Board of Health

Regular Meeting

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

Agenda

Monday, March 21, 2016 **5:15 PM** **Riverview Conference 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 **March 21, 2016** at **5:15 PM** in the **Riverview Conference Room, 335 South Broadway Street, De Pere, WI 54115.**

I. Call to Order

1. Roll Call

II. Action Items

1. Approval of the November 16, 2015 meeting minutes
2. 2015 Community Health Improvement Plan Annual Report
3. 2015 Health Department Annual Report
4. Annual Agency Policy and Procedure Review
5. YTD Communicable Disease Report
6. Part-time Public Health Nurse Vacancy Update
7. 2016-17 Weights and Measures Fee Formula Results
8. MOU draft back-up sanitarian services with menasha
9. Sanitarian Program Update
10. YTD Health Hazard/Nuisance Complaints
11. Outreach/Health Promotion Activities
12. Public comment on matters not on the agenda
13. Future agenda items
14. Adjournment

III. Public Portion

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

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – November 16, 2015

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, November 16 at 5:00 p.m.

1. Roll call was taken and the following members were present: Mike Donovan, Pat Finder-Stone, Jim Kneiszel, Dr. Michael McHenry, Dennis Hibray, Dr. Richard Erdman and Chrystal Woller. Also present was Rob Cleek.

2. Approval of Minutes from 05-18-15
Pat Finder-Stone made a motion seconded by Jim Kneiszel to approve the minutes and place on file. Upon vote, motion passed unanimously.

3. Approval of Minutes from 09-21-15
Dennis Hibray made a motion, seconded by Pat Finder-Stone to approve the minutes and place on file. Upon vote, motion passed unanimously.

4. Draft Beekeeping Ordinance
Judy Schmidt-Lehman and Chrystal met and reviewed statewide ordinances and developed a draft ordinance for the City of De Pere. A lot of the language in the De Pere ordinance will be consistent with others in the state. A motion was made by Jim Kneiszel, seconded by Mike Donovan to open the meeting up for discussion. Upon vote, motion passed unanimously. Rob Cleek, a De Pere citizen interested in bee keeping, had comments on some of the wording of the ordinance, including excluding African bees, on how neighbors would be notified, and providing proof of bee keeping training. The limitation of the ordinance was discussed as it applies to one bee hive per parcel, and whether schools and businesses should be included. Fees are consistent with other ordinances, and will not completely cover staff time. Mike Donovan made a motion, seconded by Jim Kneiszel to bring the meeting back to regular order. Upon vote, motion passed unanimously. Jim Kneiszel made a motion, seconded by Pat Finder-Stone to make the following amendments in the ordinance; that the Board of Health rewrite some of the ordinance to make it generic on the number of queen bees allowed, A-6 would change to exclude Africanized honey bees, B-4 would strike last sentence, which deals with fees. Annual fee would be $30.00 initially and $10.00 annually thereafter. Upon vote, motion passed unanimously. Dennis Hibray made a motion, seconded by Pat Finder-Stone to eliminate the area in C-9 where it addresses keeping the hives painted. Upon vote, motion passed unanimously. Jim Kneiszel questioned whether it was in other ordinances that the telephone number has to be readable from 25 ft. away. Chrystal said that this item was copied from other ordinances. Contact information is available on the application. Mike Donovan made a motion, seconded by Jim Kneiszel to eliminate this item, phone number (C-10). Vote was 4-1 to strike the phone number. Mike Donovan, seconded by Jim Kneiszel made a motion to reopen the meeting to the public. Property line language was discussed. Mike Donovan, made a motion, seconded by Jim Kneiszel to go back to regular order. Upon vote, motion passed unanimously. Mike Donovan, seconded by Jim Kneiszel made a motion, accept the ordinance with the changes referenced. Upon vote, motion passed unanimously. This ordinance will be on the December 1st Council Meeting Agenda.

5. Health Department Fee Schedule
Judy Schmidt-Lehman will take this fee schedule to the Council in December. The recommendation is a 5% increase in fees. DHS (Department of Health Services Restaurant/Mobile Restaurant) fees cannot be increased because of a state law. The general public health fees were rounded up. Pat Finder-Stone made a motion, seconded by Jim Kneiszel to accept the Fee Schedule as presented and place on file. The only change would be to the renewal fee for beekeeping which would need a line added for $10.00. Upon vote, motion passed unanimously.

6. YTD Communicable Disease Report

Most common communicable disease is chlamydia. The blasto mycosis case is related to all of the cases on the Wolf River. Jim Kneiszel made a motion, seconded by Dennis Hibray to accept and place on file. Upon vote, motion passed unanimously.

7. Sanitarian Update

There is 1 change of operator in progress; there have been 6 DATCP inspections, 17 DHS food inspections, 3 HASAP plans have been reviewed, 4 DHS hotel inspections. Training was done with the state inspector for weights and measures, which included 12 scales, 50 products and 1 scanner system. There was 1 restaurant complaint, 4 total for the year. Some discussion was had with the street department regarding a water main break procedure. The health department will now be notified of scheduled water main maintenance issues. If there is a water main break, the department will be emailed in a timely manner. Several temporary events were held. Jim Kneiszel made a motion, seconded by Dr. Michael McHenry to accept and place on file. Upon vote, motion was passed unanimously.

8. Health Hazard Report

2 health hazard complaints were made since the last Board of Health Meeting – 1 pet urine odor in an apartment complex, and 1 noise complaint in a residence. Dale could not find source of noise in several trips to the residence.

9. Outreach/Prevention Activities

Activities Include:

- Outreach letter to businesses for flu vaccine administration
- Remembering When National Scholarship Training in Orlando
- Poverty In-service at Lambeau Field – Kickoff for Health Improvement Plan
- Handwashing presentation at West De Pere Elementary School
- QPR Suicide Prevention Presentation at De Pere High School
- Walk Children to School day
- Urban Orchard Project
- Hosted 2 Med Students from St. Norbert's College
- Mass Flu Clinics held in October
- NBC 26, Channel 5, Radio – stories on viral meningitis, influenza
- Healthy Tailgating at Kress Library

10. Public Comment on Matters not on Agenda

NA

11. Future Agenda Items

DATCP Changes

12. Adjournment

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

Respectfully Submitted,
Julie Switzer
Health Department Office Assistant

2015 Healthiest Brown County

Annual Report

Beyond Health

Healthiest Brown County

"Connecting Beyond Health Care"

2014 Community Health Needs Assessment

©Matt Biddulph

© Greg Foster

Beyond Health

"Beyond Health" is a collaboration between Brown County Public Health, City of De Pere Public Health, Aurora BayCare , Bellin Health, St. Mary's and St. Vincent Hospitals (HSHS), and Brown County United Way. This partnership was formed to improve the health of Brown County residents by conducting periodic community health needs assessments and leading community-wide action planning teams. In November 2014, the **Beyond Health Steering Committee** brought together community stakeholders to review and discuss community health data based on the health focus areas cited in Healthiest Wisconsin 2020. The community stakeholders provided their knowledge and expertise in various Healthiest Wisconsin 2020 focus areas and assessed the community's needs and opportunities. After these stakeholders were presented with the community health assessment data, they were given the opportunity to select health priority needs for Brown County.

Community Health Improvement Planning & Implementation

Four health priorities were identified at the 2014 Community Health Needs Assessment Summit. They were selected from the Healthiest Wisconsin 2020 health focus areas. Brown County's four health priorities are:

- Alcohol misuse
- Oral health
- Mental Health
- Adequate, appropriate, and safe

The Beyond Health **Community Health Improvement Plan** is an action plan for the community carried out by individuals, families, and organizations dedicated to improving the health of Brown County. Four planning groups of diverse community members meet regularly to implement a health plan with goals and objectives for each of the four priority health needs. The Beyond Health Steering Committee meets to review the progress of the implementation teams. The health improvement plan was published in 2015. To obtain a copy, please contact the Brown County or De Pere Health Department.

On October 30th, an educational event was sponsored by Aurora BayCare, Bellin Health, HSHS St Mary's and HSHS St Vincent Hospitals. This educational event featured national speaker, Terie Dreussi-Smith, author of Bridges Out of Poverty and Bridges to Health and Healthcare. At this event, Beyond Health action team members and other community leaders examined opportunities for enhanced collaboration, and ways to improve relationships when working with populations from diverse economic backgrounds.

