Board of Health

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

Regular Meeting

Agenda

Monday, May 19, 2014 **5:15 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a Regular Meeting of the **Board of Health** of the City of De Pere will be held on **May 19, 2014** at **5:15 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

1. Roll Call
2. Approval of March 17, 2014 Minutes
    1. March 17, 2014 BOH Minutes
3. Review & Approve Draft Resolution #BOH 14-01 Voicing Support for Regulation of E-Cigarettes
    1. Draft Resolution #BOH 14-01
4. CHIP Annual Report
    1. CHIP 2013 Annual Report
5. Strategic Plan
    1. Review of Strategic Plan
6. Agent Status Update
7. Approval of 2014 Revisions to Departmental Policy & Procedure Manual
    1. Policy & Procedure Table of Contents
8. Health Hazards
9. Outreach/Prevention Activities
10. YTD Communicable Disease Report
    1. YTD Communicable Disease Report
11. Public Comment on matters not on agenda
12. Future agenda items
13. 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.

Mayor
Alderpersons

Generated 5/12/2014 9:37 AM

Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Board Members

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **May 19, 2014**

DEPARTMENT: **Health Department**

FROM: **Julie Switzer**

SUBJECT: **March 17, 2014 BOH Minutes**

ATTACHMENTS:

- 3-17-14 BOH Minutes (PDF)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – March 17, 2014

The Board of Health of the City of De Pere, Wisconsin met in regular session in the Riverview Conference room at City Hall, on Monday, March 17 at 5:15 p.m.

1. Roll call was taken and the following members were present: Mike Donovan, Pat Finder-Stone, Jim Kneiszel, Dr. Michael McHenry, Dr. Richard Erdman, Chrystal Woller, Erin Bongers, and Julie Switzer. Also present was Sherry Schuster, a nursing student at UWGB.

2. ITEMS

1. Approval of November 18, 2013 Meeting Minutes

Jim Kneiszel made a motion, seconded by Pat Finder-Stone, to approve the minutes of the November 18, 2013 Board of Health Meeting. Upon vote, motion passed unanimously.

2. 2013 Annual Report

Chrystal changed the formatting for the annual report this year to reflect the 10 essential services of public health. Jim Kneiszel made a motion, seconded by Dr. Michael McHenry to accept the 2013 Annual Report and place it on file. Upon vote, motion passed unanimously.

3. Agent Status Update

The Sanitarian position was posted in January. There were no applicants that met all of criteria the department was searching for. The position will be posted again in 2014, if the Board feels this is the way to go. The vacant position will be incorporated as a part of the Strategic Plan that the Department is working on, and then brought to the Board of Health meeting in May.

4. YTD Communicable Disease Report

Crystal went through the various cd statistics for January & February. Jim Kneiszel made a motion, seconded by Dr. Michael McHenry to accept the report and place it on file. Upon vote, motion passed unanimously.

5. YTD Department Activity Report

Chrystal asked the Board of Health their opinion of the Monthly Activity Report. After discussion, it was decided that staff time could be better utilized. The report does not capture the full extent of the monthly activities of the department. Dr. Michael McHenry, seconded by Pat Finder-Stone, made a motion to discontinue the YTD Activity Report, to be replaced by a discretionary report on the activities of the department. Upon vote, motion passed unanimously.

6. Concentrated Animal Feeding Operations(CAFOs)

CAFO's are dairy farms with huge pools of manure. There are no CAFO's in the De Pere city limits, but De Pere could be affected by the aerosolation and also the run off of the manure from these farms. Chrystal did some research and found that the CAFO's are regulated by the DNR. There have been no known complaints to the Health Department as of this date, but there could be future issues with air and water quality. Chrystal will keep the Board of Health informed on any future developments.

