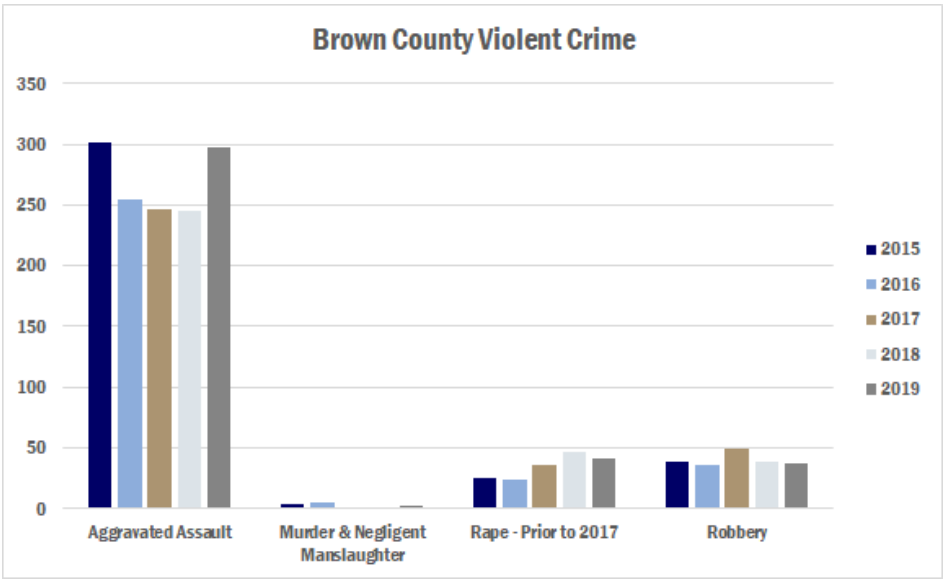
www.bchhcwi.org
bchomelesscoalition@gmail.com

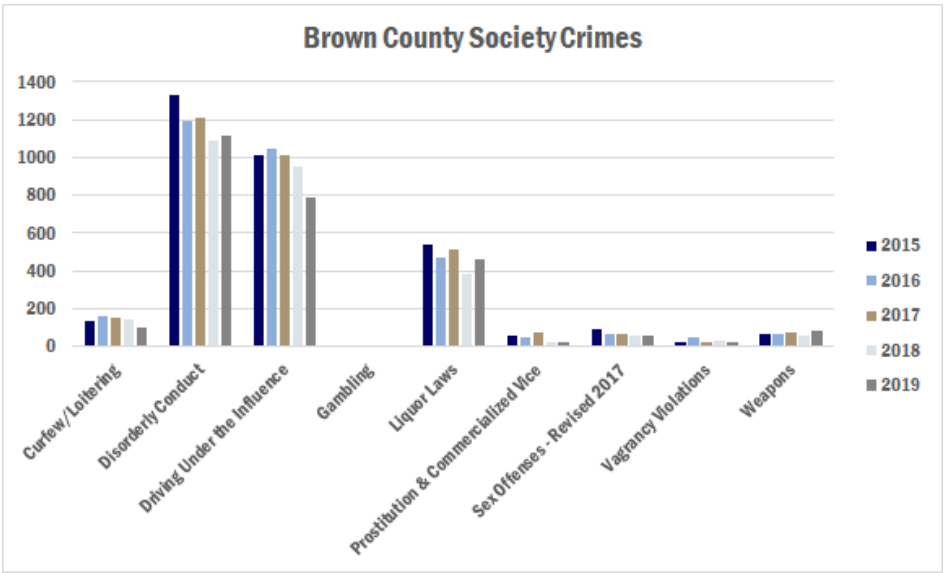
CRISIS CENTER: 24 HOURS
Phone: 436-8888
Walk-in: 300 Crooks St.

Non-Emergency Information:
Phone: 2-1-1
Text: Txt211 (898211)

Source: Local Brown County Data from 1/1/20-11/16/20 from Housing and Homeless Coalition.

SOCIAL AND ECONOMIC FACTORS: CRIME

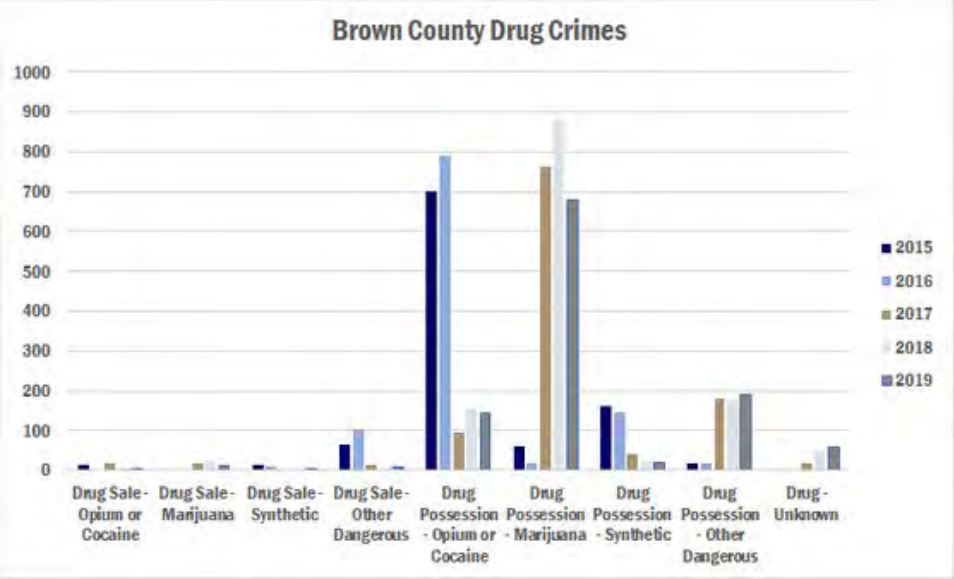


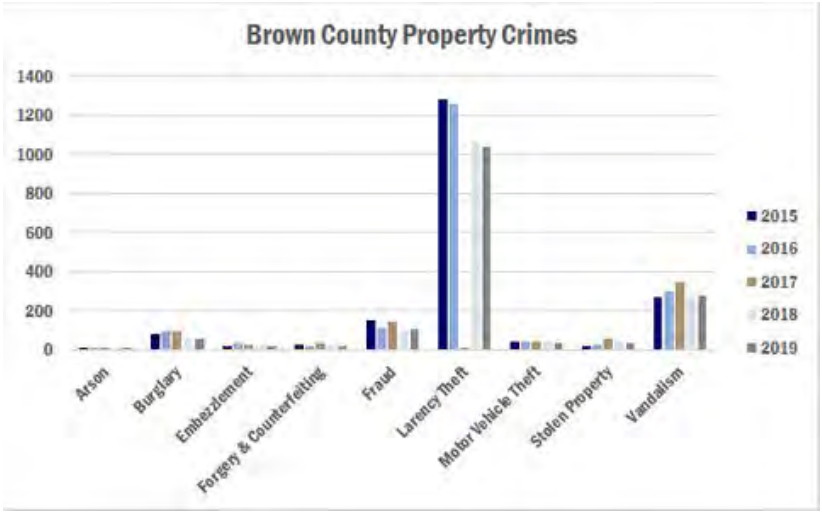


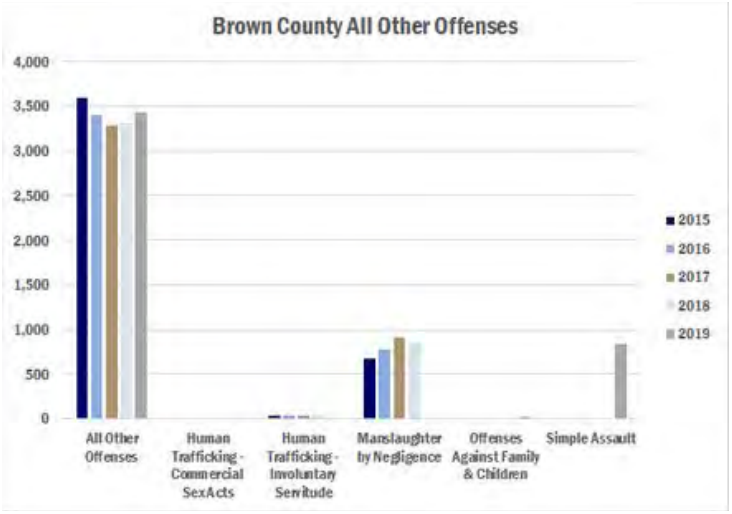
It has been shown that the stress of violence and untreated mental illness can lead to poor physical health, exacerbate chronic illness, and contribute to an increase in unhealthy choices and behaviors among adolescents and adults.

Sources:
The Power of Prevention: Chronic Disease, the Public Health Challenge of the 21st Century, CDC (2009), https://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf.
Green Bay Crime Reports 2018-2019. www.greenbaycrimereports.com/2020/06/brown-county-crime-statistics-2018-2019.html
*Rape and Sex Offense language was revised in 2017.
Source: *https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/topic-pages/rape*

SOCIAL AND ECONOMIC FACTORS: CRIME





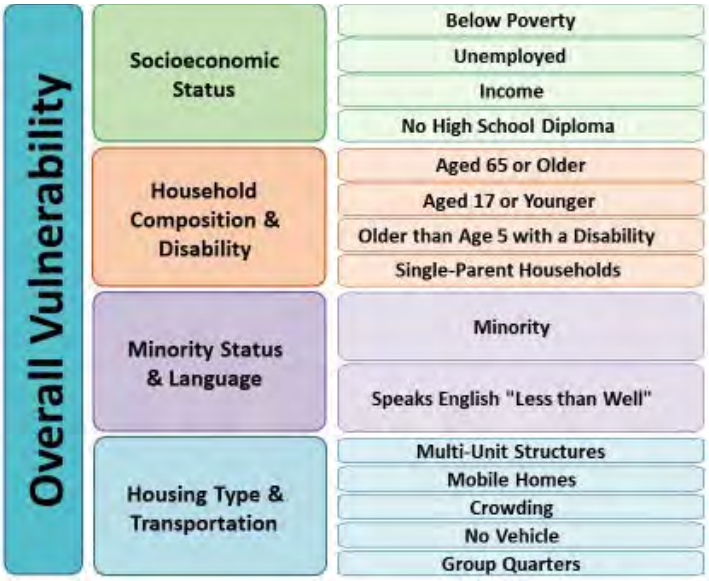


Source: https://www.greenbaycrimereports.com/2020/06/brown-county-crime-statistics-2018-2019.html

SOCIAL AND ECONOMIC FACTORS: VULNERABILITY

Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or a disease outbreak, or an anthropogenic event such as a harmful chemical spill. The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

Social vulnerability index (SVI) based on variables including:



0.37

Brown County's 2016 Social Vulnerability Index score

Possible scores range from 0 to 1
(0 lowest to 1 highest vulnerability)

94 Cases of Human Trafficking reported in Wisconsin in 2019

Human trafficking is a form of modern slavery that occurs in every state, including Wisconsin. The statistics below are number off cases based on the contacts through phone calls, texts, online chats, emails, and webforms received by the National Hotline The National Human Trafficking Hotline for Wisconsin.

TYPE OF TRAFFICKING:
Sex Trafficking (71)
Labor Trafficking (10)
Trafficking Type Not Specified (8)
Sex and Labor (5)

GENDER:
Female (74), Male (13), Gender Minorities (< 3)

AGE: Adult (56), Minor (28)

Sources:
Social Vulnerability: Census Tract, www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.hBrown County, www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html.
Human Trafficking:National Human Traffficking Hotline,, 2019. www.humantraffickinghotline.org/state/wisconsin.

AGING AND VULNERABLE POPULATIONS

Adult Protective Services investigates forms of abuse; this includes physical abuse, financial abuse, neglect by caregivers, emotional abuse and sexual abuse. The team provides linkage to community services, in addition to working with hospitals to assist when someone is in need of a guardian/decision maker. This includes providing training for guardians. These services are especially important as the population of Brown County ages.

PERCENT OF OLDER ADULTS WHO LIVE ALONE

30%

Brown County

29%

Wisconsin

AVERAGE NUMBER OF CALLS PER YEAR: 1200

SERVICES PROVIDED TO 650 FAMILIES IN BROWN COUNTY IN 2020

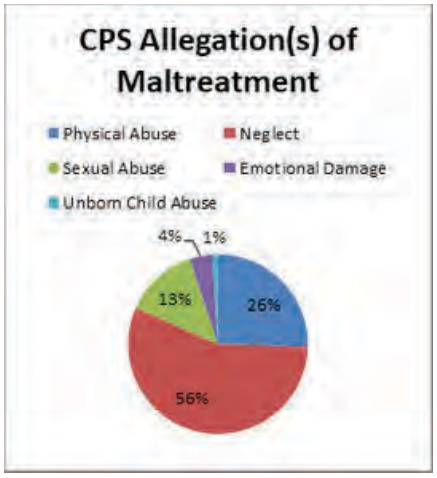
146 NUMBER OF FATAL FALLS 65+ YEARS OLD, FROM 2015-2017

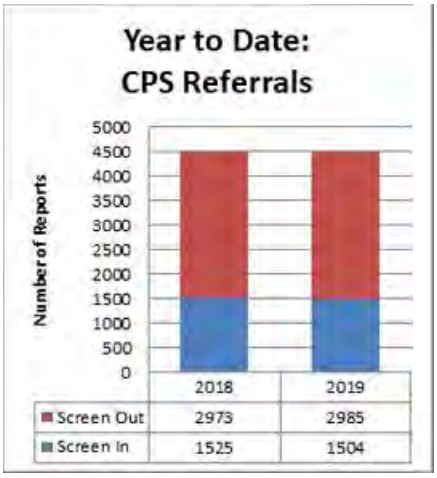
11% PERCENT OF COMMUNITY MEMBERS WITH A DISABILITY

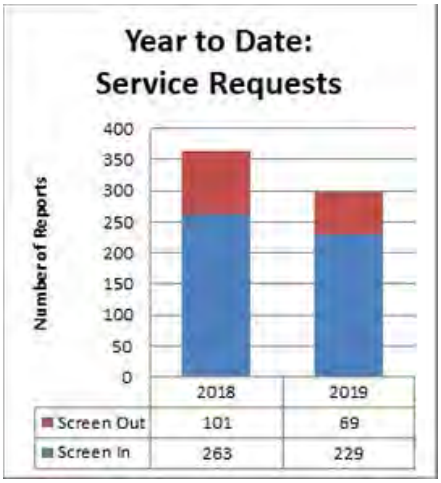
Sources:
Older Adults/Falls: https://www.countyhealthrankings.org/app/wisconsin/2020/measure/factors/120/data?sort=desc-4, 2014-2018.
Disability: https://data.census.gov/cedsci/table?q=S1810&g=0500000US55009&tid=ACSST5Y2019.S1810&hidePreview=true
https://achievebrowncounty.org/evidence-based-decision-making/community-data/brown-county-and-wisconsin-comparisons/;
https://www.countyhealthrankings.org/app/wisconsin/2020/rankings/brown/county/outcomes/overall/snapshot; https://nces.ed.gov/

CHILD PROTECTIVE SERVICES: 2019

Throughout all of 2019, there were 4489 child neglect and abuse referrals made to the Brown County Child Protection Unit. An overwhelming majority of the concerns reported were in regard to neglect referrals, specifically parental substance use concerns. Physical abuse concerns represented 26% of the allegations of maltreatment and sexual abuse concerns represented 13% of the allegations of maltreatment.

