Board of Health

Regular Meeting

Agenda

335 South Broadway
De Pere, WI 54115
http://www.de-pere.org

Monday, May 20, 2019 **5:30 PM** **De Pere City Hall Riverview Room**

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 **May 20, 2019** at **5:30 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

1. Call to Order
2. Roll Call
3. Approval of 3-18-2019 meeting minutes
4. Discussion of Duties of the Board of Health
5. Update from Emergency Preparedness Coordinator on the progress of the Emergency Preparedness Program since January 2018
6. Noise concern of downtown De Pere from March 2019
7. Community Health Updates regarding staff trainings, outreach activities and quarterly disease report
8. Status of development of vaping ordinance
9. Update of Strategic Planning Process for the health department for 2019-2023
10. Public Comment on Matters not on the Agenda
11. Future Agenda Items
12. Adjournment

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk-Treasurer'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:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Roll Call**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Approval of 3-18-2019 meeting minutes**

ATTACHMENTS:

- 3.18.2019 BOH Minutes (DOCX)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – March 18, 2019

The Board of Health of the City of De Pere, Wisconsin met in regular session in the Nicolet Conference room at City Hall, on Monday, March 18th at 5:30 p.m.

1. **Call to Order**

The meeting was called to order by Dennis Hibray at 5:30 pm.

2. Roll Call

Roll call was taken and the following members were present: Casey Nelson, Dennis Hibray, Ryan Jennings, Pat Finder-Stone and Dr. Michael McHenry. Dr. Erdman arrived at 5:52 pm. Also present were Deborah Armbruster, Trista Groth and Kelly Burke. Public attendees were Kim Stodola (nursing student), Morgan Fisher (nursing student) and Alderman Dean Raasch.

3**. Approval of September 17, 2018 Meeting Minutes**

Pat Finder-Stone made a motion, seconded by Dr. Michael McHenry to approve the minutes of the November 19, 2018 Board of Health Meeting. Upon vote, motion passed unanimously.

4. **Discuss 2018 Annual Report**

Casey Nelson stated that the Health Department provides many great services, but questioned how we can make our services more known in the community. Debbie Armbruster explained that currently we use facebook for advertising and take brochures of our services to community events. We also share our program information with the hospitals. Debbie is open to suggestions on how to improve this. We do not currently advertise in the De Pere paper. Andy does highlight the health department services in the city newsletter. We have done press releases in regards to immediate health concerns such as hyperthermia and hypothermia. Casey Nelson asked if our services were advertised in the Park & Recreation brochures. Debbie responded that they are not, but we do have our brochures at the Community Center.

Casey Nelson questioned the drop in flu shot numbers. Debbie explained that we did not give the nasal vaccine, which some parents prefer. Also, we do not have free adult vaccine, so adults go where their insurance will cover it. Next year we will have one mass clinic with free vaccine for children and adults. We will also give away helmets for the kids at this event.

Debbie clarified that in our annual report, our inspection numbers incorporate all inspections, not just the agent program related inspections. Next year we will differentiate the agent program inspections. Debbie is open to suggestions on any changes to the annual report.

Car seats numbers are low because we only hold clinics twice a month and people usually do not want to wait that long to be fitted. We refer them to the

Center for Childhood Safety when they need services sooner than we can provide.

Pat Finder-Stone made a motion to accept the Annual Report as written. Casey Nelson seconded the motion. Upon vote, the motion passed unanimously.

5. Update on Health Department Grants

Deborah Armbruster reported that the grants we receive and amounts are listed on the spreadsheet in the packet. She explained that the only grant not listed is a new one for our stepping on program, which will be used to purchase equipment for that program. Some of our grant amounts have increased slightly this year. The grants we receive are all state grants. Some of the other grants available are geared toward larger departments.

6. Approval of De Pere Health Department Policy and Procedure Manual

Debbie Armbruster brought the policy and procedure manual to the meeting for Dennis Hibray and Dr. Erdman to sign. The manual is updated yearly.

7. Discuss the Development of a Vaping Ordinance with the Board of Health's Support

Alderman Raasch approached Health Officer Deborah Armbruster a few months ago regarding developing a vaping ordinance in De Pere. Other area communities have been developing ordinances recently. The Health Department is in support of this. Dr. McHenry stated that we had discussed e-cigarettes in the past, and was curious what our stance was on that in the past. Deborah Armbruster stated she can check the past meeting minutes for that answer. Alderman Raasch explained the issue with vaping/Juuling is that the use has increased greatly in the high schools, and Juuling is a nicotine product containing potential carcinogens. Juuling is a gateway opportunity. Up to 25% of high schoolers are Juuling. The Juuling devices can also be used with THC cartridges. Alderman Raasch would like to make it more difficult to Juul for those under age 18, by requiring buyers of devices and cartridges to be adults (age 18 and up). Juuls do not make a puff of smoke or a scent, which makes it less noticeable. Deborah Armbruster added that the nicotine in them is not regulated. protect them. Other cities have incorporated vaping and Juuling into their tobacco ordinances. Casey Nelson questioned if the ordinance was being developed so that students may be cited for using these products. Deborah Armbruster responded that it might also be directed towards the stores who are selling the product, so they will be more careful who they sell to. Any enforcement of the ordinance would be done by the police department. The motion was made by Dr. Michael McHenry to support the development of a vaping ordinance. Casey Nelson seconded the motion. Upon vote, the motion passed unanimously.