Partners 2015

Alcohol Misuse:

Sharla Baenen	**Laura Hieb* (Chair)**	John Plageman
Shawn Blakley	Keith Knoebel	Kelly Rowe
Dan Braaten	Kris Kovacic	Pat Ryan
Barbara Coniff	Bonnie Kuhr	Heidi Selberg
Father Paul Demuth	Bill LaBine	Erin Tisch
Becki Detaege	Janet Lloyd	Theresa Weise
Cathy Devalk-Holl	Paula Manley	Bob Woessner
Tom Doughman	Mary Miceli-Wink	Chrystal Woller
Pat Finder-Stone	Mike Panosh	Chua Xiong
		Terri Zahorik

Oral Health:

Scott Anderson	Ann VanLanen	Erin Bongers
Debbie Arbruster	Jody Wilmot	Catherine Therrien
Lisa Harmann	**Heidi Selberg* (Chair)**	Elaine Doxtator
Bonnie Kuhr	Christine Vandenhouten	Bonnie Parrott
Stacy Ross	Carrie Stempski	Susan Ourada
		Janelle Walton

Mental Health:

Ian Agar	Kelly Long	Andrea Sandberg
Patti Arendt	Tana Koss	Heidi Selberg
Sharla Baenen* (Chair)	Bonnie Kuhr	Jeff Stumbras
Erin Bongers	Jill Krejcie	Theresa Weise
Dona Jane Brasch	Dr. Timothy Lineberry	Jermy Muraski
Becki Detage	Pam Baranczyk	Tracy Vandeloo
Sarah Inman	Rose Smits	
Megan Jensen	Lois Mischler	
Cheryl Weber	Gifty Okeyere	
Bob Johnson	Bonnie Parrott	
Margaret Kubek		

Nutrition:

Jamie Campbell	Lynn Nelson	Steve Reinders
Karen Early	Dr. Leanne Zhu	
Meredith Hansen	Nicci Beeck	
Carl Bobis	**John Rocheleau* (Chair)**	
Stephanie Lazzari	Rose Jensen	
Laura Grovogel	Becky Delain	
David Liethen	Tim Meyer	
Ellen Moore		

For more information, contact:

Chua Xiong,
Brown County Health Department
920. 448.64

Chrystal Woller,
City of De Pere Health Department

Alcohol Misuse

Goal: Brown County will create a community-wide partnership among individuals, families and organizations dedicated to impacting and reducing alcohol-related injury and disease while changing the culture around alcohol use.

Short-term Performance Measures:

- **The rate of binge drinking in Brown County will decrease from 25% to 24%.**
- **The # of alcohol related traffic fatalities in Brown County will decrease from 3 to 2.**

Results

- **Binge drinking in Brown County: 24%**
- **Alcohol related traffic fatalities in Brown County: 8**

Objective 1: Local health systems will standardize the screening for alcohol, depression and substance abuse from youth to adulthood as evidenced by a universal minimum standard set of questions .

Accomplishments:

- Substance abuse screenings have been initiated by health systems with access to Epic.
- Identified the need to add youth screening.

Objective 2: A community-wide access platform will be created or all screened AODA patients with an established goal that improves access as measured by days from diagnosis to treatment.

Accomplishments:

- Assessment completed to identify current access gaps and days to treatment. Target was set for 7 days.
- Held a tabletop exercise with community stakeholders to identify barriers to treatment and how to eliminate them.
- Worked with Brown County officials to gain funding for detox services.

Objective 3: The taskforce will begin to advocate for best practice policy regarding alcohol misuse in order to create a multi-faceted community approach to reducing binge-drinking and driving while impaired.

Accomplishments:

- Initiated outreach to all municipalities to offer services to assess alcohol policy utilizing the Alcohol , Culture and Environment (ACE) recommendations.
- Completed ACE report assessment with the City of Green Bay.
- Met with Mayor Schmidt and community leaders to advocate for a social host ordinance.
- Revised the *Community Event Planning* brochure for dissemination.
- Attended Neighborhood Association meetings to discuss underage and binge drinking.
- Applied for *Parents Who Host Lose the Most* materials to begin material dissemination in 2016.
- Initiated collaboration with Leadership Green Bay to hold a PARTY (Prevent Alcohol and Risk-Related Trauma in Youth) presentation for sophomores.
- Participated in Local 5 Live media segment to educate on the Alcohol Task Force initiatives about reducing binge drinking and impaired driving.

Oral Health

Goal: To promote and improve oral health and assure access to effective and adequate oral health services for the benefit of all Brown County citizens

Short-term Performance Measures (reported on 2 of 8):

- **Monitor the # of referrals to the NEW clinic dental program**
- **Increase the # of patients seeking care at the NEWCC Dental Clinic who have completed treatment.**

Results

- **Percentage of increase of referrals to the NEWCC Dental Clinic: 33% increase (from 11/15 to 12/15)**
- **Increased number of patient seeking care at the NEWCC Dental Clinic who have completed treatment : 183 more patients seen from 2014 to 2015**

Objective 1: Reduce the number of emergency department visits for oral health concerns that could be addressed in the dental office.

Accomplishments:

- Developed antibiotic and pain treatment recommendations for adult tooth pain for use in emergency departments.
- 100% of Brown County Emergency Departments have reported implementing the above recommendations.
- Developed and implemented a referral process between Emergency Departments and the adult dental clinic in order to reduce repeat Emergency Department visits.

Objective 2: Develop strategies for groups where evidence has shown improved health outcomes with proper oral health care.

Accomplishments:

- Developed a 3 year plan and outcome measures for the oral health action planning team.

Objective 3: Formalize collaboration among groups addressing oral health.

Accomplishments:

- In collaboration with the ADRC, developed a tip sheet for clients when evaluating dental discount programs.
- Collaborated with the Farmer's Market to provide outreach resource materials, brochures and toothbrushes.

Objective 4: Incorporate an Oral Health Basic Screening Survey (BSS) within primary care practices.

Accomplishments:

- Expanded the BSS questions in primary care practices.

Objective 5: Influence public policy to support oral health initiatives.

- Initiatives will be implemented early in 2016.

Mental Health

Goal: Brown County increase access to mental health services for all populations in the county by identifying gaps and disparities and creating a common platform that mental health providers, partner agencies and stakeholders can access.

Short-term Performance Measures:

- **The number of suicides in Brown County will decrease from 35 to 33.**
- **The average # of poor mental health days per 30 days as reported by county residents will decrease from 3.2 to 3.0.**

Results

- **Suicides in Brown County 2015: 38**
- **Average # of poor mental health days in the last 30 days: (data not published to date)**

- New initiative: Developed the Mental Health Taskforce as a result of the 2014 Community Health Needs Assessment.
- New initiative: Developed attainable goals/objectives to complete the Community Health Improvement Plan.

Objective 1: Create a document accessible to all stakeholders that identifies the current state of mental health care in Brown County, including all available resources and services provided, gaps and disparities in care, needed programs and ratio of specific mental health providers to population.

Accomplishments:

- Collaborated with the Green Bay Area Public Schools to conduct a gap analysis (through their safe school grant).
- Collaborated with 2-1-1 to incorporate/map community mental health resources.

Objective 2: Create a draft proposal for creating a community-wide "no wrong door" access platform for mental health treatment and connection between mental health providers.

Accomplishments:

- Assessed disparities within the health systems related to payer source.
- Explored the feasibility and supported efforts in obtaining a basic needs grant to support the "no wrong door" access platform within the community.

Objective 3: Complete an inventory of all mental health screening tools currently utilized across community settings and develop a common screening platform that is appropriate for each setting.

Accomplishments:

- Assessed different health screening tools across health systems; identified the constant.
- Collaborated with the United Way to plan, apply and receive a grant through MCW to implement maternal/child mental health screening.

Adequate, Appropriate, and Safe Nutrition

Goal: Support programs that make healthy foods more accessible and affordable for low income residents of Brown County.

Short-term Performance Measures:

- **Brown County will increase the percentage of healt foods donated in food pantry food drives by 2%.**
- **A document summarizing food pantry models and best practices around the country will be accessibl to committee members.**
- **A mechanism will be established and maintained t provide monthly opportunities to share updates an leverage resources.**

Results

- **Percentage of increase of healthy food donated in food pantry food drives: (results pending analysis)**
- **Document summarizing food pantry models and be practices has been created and is accessible: (in progress)**
- **A mechanism has been established and maintain t allow for updates and opportunities to leverage resources: (complete)**

Objective 1: Improve food choices offered by food pantrie increasing the percentage of healthy food options and rec ing the amount of low-nutrient foods, without reducing th total amount of food donated.

Accomplishments:

- Partnered with Scouting for Foods to raise the awarenes the Food Drive 5 and healthy donations.
- Conducted a fourth community food drive assessment.
- Developed and published the Food Drive 5 toolkit.
- Developed a social media (Facebook) strategy.
- Established a marketing plan for Healthy Food Donation
- Developed an inventory of Brown County food drives.

Objective 2: Initiate a planning process to align food panti infrastructure in the community to meet current and proje growth needs.

Accomplishments:

- Partnered with UWGB students to conduct research on f pantry infrastructure .

Objective 3: Identify and monitor community needs as the relate to non-emergency food security.

Accomplishments:

- Reviewed the Brown County Food Security Study.
- Community gardens received City and County funding fo garden coordinator through 2016.
- Farmer's market EBT administration is funded through 2 with annual approval through 2018.
- Double Your Bucks EBT is funded through 2016.