3. FUTURE AGENDA ITEMS – Drafting an e-cigarette resolution to bring before the City Council.

4. PUBLIC COMMENT – Mike Donovan announced that Rosa Coenen has resigned from the Board of Health.

5. ADJOURNMENT

Upon motion by Dr. Michael McHenry, seconded by Jim Kneiszel, the Board of Health unanimously adjourned at 6:30pm.

Respectfully Submitted,
Julie Switzer
Health Department Secretary

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **May 19, 2014**

DEPARTMENT: **Health Department**

FROM: **Julie Switzer**

SUBJECT: **Draft Resolution #BOH 14-01**

ATTACHMENTS:

- E-cigarette resolution (PDF)

CITY OF DE PERE BOARD OF HEALTH
RESOLUTION #BOH 14-01

VOICING SUPPORT FOR REGULATION OF E-CIGARETTES

WHEREAS, medical evidence regarding the safety of Electronic Nicotine Delivery Systems ("ENDS" or "e-cigarettes") and how emitted vapors impact indoor air quality is currently undetermined; and

WHEREAS, the majority of e-cigarettes are manufactured outside the United States, and none have been submitted to inspection or oversight by any regulatory body to ensure safety, quality control and full disclosure of ingredients to consumers; and

WHEREAS, analysis by the Federal Food and Drug Administration (FDA) of randomly selected samples of the devices revealed the presence of toxic chemicals and known carcinogens to which users could be exposed; and

WHEREAS, the FDA, concerned about the potential health risks associated with e-cigarettes, has asserted regulatory authority over the products, opening up a 75 day comment period regarding the proposed regulations; and

WHEREAS, the proposed FDA regulations would prohibit sale of e-cigarettes to minors, require health warnings on e-cigarettes and prohibit sale of e-cigarettes by vending machine unless the vending machine is located in a facility that never admits youth; and

WHEREAS, the proposed FDA regulations are already being challenged in court, and has issued a warning to consumers about potential health risks; and

WHEREAS, Senate Bill 440, which would specifically exempt e-cigarettes from the Wisconsin indoor smoke-free law has been introduced in the Wisconsin Senate; and

WHEREAS, e-cigarettes are not proven to be safe for the user or those around the user; and

WHEREAS, e-cigarettes continue to be readily available in shopping malls, retail stores and on-line; and

WHEREAS, it has been suggested that e-cigarettes marketing is directed at making the product attractive to minors; and

WHEREAS, the Board of Health is concerned that e-cigarette use among youth may lead young people to try other tobacco products which are known to cause disease and lead to premature death.

NOW THERFORE, BE IT HEREBY RESOLVED THAT:

The Board of Health vigorously opposes Senate Bill 440 and any other attempt to exempt the use of e-cigarettes from Wisconsin's Clean Indoor Air.

BE IT FURTHER RESOLVED THAT:

The Board of Health supports Federal regulations on e-cigarettes through the FDA to prohibit sales of e-cigarettes to minors and to research the impact of e-cigarettes on users and non-users to determine whether any adverse health effects are associated with the use of e-cigarettes.

BE IT FURTHER RESOLVED THAT:

The Board of Health recommends to the City Council that it enact local regulations prohibiting the sale of e-cigarettes to minors in the City of De Pere unless the proposed FDA regulations prohibiting the sale of e-cigarettes to minors are approved.

Adopted by the Board of Health of the City of De Pere, Wisconsin, this _____ day of_____, 2014.

APPROVED:

_____
Michael P. Donovan, Chair

Ayes:_____

Nays:_____

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **May 19, 2014**

DEPARTMENT: **Health Department**

FROM: **Julie Switzer**

SUBJECT: **CHIP 2013 Annual Report**

ATTACHMENTS:

- CHIP annual report revised 4-01-14 (PDF)

In the summer of 2010, the CHIP Steering Committee brought together a broad array of community partners to review community health data. After analyzing the community data, the following health priorities were identified:

1. Adequate, Appropriate and Safe Food & Nutrition
2. Oral Health
3. Unhealthy Alcohol & Drug Use

Three action planning groups, consisting of diverse community members from over 30 agencies in Brown County, met regularly to develop a plan for each priority with goals, outcomes, and actions. These groups continue to be facilitated by Bellin Health System & Hospital Sisters Health Systems.