8. Consider Ordinance Ammendment to Sec. 74-1 De Pere Municipal Code Regarding Board of Health Members

Deborah Armbruster reported that the ordinance will include that there should be a nurse and a doctor on the board at all times. The Board of Health spoke favorably about this.

9. Environmental Health Updates

a. Introduce new Environmental Health Sanitarian

Trista Groth introduced herself. She completed her undergrad at Eau Claire in the Environmental Health Program. Her internship was with the Northeast Region. She did 6 years of Occupational Health and Safety. She worked on the Fox River clean-up project. She worked in the lead program in the city of Milwaukee. She also worked for the city of Wauwatosa, De Pere, and most recently worked for Outagamie County. There is not a date set up with the State for Trista to become Standardized. Our consortium with Menasha will stay in place until Trista is Standardized by the state. Trista has been standardized with Outagamie County in the past and feels confident she will pass her state standardization.

b. Nicky's Lionhead restaurant follow-up post fire

Deborah Armbruster reported that Nicky's had been working on some electrical behind their bar. They thought the work was complete. When they turned the power back on they smelled smoke. The burning was confined to the bar area. Due to numerous remodels, there were many layers of walls the fire was caught in. Nicky's walled off the area that needs repair and they were open on Friday, a couple of days after the fire.

c. Update on Asian Buffet compliance

Last summer we closed this facility for a day due to sanitary conditions. Trista Groth and Todd Drew inspected them on Friday march 8th and closed them through Monday due to sanitary conditions again. We allowed them to re-open and will be making frequent surprise visits to check compliance. The next time an issue would be to this extent, we will come before the Board of Health to discuss suspension. The monetary effect to the business is in the form of repeat re-inspection fees and lost income from being closed.

d. 202 N. Superior litigation update

This is the hoarding situation. Deborah Armbruster reported that the owner is being foreclosed upon. Per the judge, she is allowed in the house between noon and 4 pm to remove items. She is currently staying with someone. We do not need to visit this residence anymore.

e. 1121 Fay Court prohibited Animal Compliance Status

This couple has numerous snakes along with mice and rats to feed the snakes. About 9 years ago, the couple was told by police to remove the snakes, which they did temporarily. The couple admits that after the policed verified the snakes were removed, they brought the snakes right back. A week or two ago, the sister in law of the wife filed a complaint with the police department about the couple having snakes that were in breach of the city ordinance. PD (police department) did not want to go into the home, but did make one unsuccessful attempt. PD, Deborah Armbruster and Judy Schmidt-Lehman met and decided that due to the potential human health hazard, Debbie could go in without a warrant. Deborah Armbruster and Todd Drew visited the residence and the owner willingly let them in. Todd went downstairs in the residence where he saw at least

10 very large snakes between 4 – 10 feet in enclosures, with multiple boxes of mice and rats. The owner admits he has hundreds of snakes. Upstairs in the bedrooms were Rubbermaid bins stacked up with multiple snakes in each bin. Our ordinance says residents can have snakes that are indigenous to Wisconsin and less than 3 feet in length. The owner admitted that none of the snakes were indigenous to Wisconsin and all of them were longer than 3 feet. The resident stated that they use the snakes for education in the schools and at city events, and all the neighbors are aware that they own these snakes. Debbie chose to allow the couple 30 days to relocate the snakes.

10. Community Health Updates including quarterly Disease Report and outside activities

Deborah Armbruster reported that the spreadsheets of communicable diseases and outreach activities were in the packet. There are no Wisconsin measles cases at this time.

11. Public Comment on Matters not on the Agenda

Debbie reminded the Board of Health that we are to follow the agenda as closely as possible. Any additional items should be made during the public comments or added on future agendas. The Board of Health may make requests to Debbie to have items added to the agenda at any time.

Pat Finder-Stone reported that Casey Nelson held a wonderful sustainibility meeting recently. Pat reported that the League of Women Voters is holding a dinner on climate change with an internationally known speaker from Madison. She distributed information on the speaker to the board in case they were interested in the presentation which will include health implications in the environment.

12. Future agenda items

Dennis Hibray asked about complaints of ongoing low level noise in the evenings. We will add this as a future agenda item.

10. Adjournment

Casey Nelson made a motion to adjourn the meeting. Dr. Michael McHenry seconded the motion. The meeting adjourned at 6:44 pm.