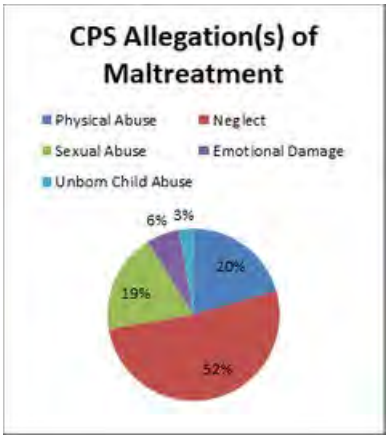


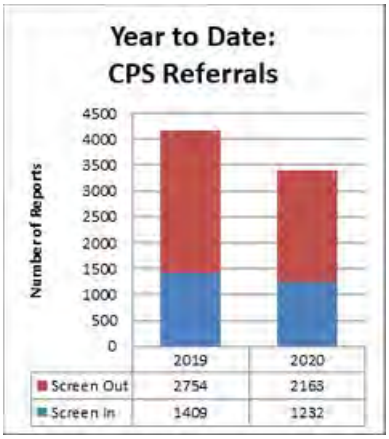


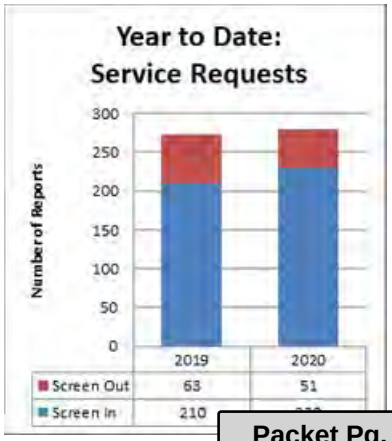


CHILD PROTECTIVE SERVICES: 2020

Brown County has recognized a concern over time with parental substance abuse and in the month of November over 1/3 of cases assigned were emergency/same day response cases with a significant number of individuals involved in drug use and sales. In April of this year, Family Recovery Court began in Judge Walsh's court room. There are currently 4 active participants in Family Recovery Court. These individuals receive extra support and intensive case management to assist with accountability. The Family Recovery Court Team, comprised of community partners, meets on a weekly basis.







Source: Brown County Health & Human Services, Child Protective Services Program Data, 2019-2020.

HEALTH BEHAVIORS

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

Brown County has engaged in a coordinated community response to address a number of these factors, in the form of Community Health Improvement Plan Taskforces. The three taskforces currently focus on the following health behaviors:

NUTRITION AND PHYSICAL ACTIVITY

MENTAL HEALTH

ALCOHOL AND DRUG USE/ABUSE

Source: www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes

HEALTH BEHAVIORS:

SMOKING, VAPING, AND DRUG USE

ALCOHOL CONSUMPTION

The reported incidence of binge drinking is significantly higher in Brown County than the United States overall.

The CDC reports that binge drinking is associated with many negative health outcomes including unintentional injuries, violence, sexually transmitted diseases, unintended pregnancy and fetal alochol disorders, and others.

The percent of adults who drink more than 4 or 5 alcoholic drinks in one day at least once per month; or the percent of adults who drink more than one or two drinks per day on average is:

27% in Brown County
24% in Wisconsin
17% in USA

*In a 2018-2019 survey of Wisconsin high school students, **24%** percent of 10th graders in Brown County had used alcohol in the past 30 days.*

*Additionally, **8%** of Brown County 10th graders had engaged in binge drinking.*

ADULTS

15%

of Brown County adults are current smokers, as compared to 16% in WI and nationwide.

9%

of Brown County mothers report smoking during pregnancy, as compared to 7% nationally and 11% in WI

YOUTH RISK BEHAVIORS

4%

of Brown County 10th graders reported using painkillers to get high.

11%

of Brown County 10th graders reported using marijuana in the previous 30 days.

21%

of Brown County 10th graders reported ever using mariuana.

6%

of Brown County 10th graders reported smoking cigarettes in the previous 30 days.

14%

of Brown County 10th graders reported vaping in the previous 30 days.

4%

of all Brown County 10th graders reported using an illegal drug besides marijuana in the previous 12 months.

Sources:
Youth Data: YRBS Data 2018-2019,
County Data: County Health Rankings,
Adult Data: BRFSS Data, 2019
Maternal Health Data: PRAMS Survey
Binge Drinking: CDC

HEALTH BEHAVIORS:

NUTRITION AND PHYSICAL ACTIVITY

Nutrition

Adults

Local data does not exist for adult nutrition. This has been identified as an area for future research.

61%

of Wisconsin adults who report eating fruits at least 1 time per day
60% USA

77%

of Wisconsin adults who report eating vegetables at least 1 time per day
79.6% USA

Children

44%

of Brown County 10th graders reported eating fruit every day compared to the State average of 42.8%

41%

of Brown County 10th graders reported eating vegetables every day over the past 7 days compared to the WI State average of 37.8%

Physical Activity

20%

of adults age 20 and over reported no leisure-time physical activity, compared to 21% in the State of Wisconsin

56%

of 10th graders who exercise most days (4-7 in the past week) 58% in the State of Wisconsin

Sources:
Youth data: RBS Data 2018-2019,
Adult data: BRFSS Data 2019

HEALTH BEHAVIORS:

OTHER RISK BEHAVIORS

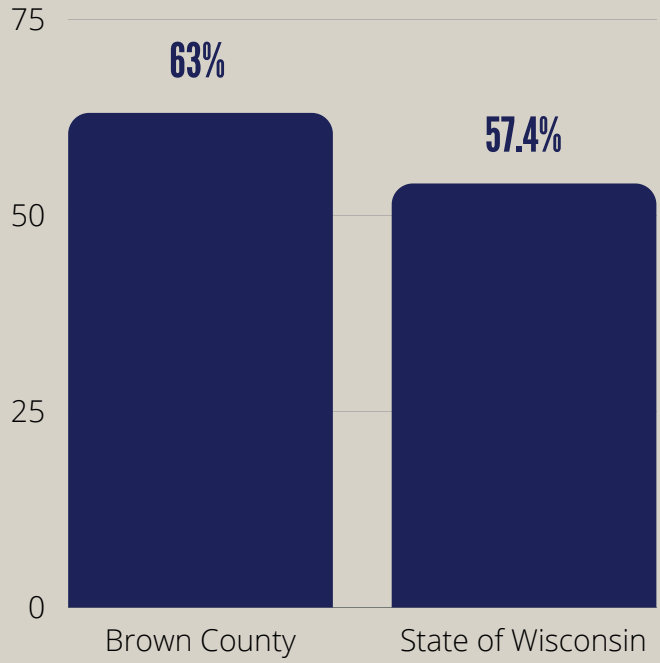
Birth rate per 1,000 female population ages 15-19:

19 Brown County

17 Wisconsin

SEXUAL ACTIVITY

Among sexually active students, the percent who used a condom during last sexual intercourse.



DRIVING AND VEHICLE SAFETY

Percent of students who texted or emailed while driving in the past 30 days:

45% Brown County

48% Wisconsin

Percent of 10th graders who report most of the time or always wearing a seat-belt:

89% Brown County

84% Wisconsin

Sources:
Youth Data: YRBS Data 2018-2019,
County Data: County Health Rankings, 2019
State Data: BRFSS Data 2019

HEALTH BEHAVIORS:

BREASTFEEDING AND INFANT HEALTH

The WIC (Women, Infants and Children) Program serves the Brown County community through nutrition assistance and education. Proper nutrition and assistance with breastfeeding are associated with positive outcomes in childhood.

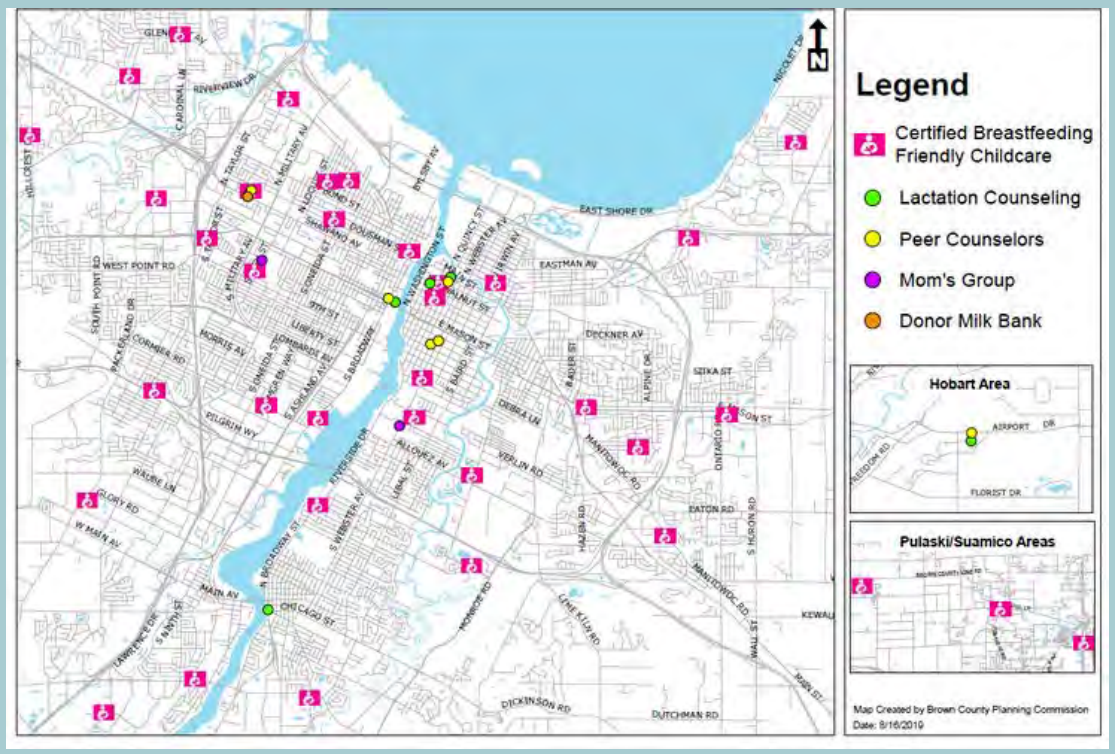
As of a September 2020 report from the Brown County WIC Program:

74% *of Brown County babies were breastfed at birth*

31% *of Brown County babies continued to be breastfed at 6 months*

71% *of Wisconsin babies were breastfed at birth*

34% *of Wisconsin babies continued to be breastfed at 6 months*



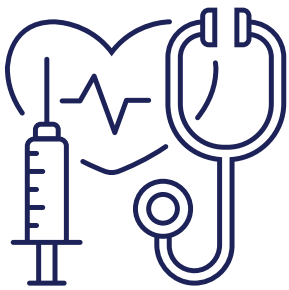
*In Brown County, **30%** of childcare centers have worksite lactation support programs. Having lactation support programs in the workplace leads to an increase in breastfeeding rates and employee retention and a reduction in healthcare costs and turnover rates.*

Sources:
WIC Data: September 2020 Agency Report
Breastfeeding Friendly Map: Brown County GIS. https://www.asphn.org/resource_files/657/657_resource_file2.pdf

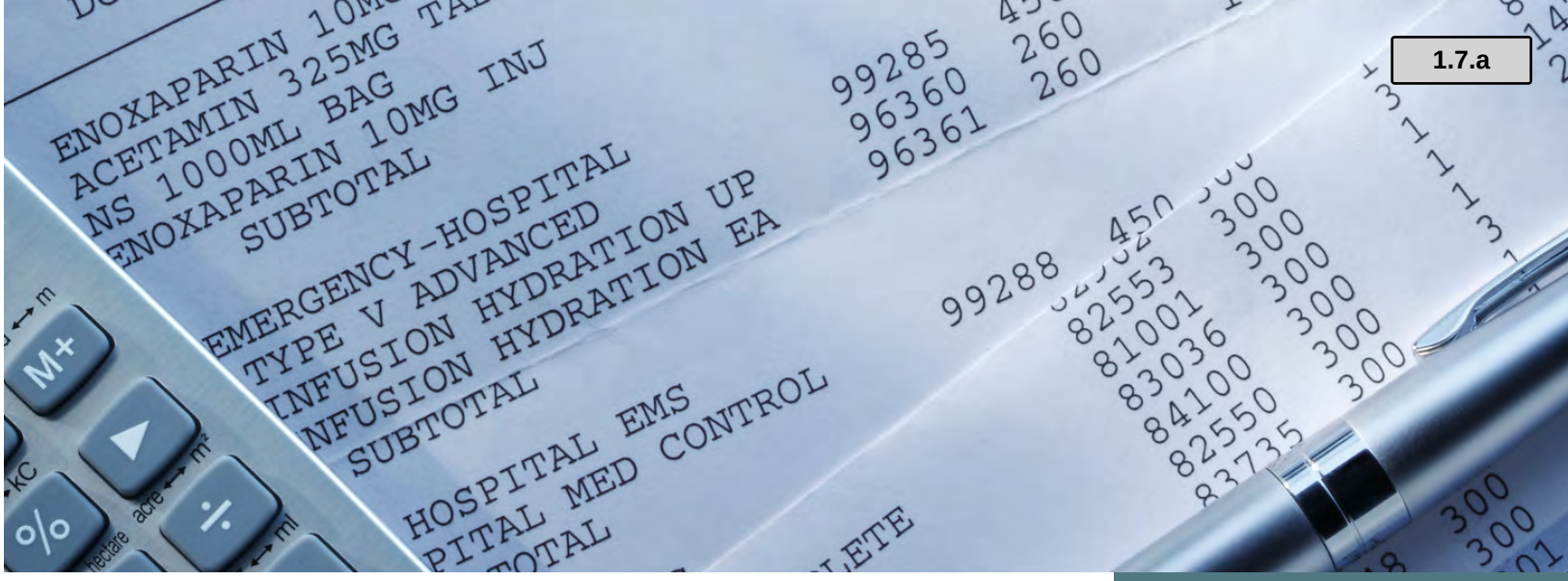
CLINICAL CARE

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling people to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.