De Pere Health Department Annual Report

Public Health
Prevent. Promote. Protect.
De Pere Health Department

2015

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

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Message from the Director

What a great year! I encourage you to read the 2015 Annual Report to see all of the public health initiatives that have been (and continue to be) implemented to improve the health of this vibrant community through the 10 essential public health services. I am excited to report that together, we have successfully reinstated the environmental health/inspection program within the City of De Pere. This program offers localized service and support to our businesses while also ensuring the health and safety of the public. We collaborated with the De Pere Library to implement new programming for children and caregivers focusing on: nutrition, physical activity, developmental screening and injury prevention. Collaborative planning efforts with the De Pere Fire Department have also been underway in 2015 to implement an evidenced-based adult health safety program to citizens of De Pere. In addition, formal partnerships were formed with the Medical College of Wisconsin-Green Bay right here on the St. Norbert Campus to incorporate public health concepts and project opportunities for medical students. Finally, in collaboration with Beyond Health Partnership, we released the 2015-2017 Community Health Improvement Plan which highlights four health priorities and community strategies focused on: Mental Health, Alcohol Misuse, Oral Health and Nutrition.

I appreciate all of the hard work and dedication from the health department staff, the Board of Health, Common Council, City Administration, State Public Health experts, the medical community, local schools, local businesses and non-profit organizations.

Another great year is ahead of us; onward!

In good health,

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

Health Department Board of Health and Staff

Board of Health Members

Michael Donovan, Chair – Alderperson

Jim Kneiszel– Alderperson

Dr. Michael McHenry – Citizen Member

Dennis Hibray – Citizen Member

Patricia Finder-Stone, MS, RN - Citizen Member and Nurse

Dr Richard Erdman-Medical Advisor

Director/Health Officer

Chrystal Woller BSN, RN

Public Health Nurses

Ellen Moore BSN, RN

Erin Bongers BSN, RN

Support Staff

Julie Switzer

Environmental Health Sanitarian

Dale Schmit MPA, BS, RS

The health department's vision is: "De Pere: a community where healthy people live, learn, work and play"

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

De Pere Health Department
Organizational Chart

City of De Pere Residents

De Pere Common Council — Mayor

City Administrator

Chrystal Woller BSN, RN----------City of De Pere Board of Health
Health Department Director

Support Staff
Julie Switzer (.8 FTE)

Public Health Nurse
Ellen Moore BSN, RN (.6 FTE)
Erin Bongers BSN, RN (1 FTE)

Environmental Health Staff
Dale Schmit MPA, BS, RS Registered Sanitarian (1 FTE)

Essential Service 1: Monitor health status to identify and solve community health problems

Background: Essential Service 1 activities include assessing the health status of the community through formal and informal needs assessments and data analysis. De Pere Health Department (DPHD) collaborates with a diverse group of community partners to address community health problems. In this section, community health improvement planning, and leading health indicators are utilized to determine the top health focus areas that are highlighted.

Community Health Improvement Planning (CHIP)

The Brown County/De Pere Community Health Needs Assessment was conducted and completed in November 2014. Health data was analyzed and stakeholders chose health priorities to focus on collectively. From this assessment, stakeholders identified four health priorities to work on in the next 3 years. The four health priorities include: Alcohol and Other Drug Abuse, Mental Health, Nutrition and Physical Activity, and Oral Health.

Staff actively participate within all of the four identified workgroups as well as on the Steering Committee. For a more detailed summary of the Community Health Needs Assessment and the Community Health Improvement Plan, visit our website to obtain your electronic copy.

2015 Outcomes:

- The 2015-2017 Community Health Improvement Plan was vetted and published highlighting the goals, objectives and strategies of each prioritized health focus area.

- The Beyond Health Collaborative announced the release of Brown County's Community Health Improvement Plan with an event on October 30th featuring national speaker, Terie Dreussi-Smith, author of *Bridges Out of Poverty* and *Bridges to Health and Healthcare*. At this event, Beyond Health action team members and other community leaders examined opportunities for enhanced collaboration, and ways to improve relationships when working with populations from diverse economic backgrounds. This event is made possible due to the generous support from Aurora BayCare, Bellin Health, HSHS St Mary's and HSHS St Vincent Hospitals.

Beyond Health
Healthiest Brown County
"Connecting Beyond Health Care"

Alcohol and Other Drug Use

Staff person: Chrystal Woller

Goal:

Brown County will create a community-wide partnership among individuals, families and organizations dedicated to impacting and reducing alcohol-related injury and disease while changing the culture around alcohol use.

Short-term Performance Measures:

The rate of binge drinking in Brown County will decrease from 25% to 24%
The # of alcohol related traffic fatalities in Brown County will decrease from 3 to 2

Results:

Binge drinking in Brown County: 24%
Alcohol related traffic fatalities in Brown County: 8

Objective 1: Local health systems will standardize the screening for alcohol, depression and substance abuse from youth to adulthood as evidenced by a universal minimum standard set of questions.

Accomplishments:

- Substance abuse screenings have been initiated by health systems with access to Epic.
- Identified the need to add youth screening.

Objective 2: A community-wide access platform will be created or all screened Alcohol and other Drug Abuse (AODA) patients with an established goal that improves access as measured by days from diagnosis to treatment.

Accomplishments:

- Assessment completed to identify current access gaps and days to treatment. Target was set for 7 days.
- Held a tabletop exercise with community stakeholders to identify barriers to treatment and how to eliminate them.
- Worked with Brown County officials to gain funding for detox services.

Objective 3: The taskforce will begin to advocate for best practice policy regarding alcohol misuse in order to create a multi-faceted community approach to reducing binge-drinking and driving while impaired.

Accomplishments:

- Completed ACE report assessment with the City of Green Bay.
- Initiated outreach to all municipalities to offer services to assess alcohol policy utilizing the Alcohol, Culture and Environment (ACE) recommendations.
- Met with Mayor Schmidt and community leaders to advocate for a social hosting

ordinance.
- Revised the Community Event Planning brochure for dissemination.
- Attended Neighborhood Association meetings to discuss underage and binge drinking.
- Applied for Parents Who Host Lose the Most materials to begin material dissemination in 2016.
- Initiated collaboration with Leadership Green Bay to hold a PARTY (Prevent Alcohol and Risk-Related Trauma in Youth) presentation to sophomores.
- Participated in Local 5 Live media segment to educate on the Alcohol Task Force initiatives about reducing binge drinking and impaired driving.

Adequate, Appropriate and Safe Food and Nutrition

Staff person: Ellen Moore

Goal: Support programs that make healthy foods more accessible and affordable for low income residents of Brown County.

Short-term Performance Measures:
- Brown County will increase the percentage of healthy foods donated in food pantry food drives by 2%.
- A document summarizing food pantry models and best practices around the country will be accessible to committee members.
- A mechanism will be established and maintained to provide monthly opportunities to share updates and leverage resources.

Results:
- Percentage of increase of healthy food donated in food pantry food drives: (results pending analysis)
- Document summarizing food pantry models and best practices has been created and is accessible.
- A mechanism has been established and maintained to allow for updates and opportunities to
  leverage resources.

Objective 1: Improve food choices offered by food pantries by increasing the percentage of healthy food options and reducing the amount of low-nutrient foods, without reducing the total amount of food donated.

Accomplishments:
- Partnered with Scouting for Foods to raise the awareness of the Food Drive 5 and healthy donations.
- Conducted a fourth community food drive assessment.
- Developed and published the Food Drive 5 toolkit.
- Developed a social media (Facebook) strategy.

- Established a marketing plan for Healthy Food Donations.
- Developed an inventory of Brown County food drives.

Objective 2: Initiate a planning process to align food pantry infrastructure in the community to meet current and projected growth needs.

Accomplishments:

- Partnered with UWGB students to conduct research on food pantry infrastructure.

Objective 3: Identify and monitor community needs as they relate to non-emergency food security.

Accomplishments:

- Reviewed the Brown County Food Security Study.
- Community gardens received City and County funding for a garden coordinator through 2016.
- Farmer's market Electronic Benefits Transfer (EBT) administration is funded through 2016 with annual approval through 2018.
- Double Your Bucks EBT is funded through 2016.

Oral Health

Staff Person: Erin Bongers

Goal: To promote and improve oral health and assure access to effective and adequate oral health services for the benefit of all Brown County citizens.

Short-term Performance Measures (reporting on 2 of 8):

- Monitor the # of referrals to the NEW clinic dental program.
- Increase the # of patients seeking care at the NEWCC Dental Clinic who have completed treatment.

Results:

- Percentage of increase of referrals to the NEWCC Dental Clinic: 33% increase (from 11/15 to 12/15).
- Increased number of patients seeking care at the NEWCC Dental Clinic who have completed treatment: 183 more patients seen from 2014 to 2015.

Objective 1: Reduce the number of emergency department visits for oral health concerns that could be addressed in the dental office.

Accomplishments:

- Developed antibiotic and pain treatment recommendations for adult tooth pain for use in emergency departments.
- 100% of Brown County Emergency Departments have reported implementing the above recommendations.

- Developed and implemented a referral process between Emergency Departments and the adult dental clinic in order to reduce repeat Emergency Department visits.

Objective 2: Develop strategies for groups where evidence has shown improved health outcomes with proper oral health care.

Accomplishments:

- Developed a 3 year plan and outcome measures for the oral health action planning team.

Objective 3: Formalize collaboration among groups addressing oral health.