Respectfully Submitted,
Kelly Burke
Health Department Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Discussion of Duties of the Board of Health**

ATTACHMENTS:

- WI Public Health Statutes for Local Health Departments (PDF)
- State Statute on Local Boards of Health (PDF)
- Functions of WI Boards of Health and Board Members (PDF)
- WI Responsibilities of Board Members (PDF)

WISCONSIN PUBLIC HEALTH STATUTES
PUBLIC HEALTH RESPONSIBILITY AND AUTHORITY FOR LOCAL HEALTH DEPARTMENTS

LOCAL BOARD OF HEALTH SHALL:

- Govern each local health department. 251.04(1)
- Assure the enforcement of state public health statutes and public health rules of the department as prescribed for a Level I local health department. 251.04(1)
- Assure that its local health department is a Level I, Level II, or Level III local health department as specified in s.251.04(1), 251.04(2)
- Report to the department as required by rule. 251.04(4)
- Meet at least quarterly. 251.04(5)
- Assess public health needs and advocate for the provision of reasonable and necessary public health services. 251.04(6)(a)

LOCAL BOARD OF HEALTH MAY:

- Contract or subcontract to provide public health services. 251.04(1)
- Adopt those regulations for its own guidance and for the governance of the local health department that it considers necessary to protect and improve the public health. 251.04(3)

LOCAL BOARD OF HEALTH SHALL:

- Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public needs. 251.04(6)(b)
- Assure that measures are taken to provide an environment in which individuals can be healthy. 251.04(7)
- Employ qualified public health professionals, including a public health nurse, to conduct general public health nursing program under the direction of the local board of health and in cooperation with the department. 251.04(8)
- Coordinate the activities of any sanitarian employed by the county board. 251.04(8)

LOCAL BOARD OF HEALTH MAY:

- Employ one or more sanitarians to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse. 251.04(8)
- County executive or administrator may assume the powers and duties of the local board of health. In those instances, the board of health shall only be a policy-making body determining the broad outlines and principles governing the administration of the county health department. 251.04(9)
- Adopt regulations and recommend enactment of ordinances for animal and vector-borne disease control. 251.51(5)

- Meet the requirements specified, and employ a health officer with the qualifications specified at least for Level I. 251.05(1) and (1)(a)
- Provide at least surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion, and human health hazard control. 251.05(2)(a)
- Regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems. 251.03(3)(a)
- Develop public health policies and procedures for the community. 251.05(3)(b)
- Involve key policy makers and the general public in determining a set of high priority public health services and assure access to these services to every member of the community. 251.05(3)(c)
- Submit data as requested to the local public health data system established by the department. 251.05(3)(d)
- Enforce state rules for animal and vector-borne disease control. 251.51(4)
- Meet the requirements specified for Level II or Level III. 251.05(1)
- Provide services jointly with other local health departments. 251.09
- Be designated to carry out the functions of the department for environmental health. 251.015
- Serve as agent of the department in inspecting and issuing permits for recreational, food, and lodging facilities. 254.69(1)
- Declare housing that is dilapidated, unsafe, or unsanitary to be a human health hazard. 254.593

LOCAL HEALTH OFFICER SHALL:

- Administer the local health department in accordance with state statutes and rules. 251.06(3)(a)
- Enforce state public health statutes and rules. 251.06(3)(b)
- Enforce any regulations that the local board of health adopts and any ordinances that the relevant governing body enacts if those regulations and ordinances are consistent with state public health statutes and regulations. 251.06(3)(c)
- Administer all funds received by the local health department for public health programs. 251.06(3)(d)
- Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications, and have supervisory power over subordinate personnel. 251.06(3)(e)
- Investigate and supervise the sanitary conditions of all premises within the jurisdictional area of the local health department. 251.06(3)(f)
- Have access to vital records and vital statistics from the register of deeds as specified in ch. 69. 251.06(3)(g)
- Have charge of the local health department and perform the duties prescribed by the local board of health. 251.06(3)(h)

LOCAL HEALTH OFFICER MAY:

LOCAL HEALTH OFFICER SHALL:

- Submit an annual report of the administration of the local health department to the board of health. 251.06(3)(h)
- Promote the spread of information as to the causes, nature of prevention of prevalent diseases, and the preservation and improvement of health. 251.06(3)(i)
- Investigate the appearance and circumstances of any communicable disease and make a full report to the appropriate governing body and the department. 252.03(1)
- Promptly take all measures necessary to prevent, suppress, and control communicable disease and report to the appropriate governing body the progress of the communicable diseases and the measures used against them. 252.03(1)
- Advise the department of measures taken to control communicable disease outbreaks or epidemics. 252.03(2)

LOCAL HEALTH OFFICER MAY:

- Inspect schools or public buildings within the jurisdiction as needed to determine whether the buildings are kept in a sanitary condition. 252.03(1)
- Do what is reasonable and necessary for the prevention and suppression of (communicable) disease. 252.03(2)
- Forbid public gatherings when deemed necessary to control outbreaks or epidemics. 252.03(2)

LOCAL HEALTH OFFICER SHALL:

- Receive reports of communicable diseases and report them to the department or direct persons reporting to him/her to report to the department. 252.05(1)
- Cause a permanent record of any report (of a communicable disease) to be made and upon demand transmit an original or a copy to the department together with other information the department requires. 252.05(6)
- Immediately report the occurrence of an outbreak or epidemic (of communicable disease) to the department, and at all times keep the department informed of the prevalence of the communicable diseases in the locality in the manner and with the facts the department requires. 252.05(7)
- Order laboratory testing in response to a communicable disease report if there is a dispute regarding disease determination if the disease may have potential public health significance or if more extensive laboratory tests will aid in the investigation. 252.05(9)

LOCAL HEALTH OFFICER MAY:

