Board of Health

Regular Meeting

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

Agenda

Monday, March 20, 2017 **5:15 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **March 20, 2017** at **5:15 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

I. Call to Order

1. Roll Call

II. Action Items

1. Approval of November 21, 2016 Board of Health Minutes
2. Consideration of Request to Revise City Noise Ordinance to Address Common Wall/Intra-Property Division Concerns.
3. Review of De Pere Health Department 2016 Annual Report
4. Annual Agency Policy & Procedure Review
5. YTD Communicable Disease Report including 5 Year Stats for Comparison
6. 2016-2017 Weights & Measures Fee Formula Calculations and Fee Setting
7. Sanitarian Program Update Including Sanitarian Standardization, Agent Program Evaluation, Nuisance Complaints, Health Hazards, and Establishment Complaints
8. Report on Department Outreach/Health Promotion Activities
9. Public Comment on Matters not on the Agenda
10. Future Agenda Items
11. Adjournment

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

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

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Approval of November 21, 2016 Board of Health Minutes**

ATTACHMENTS:

- 11-21-16 BOH Minutes (PDF)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – November 21, 2016

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 21st at 5:15 p.m.

Roll call was taken and the following members were present: Mike Donovan, Dr. Michael McHenry, Pat Finder-Stone, Ryan Jennings, Dennis Hibray, Dr. Richard Erdman, Deborah Armbruster and Dale Schmit.

1. Approval of September 19, 2016 Meeting Minutes

Pat Finder-Stone made a motion, seconded by Dennis Hibray to approve the minutes of the September 19, 2016 Board of Health Meeting. Upon vote, motion passed unanimously.

2. Sanitarian Program Update

- The De Pere Health Department received the contract from DSPS for Tattoo/Body Piercing. The language was identical to the previous contract.
- Dale went to the QIP (Quality Improvement Planning) training, and the Lead Conference. The funding for testing for lead has decreased due to decreased funding. The state is also a using a new lead surveillance system. The EPA has estimated that 10-20% of childhood lead exposure comes from water. Private homes may have lead pipes from the street connection to the home. The Health Department does not check on lead in the water pipes. If an elevated lead level is found at a home in De Pere and it is determined that it is not from lead paint, a water sample will be taken to test for lead.
- There have been 234 nuisance complaints year to date and since our last BOH meeting have had 1 garbage complaint, 2 mold complaints, 2 lack of heat and structural defect complaints which were referred to the Building Inspection Department, 1 lead paint call regarding restoration that was reported to the state, 1 complaint of fleas.
- There have been 13 establishment complaints year to date and 3 since the last BOH meeting.
- 10 pool samples were taken in July and 9 in October. There were no total coliforms present in either of the sampling batches.
- The transition of the DHS and Department of Ag has been going well. The HD has received all of the updated contracts and also the updated codes.

Dr. Michael McHenry made a motion, seconded by Dennis Hibray to accept and place on file. Upon vote, motion passed unanimously.

3. Outreach/Health Promotion Activities

- Helped with the Veterans Suicide 22 Mile Rucksack March at Stadium View
- New Health Officer Orientation – 1st of 3 Health Officer Orientations
- De Pere will be receiving car seats that will be free to citizens who cannot afford one
- Car Seat Installations
- Kress-Library Story Time and Picnic & Play every month
- HPV Initiative – Targeting education and vaccination of 19-26 year olds in De Pere
- Safe Sleep Promotion
- Collaboration with East & West De Pere schools & Oral Health Partnership to implement oral health services
- Continue new mom/baby home visits
- Continued collaboration with UWGB & Bellin College of Nursing to provide clinical experience
- Provided Glucagon/Epipen/Diastat Training to teachers at East De Pere
- Weekly blood pressure clinics
- Paramedicine program
- Attended Legislative Breakfast discussing trends in tobacco, alcohol misuse and mental health priorities
- Assisted West De Pere elementary schools with vision screening

- Attended First Breath/My Baby and Me Regional Practice Session
- Provided Tdap clinic to Foxview Intermediate School (82 students)
- Provided Flu clinic to Foxview Intermediate School (76 students)
- Performed "QPR" family training on suicide prevention on October 27th
- Promoted ASQ assessment at the Sweet Street Event at Shopko Hall on October 28th
- Attended Rabies Control Conference
- Was a guest at the St. Norbert College table at the Voices of Men Event
- Attended TB summit
- Had 4 mass flu clinics for the general public and 2 employee mass flu clinics
- Attended East De Pere Health Fair and provided flu vaccines to children
- Attended the Maternal Child State Conference
- Collaborated with De Pere Police Dept. to deliver food boxes to 22 families in East & West De Pere
- Attended the State STD conference

Pat Finder-Stone made a motion, seconded by Dr. Michael McHenry to accept and place on file. Upon vote, motion passed unanimously.