Accomplishments:

- In collaboration with the ADRC, developed a tip sheet for clients when evaluating dental discount programs.
- Collaborated with the Farmer's Market to provide outreach resource materials, brochures and toothbrushes.

Objective 4: Incorporate an Oral Health Basic Screening Survey (BSS) within primary care practices.

Accomplishments:

- Expanded the BSS questions in primary care practices.

Objective 5: Influence public policy to support oral health initiatives.

Accomplishments:

- Initiatives will be implemented early in 2016.

Mental Health

Staff Person: Erin Bongers

Goal: Brown County increase access to mental health services for all populations in the county by identifying gaps and disparities and creating a common platform that mental health providers, partner agencies and stakeholders can access.

Short-term Performance Measures:

- The number of suicides in Brown County will decrease from 35 to 33.
- The average number of poor mental health days per 30 days as reported by county residents will decrease from 3.2 to 3.0.

Results:

- Suicides in Brown County: 38
- Average number of poor mental health days in the last 30 days: (new data not published to date)

General Accomplishments:

- Developed the Mental Health taskforce as a result of the Community Health Needs Assessment
- Developed attainable goals/objectives to complete the Community Health Improvement Plan

Objective 1: Create a document accessible to all stakeholders that identifies the current state of mental health care in Brown County, including all available resources and services provided, gaps and disparities in care, needed programs and ratio of specific mental health providers to population.

Accomplishments:

- Collaborated with the Green Bay Area Public Schools in conducting a Gap analysis (through the Safe School Grant).
- Collaborated with 211 to incorporate/map community mental health resources.

Objective 2: Create a draft proposal for creating a community- wide "no wrong door" access platform for mental health treatment and connection between mental health providers.

Accomplishments:

- Explored feasibility and supported efforts in obtaining a basic needs grant to support the "no wrong door" access platform within the community.
- Assessed disparities within the health systems related to payer source.

Objective 3: Complete an inventory of all mental health screening tools currently utilized across community settings and develop a common screening platform that is appropriate for each setting.

Accomplishments:

- Assessed different mental health screening tools across health systems; PHQs is the most common.
- Collaborated with United Way to plan, write and receive a grant through the Medical College of Wisconsin to implement maternal and child mental health screening.

Essential Service 2: Diagnose and investigate health problems and health hazards in the community

Background: Essential Service 2 includes provision of epidemiological identification of emerging health threats, human health hazards, and active investigation of infectious disease and prevention of vaccine preventable disease through immunization. The following programs/ activities are highlighted in this section: Seasonal influenza, communicable disease control, immunization program, lead poisoning prevention, human health hazard control and radon programs.

Seasonal Influenza

DPHD was able to obtain the quadrivalent flu vaccine which protects against two influenza A viruses and two influenza B viruses. The quadrivalent vaccine was offered in an injectable form as well as nasal spray. The health department administered both privately purchased vaccine and state supplied Vaccine for Children (VFC) influenza vaccine. VFC supplies can now only be utilized for children without health insurance, children with Medicaid/state-sponsored insurance, children

that have private insurance-but no coverage for vaccine or those who are Alaskan Native/Native American (outside of mass clinics).

2015 Outcomes:

- **497** total influenza vaccinations were given in 2015. **329** of those influenza vaccinations were given in a mass clinic setting.

Mass Clinics

In response to the CDC recommending that all school-age children be vaccinated against influenza in the 2015-16 school year, the DPHD held six flu vaccination clinics in the month of October.

	2013	2014	2015
Mass Clinic 1	88	101	26
Mass Clinic 2	74	98	47
Mass Clinic 3	---	88	45
Mass Clinic 4	---	105	83
Mass Clinic 5	---	---	55
Mass Clinic 6	---	---	73
Total	**162**	**392**	**329**

Immunization Program

The DPHD makes every effort to reduce or eliminate indigenous cases of vaccine preventable disease through vaccine administration, education and outreach. The health department's vaccine administration program promotes and provides adult and childhood immunizations to those who are eligible. The health department staff also works closely with private and public schools to assure compliance with the Wisconsin Student Immunization Law.

Immunization Performance Measure	2013	2014	2015
% of 24 month olds that met the CDC benchmark	84%	81%	82%
Average % of school age children who met the WI minimum school vaccination requirements	95%	94%	94%

2015 Outcomes:

- On average, **94%** of school-aged children in De Pere were in compliance with school immunization law.
- As of December 31st, 2015 **82%** of City of De Pere children were up-to-date with recommended vaccinations by *24 months* of age. **87%** were late-up to date.

Immunization	2013	2014	2015
DtaP	*4*	*5*	*2*
Pediarix (DtaP, Hep B, Polio)	*9*	*5*	*12*
Kinrix (DtaP/Polio)	*4*	*10*	*5*
Hep A (peds)	*39*	*37*	*34*
Hep A (adult)	*26*	*13*	*12*
Hep B (ped)	*10*	*8*	*6*
Hep B (adult)	*76*	*43*	*34*
Haemophilus Influenza B (Hib)	*7*	*7*	*13*
Human Papilloma Virus (Gardasil)	*57*	*54*	*44*
Influenza (peds)	*252*	*411*	*343*
Influenza (adult)	*109*	*174*	*154*
Meningococcal Vaccine	*33*	*39*	*31*
Measles, Mumps, Rubella	*15*	*17*	*18*
Pneumococcal (PCV13)	*8*	*7*	*16*
Polio	*12*	*6*	*8*
Rotavirus	*5*	*4*	*8*
Tetanus	*4*	*4*	*0*
Tetanus/Pertussis	*70*	*68*	*66*
Varicella	*16*	*25*	*17*
Total	***756***	***937***	***823***

- The DPHD administered **823** vaccinations in 2015.
- Although not an immunization, Tuberculin Skin Testing is a common clinical service provided by a local health department in an immunization clinic setting. **75** TB skin tests were provided to individuals who identified a need for screening based on school status, employment or travel requirements.
- In November the DPHD began TSPOT testing. This IGRA test is more specific and more reliable than a TB skin test. Collaboration with St. Nobert College has provided the Health Services department on campus to provide this test to their students and faculty as well.

	2013	2014	2015
(Other) TB skin testing	80	78	75
TSPOT testing	---	---	1

Northeast Wisconsin Immunization Coalition (NEWIC)

The DPHD collaborates and serves in leadership roles within the Regional Immunization Coalition. Coalition membership has representation for health departments from as far north as Door County and as far south as Fond du Lac County. In addition to health department representation, there are also partners from hospitals, clinics and pharmacies.

2015 Coalition Outcomes:

- The Northeast Wisconsin Immunization Coalition (NEWIC) met 4 times in 2015. Additionally, the executive board met 4 times. The meetings focused on implementing the coalition's strategic plan focusing on education, awareness and outreach.
- DPHD actively participates on the coalition and the board acting as treasurer. In addition, staff led the planning efforts for the Immunization Update Symposium to be held in April 2016.
- The coalition received a state grant to conduct a public awareness campaign on HPV vaccination. Billboards and movie theater ads were purchased through the coalition to promote adolescent vaccination throughout the NE Region.

Communicable Disease

According to Wisconsin State Statute, local health departments are responsible for surveillance, investigation and follow-up of reportable communicable diseases. Additionally, animal bites are reported to the local health department to assure completion of animal quarantine and veterinary examinations or specimen submission to the State Lab of Hygiene for rabies testing. These measures protect animal bite victims and assure the recommendation of post-exposure prophylaxis if necessary to prevent rabies transmission to humans.

2015 Outcomes:

- Public Health Nurses conducted follow-up on **140** reports of communicable diseases determined to either be classified as: not a case, suspect, probable or confirmed.
- DPHD investigated **7** suspect norovirus and outbreaks.

- DPHD investigated **1** probable Clostridium perfringens enterotoxin outbreak.
- DPHD investigated **3** acute respiratory illness outbreaks and coordinated/secured antivirals for local partners through the state stock-pile.
- **30** animal bite/exposure investigations were completed.
- Approximately **824** hours were spent on communicable disease surveillance, follow-up and control activities.

Disease Name	2013 Reports	2014 Reports	2015 Reports
AFB Smear Positive	0	1	0
Campylobacter	7	5	4
Chlamydia	49	52	65
Cryptosporidiosis	4	0	1
E-Coli, Shiga Toxin-Producing (STEC)	0	2	4
Ehrlichiosis/Anaplasmosis	0	0	2
Giardiasis	1	1	3
Gonorrhea	3	11	3
Haemophilus Influenzae, Invasive Disease	0	1	1
Hepatitis A	1	0	1
Hepatitis B, Chronic	0	1	1
Hepatitis B, Unspecified	0	4	2
Hepatitis C	5	7	4
Influenza Associated Hospitalization	9	4	10
Legionellosis	1	0	1
Lyme Disease	2	4	7
Measles	0	0	1
Mumps	0	4	2
Mycobacterial Disease (Non-TB)	3	2	1
Pertussis (Whooping Cough)	2	6	2
Psittacosis	0	0	1
Salmonellosis	2	0	4
Streptococcus Disease (Invasive Group A and B)	1	2	5
Streptococcus Pneumoniae, Invasive Disease	1	2	1
Syphilis Reactor	0	2	1
Syphilis, Early Latent and Secondary	0	1	5
Tuberculosis, Latent Infection (LTBI)	6	3	4
Varicella	1	4	1
Total	**98**	**119**	**140**

	2013	2014	2015
Norovirus Outbreaks	3	4	7
Acute Respiratory Illness Outbreaks	---	1	3
Animal Bite/Exposure Investigations	**2013**	**2014**	**2015**
• dog	14	18	24
• cat	2	4	2
• bat	1	0	4
Total	**17**	**22**	**30**

Human Health Hazard Control

The DPHD investigates complaints filed according to City and State ordinances/laws. The complaints are investigated/abated in accordance with department policies/procedures. The goal of the program is to protect the public's health and safety.