- Require isolation of a patient, quarantine of contacts, concurrent or terminal disinfection, or modified forms of these procedures as may be necessary and which are determined by the department by rule. 252.06(1)

- Investigate and make or order such examinations to be made as are necessary if the health officer suspects or is informed of the existence of any communicable disease. 252.06(3)
- Consult a physician as speedily as possible where there is a reasonable doubt or disagreement in diagnosis (of a communicable disease) and where advice is needed. 252.06(3)
- Investigate evasion of the laws and rules concerning communicable diseases and act to protect the public. 252.06(3)

LOCAL HEALTH OFFICER SHALL:

- Employ as many persons as are necessary to execute his/her orders and properly guard any place if quarantine or other restrictions on communicable disease are violated or intent to violate is manifested. 252.06(5)
- When the health officer deems it necessary that a person be quarantined or otherwise restricted in a separate place, remove the person if it can be done without danger to the person's health, to this place. 252.06(6)
- Upon report of any person with a positive laboratory test for TB, at once investigate and make and enforce the necessary orders. 252.07(05)
- Investigate or cause to be investigated, as necessary, any reported or reasonable suspected case or contact to a sexually transmitted disease. 252.11(2)

LOCAL HEALTH OFFICER MAY:

- Require the examination of food handlers. 252.18

- Order the abatement or removal of a human health hazard on private premises within a reasonable time period. 254.59(1)
- If a human health hazard if found on private property, notify the owner and the occupant of the property by registered mail with return receipt requested of the presence of the human health hazard and order its abatement or removal within 30 days. 254.59(2)
- If the local health officer deems it necessary to abate or remove a human health hazard found on private property, he/she shall serve notice on the owner or occupant to abate or remove within a reasonable time that is not less than 24 hours. 254.59(4)
- Request information and follow-up and coordinate care for children with adverse birth and developmental outcomes. 253.12(6)
- If the owner or occupant fails to comply, may enter upon the premises and abate or remove the human health hazard. 254.59(1)
- In cities under general charter, may enter into and examine any place at any time to ascertain health conditions. 254.59(4)

LOCAL HEALTH OFFICER SHALL:

- If the owner or occupant fails to comply, or if the human health hazard is on property whose owner is a nonresident, or cannot be found, the local health officer shall cause abatement or removal. 254.59(4)

LOCAL HEALTH OFFICER MAY:

PREPARED BY: M. SCHMELZER
M. PFRANG

BPH: 12/94

STATE STATUTE ON LOCAL BOARDS OF HEALTH

251.04 Local Board of Health; Powers and Duties. (1) a city or county board of health shall govern each local health department and assure the enforcement of state public health statutes and public health rules of the department as prescribed for a Level I local health department. A local board of health may contract or subcontract to provide public health services. The contractor's staff shall meet the appropriate qualifications for positions in the Level I local health department.

(2) A city or county board of health shall assure that its local health department is a Level I, Level II or Level III local health department, as specified in s. 251.05(1).

(3) A city or county board of health may adopt those regulations, for its own guidance and for the governance of the local health department, that it considers necessary to protect and improve public health. The regulations may be no less stringent than, and may not conflict with, state statutes and rules of the department.

(4) A local board of health shall report to the department as required by rule.

(5) A local board of health shall meet at least quarterly.

(6) A local board of health shall:

(a) Assess public health needs and advocate for the provision of reasonable and necessary public health services.

(b) Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.

(7) A local board of health shall assure that measures are taken to provide an environment in which individuals can be healthy.

(8) Unless the manner of employment is otherwise provided for by ordinance, a local board of health shall employ qualified public health professionals, including a public health nurse to conduct general public health nursing programs under the direction of the local board of health and in cooperation with the department, and may employ one or more sanitarians to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse. The local board of health shall coordinate the activities of any sanitarian employed by the county board. The local board of health is not required to employ different persons to perform these functions.

(9) In counties with a single county health department and either a county executive or a county administrator, the county executive or county administrator may assume the powers and duties of a local board of health under this section. If a county executive or a county administrator elects to assume those powers and duties, the local board of health shall be only a policy-making body determining the broad outlines and principles governing the administration of the county health department.

History: 1993 a. 27 ss. 261, 264, 463.

FUNCTIONS OF WI BOARDS OF HEALTH AND BOARD MEMBERS

Boards are faced with a dilemma: On one hand, a board of health is responsible for the public's health and a local public health department; on the other hand, popular sentiment sometimes tells the board to stay out of administration and not to interfere. How is a board of health to meet its responsibilities if it does not interfere at least some of the time? Some boards choose to meddle anyway. Others take such a hands-off approach that the local administrator must guess the board's values and directions. Consider how hard it is for a local administrator to decide on a course of action, only to discover later that his or her actions were unacceptable. Still other boards set policies that guide administrators toward board goals but leave the methods (within stated limits) to the individual administrator. Boards that choose the latter approach are able to uphold their immense responsibility in an equitable fashion by being fair to both the administrator and the community.

Policy-Making Versus Operations

Boards get entangled in staff activities in a variety of ways. For example, staff may bring things to the board because no guidelines exist for making a decision that the board will accept. Board members ask for staff reports and may attend staff level meetings. Some boards find themselves enmeshed in an issue due to a member's curiosity or expertise. No matter how important any of these situations are or may seem, they are staff level work. While decisions in these situations may serve the organization, they do not guide it. It must be remembered—boards of health are responsible for policy issues not operational issues.