RATIO OF PEOPLE TO PROVIDERS	BROWN COUNTY	WISCONSIN
Primary Care Providers	1,400 to 1	1,270 to 1
Dental Care Providers	1,310 to 1	1,460 to 1
Mental Health Providers	510 to 1	490 to 1



Sources:
Intro: www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes
Provider Ratios: County Health Rankings, 2017-2019.
https://www.countyhealthrankings.org/app/wisconsin/2020/overview
Cost Barrier: Behavioral Risk Factor Surveillance Survey, 2016-2018. .https://www.dhs.wisconsin.gov/wish/brfs/index.htm



CLINICAL CARE:

HEALTH INSURANCE

5%
of children under 19 are uninsured

8%
of adults under 65 are uninsured

8% of Brown County's population under the age of 65 reported having no insurance

However, in a survey of 142 Spanish speaking community members, **45%** reported having no insurance

Type of public health insurance coverage	Percent of population covered
Public insurance alone	18%
Medicare coverage alone	7%
Medicaid or Means tested alone	11%
VA health care coverage alone	0.3%

Sources:
Percent on public health insurance: U.S. Census Bureau, 2019. data.census.gov/cedsci/table?q=Brown%20County,%20Wisconsin%20Health&tid=ACSST1Y2019.S2704&hidePreview=false.
Cost Barrier: Behavioral Risk Factor Surveillance Survey, 2016-2018. .https://www.dhs.wisconsin.gov/wish/brfs/index.htm
Adults and Children uninsured: County Health Rankings, 2020. www.countyhealthrankings.org
Spanish Speaking Uninsured: Health Navigator Community Survey. Planning Grant Needs Assessment for Spanish Health Navigator at Casa ALBA Melanie, 2020.

DID YOU KNOW?

10% of adults experienced a time in the last year where they needed to see a doctor, but couldn't because of the cost.

CLINICAL CARE:
PREVENTIVE SNAPSHOT

PREVENTIVE SERVICES

include vaccinations, screenings, check-ups, and patient counseling aimed to prevent illnesses, disease, or other health problems.

In addition to visiting a physician when an illness or injury occurs, regular check-ups allow your Provider to monitor your health. Routine tests and exams check for chronic diseases and infections such as cancer, diabetes, and heart disease and are particularly important for middle-aged and elderly patients. In addition,

Routine vaccinations are recommended. Vaccines stimulate the immune system to produce immune responses that protect against infection. Vaccines provide a safe, cost-effective and efficient means of preventing illness, disability and death from infectious diseases.

There is even evidence that screening for social risks, such as interpersonal violence, alcohol use, tobacco use, obesity, adherence to healthy behaviors, and depression are beneficial when providing interventions.

80% *of children in Brown County (compared to 72% in WI) received the recommended routine childhood immunizations (DTaP, polio, MMR, Hib, hepatitis B, varicella, & Pneumococcal) by 24 months of age in 2019 (81% in 2018) and* **47%** *of youth ages 13-18 completed the HPV series in 2019 (43% in 2018).*

84 *% of pregnant mothers in Green Bay received adequate prenatal care, compared to 78% nationally.*

54% *of Medicare enrollees received an annual flu vaccination.*

60 *% of adults aged 50-75, reported having had colonoscopy within 10 years as their most recent colorectal cancer screening test.*

51 *% of female Medicare enrollees ages 65-74 received an annual mammogram.*

67 *% of Green Bay's adults reported receiving dental care in the past 12 months.*

Sources:
Prevention Overview: National Institute of Health https://www.niaid.nih.gov/research/vaccines and
Karina W. Davidson, Alex R. Kemper." Developing Primary Care-Based Recommendations for Social Determinants of Health: Methods of the U.S. Preventive Services Task", Sept. 2020. Informationhttps://doi.org/10.7326/M20-0730
Childhood Vaccines and HPV: WI EPH Data Tracker 2018-2019. www.dhs.wisconsin.gov/epht/data.htm.EH tracker.
Prenatal and Dental Care: City Dashboard, 2017. www.cityhealthdashboard.com/
Mammogram/Colonoscopy/Flu Vaccine: County Health Rankings, 2017. www.county healthrankings.org/app/wisconsin/2020/overview

MEDICAL HOME:
A MODEL FOR QUALITY CARE

The Agency for Healthcare Research and Quality (AHRQ) describes the Medical Home Model as a way to organize the delivery of primary care and highlights 5 critical functions and attributes of the Medical Home Model:

1. Comprehensive Care:
The care delivered aims to meet the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. This involves the patient and a team of care providers.

2. Patient-Centered:
The health care provided is relationship-based with an orientation toward the whole person ("holistic care").

3. Coordinated Care:
Care is coordinated across all parts of the health care system, including specialty care, hospitals, home health care, and community services and supports.

4. Accessible Services:
Services are delivered with attention to easy access and responsive to patients' preferences.

5. Quality and Safety:
Ongoing commitment to quality and quality improvement.

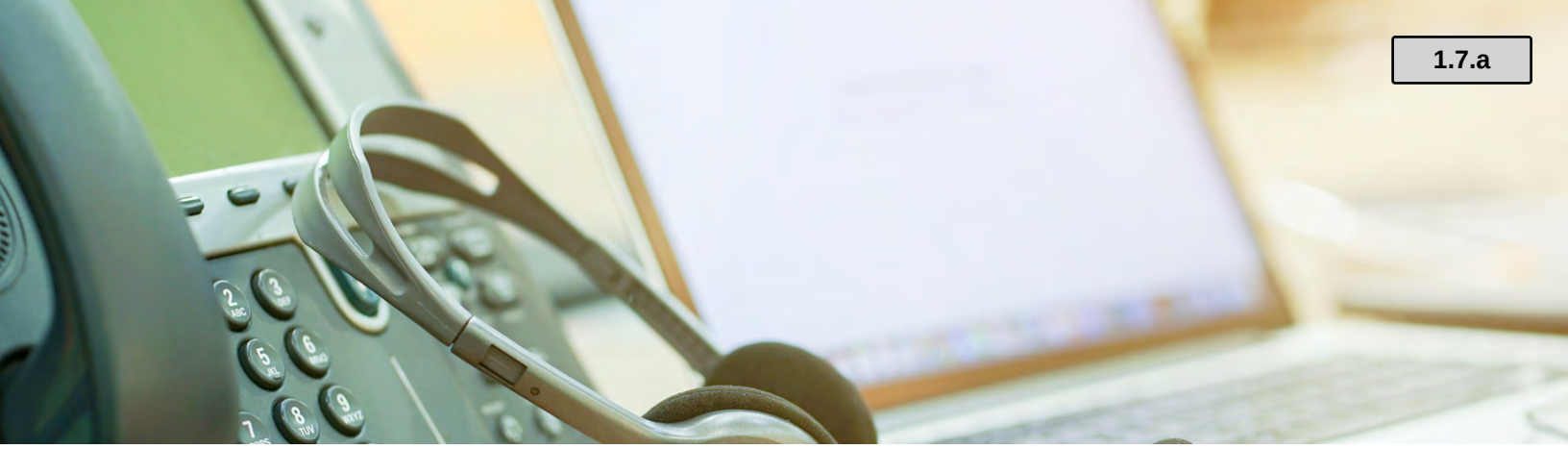
A "medical home" is a trusting partnership between you, your family, and your health care team. You and your health care team work together to access and coordinate specialty care, other health care and educational services, in and out of home care, family support, and other public or private community services that are important to the overall well-being of you and your family.

BROWN COUNTY PUBLIC HEALTH INVESTIGATES

Brown County Public Health (BCPH) surveyed 131 parents whose children received a flu shot through a BCPH community flu shot clinic. We found the ***majority of these parents thought having a medical home was "very important" but did not have a primary care doctor or any form of insurance. The parents identified financial and insurance difficulties as the top 2 obstacles to getting the medical care they and their families need.***

Public Health
Prevent. Promote. Protect.
Brown County
Health & Human Services

Sources:
Medical Home Model: dhs.wisconsin.gov/publications/p01747.pdf.
Functions/Attributes: Adapted from: https://pcmh.ahrq.gov/page/defining-pcmh.



PARTNER PROFILE:

A RESOURCE FOR NAVIGATING HEALTH CARE AND MORE

2-1-1 Get Connected. Get Help.™

Information, community resources, and referrals on a variety of health and human service issues are available with one easy call to one of 2-1-1's trusted and caring call specialists.

Specialists are available to answer the helpline 24 hours a day, 7 days a week.

A database of local resources is maintained through a longstanding partnership between Brown County United Way, the Aging and Disability Resource Center of Brown County (ADRC), and the Crisis Center of Family Services.

2-1-1 is a statewide resource, available to everyone. There are eight 2-1-1 contact centers in Wisconsin, divided regionally.

Services are available 24 hours, every day, and all year round. Statistics on the reasons people contact 2-1-1 can be found online at 211counts.org

CALL
Dial 2-1-1 or 1-800-924-5514
TTY dial 7-1-1 Available 24/7

TEXT
Text your ZIP Code to 898211
Monday-Friday
8:00am to 5:00pm

CHAT
Chat online with 2-1-1
Monday-Friday
8:00am to 5:00pm

SEARCH
Search our online directory:get211.org

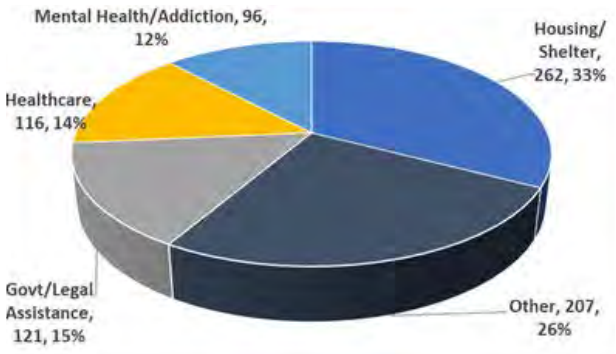
Available 24/7

Brown County United Way

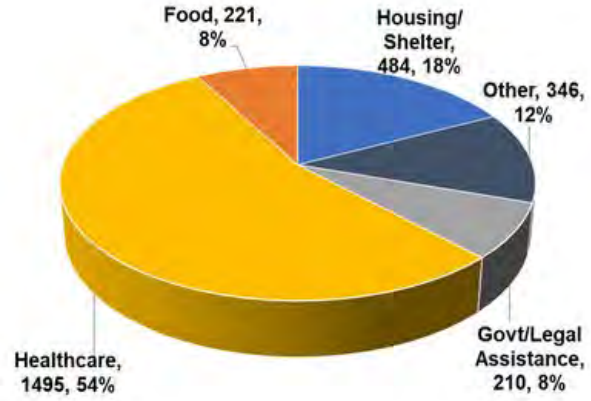
TOP COMMUNITY NEEDS AS IDENTIFIED BY 2·1·1

Get Connected. Get Help.™

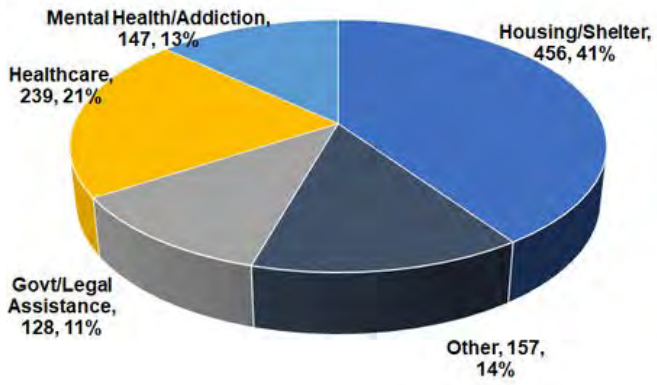
PRE-COVID (JAN-MAR 2020)



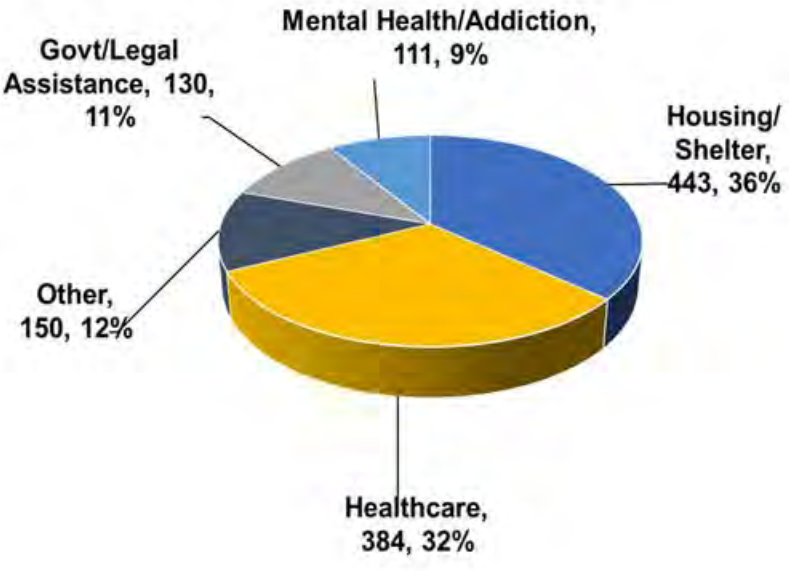
COVID 1ST WAVE (MAR-JUN 2020)



DURING COVID (JUN-AUG 2020)



DURING COVID (AUG-OCT 2020)



TOP COMMUNITY NEEDS AS IDENTIFIED BY 2-1-1

Get Connected. Get Help.™

2020 THEMES:

•1,840 Rental assistance-845 requests for Rental Assistance
and 497 for Shelters and 315 for Low-Income Housing Assistance
•2,090 COVID-19 specific testing/information requests (2,592 Healthcare total)
•1,365 total requests for Basic Needs (includes requests for Food, Utilities, Clothing/Basic Needs)
•573 Mental Health-specific

8,732 requests as of early December 2020

2019 THEMES:

•1,636 requests for Rental Assistance (646 Rental Assistance, 463 for Shelters, and 341 for Low-Income Housing Assistance)
•460 total requests for Healthcare (pre-COVID 19)
•749 requests for Utilities Assistance
•106 Disaster Requests
•403 requests for Food Assistance

6,270 requests during 2019

HEALTH OUTCOMES

Health outcomes represent how healthy a community is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well.