2015 Outcomes:

- DPHD investigated approximately **31** health hazard complaints ranging from noise complaints to housing complaints and animal situations. Complaints were resolved either by education or by compliance orders and enforcement.
- Average response time from call intake to call investigation is **1** business day.
- Staff spent approximately **202** hours on health hazard investigation and follow-up in 2015.

	2013	2014	2015
Health Hazard/Nuisance Complaints	37	43	31
Hours Spent	--	149	202

Lead Poisoning Prevention

Lead test results are reported to DPHD and are reviewed by staff. Children in the Women, Infants and Children (WIC) Program receive blood lead screenings at age 1 and again at age 2 years, then age 3-5 if they have not had a previous lead test done. Private providers also screen based on risk and results are reported. A public health nurse follows up on all test results over 5 µg/dL, which is the Centers for Disease Control's reference level for public health intervention to be initiated. This program provides education to families on the prevention of lead exposure. Home inspections and case management services will be provided for levels 10 µg/dL and higher.

2015 Outcomes:

- **386** De Pere children were screened for lead in 2015 by the WIC program and private providers.
- Public health nurses reviewed 100% of the results and provided prevention education to **1** family whose child's blood result was over 5 µg/dL.
- No environmental hazard assessment/abatements were conducted in 2015 as there were not any City of De Pere children that had blood lead levels over 10 µg/dL.

	2013	2014	2015
Children screened	338	475	386
Blood lead over 5 µg/dL	3	2	1
Blood lead over 10 µg/dL	0	0	0

Brown County Lead Coalition

DPHD staff actively participates on the Brown County Lead Coalition. The multi-disciplinary group's mission is to protect/prevent children (less than 6 years of age) from lead poisoning in Brown County. The group meets monthly and has a specific work plan to increase the public's awareness of the hazards of environmental lead and the importance of blood lead screening.

2015 Coalition Outcomes:

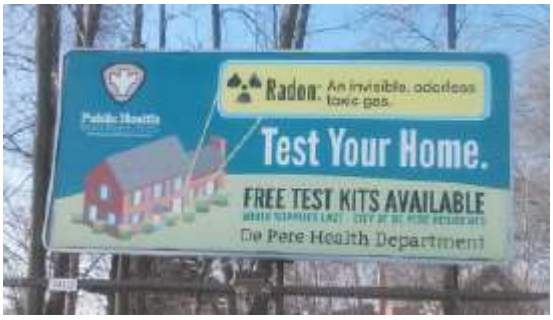
- Continued implementation of a community-wide public awareness campaign to include newsletters, education sessions at the De Pere library, social media and billboards.
- Participated in multiple community educational events to include: Head Start Orientation, Back to School Store, etc.
- Completed outreach activities in our community related to Lead Awareness Week.

Radon

Radon is an odorless radioactive gas that is dangerous if it accumulates within buildings/homes. In Wisconsin 5-10% of homes have elevated radon levels on the main floor of the home. Radon levels vary significantly within cities and neighborhoods. This is why people should test their homes for radon. Kits are available through the DPHD in cooperation with the Northeast Wisconsin Radon Information Center. The radon testing program promotes radon testing, education and mitigation information.

2015 Outcomes:

- **57** radon kits were distributed in the City of De Pere by the DPHD. Education on testing, results and health effects of radon exposure was also provided.
- **51,948** weekly impressions were captured utilizing this billboard on Ashland Avenue in De Pere.
- Education was also provided via a press release sent to all media outlets, the City's newsletter and through blood pressure clinics and library events in the month of January.



Essential service 3: Inform, educate, and empower people about health issues

Background: Essential Service 3 includes social marketing, communication with targeted media regarding public health issues as well as providing accessible health information resources to reinforce health promotion messages and programs.

General Health Education

DPHD staff provides education/outreach to staff in local school districts, diverse community groups and to clients receiving public health services at the health department. Topics include prenatal/postpartum care, healthy nutrition, infectious disease prevention, blood borne pathogens and other general health topics. Education is provided to the public through many venues like: the website, social media, formal/informal face-to-face presentations, newsletters, press releases, radio and television interviews and email.

2015 Outcomes:

- The DPHD collaborated with the Police Department's Bike Safety Rodeo in May 2015. The health department provided helmet fitting for approximately **300 students**.
- Participated in the Bellin Bike Rodeo held at Lambeau Field, fitting bike helmets on more than **500 kids**.
- The DPHD was an active participant and leader in the planning committee for the *Be the Light Walk* which is an annual fundraising and awareness event of the Brown County Coalition for Suicide Prevention. The mile long awareness walk, held on September 12th, started at St. Norbert College and ended at Voyager Park in De Pere and yielded approximately **700 participants**. All proceeds are returned back to the community with suicide prevention activities.
- Two QPR (Question, Persuade, and Refer) trainings were held for the community, educating on early detection and warning signs of suicide.
- In 2015, the DPHD participated in four ***community*** car seat inspection events held at community venues serving hundreds of families in the community.
- The DPHD assisted the 54218 Coalition and the De Pere School District with this year's walk to School Day on October 7th. This annual event encourages healthy living and physical activity for our youth.

- The DPHD website is continuously updated with timely public health content. Documented **18,001 views** (3,883 views-2014) on content posted to the health department website in 2015.
- Media releases were created/distributed on various public health topics to include: Radon, Measles, Egg Safety, Swimming Safety, Back to School Immunizations, Influenza and the Remembering When Program. Interviews were also conducted on a variety of additional topics to include: car seat safety, sewage back-up and viral meningitis.
- A Maternal Child Health Newsletter is emailed monthly to **12** De Pere Childcare Centers, to post and disseminate to their clients, yielding an even greater distribution of Maternal Child Health information.
- **266** De Pere families of newborns were mailed information on: child passenger safety, safe sleep, immunizations, lead exposure and second hand smoke.

Parenting Newsletter

The De Pere Kiwanis has been working with the DPHD since 1994 to provide families a monthly parenting newsletter for the first 12 months of their baby's life. With a cooperative agreement, the health department compiles mailing lists and the Kiwanis coordinates the monthly mailing to the individual families.

Bloodborne Pathogen Education

The DPHD offers blood borne pathogen training to businesses/organizations upon request. In accordance with OSHA regulations employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on blood borne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. In June, 2015 blood borne pathogen trainings were conducted at the MSC and Community Center for summer and new city employees.

Kress Family Library Healthy Baby Happy Parent Program

The DPHD staff members are collaborating with the Kress Family Library to provide monthly educational presentations for parents on health, growth and development and safety related topics via "Story Time", Special Events, and the monthly DPHD Maternal Child Health Newsletter.

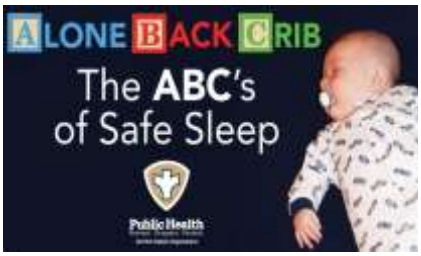
	2014	**2015**
Caregivers	383	481
Children	439	610

2015 Outcomes:

- 2015 library presentations had **481** caregivers and **610** children in attendance.
- Newsletters are created to address Maternal Child Health topics to promote health, bonding and safety for families with young children. Families have signed up at the Kress Family Library Story Time to receive this newsletter via email. **111** families have signed up to receive the monthly Maternal Child Health Newsletter.

Safe Sleep Program

The safe sleep program is an educational program for pregnant women, families and caregivers of infants. The goal of the program is to educate on safe sleep practices and to assure that individuals have access to cribs (pack-n-plays). Public Health Nurses educate new and expecting parents on safe sleep environments and assess the need for cribs (pack-n-plays).



2015 Outcomes:

- De Pere Health Department promoted safe sleep messaging in the community through billboards, newborn mailings, home visits, newsletters and community presentations.

- The DPHD is an active participant on a SAFE SLEEP collaborative in Brown County.