Board should focus their interest on the effectiveness of staff work. Do staff activities achieve the board's goals? The best way for a board to achieve results is by intentionally not looking at day-to-day operations but rather at achieving it goals in a lawful, ethical and prudent manner.

When staff work requires board approval for legitimacy, the staff is not empowered. The board must free itself from staff decisions by explicitly detailing everything it could never approve and thereby implicitly approving all other staff actions. Where there is security for the board and flexibility for the administrator, everybody wins.

Who is Responsible?

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Long-term goals (taking more than one year)	Approves	Recommends and provides input
Short-term goals (taking one year or less)	Monitors	Establishes and carries out
Annual report and plan	Approves	Assesses, develops and carries out
News media releases	Adopts policy; support public health position	Approves all media releases
Day-to-day operations	No role	Makes all management decisions
Budget	Approves	Develops and recommends
Capital purchases	Approves	Prepares requests
Decisions on building renovation, leasing, expansion, etc.	Make decisions; assumes responsibility	Recommends; signs contracts after board approval
Purchases of supplies	Establishes policy and budget for supplies	Purchases according to board policy; maintains an adequate audit trail
Major repairs	Approves	Obtains estimates and prepares recommendations
Minor repairs	Establishes policy, including amount that can be spent without board approval	Authorizes repairs up to predetermined amount

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Emergency repairs	Works with administrator	Notifies board chairperson and acts with concurrence from chair
Cleaning and maintenance	No role (oversight only)	Sets up schedule
Fees	Adopts policy	Develops and sets fee schedules
Billing, credit and collections	Adopts policy	Proposes policy and implements
Hiring of staff	Hires administrator only	Approves hiring of all subordinate staff
Staff development and assignment	No role	Establishes
Firing of staff	Fires administrator only	Approves firing of all subordinate staff
Staff grievances	Establishes a grievance committee	Follows grievance procedures
Personnel policies	Adopts	Recommends and administers
Staff salaries	Allocates budget line item for salaries; approves yearly percentage increase	Approves salaries with recommendations from supervisory staff
Staff evaluations	Evaluates administrator only	Evaluates supervisory staff

Responsibilities of Board Members

These expectations may be adapted to reflect your board's actual expectations of its members. Your board can adopt any of these and add others as needed. What is important is that all board members know what is expected of them.

Specific expectations of board of health members:

Assess

- Educate yourself on your community and its public health status. As a county resident, you are in an excellent position to know your community's problems and needs.
- Educate yourself on your board and local department's history, goals, achievements, and current situation.

Develop Policy

- Review statutes, administrative rules and local policies.
- Attend board meetings regularly and promptly.
- Review all meeting materials in advance of meeting.
- Do assigned work between meetings.
- Participate fully in open, constructive dialogue regarding local public health both in and out of meetings.
- Ask critical questions; seek clarity and implications of decisions before voting.
- Function as a policy-maker not as an administrator.
- Link the community and the local health department.
- Represent a broad cross-section of the community to the board.
- Represent public health to the community.
- Speak for the board only when delegated to do so.
- Actively participate in political activities at local, state, and national level concerning local public health.

Assure

- Keep decision-making at the primary and secondary policy levels.
- Stand behind decisions of the board and its director/health officer.
- Inform the community of public health financial backing.
- Anticipate trends likely to affect the local health department.

Evaluation

For evaluation to be effective it must be formalized. The board and the director/health officer need to agree on how and when each will be evaluated. The board needs to define what it does and what responsibilities it delegates to the director/health officer. Until the board clearly defines its own role, it will be unable to evaluate fairly. Evaluation needs to be on the performance of the director/health officer.

Board Evaluation

Boards need to rate their own performance. Did the board set a long-range work plan? How well did it do in accomplishing its objectives? What did the board do that was not listed as a target? What remains to be done? What is the new work plan?

Boards should also assess the meeting evaluations from the past year. What are common problems? Where has improvement been made? What goals should be set for next year?

How long should a person serve on a local board of health? Board members need to address this question; each board must find its own answer. Individually, members should ask themselves certain simple, but searching, questions about their continued involvement:

1. Am I still interested?
2. Do I participate actively and responsibly in board matters?
3. Do I attend the regularly scheduled board meetings?
4. Do I have confidence in the board, the administrator, and the health department staff?
5. Is my service on the board at least as satisfying and rewarding as any other service to which I might devote similar time and effort?

Boards, as a whole, need to consider how length of tenure influences board effectiveness.

Director/Health Officer Evaluation

The director/health officer's job is to make the board's policies come live. Therefore, evaluating the director/health officer is also evaluating the local department and the state of public health in your county or district. The board hires the director/health officer to run the department and to achieve public health goals. While the board should be clear about what results it wants to see

in the community, it should not direct the director/health officer's day-to-day management of the local department.