4. YTD Communicable Disease Report

There has been a suspect case of mumps in De Pere, and also a confirmed case. The Board of Health would like another column added to the YTD Communicable Disease Report reflecting the comparison between 2015 and 2016 confirmed cases.

Dennis Hibray made a motion, seconded by Dr. Michael McHenry to accept and place on file. Upon vote, motion passed unanimously.

5. Public Comment on matters not on the agenda

Pat Finder-Stone mentioned that the City of Green Bay had all junior and senior high school students attend a program sponsored by HSHS, and several other organizations at the Weidner Center called Wrecked at the Weidner. The Police Department depicted actual scenes of accidents that had taken place from drinking and texting. Pat thought the program was very well done. They would like to continue the program after evaluating the costs and have it available to De Pere and outlying areas.

6. Future Agenda Items

7. Adjournment

Upon motion by Pat Finder-Stone, seconded by Dr. Michael McHenry, the Board of Health unanimously adjourned at 6:15pm.

Respectfully Submitted,
Julie Switzer
Health Department Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Consideration of Request to Revise City Noise Ordinance to Address Common Wall/Intra-Property Division Concerns.**

ATTACHMENTS:

- Memo to BOH-Noise Ordinance3-20-17-148-005-16 (PDF)

CITY OF DE PERE MEMO

To: Michael Donovan, Chair
Members of the Board of Health
From: Judith Schmidt-Lehman, City Attorney
RE: Noise Ordinance Overview
Date: March 20, 2017

The Board of Health has been asked by two city property owner/residents to amend the city's noise ordinance to incorporate lower decibel limits for noise proceeding through walls, floors and ceilings in multi-use buildings. The purpose of this memo is to briefly outline the city's current noise ordinance and provide you with information on other noise ordinances in order for you to fully evaluate the ordinance amendment request.

I. CURRENT ORDINANCE OVERVIEW

The current noise ordinance is found at Chapter 146, De Pere Municipal Code (DPMC). Attached is a copy of the noise ordinance for your convenience. The ordinance was initially adopted in 1974 when public health concerns over noise were first advanced. In recent years, there have been slight modifications to the ordinance; however the ordinance has remained remarkably intact over the past 43 +/- years.

Briefly, the ordinance provides two ways for excessive noise to be identified and controlled; namely by measurement of noise at lot lines ("lot line") [§146-8 DPMC] and by a determination that certain unreasonably loud noise is created by human behavior (" human behavior") [§146-10 DPMC]. Under the "lot line" noise regulations, maximum decibel levels are provided for noises within zoning classifications and from one zoning classification to another. "Lot line" noise levels do not apply to intra-building real property divisions by definition of "lot line" in the ordinance, namely:

> *Lot-line* means an imaginary line along the ground surface, and its vertical extension which separates the real property owned by one person from that owned by another person, but not including intra-building real property divisions.

Under the "human behavior" provision, unreasonably loud activities and behaviors (akin to disorderly conduct type behavior) as described in the ordinance are prohibited. This method of noise regulation applies to both lot line and intra-building real property divisions.

The current ordinance also lists exemptions to lot line noise limits and the ordinance provides a method by which industrial/commercial noise sources may obtain additional time to comply with regulations.

The request of the residents is for the city to revise its noise ordinance to place "lot line" noise limits at a level lower than current limits on common wall property and intra-building real property divisions. The residents suggest they are not provided equal protection of the law. Finally, the residents provided information about a noise ordinance

in Ithaca, NY as an example of intra-property/common wall noise regulations and they request that the city adopt similar regulations.

Two points of clarification are necessary. First, the residents relate that their property shares a 'common wall' with the property owner to the east and also shares a common wall with the property owner on the west. A 'common wall', also known as a 'party wall', is a wall built on the boundary line of adjoining properties and shared by both owners. While these two walls of resident's building are common with the adjoining properties, the resident's building itself is not a common building with its adjoining neighbors. As such, the "lot line" regulations of the noise ordinance are applicable to the resident's property under the definition of "lot line".