Picnic and Play

Picnic and Play meets monthly at the Kress Family Library over the lunch hour. The goal of this program is to provide an opportunity for families with toddlers to become socially connected to the community by sharing a meal with others and participate in fun physical activity with their children. A healthy nutrition topic is presented with recipes focused on the toddler's pallet. **110 adults and 131 children attended this new program in 2015.**

ASQ-3: Ages and Stages Developmental Screening

The Ages and Stages Questionnaire is an evidence based screening tool designed to be completed by parents and scored by a health care provider at developmental stages from 2 months through 5 years of age. The Ages and Stages Screening tool is a great way to identify a child's strengths and identify if there are areas where he or she may need extra support. Parents are provided with age appropriate activities in support of their child's growth and development. If indicated, referrals are made to Birth to Three for in home therapies. In 2015, **12** ASQ-3 assessments were provided with 3 referrals made for follow up therapies.

Essential service 4: Mobilize community partnerships and action to identify and solve health problems

Background: Essential Service 4 involves actively participating in community groups to undertake defined preventive and population-focused activities in order to capture the full range of potential resources to solve community health problems. The partnerships below are in addition to the Community Health Improvement Plan partnerships already mentioned.

2015 Outcomes:

- The DPHD is an active member of the **Child Death Review (CDR) team**. This multidisciplinary team confidentially reviews cases to better understand the trends in child deaths in our community. This team also looks at policy development and prevention measures that can be implemented to prevent future child deaths.
- The DPHD serves on the **Do 1 Thing Committee**, a non-profit organization whose mission is to build stronger communities with an action program, by empowering people to prepare and protect themselves and their families in a disaster.
- A Public Health Nurse serves on the **Suicide Prevention Coalition** and focuses on providing education, overcoming stigma, and providing awareness of suicide prevention for the benefit of all people in the City of De Pere.
- A Public Health Nurse is an active participant and Board member of the **Oral Health Partnership.** The Partnership serves to improve the oral health of the De Pere community by providing access to dental services and oral health education to underserved populations who do not have dentists of their own.
- DPHD staff are represented in workgroups and on the Executive Committee for the Community Partnership for Children. The **Community Partnership for Children** is a

community change initiative coordinated by the Brown County United Way. This partnership works to ensure that all of our children are safe, healthy and ready for kindergarten. They collaborate to reduce child abuse and neglect, improve child health, ensure optimal child development, and strengthen families.

- The DPHD is an active participant in the Brown County Communicable Disease Group. The **Communicable Disease Surveillance Group** meets quarterly and its membership includes representation from hospitals, clinics, schools, colleges, nursing homes, Fire/EMS and correctional institutions. The group discusses morbidity and mortality trends as well as new and emerging disease/illnesses and the public health recommendations associated with these trends.
- The DPHD is an active participant on the **SAFE KIDS Coalition.** This coalition is a partnership to promote/provide coordinated injury prevention programming. The coalition coordinates programs that will prevent and reduce injuries from motor vehicles, falls, drowning, burns, poisoning, sports, and more.
- **Urban Orchard Project Collaboration** began in 2015. This collaborative effort is comprised of City staff, elected officials and the West De Pere School District. This is a pilot project and the goal is to plant and maintain at least 2 urban orchards, consisting of at least 12 plum, pear and/or apple trees in each orchard by Spring of 2016. Grant funding for the project has been secured by the health department and forestry department.
  The project's aim is to:
  - Provide access to fresh, healthy affordable food for communities through edible landscapes
  - Educate/promote awareness on nutrition and agriculture
  - Bring neighbors together
  - Revitalize underutilized city property
  - Decrease obesity (long-term)

Public Health Preparedness

Since 2001, public health agencies have received grant funding from the Centers for Disease Control to prepare themselves and their communities for emergencies. The DPHD contracts with preparedness staff who are shared by two other agencies: Brown County Health Department and Oneida Nation's Community Health Services. DPHD staff work closely with the contracted team members to participate in plan development, exercises/drills and community education.

2015 Outcomes:

Prepared by: Steve Johnson and Anna Destree, Public Health Preparedness Coordinators
Representing the Public Health Agencies of Brown County, De Pere & Oneida Nation

- In 2015, health agencies completed 14 comprehensive assessments to measure emergency response capabilities and identify response gaps. Four capabilities were chosen statewide to improve upon. Preparedness activities are largely based on **Capability Resource Elements: Planning, Skills and Training, and Equipment and Technology.**

Public Health has been and continues to be involved in the following preparedness activities to address and close gaps in our response capabilities:

- **Planning**—Plans have been developed, in coordination with response partners, to address the following:
  - Mass Fatality
  - Mass Care
  - Pre-disaster Mitigation
  - Continuity of Operations (COOP)
- **Skills and Training**—Training was coordinated and offered to department personnel to enhance skills and competencies:
  - Incident Command System (ICS)
  - Mass Care/Sheltering/Family Assistance Center
  - Risk Communications
  - Ebola exercise and response
  - Flu Prevention Mass Dispensing Exercises
- **Equipment and Technology**—Preparedness grant funding gives public health agencies the opportunity to purchase resources to enhance day-to-day and emergency response.
  - à *Portacount* machine was jointly purchased (with BCHD) and provides an accurate respirator fit to protect employees from contagious airborne contaminants such as viruses and bacteria.
  - Technology was also purchased to supply the City's Emergency Operations Center with needed equipment allowing direct communication and real-time situation updates from the County EOC and within the State of Wisconsin.

Essential service 5: Develop policies and plans that support individual and community health efforts

Background: Essential Service 5 involves providing leadership for systematic community and state level planning for health improvement; development and tracking of measureable health objectives as a part of continuous quality improvement strategies and development of codes, regulations and legislation to guide the practice of public health.

2015 Outcomes:

- The health department organized and published the 2015-2017 Health Improvement Plan for the Beyond Health Collaborative.
- Agency staff collaborated with all four health focus groups to achieve measurable goals/outcomes listed in the Community Health Plan.
- This agency's strategic plan was reviewed/revised in March 2015 and communicated progress on the plan to the Board of Health.
  - The main goals are outlined below:
    - Improve external communication and public health awareness
    - Strengthen workforce development

- Institutionalize quality improvement to assure the provision of quality public health programming

Essential service 6: Enforce laws and regulations that protect health and ensure safety

Background: Essential Service 6 involves full enforcement of sanitary codes, especially in the food industry; enforcement of clean air standards and timely follow-up of hazards. Highlighted in this section are: the Agent Programs with the State Department of Health Services (DHS) and the Department of Agriculture, Trade and Consumer Protection (DATCP) to include retail food and weights and measures. Additionally, the weights and measures program is highlighted as a code to protect the consumer against errors in pricing.

Inspection Program

In July 2015, the DPHD officially regained agent status through the Department of Health Services (DHS) and the Department of Agriculture, Trade and Consumer Protection (DATCP). The goal of this program is to assure healthy and safe establishments for the public. This program is responsible for licensing and inspecting: hotels, motels, restaurants, taverns, swimming pools, campgrounds, bed and breakfasts, tourist rooming houses, tattoo and body art establishments, retail food establishments and schools.

2015 Outcomes:

- Program policies and procedures were reviewed, revised and created.
- Agent status agreements were reviewed and approved through the Board of Health and City Council.
- Ordinances were recreated and approved through Board of Health and City Council giving authority to reinstate the City of De Pere Health Department as an agent of the state for establishment health inspections.
- Completed 174 inspections from DPHD (54 completed by the State before the department became an agent) as of December 31, 2015. *These inspections include re-inspections for the same facility as needed.

Total # of establishments	Establishment Type
45	DATCP
3	Body Art
1	Campgrounds
164	Food Facilities*
4	Hotels/Motels
13	Pool Facilities
1	Summer Camps
14	Schools
12	Special Events
Total-243	

*Inclusive of Taverns

Weights and Measures Program

The weights and measures program provides consumer protection service in which consumer products packaged or sold by volume or weight are inspected and tested to ensure the volume or weight of the product is accurate. Typical consumer products verified are prepackaged food and non-food items, deli/salad sales by weight and gasoline and diesel fuel sales. In addition, UPC price scanning checks are conducted at all retail stores that sell products based upon a preprogrammed price code. The license year for the weights and measures facilities is from July 1 through June 30.

In 2015, (July 1-June 30) license year, the Health Department licensed 41 establishments. Inspections are based on a calendar year for the purposes of this report. As of December 31, 2015 9 establishments have been inspected.

Essential service 7: Link people to needed personal health services

Background: Essential Service 7 involves assuring effective entry for people into a coordinated system of clinical care; linkage to services for special population groups; ongoing care coordination and targeted health information to high risk population groups. Highlighted in this section are the agency's Maternal Child Health Home Visitation Program and the Child Passenger Safety Seat Program.

Maternal Child Health Home Visitation Program

This program provides public health nursing home visits to parents of newborns.
The purpose of this program is to assess infant and family needs, provide education, follow-up and referral as needed. Additionally, the DPHD works with community partners to define early childhood systems that build and integrate services and support to promote optimal physical, mental, and social health and development of all children and their families.

2015 Outcomes:

- **279** families of newborns received parenting newsletters in 2015. Parents with concerns or questions are encouraged to call the DPHD with questions or concerns. A Public Health Nurse is available to answer any questions or make home visits as needed.
- The DPHD accepts high-risk infant referrals from local hospitals in coordination with the Community Partnership for Children Program.