The board of health should annually review the health department director/health officer's performance. The board should evaluate its director/health officer just as a supervisor does with an employee. Supervisors measure and communicate actual performance based on planned expectations; they pay for the value of the employee and provide a framework for the professional development of the employee. Boards that use evaluation as a precursor to firing are not working to improve an employee's ability to do the job. Evaluation of an employee should be a regular part of staff development, regardless of an organization's size.

Performance-based evaluation is an excellent way for boards to evaluate a director/health officer and to evaluate themselves. Such evaluations allow individuals and organizations to see how well responsibilities are being fulfilled. The board should look at each statement in the job description and indicate how the director/health officer fulfills that expectation. It is unfair to judge or rate a director/health officer on things that are not included in his or her job description. (The same goes for the board when it is evaluating itself.) Additionally, the board needs to state clearly its standard of performance for each evaluation item. A review of this type may reveal that job descriptions need to be created or updated.

Compare the director/health officer's job description and work plan to his or her accomplishments. Stick to the direct evidence and be clear about what is to be evaluated. If the board, in the absence of policy prohibiting such activities, disapproves of certain methods used to complete a task, the board has identified a policy need, not a director/health officer failing. Boards must look at outcomes of staff work, not at how staff does its work.

If your county requires a standard evaluation that is not performance based, consider also evaluating your director/health officer by the performance method. Standardized forms are appropriate for most evaluation situations but may be inadequate or inappropriate for a board's evaluation of its director/health officer. Standard forms must be general enough to apply to many positions, so they may omit important or specific aspects of more complex positions.

Several things are important to stress in evaluation:

- The evaluation must correlate to the actual job.

- Specific definitions of "Superior," "Average," "Acceptable," etc., must be agreed on before the evaluation.
- Schedule the evaluation activities into the board agenda over the year.
- Summarize the evaluation in writing and provide an opportunity for the director to record his or her comments.
- Stick to job performance, not personal characteristics.

Additional responsibilities of a president or chairperson of a board of health:

- Chair all meetings.
- Facilitate discussion and decision-making.
- Work with director/health officer to set agenda for meetings.
- Counsel and consult with the director/health officer.
- Speak for the board as delegated by the board.
- Represent the board to other groups.
- Consult with board members who are not fulfilling their responsibilities or who are violating law, policy or practice.
- Initiate annual evaluation of the director/health officer.
- Initiate annual evaluation of the board.

The president or chairperson of the board must exhibit leadership ability and provide direction to the director/health officer and the health department staff. How long the chairperson should serve, is best decided by the board itself. When selecting a chairperson, the board needs to look for someone who is active and concerned with the issues of the health department. The chairperson may be called on to go to county governing bodies to support health department concerns and issues. The person selected for this leadership position should be someone who has the time, energy, and savvy to work within county government to represent the concerns of the board and the health department.

Tips on Being a Good Board Member

Some basic tips on ways to be a good board of health member are listed below:

- Work cooperatively with your director/health officer. Rely on his/her technical expertise and do not duplicate his/her efforts.
- Do not assume that your health board or health department can instantly solve all problems. Proper enforcement procedures do take time. Identify priorities and coordinate resources at all levels.
- Be willing to take a stand on important health issues, even if it means disagreeing with the governmental board that appointed you.
- Learn to make necessary decisions, even in the midst of adverse public reaction.
- Know the difference between private problems and those that actually have impact on the public.
- Seek out information from all possible sources before making important decisions.
- Do your homework: read pertinent records, memos and budgets before board meetings.
- Volunteer for appropriate local health department service programs; it gives you valuable firsthand insight into the programs you are sponsoring and provides valuable assistance to the local department as well.
- Communicate frequently with your director/health officer and with representatives of your governing body. You can make valuable allies, as well as find out important information ahead of time.
- Be a health proponent in your community. Promote your board of health and your health department.
- Do not make promises to constituents without real knowledge of the board of health or health department's ability to keep them.
- Take an active role in planning and zoning issues; you may be able to stop potential problems before they start.
- At all times, even in times of crisis, the director/health officer (or appointed staff) should serve as the liaison to the media, not a member of the board of health. The health department staff will have the latest information and will have the best grasp of any technical information that must be translated for the public.
- Your role as a private citizen setting local health policy is important to your community.
- Make sure the board of health complies with the Open Meetings regulations.

- Enjoy your work and remember you are essential in providing public health services and protection of health in your community.

Adapted: Associations of North Carolina Boards of Health and Indiana Boards of Health Orientation Manual for Illinois Boards of Health Members

Responsibilities of Board Members

These expectations may be adapted to reflect your board's actual expectations of its members. Your board can adopt any of these and add others as needed. What is important is that all board members know what is expected of them.

Specific expectations of board of health members:

Assess

- Educate yourself on your community and its public health status. As a county resident, you are in an excellent position to know your community's problems and needs.
- Educate yourself on your board and local department's history, goals, achievements, and current situation.

Develop Policy

- Review statutes, administrative rules and local policies.
- Attend board meetings regularly and promptly.
- Review all meeting materials in advance of meeting.
- Do assigned work between meetings.
- Participate fully in open, constructive dialogue regarding local public health both in and out of meetings.
- Ask critical questions; seek clarity and implications of decisions before voting.
- Function as a policy-maker not as an administrator.
- Link the community and the local health department.
- Represent a broad cross-section of the community to the board.
- Represent public health to the community.
- Speak for the board only when delegated to do so.
- Actively participate in political activities at local, state, and national level concerning local public health.