The average life expectancy at birth in Brown County is 79 years

12% of adults reported fair or poor health

There were 3,159 births in Brown County in 2019

There were 2,059 deaths in Brown County in 2019
This is a rate of 791 deaths per 100,000 individuals

Sources:
Intro: www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes
Life Expectancy: City Dashboard, 2015. www.cityhealthdashboard.com
Poor Health: County Health Rankings, 2017. https:// www.county healthrankings.org/app/wisconsin/2020/overview
Births/Deaths: Wisconsin Interactive Statistics on Health, 2018. https://wish.wisconsin.gov/results

HEALTH OUTCOMES:

CHRONIC DISEASE

68% of adults are overweight or obese

10% of adults have diabetes

36% of adults have high cholesterol

31% of adults have high blood pressure

COMMUNICABLE DISEASE NEW CASES

NAME	2017	2018	2019
Syphillis	13	34	19
Gonorrhea	195	181	245
Chlamydia	1109	1135	1110
Tuberculosis	3	0	1
Pertussis	6	14	4
HIV	3	7	10
Lyme Disease	10	41	82
Flu Hospitalizations	178	195	-
Salmonellosis	15	14	-

CANCER NEW CASES/DEATHS

TYPE	2017 CASES	2017 RATES
Trachea/Lung/Bronchus	157/119	61/46
Colorectal	91/31	36/12
Female Breast	164/27*	127/21*
Prostate	119/-	94/-
Melanoma	92/-	36/-
TOTAL	1230/455	479/177

*(*based on female deaths from breast cancer and female population)*

COVID-19 (CORONAVIRUS)*

Total Cases 25,357

Deaths 136

**as of 12/31/20*

Sources:
Chronic Disease: Behavioral Risk Factor Surveillance Survey, 2015-2019. www.dhs.wisconsin.gov/wish/brfs/index.htm
Communicable Disease: Wisconsin Public Health Profile, 2017. www.dhs.wisconsin.gov/publications/p4/p45358-2017-brown.pdf, www.dhs.wisconsin.gov/library/p-00415b-brown.htm, www.dhs.wisconsin.gov/tb/data.htm, www.dhs.wisconsin.gov/hiv/data.htm, www.dhs.wisconsin.gov/immunization/vpd.htm
dhsgis.wi.gov/DHS/EPHTracker,
Chlamydia: PHAVR Report for Brown County, 2019.
Cancers: www.dhs.wisconsin.gov/publications/p4/p45358-2017-brown.pdf
COVID: WEDSS Reports, Brown County 2021

HEALTH OUTCOMES:
INJURIES

NUMBER OF INJURY-RELATED HOSPITALIZATIONS BY AGE IN 2019

0-17	63
18-44	205
45-64	259
65+	512
TOTAL	1039

NUMBER OF INJURY-RELATED DEATHS BY AGE IN 2019

0-17	10
18-44	54
45-64	46
65+	96
TOTAL	206

2019: NUMBER OF INJURY-RELATED FATALITIES

- **6** Assault-Related/Homicide
- **5** Drowning-Related
- **23** Firearm-Related
  (Self-Inflicted firearm: 18/23)
- **20** Suffocation
- **42** *Poisoning
  (2018: 27)
  (Drug-related poisoning: 40/42 and 2018: 25/27)
- **40** *Suicide
  (2018: 28)
- **14** *Unintentional Motor Vehicle Injury
  (2018: 21)
  **Note the change from 2018 to 2019*

Source:
Wisconsin Interactive Statistics on Health, 2019. https://wish.wisconsin.gov/results/.

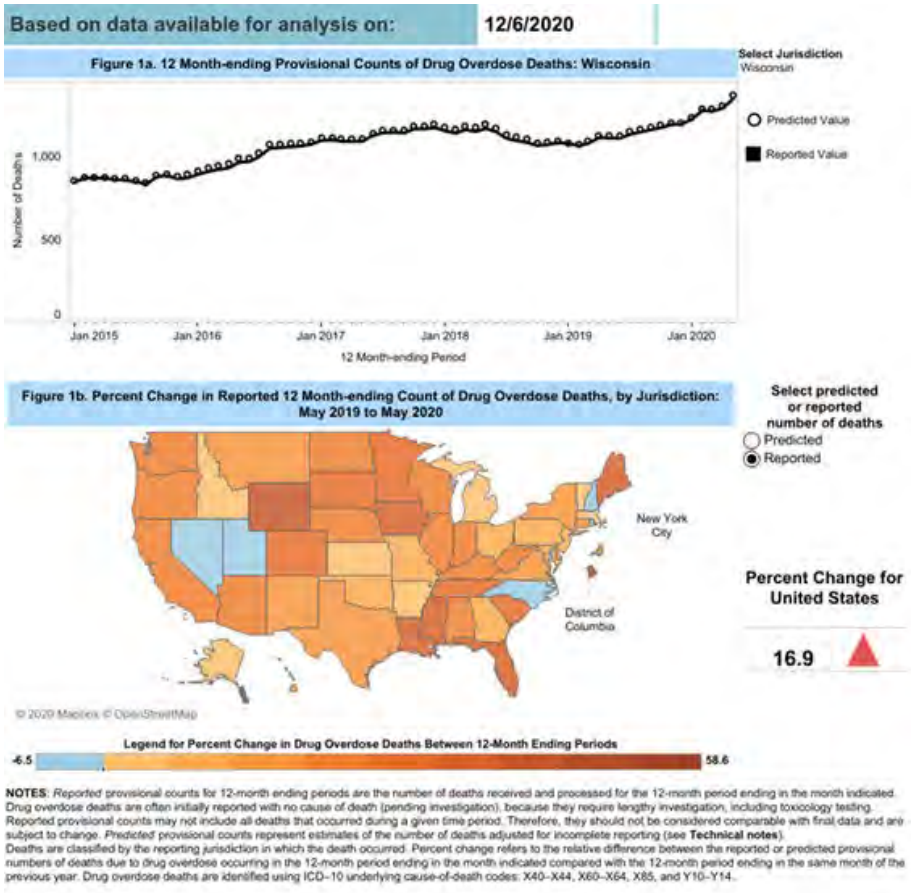
HEALTH OUTCOMES:

DRUG OVERDOSE DEATHS

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) report that approximately 81,230 drug overdose deaths occurred in the United States in the 12 months prior to May 2020.

This represents a worsening of the drug overdose epidemic in the U.S. and is the largest number of drug overdoses for a 12-month period ever recorded. The increase in drug overdose deaths appear to have accelerated during the COVID-19 pandemic.

12 Month-ending Provisional Number of Drug Overdose Deaths



NOTES: *Reported* provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. *Predicted* provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see **Technical notes**). Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD-10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.

18 Opioid Overdose Deaths in Brown County in 2018

Synthetic opioids *are the primary driver of the increases in overdose deaths. The 12-month count of synthetic opioid deaths increased 38% from the 12-months ending in June 2019 compared with the 12-months ending in May 2020. These newly released preliminary fatal overdose data, coupled with the known disruption to public health, healthcare, and social services as a result of the COVID-19 pandemic and related mitigation measures, highlight the need for essential services to remain accessible for those most at risk of overdose and the need to expand prevention and response activities.*

Sources:
Number of Drug Overdose Deaths Chart: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
Overdose Deaths: https://emergency.cdc.gov/han/2020/han00438.asp
2018 Opioid Overdose Deaths in Brown County: Wisconsin Interactive Statistics on Health, 2018. https://wish.wisconsin.gov/results/.
Synthetic Opioids Data: https://emergency.cdc.gov/han/2020/han00438.asp

HEALTH OUTCOMES:

MENTAL HEALTH AND WELL-BEING

11% of adults in Brown County reported 14 or more days of poor mental health each month

1365 hospitalizations related to mental illness in Brown County

40 deaths by suicide in Brown County

According to WI Department of Health Services:

PEOPLE WHO ARE DEPRESSED ARE:

2X *more likely to smoke and be physically inactive than those without depression*

3X *less likely to comply with their medical treatment plan*

4X *more likely to have cardiovascular disease*

Sources:
Adult Data: County Health Rankings, 2017 and 2018. https:// www.county healthrankings.org/app/wisconsin/2020/overview
Hospitalization Data: WI Public Health Profiles 2017, https://www.dhs. wisconsin.gov/publications/p4/p45358-2017-brown.pdf)
Death Data: Wisconsin Interactive Statistics on Health, 2019. https://wish.wisconsin.gov/results/

HEALTH OUTCOMES:
SCHOOL-BASED MENTAL HEALTH

The School Based Mental Health (SBMH) Collaborative, an initiative of Connections for Mental Wellness formed in 2016, aligns & coordinates school districts and mental health providers systems of care in order to provide Brown County youth, that face barriers to traditional mental health care, the clinical care access to mental health services in their schools.

The SBMH collaborative consists of partners from 8 Brown County public school districts:

Ashwaubenon
Green Bay
Howard-Suamico
Denmark
West DePere
Unified District of DePere
Wrightstown
Pulaski

Six mental health agencies together have served 436 youth since the 2016 inception. Even amid the pandemic within the 2019/2020 school year, the collaborative partners served 177 youth who identified as 'new to SBMH care' within 21 school based mental health sites in Brown County via telehealth or in-person therapy. The providers who are engaged in this important community collaboration include:

Bellin Health
Family Services of NEW
Catholic Charities
Prevea Health
Foundations Health & Wholeness
Innovative Counseling

Connections for mental wellness

Wisconsin 10th graders answered a survey reporting on a year in their lives:

15% reported seriously considering suicide

14% reported making a suicide attempt

9% reported attempting suicide

31% reported feeling so sad or hopeless that they stopped their usual activities

52% reported problems with anxiety

Source:
Youth Data: Youth Behavioral risk survey, 2019. https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/WI_2019_YRBS_ Comparison_ Tables.pdf)

HEALTH OUTCOMES:
MENTAL HEALTH AND SUICIDE

In 2019 The Family Services Crisis Center served 5,464 callers and 3,856 people in person who reported thoughts about/suicide attempts, 1993 callers with suicide attempts in progress, and 558 who expressed threats of suicide with plans.

That's over 4 people per day just in Brown County

According to The Family Services Crisis Center in Green Bay, approximately:

455 *Brown County residents who were experiencing suicidal thoughts or considering specific suicide plans called the Crisis Center each month.*

↑ **26% increase over the last 4 years**

321 *Brown County residents who were experiencing suicidal thoughts or considering suicide plans meet with a crisis counselor in person for a suicide assessment and plan for their safety each month.*

↑ **22% increase over the last 4 years**

MOST FREQUENT TOPICS/ISSUES IN 2019

Suicide	*Depression*
Mental Illness	*Relationship Issues*
Anxiety	*Behavioral Issues*
Homelessness	*Drug Abuse*
Alcohol Abuse	*Medical/Physical Health*

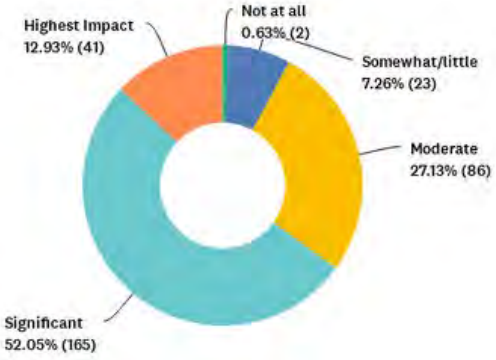
COVID-19

Brown County United Way conducted community surveys in 2020 to assess the impact of COVID-19 in Brown County. With a total of 347 responses in the first round, and 317 in the second, this information serves as a snapshot into survey respondents' perceptions from the 2nd round of surveys. And while it may not be generalizable to the full community, it serves as a beginning to understanding the extreme impacts that the pandemic has had on our lives.

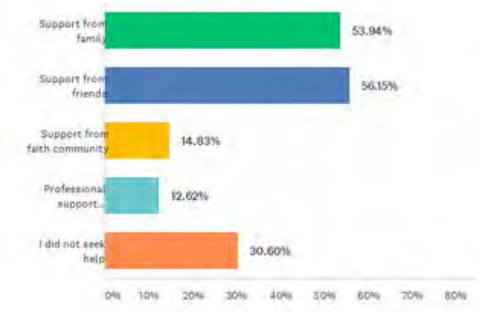
EMERGING THEMES:

- *Whole world impacted - truly an unprecedented event*
- *"Non-essential" workers and job insecurity concerns*
- *Families with school-aged children impacted greatly*
- *Seniors impacted: increased isolation, more likely to be ALICE households*
- *Groups disproportionately below the ALICE threshold are more vulnerable to COVID impacts - by race/ethnicity, age, household type, and more*

HOW SIGNIFICANTLY HAS THE PANDEMIC IMPACTED YOUR LIFE?