First Breath Program

In 2015, DPHD received continuing education and is listed as a First Breath Program provider. First Breath is an evidenced-based education/incentive program, organized through the Wisconsin Women's Health Foundation (WWHF). The program is designed to help pregnant women stop smoking. The health department is another access point for pregnant women. DPHD staff will continue to promote this program through individual and population-based educational opportunities throughout the City.

Child Passenger Safety Seat Program

Keeping children safe and preventing injury is a priority. For this reason, the DPHD invests in continuing education for a public health nurse to be certified as a car seat technician. The DPHD collaborates with the De Pere Fire Department to offer this service for citizens. Not only is the seat installed, but education is also provided on heat related illness/death with children left in cars and other general safety topics and public health programming.

	2014	2015
Car Seat Clinics	16	24
Car Seats Installed	50	80

2015 Outcomes:

- In 2015, **24** car seat installation clinics were conducted. DPHD staff installed **80** car seats and provided education to new/expecting parents.
- **100%** of parents served were able to verbalize knowledge of and demonstrate the correct child passenger safety seat installation techniques.

Adult Health Screening: Blood Pressure Clinics

Chronic high blood pressure can cause heart disease, stroke, kidney disease, and blindness. The purpose of blood pressure screening is to identify people with high blood pressure levels, monitor readings and refer clients for clinical evaluation and treatment. Screenings are provided weekly at the De Pere Community Center on Wednesdays from 10:30 am to 11:30am. In 2015, there were **50** blood pressure clinics and Public Health Nurses conducted **537** screenings. Referrals to the client's primary care physician for elevated screenings were completed as outlined in agency policies and procedures. Education sessions were initiated in 2015 on the first Wednesday of every month. Education topics ranged from healthy eating to exercise and home safety.

De Pere Community Paramedicine Program

In 2015, the DPHD collaborated with the De Pere Fire Department on a Community Paramedicine Program pilot for senior citizens. This program focuses on home safety assessments and referrals to community programming. This is to assure that seniors are able to stay safely in their homes. Twelve families were the very first to receive the services to prevent injury before it occurs. Erin Bongers and Rod Deviley were awarded scholarships by the National Fire Protection Agency to attend an evidenced-based fire and fall prevention program training. Staff are planning more home visits and community presentations for 2016.

Essential service 8: Assure competent public and personal health care workforce

Background: Essential Service 8 involves educating and training personnel to meet the need for public and personal health service; adoption of continuous quality improvement and life-long learning; active partnership with academic institutions. In order to provide the highest quality public health service, the DPHD strives to ensure that all of our staff possesses the knowledge, skills, and abilities necessary to perform their jobs effectively and efficiently.

Staff Development

DPHD staff participates in local, state and federal trainings as needed based on staff identified needs, organizational, licensure, program and grant requirements. In addition, the department conducts annual performance evaluations to assess staff competencies and implement needed development opportunities as they arise.

Linkages with Academia

- The DPHD has strong partnerships with numerous institutions of higher learning and serves as a site for student placement, observation, practice experience and internship. In 2015, the DPHD provided public health experience to students from the University of Wisconsin-Green Bay, Bellin College and Concordia University.

	2013	2014	2015
Mentored hours	200	486	758
Students	3	8	7

- In accordance with the agency's strategic plan, the DPHD has collaborated throughout the year with the Medical College of Wisconsin. Within this new partnership, the DPHD is an inaugural member of the Community Partner Council. Community Partner Council Member roles include:
  - Assist in shaping the development of the medical college's physician in the community course.
  - Assist with planning.
  - Serve as an instructor for course sessions.
  - Assist with course implementation and evaluation.
  - Serve as (or liaise to) a course advisor and/or mentor to a medical student.
  - Act as a source for potential scholarly research projects.

Essential service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Background: Essential Service 9 calls for ongoing evaluation of health programs to assess program effectiveness and to provide information necessary for allocating resources and shaping programs. Measures for assessing this essential service indicate a need for strengthening DPHD activities in this domain.

Quality Improvement

Quality improvement efforts are ongoing within the department. In 2015, the department conducted a thorough assessment of environmental health policies and procedures to assure they are aligning with operations and evidence-based practice. In addition, the department is exploring the feasibility to participate with other stakeholders in our community and the Institute for Health Care Improvement (IHI) in a quality improvement project as it relates to Poverty.

Consolidated Contract and State Grant Program Reviews

Each year the State Division of Public Health enters into contracts with the DPHD for grant dollars focusing on various public health initiatives. The grants are performance-based and require demonstration of successful completion of negotiated objectives to assure future funding.

2015 Outcomes:

- Program objectives were successfully met for the following programs: Immunization, Prevention, Lead Poisoning Prevention, Maternal Child Health and Local Public Health Preparedness.

Essential service 10: Research for new insights and innovative solutions to health problems

Background: Essential Service 10 includes continuous linkage with appropriate institutions of higher learning for research.

The DPHD participates in numerous data collection surveys and information gathering efforts at a regional, state and national level. Examples include: programmatic surveys (i.e. public health preparedness, maternal child health programming), the annual Wisconsin Local Health Department Financial and Staffing Survey and WALHDAB/WHPA as well as the National Association of City and County Health Officials (NACCHO) survey efforts.

2015 Financial Statement

Category	2015 Budget	2015 Actual
Revenues	487,480	483,286
Expenditures	487,480	483,286
Revenue Type	**2015 Budget**	**2015 Actual**
Fees for Service	8,800	5,067
Licensing/Permits	70,510	80,143
Health Grants	55,251	65,973
Weights and Measures	16,500	17,718
City Tax Levy	336,419	314,385
Total	487,480	483,286
Expense Type	**2015 Budget**	**2015 Actual**
Personnel	399,719	407,492
Contractual	18,580	18,025
Supplies	69,181	57,769
Capital	0	0
Total	487,480	483,286

Policy & Procedure Table of Contents

	Policy & Procedure	Effective Date	Reviewed/Revised Date
1.	**ADMINISTRATION**		
A.	Administrative Policy	3/1/2014	1/4/2016
B.	After Hours Coverage	1/1/2007	1/4/2016
C.	Board of Health	3/1/2014	1/4/2016
D.	Cash Collection	1/1/2007	1/4/2016
E.	Civil Rights Compliance	3/1/2014	1/4/2016
F.	Conflict Resolution	3/1/2014	1/4/2016
G.	Delegation of Authority	3/1/2014	1/4/2016
H.	Employee Safety	3/1/2014	1/4/2016
I.	Fee Policy for Public Health Services	3/1/2014	2/15/2016
J.	Flexible Schedule	3/1/2014	1/4/2016
K.	Invoicing	1/1/2007	1/11/2016
L.	Issuing Citations	1/1/2007	1/4/2016
M.	Medical Advisor	3/1/2014	1/4/2016
N.	Orientation	3/1/2014	1/11/2016
O.	Policy & Procedure Access & Annual Review	3/1/2014	1/11/2016
P.	Professional Staff Licensure	3/1/2014	1/11/2016
Q.	Public Health Supply Ordering	3/1/2014	1/11/2016
R.	Purchasing	5/18/2009	1/11/2016
S.	Workforce Development	5/1/2014	1/11/2016
T.	TSPOT Coordination with St Norbert College*	9/8/2015	1/11/2016
2.	**ADULT HEALTH**		
A.	Adult Health Referrals	5/17/2010	1/4/2016
B.	Blood Pressure Measurement	1/15/2007	1/4/2016
C.	Blood Pressure Screening	1/1/2007	1/4/2016
D.	Body Fat Percentage Monitoring	5/29/2012	1/4/2016
3.	**COMMUNICABLE DISEASE**		
A.	Communicable Disease Investigation and Control	1/1/2007	1/12/2016
B.	Ensuring Prompt, Accurate Sputum Testing for Persons with Suspect or Active Tuberculosis	1/15/2007	1/11/2016
C.	Ensuring Treatment Compliance for Persons with Suspect, Active or Latent Tuberculosis Infection	1/1/2007	1/11/2016
D.	Foodborne and Waterborne Illness Investigation	1/15/2007	1/11/2016
E.	Incident Reports	5/17/2010	1/11/2016
F.	Isolation Preparedness and Implementation	5/1/2011	1/12/2016
G.	Latent Tuberculosis Infection Case Management and Documentation Guidelines	5/1/2011	1/8/2016
H.	Positive TB skin Test Follow-up	5/1/2011	1/11/2016
I.	Rabies Control	1/1/2007	1/7/2016
J.	Tuberculosis Screening (TB SKIN TEST)	1/1/2007	1/12/2016
K.	TSPOT Testing*	7/22/2015	1/8/2016
L.	Venipuncture*	7/22/2015	1/11/2016
M.	Ebola Monitoring Protocol*	4/21/2015	1/11/2016