Second, it is suggested that the city's noise ordinance does not provide "equal protection" to the residents under the law. "Equal protection" in the legal and constitutional sense, does not mean treating everyone or every circumstance the same. The legal underpinnings of equal protection arise under the 14th Amendment to the Constitution, with the basic premise being that government cannot treat different classifications of similarly situated persons differently without certain rationale. What that rationale is will depend on the classifications created and rights involved; not every classification is unconstitutional. In my opinion, it is unlikely that the city's noise ordinance would be found unconstitutional if challenged.

II. ORDINANCE ALTERNATIVES

In addition to contacting the City Attorney of Ithaca, NY and obtaining information on that ordinance, the law department surveyed Wisconsin and conducted an internet search of other communities to determine alternative language provisions that address the concern of the residents. By far, most Wisconsin communities use an ordinance similar to De Pere's current noise ordinance. Below is a summary of ordinances the law department located that address interior building noise in a manner differently than De Pere.

Traverse City, MI

- Has decibel level noise limits of:

MAXIMUM SOUND LEVELS TABLE

Receiving Land Category	Time	A-weighted Sound Level Limit (dBA)
Residential area and Multi-Family area	10:00 p.m. to 7:00 a.m. 7:00 a.m. to 10:00 p.m.	60 65
Commercial area	10:00 p.m. to 7:00 a.m. 7:00 a.m. to 10:00 p.m.	65 70
Industrial area	10:00 p.m. to 7:00 a.m. 7:00 a.m. to 10:00 p.m.	70 75
Noise sensitive areas	10:00 p.m. to 7:00 a.m.	Established by
Noise sensitive areas	7:00 a.m. to 10:00 p.m.	Resolution

- Mixed use properties zoning classification determined by the primary use of the ground floor.
- Uses "real property boundary" rather than "lot line;" "real property boundary" defined as: "the imaginary line which represents the legal limits of property (including apartment, condominium, room or other dwelling unit) owned, leased, or otherwise occupied by a person, business, corporation or institution." In cases involving sound from an activity on a public street or other public right-of-way, the "real property boundary" shall be the nearest boundary of the public right-of-way.
- Allows for variances.

Minneapolis, MN

- Dispenses with sound level limits per zoning classification.
- Prohibits activities generating sound that is 10 dB(C) (C-weighted scale) or more above the ambient noise level during the daytime or 5 dB(C) or more above the ambient noise level during the nighttime; measurements to be taken indoors with doors and windows closed and within the unit occupied by the complainant.

ITHACA, NY

- Uses "real property line" rather than "lot line"; "real property line" defined as: "Means either (a) the vertical boundary that separates one parcel of property (i.e., lot and block) from another residential or commercial property; (b) the vertical and horizontal boundaries of a dwelling unit that is part of a multi-dwelling unit building; or (c) on a multi-use property as defined herein, the vertical and horizontal boundaries between the two portions of the properties on which different categories of activity are being performed."
- Has decibel level noise limits of:

Maximum Permissible Sound Level Limits By Receiving Land Use dBA

Residential[1] 7:30 a.m.-10:00 p.m.	Residential 10:00 p.m.-7:30 a.m.	Commercial[2] 7:30 a.m.-12:00 a.m.	Commercial 12:00 a.m.-7:30 a.m.	Industrial 24 hours
		Outdoors		
60	50	65	55	75
		Indoors[3]		
50	40	55	40	

[1] Property receptor located within an area that's zoned residential.

[2] Property receptor located within an area that's zoned commercial, including but not limited to those zones designated CBD, Waterfront, B, WDEZ, and MU (Collegetown Mixed-Use District).

[3] The indoor permissible sound level limits will only apply if the sound source is on or within the same property as the receiving property, as in the case of a multi-dwelling unit building or a multi-use property (e.g., sound generated within a commercial unit of a multi-use property building and received within a residential unit of the same building). In addition, indoor measurements shall be taken if the property line between the receiving property and the source property is a common wall, floor or ceiling.

- Has variance language, including sustained duration variances.
- It is important to note that Ithaca officials pointed out the importance of using a noise consultant to conduct research into what the acceptable noise levels of a community are in order for the ordinance to work. As compared to other communities still using the lot-line ranges, Ithaca's 40 decibel limit during evening hours is by far the most restrictive.