SYSTEMS OF SUPPORT/RESOURCES ACCESSED FOR EMOTIONAL WELL-BEING SINCE PANDEMIC STARTED*



Select all that may apply, 317 respondents

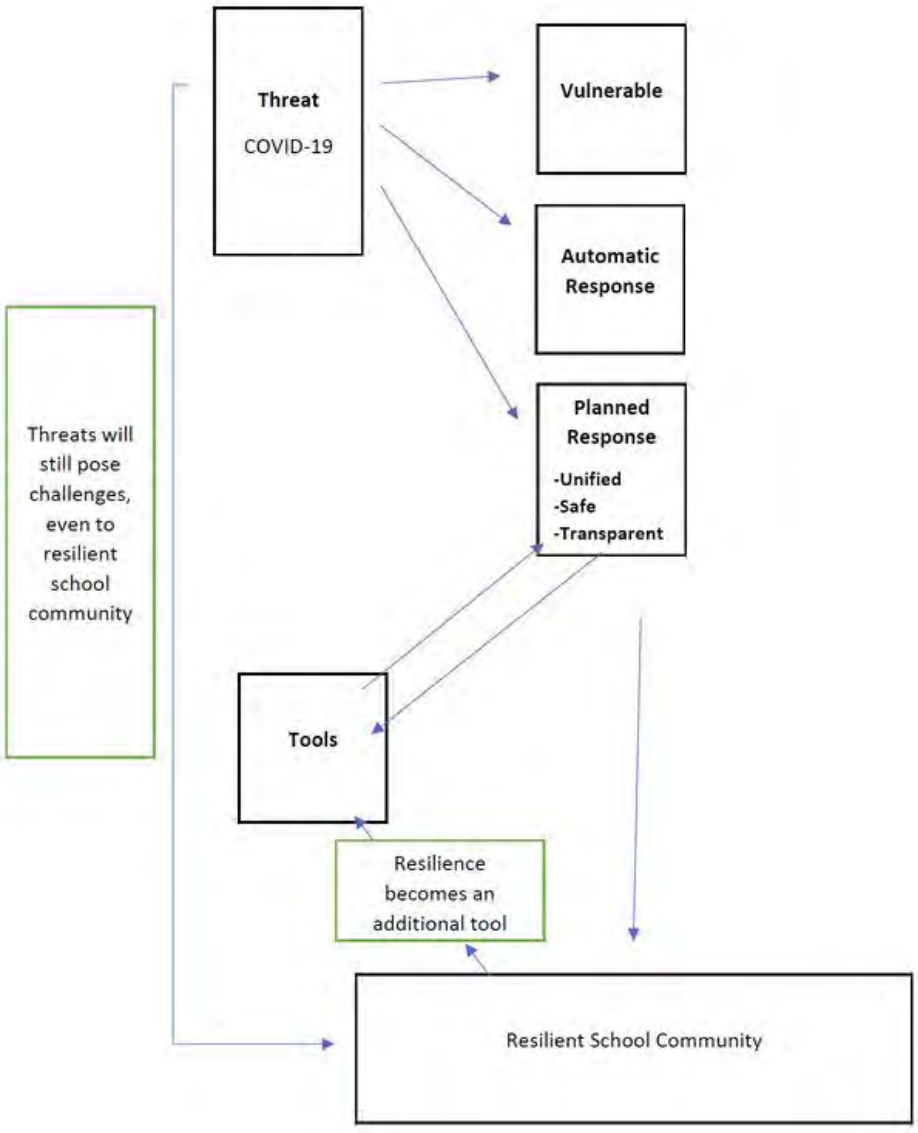
PANDEMIC IMPACTS ON FAMILY WELL-BEING

ANSWER CHOICES	RESPONSES	
Could not find childcare	9.46%	30
Felt like I couldn't leave the house/apartment	65.93%	209
Felt hopeless	31.55%	100
There was not enough food	4.10%	13
Had to provide care to an elder	11.36%	36
Other (please specify)	35.33%	112
Total Respondents: 317		

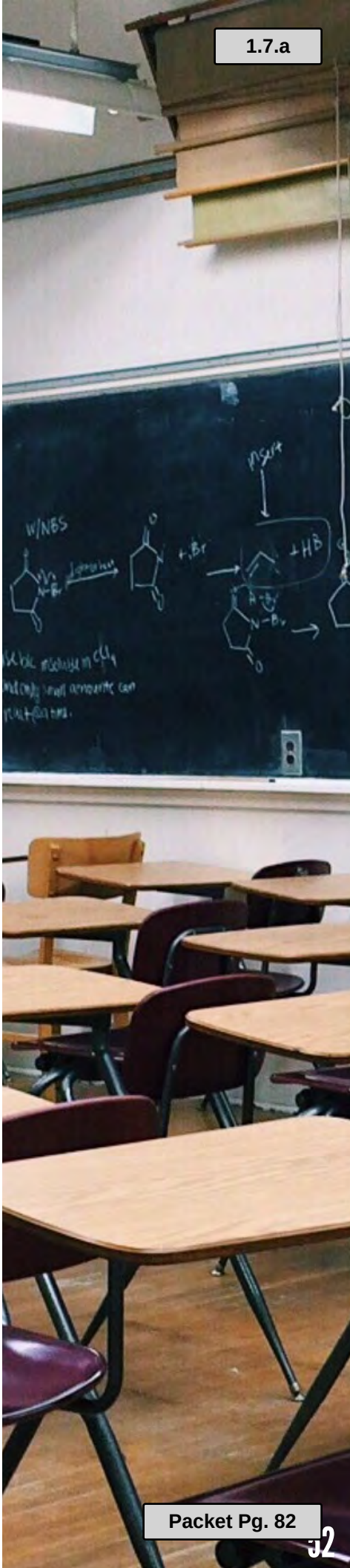
COVID-19 AND OUR SCHOOLS:

The COVID-19 epidemic has been a threat to our entire community and also our schools. It has exaggerated vulnerabilities, especially within certain populations.

A school-based focus group discussion was organized by the Howard Suamico School District and it was ***found that parents wanted a consistent plan among all the schools and communication about the plans to be frequent and clear****.*



In order to reopen and carry out the school year the goal should be to create and carry out a thoughtful plan using existing and newly crafted tools that results in a resilient school and community.

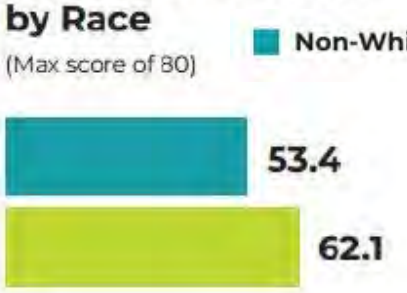


WELL-BEING PROFILE:

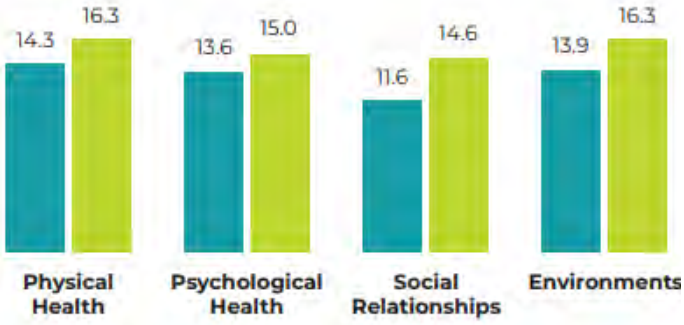
wello

Composite Domain Differences by Race

(Max score of 80)

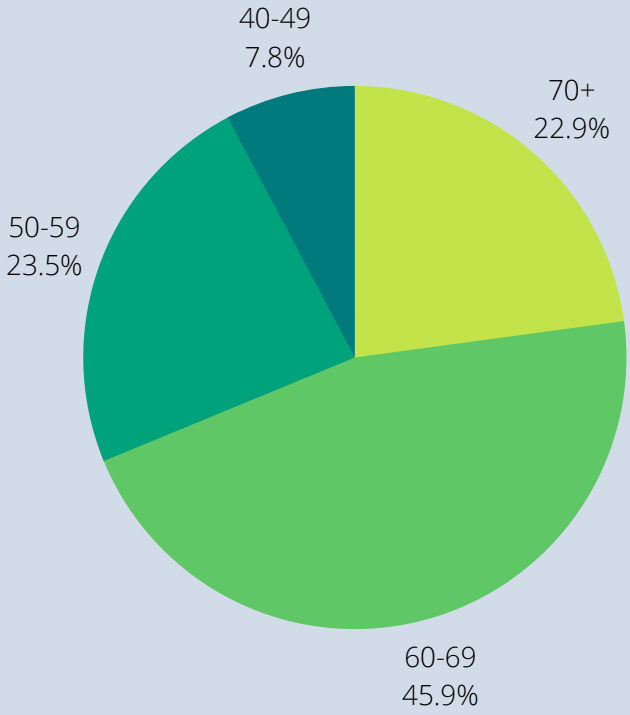


Domain Differences by Race

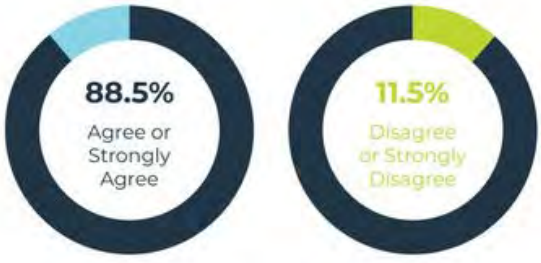


Results showed length of residence is not as important as feeling connected. Developing a sense of belonging and an inclusive community are especially important to one's well-being.

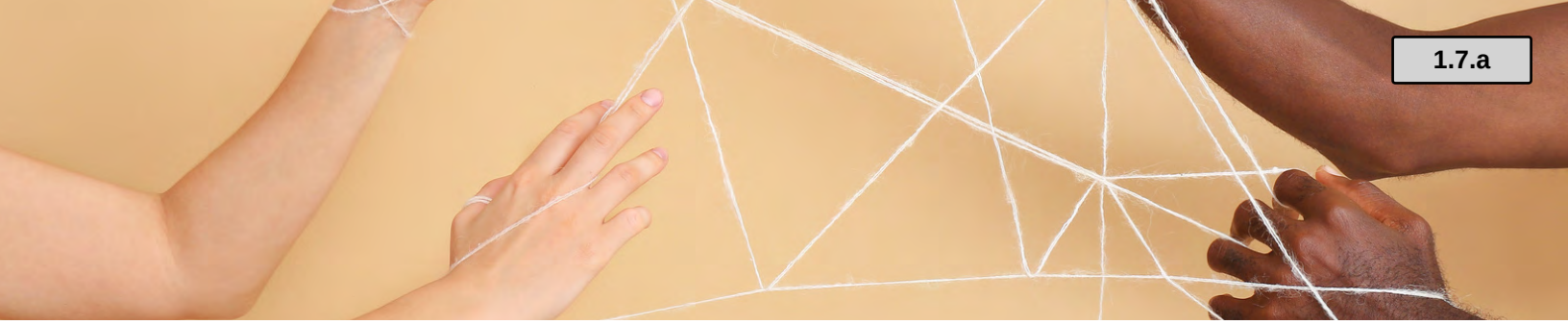
A well-being score of 70 + equals "good" well-being



Do you see yourself as a member of the Greater Green Bay community?



Source: Wello. (2020). Community Health and Well-Being Survey: Brown County, Wisconsin, 2019 Survey Results. Retrieved from www.wello.org/measure.



RACISM AND ITS IMPACTS ON HEALTH: A COLLABORATIVE COMMUNITY STUDY

In June of 2020, Brown County Public Health and the YWCA of Greater Green Bay partnered to carry out a qualitative study aimed at exploring the impact of race on health and well-being in our community.

Twenty-two adults participated in five different focus group discussions that were held with community members of color from the Somali, Hmong, African-American, Native American, and Hispanic/Latinx Communities in Brown County.

For the participants, ongoing racism negatively impacts their experiences with health structures and systems and their access to them

The negative impacts of racism on **relationships, roles, spaces and resources** influence health and well-being, and create and perpetuate health inequities for people of color.

RELATIONSHIPS, ROLES, AND SPACES

"My son has long dreadlocks and they told him that he needed to take a drug test before they prescribed the medication he was on before."

"The gynecologist of color was much more familiar with my situation, referring to scientific reasons for my pain."

"It is just the looks we get from being brown skinned in Green Bay."

"Their faces change if you sounded white on the phone or if you brought in your insurance card, it's all those little microaggressions."

"Once you have a physician that you have a relationship with, it's good but to find a physician and get that is in my opinion over and above what a white person would have to do to get healthcare."

"Sometimes I'm the only person that is not white"

"I remember what our brothers and sisters have gone through. I am not anti-vaccine, but it's the racism that has been attached to that. Now, it feels like it is being forced on us because we're in a pandemic."

"I feel like I have to prioritize what I share with the doctors, just to prove that I'm being reasonable with my symptoms or concerns."

"When you're Hmong you only go to the doctor when you absolutely need to vs. annual well-care."

"Those who are oldest tend to be the second parent because we know English, have an education, and we know how to navigate the system, so our parents rely on us."

Bring in more multi-cultural doctors... this will build our trust. Any person of color would respond better to a person of their race."

RESOURCES

""My mom and I couldn't go to the doctor, it was a scary time before getting on insurance... I got to the point where I was rationing how often I used my inhaler. It affected both my physical and mental health."

"I had two jobs in order to get healthcare."

"We didn't tell our parents we were injured because we knew they couldn't afford care."

"Even when she (mom) spoke the language, they would discount her experience and I often have to fight doctors who wouldn't believe what she was saying."

"Insurance helps, but there are certain things that cost so much, and it just piles up."

"There's too much deficit orientation when talking about Latinos and we need to flip the script and be more positive and tell the stories about positive aspects."

"There is mistrust with the system because how we've been treated in the past."

"Knowing that it is an issue (diabetes) and knowing the treatment my people have historically faced and there's a correlation to why we have these health issues today."

"Anxiety comes from being a minority in a Westernized system or being in a place where you are the only minority. That is where a lot of that anxiety comes from that a lot of us walk around with on a daily basis."

"I think universal healthcare could stop so many obstacles."

"I am hopeful that everyone will get their fair chance to get the vaccine."

"We want the same medical care as the wh

Project funded by the Greater Green Bay Community Foundation Basic Needs Giving Partnership Fund

BROWN COUNTY:

FOCUSED ON HEALTH EQUITY FOR ALL IN OUR COMMUNITY

This summary document has highlighted a number of areas for further exploration, specifically raising the question: does belonging to a certain group lead to differences in health outcomes? In certain cases, that answer is yes. We know that conditions in which we live and work impact our health, but even more importantly, those conditions affect certain groups more than others.

Two terms are often used interchangeably: equality and equity. Equality provides support equally across populations. Equity recognizes that not everyone is starting from the same place, and encourages decision-making and resource allocation that keeps those differences in mind. A targeted approach to community-wide interventions is necessary when resources are limited, and the Community Health Improvement Planning Process integrates the findings from this document into prioritization of strategic issues moving forward.

EQUALITY SOUNDS FAIR. EQUITY IS FAIR.