This program meets state requirements for public health systems, as well as not-for-profit health network requirements. The local health improvement plan links to the state level planning document entitled, "*Healthiest Wisconsin 2020*" which is in its third decade-long plan.

Healthy Brown County 2020

Public Health
Prevent. Promote. Protect.

THANK YOU TO THESE AGENCIES FOR CONTINUED SUPPORT:

- **Aging & Disability Resource Center**
- **Aurora Health Center**
- **Bay Area Community Council**
- **Bellin Health System**
- **Brown County Cooperative Extension**
- **Brown County Health Department**
- **Brown County Human Services**
- **Brown County United Way**
- **De Pere Health Department**
- **De Pere Police Department**
- **Green Bay Police Department**
- **Head Start**
- **Hospital Sisters Health System**
- **Libertas Treatment Center**
- **Live54218**
- **Molina Health Insurance**
- ***NEW Community Clinic***
- ***Northeast Wisconsin Technical College***
- ***St. Norbert College***
- ***University of Wisconsin– Green Bay***
- ***WIC***

Healthy Brown County 2020

Public Health
Prevent. Promote. Protect.

Healthy Brown County 2020

Everyone Living Better, Longer

Annual Report 2013

ORAL HEALTH

Goal 1
By 2015, reduce the number of oral health related emergency room visits by adults.

Accomplishments:
- Coordinated application for grant funding to obtain dental hygiene kits for distribution in local Emergency Departments.
- Researched the demographics of preventable ED visits for dental diagnoses; developed focused strategy to address the largest groups.

Goal 2
By 2015, improve the oral health services available for Medicaid patients.

Accomplishments:
- Made plans for a dental hygiene drive to be held in January 2014.
- Supported & promoted efforts of NEW Clinic to open a 6-chair operatory for uninsured & Medicaid patients at NWTC site.
- Inventoried resources available for dental care for low-come & Medicaid adults;
  made information available to health professionals.

ACTIVE MEMBERS
- *Tom Arndt*
- *Sharla Baenen*
- *Tina Baeten*
- *Bill Bongle*
- *Dan Braaten*
- *Jedd Bradley*
- *Barbara Coniff*
- *Father Paul Demuth*
- *Becki Detaege*
- *Cathy DeValk-Holl*
- *Tom Doughman*
- *Phil Duket*
- *Pat Finder-Stone*
- *Judy Friederichs*
- *Laura Hieb,Coalition Ldr.*
- *Scott Katzka*
- *Bonnie Kuhr*
- *Michele LaFond*
- *Randall Lawton*
- *Tyler Luedke*
- *Mary Miceli-Wink*
- *Mike Panosh*
- *Pat Phillips*
- *Pat Ryan*
- *Heidi Selberg*
- *Jim Sweeney*
- *Erin Tisch*
- *Ann VanLanen*
- *Bob Woessner*
- *Chrystal Woller*
- *Terri Zahorik*

ALCOHOL & OTHER DRUG USE

Goal 1
By 2014, 70% of all primary care providers in Brown County /De Pere will incorporate an alcohol, depression, and substance abuse screening tool for patients over 18.

Accomplishments:
- HSHS now doing screening through inpatient /ED departments
- Dr. Brown presented at Bellin on alcohol screening.
- All of the health systems are represented in the group.

Goal 2
By 2015, the incidence of binge drinking in accordance with county rankings will decrease from 27% to 25%.

Accomplishments:
- 6 presentations were held on how community is impacted by alcohol.
- Health First press event / articles in Press Gazette re alcohol misuse.
- Invited state experts to make sure correct alignment/information.
- The Drug Alliance was restarted.