Assure

- Keep decision-making at the primary and secondary policy levels.
- Stand behind decisions of the board and its director/health officer.
- Inform the community of public health financial backing.

- Anticipate trends likely to affect the local health department.

Board Evaluation

Boards need to rate their own performance. Did the board set a long-range work plan? How well did it do in accomplishing its objectives? What did the board do that was not listed as a target? What remains to be done? What is the new work plan?

Boards should also assess the meeting evaluations from the past year. What are common problems? Where has improvement been made? What goals should be set for next year?

How long should a person serve on a local board of health? Board members need to address this question; each board must find its own answer. Individually, members should ask themselves certain simple, but searching, questions about their continued involvement:

1. Am I still interested?
2. Do I participate actively and responsibly in board matters?
3. Do I attend the regularly scheduled board meetings?
4. Do I have confidence in the board, the administrator, and the health department staff?
5. Is my service on the board at least as satisfying and rewarding as any other service to which I might devote similar time and effort?

Boards, as a whole, need to consider how length of tenure influences board effectiveness.

Director/Health Officer Evaluation

Although not required in statute, some Boards of Health may have it written in their local policy that they are responsible for the evaluation of the city or county Health Officer. If such a policy or language is present the following may be "good business practice" to consider.

The director/health officer's job is to make the board's policies come live. Therefore, evaluating the director/health officer is also evaluating the local department and the state of public health in your agency's jurisdiction. The city/county hires the director/health

officer (often times with input or board of health involvement) to run the health department and to achieve its public health goals. While the board should be clear about what results it wants to see in the community, it should not direct the director/health officer's day-to-day management of the local department.

Performance-based evaluation is an excellent way for boards to evaluate a director/health officer and to evaluate themselves. Such evaluations allow individuals and organizations to see how well responsibilities are being fulfilled. The board should look at each statement in the job description and indicate how the director/health officer fulfills that expectation. It is unfair to judge or rate a director/health officer on things that are not included in his or her job description. (The same goes for the board when it is evaluating itself.) Additionally, the board needs to state clearly its standard of performance for each evaluation item. A review of this type may reveal that job descriptions need to be created or updated.

Compare the director/health officer's job description and work plan to his or her accomplishments. Stick to the direct evidence and be clear about what is to be evaluated. If the board, in the absence of policy prohibiting such activities, disapproves of certain methods used to complete a task, the board has identified a policy need, not a director/health officer failing. Boards must look at outcomes of staff work, not at how staff does its work. If your county requires a standard evaluation that is not performance based, consider also evaluating your director/health officer by the performance method. Standardized forms are appropriate for most evaluation situations but may be inadequate or inappropriate for a board's evaluation of its director/health officer. Standard forms must be general enough to apply to many positions, so they may omit important or specific aspects of more complex positions.

Several things are important to stress in evaluation:

- The evaluation must correlate to the actual job.
- Specific definitions of "Superior," "Average," "Acceptable," etc., must be agreed on before the evaluation.
- Schedule the evaluation activities into the board agenda over the year.

- Summarize the evaluation in writing and provide an opportunity for the director to record his or her comments.
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Additional responsibilities of a president or chairperson of a board of health:

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Revised 6/8/09

Who is Responsible?

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Long-term goals (taking more than one year)	Approves	Recommends and provides input
Short-term goals (taking one year or less)	Monitors	Establishes and carries out
Annual report and plan	Approves	Assesses, develops, and carries out
News media releases	Adopts policy; support public health position	Approves all media releases
Day-to-day operations	No role	Makes all management decisions
Budget	Approves	Develops and recommends
Capital purchases	Approves	Prepares requests
Decisions on building renovation, leasing, expansion, etc.	Make decisions; assumes responsibility	Recommends; signs contracts after board approval
Purchases of supplies	Establishes policy and budget for supplies	Purchases according to board policy; maintains an adequate audit trail
Major repairs	Approves	Obtains estimates and prepares recommendations
Minor repairs	Establishes policy, including amount that can be spent without board approval	Authorizes repairs up to predetermined amount

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Emergency repairs	Works with administrator	Notifies board chairperson and acts with concurrence from chair
Cleaning and maintenance	No role (oversight only)	Sets up schedule
Fees	Adopts policy	Develops and sets fee schedules
Billing, credit, and collections	Adopts policy	Proposes policy and implements
Hiring of staff	Hires administrator only	Approves hiring of all subordinate staff
Staff development and assignment	No role	Establishes
Firing of staff	Fires administrator only	Approves firing of all subordinate staff
Staff grievances	Establishes a grievance committee	Follows grievance procedures
Personnel policies	Adopts	Recommends and administers
Staff salaries	Allocates budget line item for salaries; approves yearly percentage increase	Approves salaries with recommendations from supervisory staff
Staff evaluations	Evaluates administrator only	Evaluates supervisory staff

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Update from Emergency Preparedness Coordinator on the progress of the Emergency Preparedness Program since January 2018**

Sara Lornson will review the progress of the emergency preparedness program for the City of De Pere since January 2018.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Noise concern of downtown De Pere from March 2019**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Community Health Updates regarding staff trainings, outreach activities and quarterly disease report**