FROM ASSESSMENT TO COMMUNITY IMPROVEMENT PLANNING

The CHA was carried out using a health equity lens and is aligned with the Center for Disease Control and Prevention (CDC) social determinants (SDOH) of health. The information and data relevant to the health in Brown County were presented under the following headings:

Physical Environment | **Social and Economic Factors** | **Health Behaviors** | **Clinical Care** | **Health Outcomes**

Social determinants of health are the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. They can be organized into five ***key areas*** *with* ***key issues*** *representing these social determinants:*

ECONOMIC STABILITY

Employment
Food Insecurity
Housing Instability
Poverty

SOCIAL AND COMMUNITY CONTEXT

Civic Participation
Discrimination
Incarceration
Social Cohesion

NEIGHBORHOOD AND BUILT ENVIRONMENT

Access to Foods that Support Healthy Eating Patterns
Crime and Violence
Environmental Conditions
Quality of Housing

HEALTH AND HEALTHCARE

Access to Health Care
Access to Primary Care
Health Literacy

EDUCATION

Early Childhood Education and Development
Enrollment in Higher Education
High School Graduation
Language and Literacy

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

FROM ASSESSMENT TO COMMUNITY IMPROVEMENT PLANNING

LOOKING AT HEALTH IN A NEW WAY

NEXT STEPS:

The findings, quantitative and qualitative combined, were reviewed by Beyond Health, and several meetings were held to discuss what additional information and data related to key issues should be added to the Community Health Assessment.

The Public Health Team continued to develop the assessment to address gaps identified by the Steering Committee and held an internal working meeting to assess and identify key issues in the different areas representing the various determinants of health in Brown County.

KEY QUALITATIVE/QUANTITATIVE FINDINGS IDENTIFIED*

- ✓ Increased unemployment during COVID-19 pandemic
- ✓ Homelessness
- ✓ Low number of people participating in organizations (civic engagement)
- ✓ Racism and its impact on health experiences
- ✓ Lack of resources, power, and social connectedness
- ✓ Lack of participation in public transportation
- ✓ Inadequate or missing internet access
- ✓ Alcohol consumption
- ✓ Barriers in access to health care
- ✓ Costly, confusing, and not always culturally appropriate health care
- ✓ Lack of walkable communities
- ✓ Rates of obesity

**this list is a sampling of findings, and is not meant to be fully comprehensive*

FROM ASSESSMENT TO COMMUNITY IMPROVEMENT PLANNING

IDENTIFYING ROOT CAUSES

In order to keep thinking about the problems from a health equity perspective and aim to address the social determinants of health, the internal team held a working meeting to engage in an exercise around identifying the underlying causes of problems. We conducted a "5 Whys" group exercise for several issues in order to better understand the root cause of issues affecting Brown County. The purpose of this was to prepare for planning interventions that will do more than focus on individual health outcomes, but instead will improve health disparities and overall population health.

AN EXAMPLE:

Why is there a difference between the percent of the population with access to public transportation in Brown County compared to Wisconsin?
(See page 12)

PERCENT OF POPULATION WITH ACCESS TO PUBLIC TRANSPORTATION

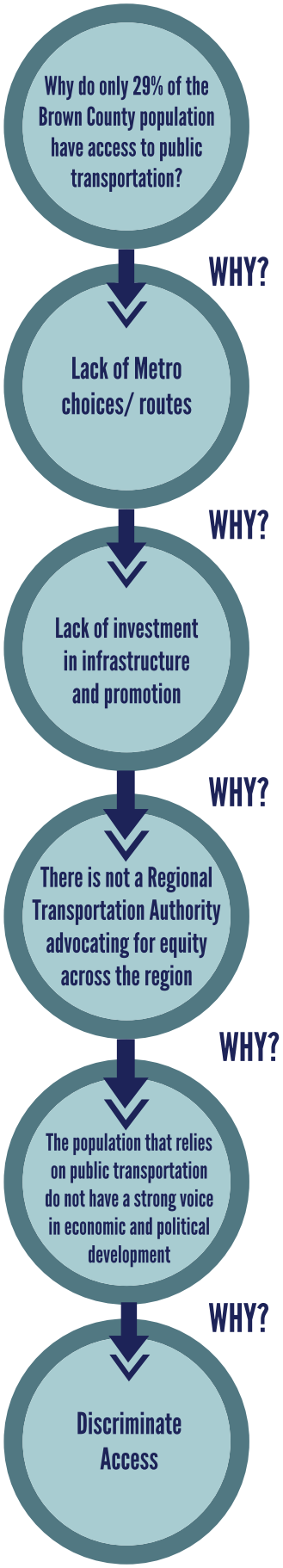
Brown County	Wisconsin
29%	54%

?

ASKING THE 5 WHYS:

An exercise to explore potential root causes for issues identified from the data collected and reported in the Community Health Assessment

Other key issues were also further examined during the strategic meeting in which the Public Health team worked towards exposing potential root causes of the issues. The team engaged in "5 whys" exercises and although there was overlap and more steps were necessary than 5, this illustration summarizes the process:



FROM ASSESSMENT TO COMMUNITY IMPROVEMENT PLANNING

NEXT STEPS IN THE PROCESS

Considering the root causes of the key issues and how they overlap and intersect, the Public Health then team drafted a sample of strategic issues (improving social connectedness, promoting community cohesion, and empowering community voices) and presented them to the Beyond Health Steering Committee for feedback and to begin brainstorming how the agencies and community organizations can organize and implement interventions on this level.

After initial buy-in from the Steering Committee, the Public Health strategists met again to discuss the feedback and how to consolidate overlapping or related strategic issues.

In order to evaluate priorities and establish goals with strategies for the CHIP, the strategic issues were then evaluated, compared and revised considering the urgency and the potential to address the issues through interventions utilizing the network that includes Public Health, healthcare partners from the Steering Committee, and community partners.

STRATEGIC ISSUES CONSIDERED FOR INCLUSION:

- **Improve social connectedness**
- **Promote community cohesion**
- **Empower community voices**
- **Promote political and policy equity and cohesion**
- **Unify educational institutions**
- **Improve opportunities for equitable resource attainment and retention**
- **Build up economic stability**
- **Eliminate discriminatory policies and structures**
- **Connect policies and practices across Brown Country**
- **Promote healthier attitudes, beliefs, and practices into culture norms**
- **Advocate for equitable and quality health care**
- **Improve natural and built environments to promote safety and good health**

LOOKING TO 2021 AND BEYOND:

Based on findings from the assessments summarized earlier in this report, Beyond Health, with support from the Public Health Team, engaged in an internal prioritization process, highlighting below the top three strategic issues for consideration in the upcoming Community Health Improvement Plan (CHIP). Next steps include identification of how we measure success, who is responsible for carrying this important work forward, and sharing results widely with the community.

PRIORITY 1: EQUITABLE ACCESS

Calling out racism as a public health crisis and amplifying the voices of marginalized groups in the community is a strategy aimed at promoting diversity, equity, and inclusivity in health. This includes people of color, women, the LGBTQ+ population, individuals with different abilities, those with financial, housing, and food insecurity and more. By intentionally taking steps to build trust in public health and mobilizing resources in targeted ways, we can reduce health inequities and improve agency and health outcomes for all.

PRIORITY 2: SOCIAL COHESION

Fostering high levels of social cohesion made up of social inclusion, social capital, and social diversity can positively influence individual and population health. The social, political, and structural institutions in our community have the ability to promote social cohesion and healthy norms by developing and aligning resources in a way that is responsive, supportive, and effective.

PRIORITY 3: UNIFIED PLANNING AND POLICY

Prioritizing health, diversity, equity, and inclusivity in policy planning and delivering policies in a coordinated and unified way can build and improve the well-being in the entire community. In addition, clear and unified communication about policy planning and delivery can build trust between the community and institutions/agencies/ schools, etc. and can positively influence individual and collective well-being in the community.

Source: Chuang et al. International Journal for Equity in Health 2013, 12:87 p://www.equityhealthj.com/content/12/1/87

PRIORITY SUGGESTION 1: EQUITABLE ACCESS

Goal: *Amplify marginalized community voices and improve access to resources in order to reduce health inequities. Focus on building trust in the health system. Allocate resources in a way that is responsive, supportive, and effective in order to minimize differences between individuals and groups in the community.*

POTENTIAL STRATEGIES

Decrease income and asset gap in Brown County

Example Actions:

- *Increase minimum wage in Brown County*
- *Increase access to affordable, high quality child care*
- *Expand affordable post-secondary education opportunities and employment opportunities*

Example Measures:

- *ALICE data*
- *Focus group discussions and community conversations data*
- *Stratified median household income*
- *Stratified data on income spent on childcare*
- *Stratified data on the Supplemental Nutrition Assistance Program (SNAP)*

Improve environmental quality and physical environments for all

Example Actions:

- *Expand lead prevention and mitigation programming*
- *Remove the coal piles along the Fox River*
- *Expand number of safe playgrounds and youth-friendly spaces (Improving built spaces)*

Example Measures:

- *Inclusion of community organizations and impacted individuals in policy and planning discussions*
- *Air and water quality metrics*
- *Unintentional injury and related fatality statistics*
- *Blood lead levels in children by demographic groups and census tract data*

Advocate for equitable access to healthcare

Example Actions:

- *Develop diverse health navigator programs*
- *Implement vision programs for children in the community*
- *Implement "No Wrong Door" policies between health systems*
- *Create transparency around billing and resources for accessing care*

Example Measures:

- *Stratified data for:*
  - *those with medical insurance (also consider prescription drugs, dental, vision)*
  - *those who report avoiding health care because of cost*
  - *those who complete routine well baby visits and immunization schedules*
  - *infant and maternal morbidity and mortality outcomes*

Additional strategies for consideration:

- *Improve access to to preventive services across the lifespan*
- *Expand equitable access to mental health services, increase integration into primary care, and reduce stigma. Integrate alcohol and drug abuse efforts into these initiatives.*
- *Fair policing and crime prevention efforts across the community*

PRIORITY SUGGESTION 2: SOCIAL COHESION

Goal: *Build connections between community members, both with each other and their environments. Improve on formal and informal social supports, and demonstrate improved cultural attitudes towards healthy habits which will reduce health inequities and improve identified health outcomes.*

POTENTIAL STRATEGIES

Build community and civic connections at a neighborhood level

Example Actions:

- *Community Schools Initiatives*
- *Continue Parent Cafe programming*
- *Increase full broadband access across rural and urban areas*
- *Develop and promote sober social connection opportunities*

Example Measures:

- *Number of formal/informal supports identified by community members*
- *Inclusion of community organizations and impacted individuals in policy and planning discussions*
- *Proportion of households with access to broadband internet*
- *Suicide rates*
- *YRBS mental health measures*
- *Sense of belonging measures*

Increase availability and visibility of healthy food options

Example Actions:

- *Conduct breastfeeding/first food deserts mapping project*
- *Farm to Table/School to Table initiatives*
- *Neighborhood Gardens in partnership with neighborhood associations*

Example Measures:

- *Breastfeeding rates*
- *SNAP usage data by demographic group*
- *School lunch data*
- *Proportion of youth and adults who meet recommended nutrition guidelines*
- *Overweight and obesity measures*

Improve walkability and recreational opportunities

Example Actions:

- *Provide financial support for development of walkable neighborhoods and/or green spaces (sidewalk advocacy)*
- *Map recreational opportunities to identify gaps*
- *Increase number of free/low-cost community events*

Example Measures:

- *Proportion of youth and adults who meet recommended physical activity levels*
- *Perception of quality of life measures*
- *Proportion of individuals who walk or bike to work*

Additional strategies for consideration:

- *Promotion of protective factors, healthy relationships, and community resiliency*
- *Improve supports for women and families*
- *Support diverse and inclusive community and civic engagement opportunities focused on social connectedness and individual well-being*
- *Promotion of tobacco and vaping-free spaces*

PRIORITY SUGGESTION 3: UNIFIED PLANNING AND POLICY

Goal: *Social, political, and structural institutions in our community develop and align practices and policies in a way that is equitable, effective, responsive, and transparent. Build well-being in our community by including health considerations in all policies in an intentional and coordinated way.*

POTENTIAL STRATEGIES

Integrate population health considerations into community planning efforts

Example Actions:

- *Support workplaces in becoming breastfeeding friendly*
- *Integrate health perspectives into Comprehensive Community Plan*
- *Integrate diverse health perspectives into City of Green Bay's affordable housing project*

Example Measures:

- *Proportion of comprehensive planning documents, community-wide initiatives with intentional focus on health*
- *Analysis of large-scale collaborative (collective impact) initiatives and driving indicators*
- *Inclusion of diverse community organizations and impacted individuals in policy and planning decision-making*

Safe, accessible housing and transportation options

Example Actions:

- *Analyze housing stock in Brown County by census tract and assess for lead/radon risk*
- *Support temporary payments to landlords to minimize eviction risks*
- *Advocate for accessible and cost-efficient public transit*

Example Measures:

- *Gap analysis data for housing and transportation in Brown County*
- *Housing data by demographic group*
- *Qualitative data around potential barriers to adequate housing and transportation*
- *Homeless population data stratified by demographics*
- *Usage data for public transit*

Support and create policies that decrease inequities in a coordinated and transparent way

Example Actions:

- *Develop and promote a set of policy recommendations ("health in all policies" guide)*
- *Ensure policies for COVID-19 vaccine distribution are equitable*
- *Enforce and increase penalties for impaired driving infractions*
- *Adopt trauma-informed policies*

Example Measures:

- *Employment statistics*
- *Findings from analysis of policy implementation by local municipalities, through a social justice lens*
- *Inclusion of diverse community organizations and impacted individuals in policy and planning decision-making*

Additional strategies for consideration:

- *Improve data collection around gun-related injuries and fatalities*
- *Support collaboration amongst schools to create unified and transparent practices which support health for all*
- *Enhance data, data sharing among partners, and resource allocation to inform public health interventions*

COMMON LANGUAGE IN THE CHIP: KEEPING US ON THE SAME PAGE

BIG PICTURE LANGUAGE:

Strategic Issues: Complex community issues which require coordinated effort to improve, and which lead to movement in the right direction for multiple health outcomes.
Health Priorities: Strategic issues which have been chosen as a focus area for our community as part of the CHIP.
Goals/Strategies: Focus areas (collections of actions) under each of the chosen health priorities. The best results come when they include actions from multiple agencies or groups.
Results: End conditions of well-being for entire populations - children, adults, families and communities, stated in plain language.

TASKFORCE LANGUAGE:

Objectives/Aim Statements: Time-driven statements which outline specific accomplishments to be undertaken in support of the health priorities. What is the shared purpose of the group's actions?
Tactics/Actions/Action Steps: Specific steps to be taken with clear start and end dates, to improve indicators or performance measures.