Goal 3
Zero deaths from alcohol induced traffic fatalities by 2020.

Accomplishments:
- Ordinance changed re serving before and after bar hours.
- OWI Task Force activities continue.
- 3 (preliminary) alcohol-related traffic fatalities in 2013: reduced from 5.,

ACTIVE MEMBERS
- *Scott Anderson*
- *Cinde Becker*
- *Erin Bongers*
- *Elaine Doxtator*
- *Mary Gehm*
- *Meredith Hansen*
- *Bonnie Kuhr*
- *Stacy Ross*
- ***Heidi Selberg, Coalition Leader***
- *Christine Vandenhouten*
- *Ann Van Lanen*
- *Jody Wilmet, RN*
- *Chrystal Woller, RN*

ADEQUATE, APPROPRIATE AND SAFE FOOD & NUTRITION

Goal 1
From 2012-2015, reduce the barriers and accelerate the use of WIC Farmer's Market Nutrition Program (FNMP) vouchers and Wisconsin Quest card from Food Share Electronic Benefits Transfer (EBT) system for low income residents of Brown County.

Accomplishments:
- Secured a grant to increase usage of EBT machines.
- Expanded EBT machine usage to Wednesday markets.
- Collaborated with Oneida Farmer's Market to implement first EBT machine.
- Ran a pilot study for "Double Your Bucks" program.
- Obtained a farmer to sell fresh produce at WIC West site.

Goal 2
From 2012-2015, improve the food choices offered by food pantries, increasing the percentage of healthy* food options and reducing the amount of low-nutrient foods. (*as defined by dietary guidelines)

Accomplishments:
- Developed a baseline for foods donated to food pantries.
- Created recommendations to the public for donating food.
- Implemented a communication plan to disseminate donation recommendations to the public.

ACTIVE MEMBERS
- Nicci Beeck
- Erin Bongers
- Jamie Campbell
- Karen Early
- Mary Gehm
- Meredith Hansen
- Sarah Himmelheber
- David Liethen
- Ellen Moore
- Melinda Morella
- Lynne Nelson
- **John Rocheleau, Coalition Leader**
- Ron Wright
- Leanne Zhu, Ph.D.

CALL

Call the Brown County Health Department

920-448-6400

Or the De Pere Health Department

920-339-4054

To get more information

SEARCH

Visit the Brown County Health Department website

www.co.brown.wi.us\health

Or the De Pere Health Department website

www.de-pere.org

Click on **"Community Health Improvement Planning Process"**

GET INVOLVED

Consider making a **donation** or joining one of the health priorities to make a **real difference** in your community!

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **May 19, 2014**

DEPARTMENT: **Health Department**

FROM: **Julie Switzer**

SUBJECT: **Review of Strategic Plan**

ATTACHMENTS:

- DRAFT 3_STRATEGIC PLAN (PDF)

City of De Pere Health Department Strategic Plan

Public Health
Prevent. Promote. Protect.

2014-2018

335 S. Broadway, De Pere, WI 54115 (920) 339-4054

Table of Contents

Reviewed/Revised:

2015:	2016:	2017:	2018:

Letter from the Health Officer/Director

Dear Partners/Colleagues,

I am very delighted to be presenting the very first City of De Pere Health Department Strategic Plan. The incorporation of a strategic plan will set a course for strengthening the De Pere Health Department in carrying out its public health functions. The strategic planning process in itself was both engaging and insightful as it allowed staff and stakeholders to set the department's future together. 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.

Together, we look forward the challenge of implementing this five year plan!

Best Regards,

Chrystal Woller BSN, RN
Director/Health Officer
City of De Pere Health Department

Reviewed/Revised:

2015:	2016:	2017:	2018:

Section 1: Mission, Vision, Core Values

Our VISION

De Pere: A community where healthy people live, learn, work and play.