ATTACHMENTS:

- CD Report - YTD 5-14-2019 (PDF)
- De Pere Health Department outreach and conferences for boh meeting 5.20.19 (DOCX)

Cumulative Report

Date Type: Closed

Date Range: 01/01/2019 to 05/14/2019

Incident Jurisdiction: De Pere

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed, Not A Case, Probable, Zika+ Not A Case, Suspect

Process Status:

Prepared By: WEDSS (Preparer's Title) Telephone: 9885297959 Fax: 9848999801

All diseases except HIV and Lead

Disease Name	Number of Incidents
CAMPYLOBACTERIOSIS	3
CARBON MONOXIDE POISONING	1
CHLAMYDIA TRACHOMATIS INFECTION	23
CRYPTOSPORIDIOSIS	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1
GONORRHEA	3
HEPATITIS B, ACUTE	1
HEPATITIS C, CHRONIC	8
LYME DISEASE (B.BURGDORFERI)	4
LYME LABORATORY REPORT	2
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3
PNEUMOCYSTIS JIROVECII	1
SALMONELLOSIS	1
SHIGELLOSIS	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	2
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	2
SYPHILIS, UNKNOWN DURATION OR LATE	1
TOXOPLASMOSIS	1
YERSINIOSIS	1

Attachment: CD Report - YTD 5-14-2019 (8244 : Community Health Updates)

Date Type: Closed

Date Range: 01/01/2019 to 05/14/2019

Incident Jurisdiction: De Pere

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed, Not A Case, Probable, Zika+ Not A Case, Suspect

Process Status:

Prepared By: WEDSS (Preparer's Title) Telephone: 9885297959 Fax: 9848999801

De Pere Health Department Outreach Activities 2019

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - MARCH 2019			
Job/Activity	**Name**	**Date**	**Notes**
Preschool Days	Erin	3/5/2019	
Library Storytime	Sara	3/5/2019	
Preschool Days	Sara	3/6/2016	
Blood Pressure Clinic	Sara	3/6/2019	
Car Seat Installs	Erin	3/11/2019	
Optimist Club - Present Hope Squad	Erin	3/11/2019	
Do it for Danial Film	Erin	3/11/2019	
Blood Pressure Clinic	Erin	3/27/2019	
Library Picnic and Play	Sara	3/15/2019	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - April 2019			
Job/Activity	**Name**	**Date**	**Notes**
Car Seat Installs	Sara and Erin	4/2/2019	
Presenter at Injury Prevention Summit	Erin	4/4/2019	
Every 15 minutes at De Pere High	Erin	04/10-4/11/2019	
Car Seat Installs	Sara and Erin	4/30/2019	
Picnic and Play	Sara	4/10/2019	
Library Storytime	Sara	4/11/2019	
Blood Pressure Clinic	Sara and Erin	4/3/19 and 4/17/19	
Respiratory Fit Testing Fire Dept	Sara	4/25/2019	
Mary Otto Event	Erin	4/30/2019	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - May 2019			
Job/Activity	**Name**	**Date**	**Notes**
Tick Talk	Erin and Sara	5/2/2019	
Car Seat Installs	Erin and Sara	5/6/2019	
Bike rodeos at Foxview and Westwood schools	Erin	Weeks 5-6 and 5-20	
Blood Pressure Clinic	Erin and Sara	5/1 & 5/15/19	
Respiratory Fit Testing Fire Dept	Sara	5/8/2019	

De Pere Health Department Trainings / Conferences 2019

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - MARCH 2019			
Job/Activity	**Name**	**Date**	**Notes**
Maternal and Child Health (MCH) Adolescent Suicide Prevention Learning Community	Debbie and Erin	3/4/2019	
Understanding Unconscious Bias Upon Hiring	Debbie	3/4/2019	
PHEP Q&A	Sara & Debbie	3/5/2019	
WALC Conference (breastfeeding conf)	Sara	3/7/19 - 3/8/19	
Governor's Conference on Emergency Mgmt	Sara	3/20 - 3/22/19	
NACCHO Preparedness Summit	Sara & Debbie	3/25/19 - 3/29/19	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - APRIL 2019			
Job/Activity	**Name**	**Date**	**Notes**
Vaccine for Children Site Visit	Debbie, Erin, Kelly, Sara	4/9/2019	
MCH Summit	Erin and Sara	4/16 & 4/17/19	
IZ Training/Alarm Sytems	Erin, Kelly, Debbie, Sara, Trista	4/23/2019	
PHEP Q&A	Sara and Debbie	4/3/2019	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - May 2019			
Job/Activity	**Name**	**Date**	**Notes**
Functional Exercise for Severe Weather for Emergency Prep/Management	Sara, Debbie, Trista	5-7-2019	
Measles Case Management webinar	Erin, Debbie	5/13/2019	
Webinar-Assessment and Treatment	Debbie	5/16/2019	
Planning for Youth presenting with Suicidality			
PHEP Q&A	Sara and Debbie	5/13/2019	

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Status of development of vaping ordinance**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**May 20, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Update of Strategic Planning Process for the health department for 2019-2023**