RESULTS LANGUAGE:

Indicators: Quantitative measurement of results at the community (population), not program level.
Performance Measures: Program-level outputs which contribute to moving community-level indicators in the desired direction. Qualitative and quantitative can be used for this level of reporting.
Turning the Curve: Making changes in the right direction. Is our level of change acceptable or do we need to revise our approach?

A SINCERE THANK YOU:

The Beyond Health Steering Committee is made up of the following individuals:

- Anna Destree, Brown County Public Health
- Andrea Kressin, Brown County Public Health
- Debbie Armbruster, De Pere Health Department
- Chris Culotta, WI Department of Health Services, Division of Public Health
- Sarah Inman, Brown County United Way
- Kim Franzen, NEW Community Clinic
- Jeff Stumbras, Prevea Health
- David Lally, HSHS
- Jennifer Schnell, Advocate Aurora
- Sharla Baenen, Bellin Health
- Laura Hieb, Bellin Health
- Jody Anderson, Bellin Health

We are grateful to the community partners who provided data to inform this Community Health Assessment. Thank you for your ongoing partnership and support of the health of our community!

Public Health Strategist Team (Assessment Coordination):

- Kit Ledvina
- Autumn Linsmeier
- Katrina Nordyke
- Claire Paprocki

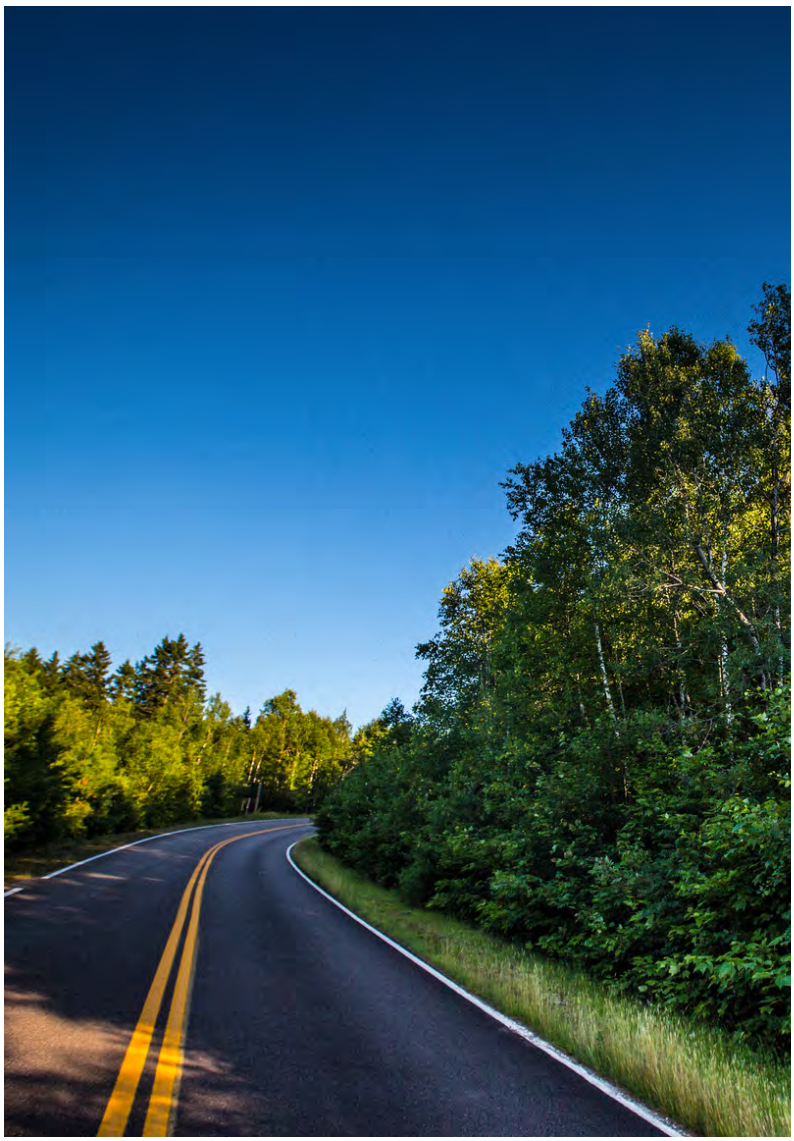
Additional Support Provided By:

- Jodi Trewin, BCPH
- Kris Kovacic, BCPH
- Orpita Nilormee, BCPH
- Mollie Passon, Oneida Nation
- Emma Kane, CAHL
- Sara Lornson, DPHD

Additionally, a very sincere thank you to all of the healthcare, public health, and front line workers who persevered throughout the COVID-19 pandemic response. You are valued and appreciated.

“NOTHING IN LIFE IS TO BE FEARED; IT IS ONLY TO BE UNDERSTOOD. NOW IS THE TIME TO UNDERSTAND MORE, SO THAT WE MAY FEAR LESS.”

Marie Curie



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 13, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Discussion regarding progress of De Pere Health Department Strategic Plan 2020-2025**

ATTACHMENTS:

- De Pere Strategic Planning final 11.13.19 (PDF)

DE PERE[SM]

Health Department

Public Health
Prevent. Promote. Protect.

De Pere Health Department

Strategic Plan

2020-2025

Table of Contents

Letter from the Health Director

October 2019

Dear Colleagues,

The City of De Pere Health Department's Strategic Plan is an internal, working document to describe our strategies for improving the health and well-being of City of De Pere residents and visitors.
The strategic planning process was both engaging and insightful as it allowed staff and stakeholders to set the department's future together. During this process, it became evident that we all play a critical role in the nurturing, strengthening and sustaining of quality public health services. This agency roadmap will allow staff and Board of Health members to move forward together in accomplishing our mission and vision while supporting the department's values in the best interest of the public's health.

We as a team of public health professionals are up to the challenge of implementing this next five year plan!

Sincerely,

Deborah E. Armbruster BSN RN
Health Director/Health Officer

Vision, Mission and Core Values

Our Vision

De Pere, a community where all people can live well and flourish together.

Our Mssion

De Pere Health department provides community leadership to promote and protect the health of De Pere residents through prevention, education, and quality services.

Our Core Values

- Collaboration and Partnership
- Commitment and Dedication
- Community and Public Service
- Integrity

Section 1: Vision, Mission and Core Values

Our Vision

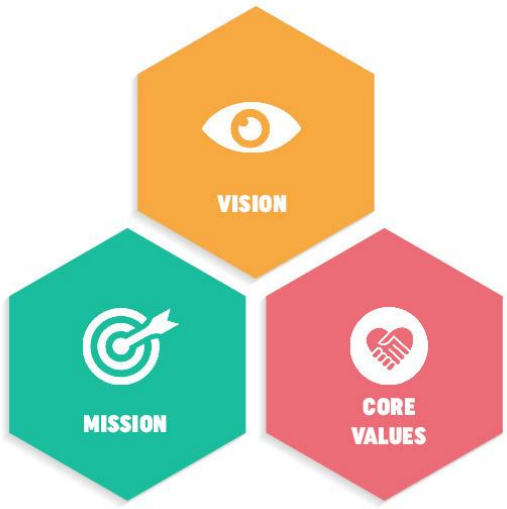
De Pere, a community where all people can live well and flourish together.

Our Mission

De Pere Health Department provides community leadership to promote and protect the health of De Pere residents through prevention, education, and quality services.

Our Core Values

1. **Collaboration & Partnership**: We will partner with various community stakeholders as a means to improve health outcomes.
2. **Commitment & Dedication**: We are committed to promoting prevention through education and the services we provide. We are dedicated to the health and wellness of our community.
3. **Community & Public Service**: We strive to connect and empower our community through the services and support we provide.
4. **Integrity**: We consistently and willingly adhere to upholding a standard of conduct and care that exemplifies respect of others, honesty, and integrity in all that we do.



Section 2: Purpose and Use of a Strategic Plan

A strategic plan indicates an agency's current position and the directions the agency can follow to achieve its goals. The plan also provides criteria for monitoring the progress and outcome of the plan. A strategic plan can make decision-making and change easier for an organization, as it defines the organization's identity and goals while providing clear direction for achieving these goals. However, because an organization needs to remain nimble and adapt to changing environments and needs, the strategic plan must also remain flexible and continuous.

Public Health Accreditation Board (PHAB) Standard 5.3

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan. (PHAB Standards and Measures, Version 1.0)
For a health department to be eligible for PHAB accreditation, they must first complete the following three prerequisites:

1. Community Health Assessment (CHA)
2. Community Health Improvement Plan (CHIP)
3. Agency Strategic Plan.

The prerequisites for accreditation lay the groundwork for everything a health department does and provides a foundation for meeting the PHAB standards and measures.

Section 3: Summary of SWOC

A SWOC (Strengths, Weaknesses, Opportunities, Challenges) analysis provides programs and organizations with a clear, easy-to-read map of internal and external factors that may help or harm a project. This is accomplished by listing and organizing a project's strengths, weaknesses, opportunities, and challenges. SWOC can clearly show a program its chances for success, given present environmental factors.

On 6-10-2019 a meeting was held with DPHD staff to complete a SWOC analysis. We initially started with a general list.

The general list is as follows:

Strengths

Inclusion of Staff in Decisions
Increased knowledge and ownership of Public Health Emergency Preparedness
Stand-along health department
Team steps up to continue moving work forward
Representation at the County level even having a small staff
Name recognition and efforts to continue building it
Good work environment including flexibility to meet the needs of the department and our community
Strong partnerships in the City as well as with community partners
Give optimal services to the community with having a limited staff
Staff are immensely talented and knowledgeable
The Stay At Home Assistance program
Environmental Health program
Good customer service
The department is accessible to the community
Continued marketing of the health department
Social Media website
Increased services and programs
Increased financial resources with the successful attainment of various grants

Weaknesses

Small staff
Financial constraints
Knowledge “silos”
Lack of knowledge sharing of information received at seminars/conferences
Part-time staff
Maternal Child Health program that is not evidenced-based
Computer programs not communicating among each other
Community is not aware of all that the health department provides

Opportunities

A more involved Board of Health
Increase the Stay at Home Assistance program
Increase education of what the Environmental Health program does for the city staff and the community
Increase awareness of what the health department does
Knowledge sharing
Look for financial sustainability
City growth of the young and of older adults
Increased awareness of opportunities to emerging issues and how to include health in these issues
Infusing health in community development and decisions
Increase routine inspection consistent enforcement
Look for other financial resources

Challenges

Limited funds
Hearing that grants are either decreasing or being cut all together
Political uncertainty
Health insurance changes with the Affordable Care Act and with insurance companies

FOLLOWING THE SWOC ANALYSIS, THESE ARE THE THEMES:

Financial / Resources

Strengths
- Increase financial resources (grants)

Weaknesses
- Small staff
- Financial constraints
- Part-time staff

Opportunities
- Looking for financial sustainability

Challenges
- Limited funds
- Hearing that grants are decreased or cut

Programs

Strengths
- Giving optimal services to the community with limited staff
- Stay at Home Assistance
- PHEP (Public Health Emergency Preparedness)
- Environmental Health
- Increased services and programs

Weaknesses
- MCH (Maternal Child Health) program that is not evidenced based

Opportunities
- Increase Stay at Home Assistance Program
- Increase education of what environmental health does for city staff and the community
- Increase routine inspection and consistent enforcement

Challenges
- None Identified for the program's theme

Partnerships

Strengths
- Partnerships strong in the city as well as community partners
- Representation at the county level – even with small staff

Weaknesses
- None identified

Opportunities
- Increase Stay at Home Assistance Program

Challenges
- None identified for this partnership's theme

Staff/ Health Department Team

Strengths
- Staff are immensely talented and knowledgeable
- Good customer service
- Accessible
- Inclusion of staff in decisions
- Increased knowledge and ownership of PHEP
- Stand-alone health department
- Good work environment and flexibility

Weaknesses
- Knowledge silos
- Lack of knowledge sharing

Opportunities
- Knowledge sharing

Challenges
- None identified for the team's theme

Marketing / Visibility

Strengths
- Marketing of the health department
- Social media/website
- Name recognition and efforts to build

Weaknesses
- None identified

Opportunities
- Increase education of what Environmental Health does for city staff and the community
- Increase awareness of what the health department does
- Infusing health in community development and decisions

Challenges
- Lack of experience in how to increase marketing

Outliers

Strengths
- None identified

Weaknesses
- Computer programs not communicating

Opportunities
- More involved Board of Health
- City growth (young and older adults)
- Increased awareness of opportunities to emerging issues and how to include health

Challenges
- Political uncertainty
- Health insurance changes, ACA, insurance companies

Section 4: Strategic Planning Process and Participants

In order to provide further insight and structure to the process, the strategic plan takes into account and further supports the health priorities that were identified by our CHIP.

The **purpose** of the De Pere Health Department Strategic Plan is to:

1. Provide a common understanding of the department's direction by clearly established goals, strategies and objectives that are in line with the department's mission.
2. Effectively communicate goals, strategies and objectives to staff, policy makers, partners and the community.
3. Provide a mechanism in which progress can be measured and documented.
4. Provide a more focused, organized approach.

The following is a timeline of the agency activities that occurred related to the Strategic Planning process.

- Prior to the first planning meeting an environmental scan of De Pere was done by the health director using various data sources including data obtained from the De Pere Development Services dept., We Are De Pere Community Profile report, U.S. Census Bureau, 2019 County Health Rankings, WI Public Health Profile for the City of De Pere, the De Pere School District Advisory Committee report, and the CHA and CHIP processes. Also a survey went out to stakeholders with eight questions in regards to how they view the De Pere Health Department including strengths, weaknesses, challenges etc.

- The first meeting was held on **4/29/2019** at which time discussion was held regarding the framework and purpose of having a strategic plan. The 2014-2019 Strategic Plan reviewed and updated as to what has been accomplished. Formal and informal organizational mandates discussed. Who internal stakeholders are determined i.e. staff, Board of Health, City Administrator, Mayor, Legal Counsel, Development Services, Fire dept., Law Enforcement, Medical College of WI, St. Norbert College. Values,

Mission and Vision statements reviewed and staff generated ideas for revising these statements. The environmental scan was presented. The value of doing a SWOC analysis and what it consists of discussed. Prior to the second planning meeting, staff will work on the values, mission and vision statements to discuss.