Our MISSION

The City of De Pere Health Department serves to protect and promote public health across the lifespan through: education, policy development and valued services.

Our VALUES

- Respect: We will value the contributions of all by upholding a standard of conduct that recognizes dignity, diversity and integrity.
- Collaboration: We will partner with various community stakeholders as a means to improve health outcomes.
- Commitment: We believe in the benefits of prevention and empowerment.
- Innovation: We will be advocates and instruments of positive change; striving for excellence as we look to the future.

Section 2: The Purpose of a Strategic Plan

Like a road map, 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. It is important to note that an organization needs to remain nimble and adapt to changing environments and needs, the strategic plan must also remain flexible and continuous.

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 organizational focus thus improving efficiency and effectiveness.

Reviewed/Revised:

2015:	2016:	2017:	2018:

Section 3: Background

The prerequisites for accreditation lay the groundwork for everything a health department does and provides a foundation for meeting the PHAB standards and measures. The department's foundational strategic plan is intended to position the health department to be a viable organization in an ever-changing environment. This is a new initiative for the De Pere Health Department; subsequently there is not a baseline for measurement.

For a health department to be eligible for PHAB (Public Health Accrediting Board) accreditation, they must first complete the following three prerequisites:

1) Community Health Assessment (CHA): A Community Health Assessment provides the foundation for improving and promoting the health of the community. A Community Health Assessment identifies factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.
2) Community Health Improvement Plan (CHIP): A Community Health Improvement Plan is a long-term, systematic effort to address public health problems in a community. The plan is based on the results of Community Health Assessment activities, and is part of a community health improvement process.
3) Agency Strategic Plan: 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.

Section 4: The Process

The National Association of County and City Health Officials' (NACCHO) "Developing a Local Health Department Strategic Plan: A How-To Guide" was used to develop the framework for the project. The process for the development of De Pere Health Department's Strategic Plan began in the Fall of 2013. At this time, the department staff identified the feasibility of the health department embarking on such an endeavor given the limited resources available. Simultaneously stakeholders were invited to participate in the process.

Stakeholders actively involved with the process included: Board of Health members/elected officials, agency staff, regional public health staff, city administration and a shared-service health department.

- **December 2013:** A strategic plan project plan and timeline was established by agency staff.
- **February 2014:** The first meeting was held to review the strategic planning process, review formal and informal mandates and develop values, mission and vision.
- **March 2014:** An environmental scan was developed and presented (both internal and external). Group discussion included a "S.W.O.T. (Strengths, Weaknesses, Opportunities and Threats) analysis". The group identified and framed cross-cutting themes during this process.

Reviewed/Revised:

2015:	2016:	2017:	2018:

- **April 2014:** Reviewed goals identified from the S.W.O.T. analysis and formalized objectives and strategies as it related to the goals. Vetted the final version of the plan to forward to the Board of Health for adoption.
- **May 2014:** Presentation of the health department's strategic plan and adoption by the Board of Health.

Section 5: Supporting the Strategic Plan

To best support the three goals and accompanying objectives and strategies of the 2014-2018 Strategic Plan, the De Pere Health Department staff and City Administration will assure that the necessary resources and infrastructure remain in place to achieve the desired outcomes. The plan will be monitored/activities will be documented by the Health Director. Continued communication/updates on the strategic planning progress will be provided during City budget sessions and during Board of Health meetings. In addition the plan and revisions will be posted on the health department website.

In addition, the Community Health Assessment and Community Health Improvement Plan committee 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.

Section 6: Framework

The City of De Pere Health Department Strategic Plan is organized utilizing the following framework:

- **Goal**: Strategic goals are broad statements of what the City of De Pere Health Department aspires to achieve in the next 4-5 years. In all, the De Pere Strategic Plan identifies three strategic goals.

- **Strategy**: Strategies are statements of major approach or method for attaining goals and resolving specific issues.