4. EMERGENCY PREPAREDNESS			
A.	Personal Protective Equipment(PPE)	5/1/2007	1/11/2016
B.	Personal Protective Equipment: Respiratory Devices	1/1/2007	1/11/2016
C.	Response to Public Health Emergencies	3/1/2014	1/11/2016
D.	Shelter Response	3/1/2014	1/11/2016
5. HEALTH INFORMATION			
A.	Access to Vital Records	3/1/2014	1/11/2016
B.	Birth Records Use & Retention Policy	3/1/2014	1/5/2016
C.	Confidentiality and Record Retention	1/1/2007	1/11/2016
D.	General Documentation Guidelines	1/1/2007	1/5/2016
E.	Interpreter/Translator Services	3/1/2014	1/11/2016
F.	Public Record Availability for Inspection & Copying	3/1/2014	1/12/2016
G.	Release of Immunization Records	1/1/2007	1/12/2016
6. IMMUNIZATION			
A.	Administering Intramuscular Injections	1/1/2007	1/5/2016
B.	Administering Intra-nasal Vaccines	1/1/2007	1/5/2016
C.	Adminsiteration of Oral Vaccines	1/1/2007	1/5/2016
D.	Adminstering Subcutaneous Injections	1/1/2007	1/5/2016
E.	Immunization Program	1/1/2007	1/5/2016
F.	Vaccine Storage and Handling	1/1/2007	1/12/2016
G.	Inventory*	1/7/2016	1/7/2016
7. MISCELLANEOUS			
A.	Acceptable use of Electronic & Social Media Policy	3/1/2014	1/12/2016
B.	Client Transfers & Referrals	3/1/2014	1/5/2016
C.	Media Communications	3/1/2014	1/12/2016
D.	Medical Emergency Procedures	1/1/2007	1/12/2016
E.	Fee Exempt Testing (WSLH)	3/1/2014	1/7/2016
8. Maternal/Child Health			
A.	Child Passenger Safety	1/1/2007	1/5/2016
B.	Community Head Lice	1/1/2007	1/12/2016
C.	Lead Follow-up	1/1/2007	1/7/2016
D.	Mandatory Reporting of Child Abuse	1/1/2007	1/21/2016
E.	Mandatory Reporting of Sexual Abuse	1/1/2007	1/21/2016
F.	MCH Program/Services	3/1/2014	1/21/2016
G.	Newborn Outreach	3/1/2014	1/21/2016

BOH Communicable Disease Report YTD 2016

*reports include those that have been determined not a case, suspect, probable or confirmed

Disease Name	Number of Reports
Arboviral Illness	2
Campylobacter	3
Chlamydia	10
Cryptosporidiosis	0
E.Coli (STEC)	1
Giardiasis	0
Gonorrhea	0
Haemophilus Influenza, Invasive Disease	0
Hepatitis A	0
Hepatitis C (chronic)	1
Influenza Associated Hospitalization	0
Legionellosis	0
Lyme Disease	1
Measles	0
Mycobacterial Disease (Non-TB)	1
Parapertussis	1
Pertussis (Whooping Cough)	5
Salmonellosis	1
Streptococcal Disease (Invasive Group A)	1
Streptococcal Disease (Invasive Group B)	2
Streptococcus Pneumoniae, Invasive Disease	0
Syphilis Reactor	3
Tuberculosis, Latent Infection (LTBI)	2
Varicella	1

Run date: 3/14/2016

Weights & Measures
Comparison of Amounts Charged per Device

2015/2016

Total Number of Devices	715
Amount Charged per Device ($16,500/# of devices)	$23.08

2016/2017

Total Number of Devices	756
Amount Charged per Device ($17,000/# of devices)	$22.49

INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF DE PERE AND THE CITY OF MENASHA REGARDING MUTUAL ASSISTANCE FOR ENVIRONMENTAL SERVICES

This Agreement is entered into this _____day of _____, 20___, between the City of De Pere, a Wisconsin municipal corporation ("De Pere") and the City of Menasha, a Wisconsin municipal corporation ("Menasha") (hereinafter "the Parties") pursuant to the authority set out in Wis. Stats. §66.0301 regarding municipal intergovernmental cooperation.

WHEREAS, the Parties both operate Local Health Departments within their respective jurisdictions under Chapter 251 Wisconsin Statutes, including the services of a registered sanitarian for licensing and inspecting State Department of Health Services (DHS) and Department of Agriculture, Trade & Consumer Protection (DATCP) establishments under Wis. Stats. §§97.41 and 254.69, and enforcing DATCP weights and measures regulations under Chapter 98, Wisconsin Statutes; and

WHEREAS, the Parties wish to provide assistance to the other in cases of sanitarian absence or vacation, and believe it is in the interests of their respective populations to do so under the terms and conditions provided in this Agreement; and

WHEREAS, both agencies believe it is in their individual and mutual best interests to enter into this Agreement to foster intergovernmental cooperation between the two agencies.

NOW THEREFORE, upon the mutual obligations and benefits set forth herein, together with such other consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

I. DEFINITIONS

A. Absence means any of the following:

1. Long-term absence means any long-term absence such as FMLA or other extended absences of up to 12 weeks.
2. Short-term absence means regular vacation or scheduled off days of no more than 10 consecutive work days.

B. Requesting Agency means the Agency seeking personnel assistance from the other Agency.

C. Responding Agency means the Agency providing personnel assistance to the other Agency.

II. COVERAGE

A. Responding Agency agrees to allow its registered sanitarian ("Employee") to assist Requesting Agency in the following:

1. Long term absences until the Requesting Agency obtains adequate contracted coverage from another source. Requesting Agency shall take reasonable steps to obtain adequate contracted coverage from another source. The Requesting Agency shall provide the Responding Agency with reasonable notice of any scheduled long-term absence.

2. Short term absences for the duration of the absence. The Requesting Agency shall provide the Responding Agency with reasonable notice of scheduled short-term absences.

3. The Responding Agency Employee shall be available to the Requesting Agency during any long or short term absence for immediate need services during the ordinary work day, including but not limited to the following:
   a. Restaurant/Retail food pre-inspections;
   b. Complaint investigations;
   c. Food-borne illness investigations;
   d. Technical health hazard/nuisance complaints that are outside the expertise of the remaining Requesting Agency department employees (i.e. methamphetamine laboratory or lead hazard complaints).

4. The responding Agency Employee shall be available to cover after hour emergencies pertaining to food establishments and if needed for other critical emergencies related to environmental health.

B. Responding Agency shall be reimbursed by Requesting Agency as follows:

1. The Responding Agency shall bill the Requesting Agency for all time spent on the Requesting Agency's behalf at the Responding Agency's billable rate for the sanitarian, for up to eight (8) hours per week, not to exceed ninety-six (96) hours or twelve (12)weeks in a calendar year. The Parties may agree to additional billable hours in writing. It is understood that the billable rate includes wages and benefits for the Employee.

2. Mileage for the Responding Agency shall be billed to the Requesting Agency at the Responding Agency jurisdictions approved rate. Mileage will be billed for all responses which include travel for the Responding Agency, whether or not the parties treat the response as a "time for time" reimbursement or a billing reimbursement.

III. LEGAL STATUS, STANDARD OF CARE AND INDEMNIFICATION

A. Employee shall remain the employee of Responding Agency during the period of such assistance for purposes of wages, and other matters pertaining to employment status, including workers compensation.

B. Requesting Agency shall direct and control the work and actions of Employee during the period of assistance. Employee shall use the same degree of skill, discretion, care and diligence in the performance of services for the Requesting Agency as is ordinarily performed and exercised by a member in the same profession, currently practicing and under similar circumstances in the State of Wisconsin.

C. Requesting Agency shall assume liability for, be responsible for, indemnify and, at the Responding Agency's request, defend and save harmless, the Responding Agency, its officer, officials, employees, agents and anyone to whom it may be liable by contract or otherwise, against any claim, loss, damage, or expense arising from any actual or claimed death or injury or damage to property, whether owned by Requesting Agency, Responding Agency, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in connection with, the performance of this Agreement, including any such injury or death or damage caused in part by the Responding Agency's negligence.

IV. CONFIDENTIALITY AND RECORDS

A. Each party understands that, in the course of this Agreement, it may become privy to confidential information regarding work performed for or information gathered while performing work for the other party. Each party shall maintain the confidentiality of all information deemed confidential by either party unless required to release the same by law or a lawful order of a court of competent jurisdiction.

B. All records created while performing services for the Requesting Agency shall remain the property of the Requesting Agency and the Requesting Agency shall remain the custodian thereof for purposes of the Wisconsin Public Records Law (Wis. Stats. §19.21 *et seq.*)

V. TERM OF AGREEMENT

A. This Agreement is effective as of the day written above and shall remain in effect for a period of one year.

B. This Agreement shall be reviewed annually and automatically renew for a period of successive one year periods unless terminated by either party as provided herein.

C. Either party may terminate this Agreement by providing the other party with a 90 day written notice of termination.

VI. MISCELLANEOUS

A. The undersigned represent that they have the lawful authority to execute this Agreement on behalf of their governing body.

B. This Agreement represents the entire Agreement between the Parties. No change, amendment or modifications to the terms of this Agreement shall be effective unless in writing and signed by both parties.

CITY OF DE PERE
By:

_____
Michael J. Walsh, Mayor

_____
Shana D. Ledvina, Clerk-Treasurer

CITY OF MENASHA
By:

_____
Print Name: _____
Title: _____

_____
Print Name: _____
Title: _____

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