- The second meeting was held on **6/10/2019** at which time the stakeholder analysis and formal and informal organizational mandates were reviewed. The staff led the discussion on the values, mission and vision statements and at this meeting the staff voted to accept and finalize these statements. The environmental scan was also reviewed. A SWOC (Strengths, Weaknesses, Opportunities and Challenges) analysis was completed by staff. Major themes and priorities discussed. An overview of key components of a strategic plan discussed along with the development of a work plan.

- The third meeting was held on **8/26/2019**. Two Board of Health members attended this meeting so a review of work accomplished at the first two meetings discussed. The mission, values and vision statements were finalized. Themes and priorities were chosen and the development of the work plan initiated including goals, objectives and strategies. Using information and data from the two SWOT analyses, community health profiles, current health trends, CHA and CHIP processes, along with other sources, the MCPH staff emerged with four goals.

- The fourth meeting was held on **10/21/2019.** The group went over what we want the goals to be for the next five years.

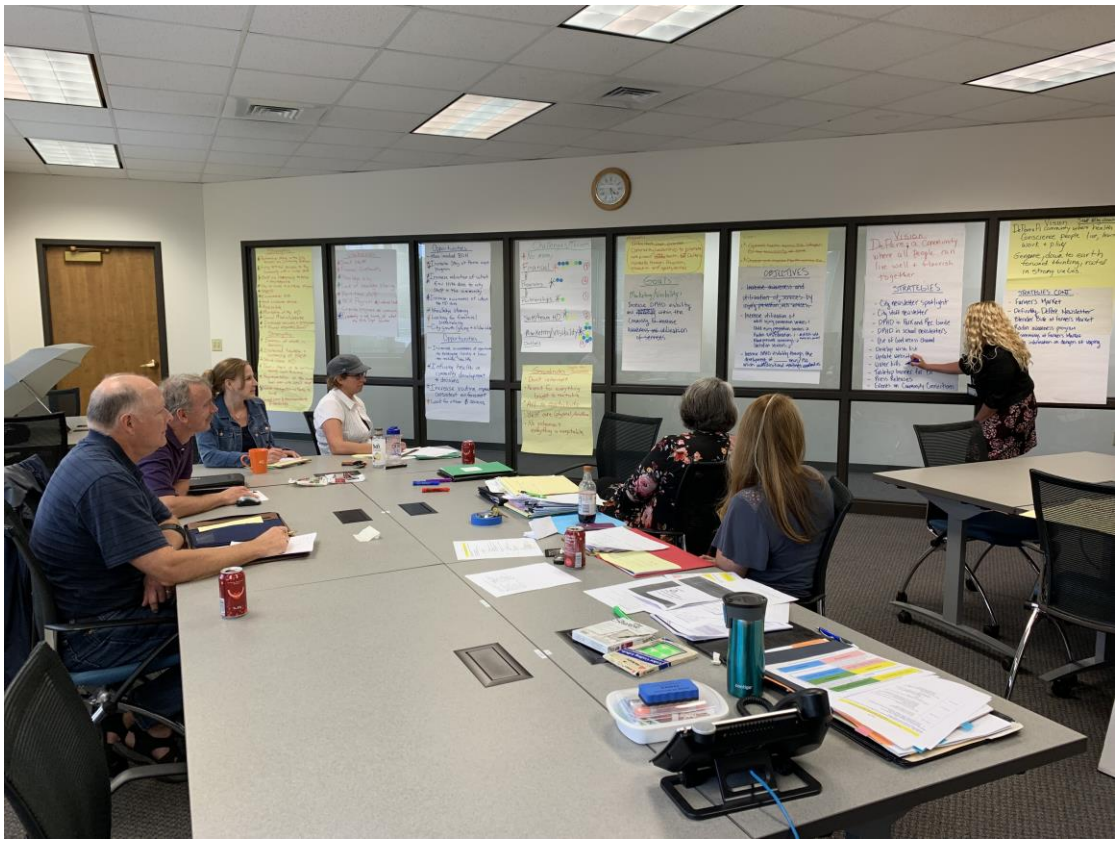
  Goal 1 Marketing and Visibility: Increase De Pere Health Department's visibility and awareness within the community.

  Goal 2 Financial Resources: Increase financial and other resources to meet the current and emerging needs in the community.

The future of De Pere Health Department was discussed and this is what the group would like to see:

- Flourishing programs and staff having grown in strength and numbers
- Stronger response to public health emergencies
- Meet the emerging needs of the community
- Staff is engaged, flexible, nimble and focused
- The community knows what the health department does and what it offers
- The health department being present and engaged at community events and coalitions
- Community donors for financial needs of the department
- De Pere Health Department being looked at as a valued resource and able to provide a plethora of services

- On **11/13/2019** the strategic plan document was completed.
- On **11/18/2019** the Strategic Plan document was released to De Pere's Board of Health and the De Pere Health Department staff.



Health Department staff and board members working together to make the Strategic Plan meaningful and attainable

Section 5: Strategic Plan Oversight / Putting Plan into Action

The City of De Pere Health Department's Strategic Plan will be monitored by the Health Director along with the health department staff on a monthly basis at department meetings. The Health Director will act as a liaison to report progress to the Board of Health. The strategic plan and its progress will be included in the City of De Pere Health Department's Annual Report.

In addition, the Community Health Assessment and Community Health Improvement Plan committee (Beyond Health) partner's work has a critical impact on the health department's statutory responsibilities around population health improvement.

This linkage will allow for critical communication to occur between the internal (City of De Pere Strategic Plan) and external (Brown County/De Pere Health Improvement Plan) work plans.

The De Pere Health Department would like to recognize the assistance, professional guidance and support to those who dutifully supported this process and this plan's development. Additionally, the agency would like to thank the staff for their commitment to improving the public's health through the participation in the organization's Strategic Planning process and the ongoing commitment to achieve the health department's mission.

Strategic Planning Team:

Deborah Armbruster, Health Director
Erin Bongers, Public Health Nurse
Kelly Burke, Support Staff
Patricia Finder-Stone, RN/Board of Health
Trista Groth, Sanitarian
Dennis Hibray, Board of Health Chair
Ryan Jennings, Board of Health
Sara Lornson, Public Health Nurse
Janet Kazmierczak, DPH NE Region Office
Mike Walsh, Mayor

Facilitating Team:

Chris Culotta, DPH NE Regional Director
Janet Kazmierczak, DPH NE Region Office
Christie Reese, DPH NE Region Office

Section 6: Maintaining Flexibility

Writing the strategic plan is a milestone not an end post. Build in time for on-going review of the strategic plan in regards to progress with the goals and objectives and periodic reviews of the SWOT/SWOC data. With the ever-changing environment filled with new opportunities and emerging threats, maintaining flexibility to adapt to the changing environment is important. The plan should be revised and updated as needed. It is not a static document.

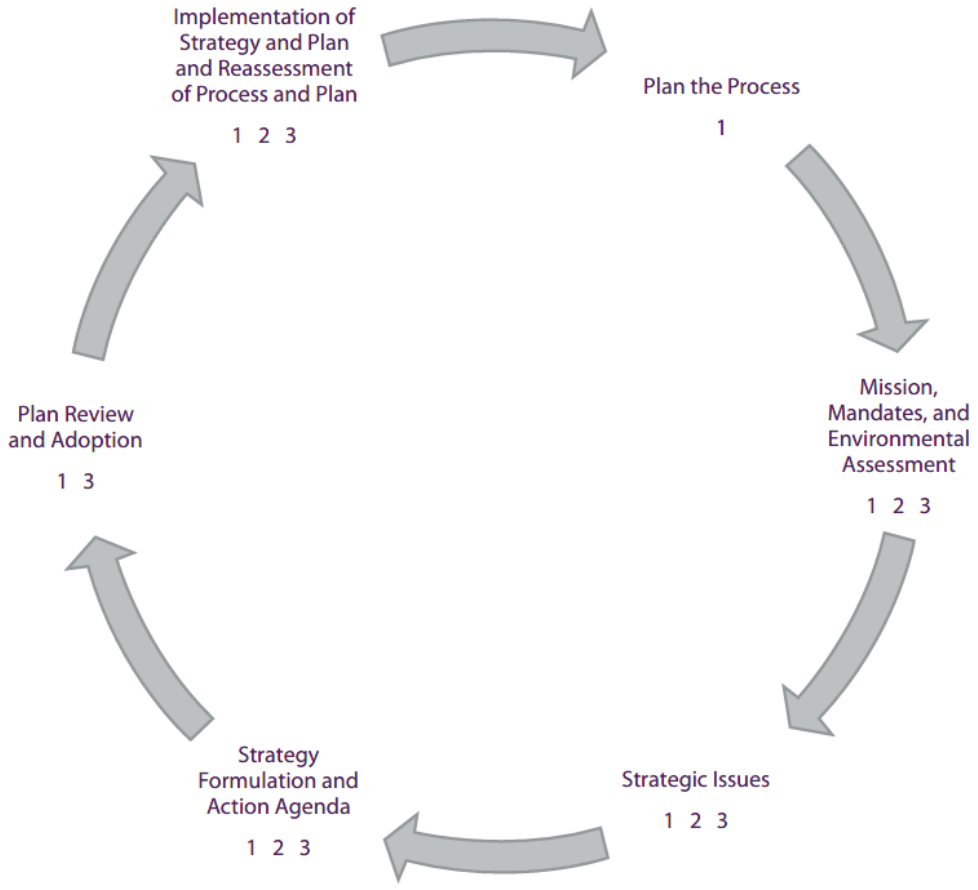
Reflect back to the strategic planning cycle offered by Bryson and Alston:

The stages where stakeholder analysis, vision formulation and goal definition could occur are noted by 1, 2 or 3.

1 – Perform Stakeholder Analysis

2 – Formulate Vision

3 – Define Goals



(Bryson & Alston 2005)

Section 7: Plan of Work Grid

Strategic Priority & Goal	Objective	Action/Activity (strategy)	Target dates
Goal 1: Increase DPHD visibility and awareness with the community**.**	Increase utilization of -adult injury prevention services. -Child injury prevention services -radon kits/ tick kit education -blood pressure screenings -lactation services Increase DPHD awareness and visibility through the development of monthly news/PH articles and # of educational opportunities.	a. City newsletter spotlight b. City staff newsletter c. DPHD in Park and Rec Guide d. DPHD in school newsletters e. Use of Government Access Channel f. Develop wish list g. Update website h. Water bills i. Tabletop banner for blood pressure clinic j. Press releases to increase awareness of the Health Department k. Farmer's Market l. Definitely De Pere Newsletter	Adult Injury Prevention services and Radon/ tick kit education – 2020 Child Injury Prevention services, lactation services and blood pressure screenings - 2021
		m. Blender Bike at Farmer's Market n. Radon awareness program o. BP screenings at Farmer's Market p. Provide information on dangers of vaping q .Continued awareness of how to infuse health in what's emerging in the community r. Identify community events to exploit opportunity	
Goal 2: Increase financial and other resources to meet the current and emerging needs in the community.	Increase donations (in-kind, monetary, partnerships, joint marketing, volunteers)	a.Track donations/worth (value of in-kind to share) b.Make needs known (public meetings) c. Internal marketing (City Council – Powerpoint & presentations along with data and qualitative stories i.e. mass clinics, helmets) d. Tracking scheduling challenges e.Encourage contributions of local community donors	Tracking and assessing gaps throughout 2020 and 2021 to indicate the needs of the department
	Increase financial opportunities	a.Grants b.Scholarships c.Shared funding sources d.Identify 2 financial opportunities without stressing current resources	Over the next 5 years (2020 – 2025)

Section 8: Volunteer / In Kind Spreadsheet

Volunteer/In Kind Time Tracking				
Date	Event/Location	Volunteer Name	Hours/In Kind Hours worked/given	Hours/In kind Value

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 13, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Communicable Disease Report**

ATTACHMENTS:

- disease incidents jan - sept 8, 2021 (DOCX)
- CD Incident Count June to August 2021 (PDF)

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

Disease Incidents by Episode Date

Jurisdiction: De Pere

Disease Group	Disease		Jan 1-Sept 8, 2021 Total
Campylobacteriosis (Campylobacter Infection)		*Group Total:*	4
Chlamydia Trachomatis Infection		*Group Total:*	64
Coccidioidomycosis		*Group Total:*	1
Coronavirus		*Group Total:*	1025
Cryptosporidiosis		*Group Total:*	1
Cyclosporiasis		*Group Total:*	2
Ehrlichiosis / Anaplasmosis		*Group Total:*	2
Gonorrhea		*Group Total:*	16
Hepatitis C		*Group Total:*	1
Invasive Streptococcal Disease (Groups A And B)		*Group Total:*	2
Legionellosis		*Group Total:*	1
Lyme Disease		*Group Total:*	2
Mycobacterial Disease (Nontuberculous)		*Group Total:*	2
Pathogenic E.coli		*Group Total:*	2
Plesiomonas Infection		*Group Total:*	1
Salmonellosis		*Group Total:*	2
Streptococcus Pneumoniae Invasive Disease		*Group Total:*	1
Syphilis		*Group Total:*	1
Tuberculosis, Latent Infection (LTBI)		*Group Total:*	1
Varicella (Chickenpox)		*Group Total:*	1
Yersiniosis		*Group Total:*	2
		Period Total:	1134

Generated on 9/8/2021 for time period: 1/1/2021 to 9/8/2021 (Confirmed AND Probable Cases)

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

Disease Incidents by Episode Date

Jurisdiction: De Pere

		Jun-Aug 2021
Disease Group	**Disease**	**Total**
Campylobacteriosis (Campylobacter Infection)	*Group Total:*	1
Chlamydia Trachomatis Infection	*Group Total:*	21
Coccidioidomycosis	*Group Total:*	1
Coronavirus	*Group Total:*	279
Cryptosporidiosis	*Group Total:*	1
Cyclosporiasis	*Group Total:*	2
Ehrlichiosis / Anaplasmosis	*Group Total:*	2
Gonorrhea	*Group Total:*	7
Lyme Disease	*Group Total:*	1
Pathogenic E.coli	*Group Total:*	1
Plesiomonas Infection	*Group Total:*	1
Salmonellosis	*Group Total:*	1
Streptococcus Pneumoniae Invasive Disease	*Group Total:*	1
Tuberculosis, Latent Infection (LTBI)	*Group Total:*	1
Varicella (Chickenpox)	*Group Total:*	1
Yersiniosis	*Group Total:*	1
	Period Total:	322

Generated on 9/8/2021 for time period: 6/1/2021 to 8/31/2021 (Confirmed AND Probable Cases)

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 13, 2021**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Update on COVID-19 response**