- **Objective**: Objectives are specific, concrete, measurable statements of what will be done to achieve each of the three goals of the next 4-5 years. Objectives were developed using the SMART format (Specific, Measurable, Achievable, Realistic, and Timely).

Reviewed/Revised:

2015:	2016:	2017:	2018:

- **Baseline**: In order to demonstrate improvement or completion for any one objective, a baseline must first be established. For objectives without baseline data, the plan of work identifies the baseline as a "new initiative".

- **Linkages**: In public health, it is important to interface other public health plans from the local, state, and national level. Linkages identify other plans that the objective relates to.

- **Responsibility**: Identifies the lead person(s) responsible for operationalizing the objective.

- **Projected Due Date**: Identifies the projected due date for each objective in order to assure the Strategic Plan stays on track.

- **Score**: To quantify and better communicate the status of the Strategic Plan to agency staff, Board of Health members, public health partners, and the community, each objective will be assigned a score of 0-2. A score of zero (0) indicates the objective has not been started, while a score of 1 means the objective has had progress but is not complete and a score of 2 indicates the objective has been successfully met/or continues to be met (ongoing).

Section 7: S.W.O.T. Summary

An analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT analysis) was conducted with strategic planning members to identify strengths and opportunities regarding the agency. The list below summarizes the SWOT analysis exercise conducted.

- **STRENGTHS**

Staff: New staff, fresh ideas, openness, flexible, available, small size offers good communication, mutual respect, supportive, connected, dedicated, well-educated/quality staff, continuity of leadership

Resources/Services: Ideal location, good city infrastructure, linkage with academia, active coalitions, partnerships with the state and surrounding health departments, easy access to services, good community support, community valued services addressed, broad range of services, partnership with Brown County.

- **WEAKNESSES**

Staff: Small size yields limited/no back-up support, staff need to act as a public health generalist (cannot serve as topic experts), lack of environmental health expertise, lack of a formal competency assessment, no workforce development plan, limited formalized Board of Health education.

General: It is difficult to move ahead with accreditation due to limited capacity and human resources. Lack of consistent, timely and effective external communication. Lack of visibility. Staff concern with historical merger discussions. Lack of formalized performance management/quality improvement processes.

Reviewed/Revised:

2015:	2016:	2017:	2018:

- **OPPORTUNITIES**

Community that embraces partnerships, non-traditional partners, supportive Board of Health, continuity of Board members, Affordable Care Act, partners recognize the value of public health through the community health plan focus areas, good leadership (health system partners), clinical health care resources are abundant, partners are engaged, cable access TV, business partnerships, linkages with academia/medical college, grant resources, advances in technology, Public Health accrediting Board has implemented a framework to improve level of public health services delivered, quality improvement initiatives, public/private collaboration for immunization services.

- **THREATS**

Public health has weak authority over some environmental health laws/concerns (air/water), funding uncertainty state/federal level, decreasing funds for staff development, political environment, state requirements/system for Sanitarian recruitment/employment, difference in grant funding cycles, immunization services shifting to population/systems intervention.

Reviewed/Revised:

2015:	2016:	2017:	2018:

Section 8: Agency Goals, Strategies and Objections (Work Plan)

Score Key
0=Not Started
1=In Progress
2=Completed

GOAL 1: Improve external communication and expand public health awareness

Strategy	Objectives	Baseline	Linkages	Responsibility	Projected Due Date					Status	Scor
					`14	`15	`16	`17	`18		
1.1 Provide regular health information to the general public	Send press releases at least every 2 months to the local media on a public health topic	New Initiative	Community Health Improvement Plan PHAB (Public Health Accrediting Board) Domain 3	Health Director	X						
	Update website at least monthly (to include the A-Z listing)	Ongoing	Community Health Improvement Plan PHAB Domain 3	Department Support Staff	X						
	Increase public following	37	PHAB	All staff	X						

Reviewed/Revised:

2015:	2016:	2017:	2018:

	on social media (Facebook) each year by at least 40%.	followers currently	Domain 3								
	Explore feasibility of public health messaging/signage in the community	New Initiative	PHAB Domain 3	Health Director/BOH members		X					
1.2 Strengthen Communication and Collaboration with partners	Integrate public health information into partner/city newsletters	New Initiative	PHAB Domain 3	Public Health Nurses		X					
	Explore feasibility of participating in the planning/implementation of SNC/Bellin Medical College program in some capacity	New Initiative	PHAB Domain 3	Health Director		X					
	Advocate/Educate stakeholders on at least 1 community-wide public health policy issue and present to the BOH for formal support	New Initiative	PHAB Domain 3	Health Director	X						
	Incorporate public health review/recommendations in the city planning commission process	New Initiative	PHAB Domain 3	BOH Chair/Health Director				X			

Reviewed/Revised:

2015:	2016:	2017:	2018:

GOAL 2: Strengthen Workforce Development

Strategy	Objectives	Baseline	Linkages	Responsibility	Projected Due Date					Status	Score
					`14	`15	`16	`17	`18		
1.1 Strengthen workforce/programmatic capacity within the agency	Increase health dept. environmental health capacity by hiring a full-time Public Health Sanitarian		DPHD Strategic Plan	Health Director	X						
1.2 Strengthen workforce competency	Develop a competency assessment policy and staff development training log	New initiative	PHAB Domain 8	Health Director			X				
	Will conduct a competency assessment of all staff annually. Identify gaps and link to educational resources.	New initiative	PHAB Domain 8	Health Director				X			

Reviewed/Revised:

2015:	2016:	2017:	2018:

	Incorporate role specific competencies into department job descriptions	New initiative	PHAB Domain 8	Health Director					X		
	Develop/conduct formalized orientation for new Board of Health/Council members	New initiative	PHAB Domain 8	Health Director					X		

Goal 3: Institutionalize quality improvement to assure the provision of quality public health programming

Strategy	Objectives	Baseline	Linkages	Responsibility	Projected Due Date					Status	Score
					`14	`15	`16	`17	`18		
1.1 Formalize performance management (to include quality improvement)	Develop a performance management policy	New initiative	PHAB Domain 9	Health Director				X			
	Staff will attend at least annual	New initiative	PHAB Domain 9	All Staff			X				

Reviewed/Revised:

2015:	2016:	2017:	2018:

	training on QI/performance management										
	Implement a QI/PM process on at least 1 department program/process annually	New initiative	PHAB Domain 9	All Staff					X		
1.2 Assess the feasibility to prepare for PHAB accreditation	Complete the PHAB local self-assessment tool	New initiative	PHAB	Health Director	X						
	Address at least 1 gap in the PHAB assessment annually	New initiative	PHAB	Health Director		X					

Reviewed/Revised:

2015:	2016:	2017:	2018:

Section 9: Acknowledgements

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. The health department would like to offer acknowledgement to the health departments who forged ahead with strategic planning before the City of De Pere. 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:

Erin Bongers, Public Health Nurse
Chris Culotta, DPH NE Regional Director
Mike Donovan, Board of Health Chair/City Council Chair
Patricia Finder-Stone, RN/Board of Health
Judy Friederichs, Brown County Health Officer (shared-service Health Department)
Ellen Moore, Public Health Nurse
Karlyn Raddatz, PHN Consultant (NE Regional Public Health Office)
Judy Schmidt-Lehman, City Attorney
Julie Switzer, Support Staff
Mike Walsh, Mayor
Chrystal Woller, Health Department Director

Board of Health Members:

Michael Donovan, Chair – Alderperson
Jim Kneiszel– Alderperson
Dr. Michael McHenry – Citizen Member
Vacant– Citizen Member
Patricia Finder-Stone, MS, RN - Citizen Member and Nurse

Medical Advisor

Dr Richard Erdman

Reviewed/Revised:

2015:	2016:	2017:	2018:

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **May 19, 2014**

DEPARTMENT: **Health Department**

FROM: **Chrystal Woller**

SUBJECT: **Policy & Procedure Table of Contents**

ATTACHMENTS:

- Policy and Procedure Table of Contents 2014 (XLSX)

Policy & Procedure Table of Contents

4. EMERGENCY PREPAREDNESS			
A.	Personal Protective Equipment(PPE)	05/01/2007	03/01/2014
B.	Personal Protective Equipment: Respiratory Devices	01/01/2007	03/01/2014
C.*	Response to Public Health Emergencies	03/01/2014	
D.*	Shelter Response	03/01/2014	
5. ENVIRONMENTAL HEALTH			
A.*	Complaints for Human Health Hazards	03/01/2014	
B.	Noise Variances	01/01/2007	03/01/2014
C.	Weights and Measures Program	01/01/2007	03/01/2014
6. HEALTH INFORMATION			
A.*	Access to Vital Records	03/01/2014	
B.*	Birth Records Use & Retention Policy	03/01/2014	
C.	Confidentiality and Record Retention	01/01/2007	03/01/2014
D.	General Documentation Guidelines	01/01/2007	03/01/2014
E.*	Interpreter/Translator Services	03/01/2014	
F.*	Public Record Availability for Inspection & Copying	03/01/2014	
G.	Release of Immunization Records	01/01/2007	03/01/2014
7. IMMUNIZATION			
A.	Administering Intramuscular Injections	01/01/2007	03/01/2014
B.	Administering Intra-nasal Vaccines	01/01/2007	03/01/2014
C.	Adminsiteration of Oral Vaccines	01/01/2007	03/01/2014
D.	Adminstering Subcutaneous Injections	01/01/2007	03/01/2014
E.	Immunization Program	01/01/2007	03/01/2014
F.	Vaccine Storage and Handling	01/01/2007	03/01/2014
8. MISCELLANEOUS			
A.*	Acceptable use of Electronic & Social Media Policy	03/01/2014	
B.*	Client Transfers & Referrals	03/01/2014	
C.*	Media Communications	03/01/2014	
D.	Medical Emergency Procedures	01/01/2007	03/01/2014
E.*	Fee Exempt Testing (WSLH)	03/01/2014	
9. Maternal/Child Health			
A.	Child Passenger Safety	01/01/2007	03/01/2014
B.	Community Head Lice	01/01/2007	03/01/2014
C.	Lead Follow-up	01/01/2007	03/01/2014
D.	Mandatory Reporting of Child Abuse	01/01/2007	03/01/2014
E.	Mandatory Reporting of Sexual Abuse	01/01/2007	03/01/2014
F.*	MCH Program/Services	03/01/2014	
G.*	Newborn Outreach	03/01/2014	

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **May 19, 2014**

DEPARTMENT: **Health Department**

FROM: **Julie Switzer**

SUBJECT: **YTD Communicable Disease Report**

ATTACHMENTS:

- BOH Communicable Disease Report 2014 YTD (4) (PDF)

Public Health
Prevent. Promote. Protect.

BOH Communicable Disease Report YTD 2014

Disease Name	Number of Incidents
Campylobacter	3
Chlamydia	20
Cryptosporidiosis	0
Giardiasis	2
Gonorrhea	3
Hepatitis A	0
Hepatitis B, unspecified	1
Hepatitis C	4
Influenza Associated Hospitalization	2
Legionellosis	0
Lyme Disease	0
Mycobacterial Disease (Non-TB)	0
Pertussis (Whooping Cough)	3
Salmonellosis	0
Streptococcal Disease (Invasive Group B)	0
Streptococcus Pneumoniae, Invasive Disease	0
Syphilis Reactor	1
Tuberculosis, Latent Infection (LTBI)	4
Varicella	1

Run date: 5/7/2014