LaCrosse, WI

- Prohibits sound that exceeds the ambient noise level by six decibels at the property line, or if a condominium or apartment, within any adjoining apartment.
- Rather than traditional noise level table, expresses prohibited level of noise by decibel and duration of noise:

a. All districts, 7:00 a.m. to 6:00 p.m. duration of sound:
   1. Less than ten minutes, 75 dB;
   2. Between ten minutes and two hours, 60 dB;
   3. In excess of two hours, 50 db.

b. Residential districts, 6:00 p.m. to 10:00 p.m. and all other districts 6:00 p.m. to 7:00 a.m., duration of sound:
   1. Less than ten minutes, 70 dB;
   2. Between ten minutes and two hours, 60 dB;
   3. In excess of two hours, 50 db.

c. Residential districts, 10:00 p.m. to 7:00 a.m., duration of sound:
   1. Less than ten minutes, 60 dB;
   2. Between ten minutes and two hours, 50 dB;
   3. In excess of two hours, 40 db.

West Allis, WI

- Maintains traditional "lot line" definition (calls it real property boundary however)
- Has decibel limits of:

Sound Pressure Level

Zone	Time	Decibel (dB(A) Level
Residential, Park District	10:00 p.m. to 6:59 a.m.	55 dB(A)
	7:00 a.m. to 9:59 p.m.	65 dB(A)
Commercial, Manufacturing	10:00 p.m. to 6:59 a.m.	60 dB(A)
	7:00 a.m. to 9:59 p.m.	70 dB(A)

- Adds the following prohibition for multifamily dwellings: "No person shall make, continue, or cause to be made or continued any noise disturbance at night that is plainly audible in another occupied space within any multifamily dwelling within the real property boundary."

Other

- Introduce building code requirements for sound insulation for residential use in commercial zoning districts
- Work with zoning code re-write (2 year process slated to begin mid-2017) to address unique needs of mixed-use districts in the downtown
- Additionally, municipalities can take enforcement action under a different ordinance, such as public nuisance, for noise related concerns. Attached to this memo is an article from the Wisconsin State Journal regarding a business in a multi-use building that was creating a public nuisance to the extent of multiple citations being written by the Madison Police Department. A recent check with the Circuit Court Access website shows that no legal action has been commenced as of the date of this memo.

III. SUMMARY

Although De Pere's noise ordinance has been in effect since the mid-1970s, its provisions are very similar to most other municipalities in Wisconsin and elsewhere. This does not mean improvements are not needed or possible. As the city moves forward with updating its zoning code, opportunities will exist to enhance noise and other regulations city-wide to address the unique commercial and residential needs of a vibrant downtown. Additionally, other enforcement action can be considered if appropriate under the circumstances. In the interim, the police and health departments should continue to work with the property owners and other stakeholders in the downtown.

If you have any questions regarding this issue in advance of the March 20, 2017 Board of Health meeting, please feel free to call me at 339-4042.

JSL:amz
Attachment

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hapter 146 - NOISE ORDINANCE[1]

Footnotes:

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Editor's note— *Ord. No. 10-06, § 1, adopted Apr. 7, 2010, repealed Ch. 146 and supplied provisions to recreate Ch. 146 to read as set out herein. Former Ch. 146 pertained to similar subject matter and derived from Code 1974, §§ 42.01—42.20; Ord. No. 06-07, § 1, 4-5-2006; and Ord. No. 09-22, § 1, adopted Oct. 6, 2009.*

Cross reference— *Noise, § 8-10; building code, ch. 54; nuisances, ch. 78.*

Sec. 146-1. - Declaration of findings and policy.

(a) Excessive sound is a serious hazard to the public health and welfare, safety and the quality of life. A substantial body of science and technology exists by which excessive sound may be substantially abated, and the people have a right to and should be ensured an environment free from excessive sound that may jeopardize their health or welfare or safety or degrade the quality of life.

(b) It is declared to be the policy of the city to prevent excessive sound which may jeopardize the health and welfare or safety of its citizens or degrade the quality of life.

(Ord. No. 10-06, § 1, 4-7-2010)

Sec. 146-2. - Scope of article.

This article shall apply to the control of all noise within the city.

(Ord. No. 10-06, § 1, 4-7-2010)

Sec. 146-3. - Definitions and terminology.

(a) *Terminology.* All terminology used in this article, not defined in subsection (b) of this section, shall be in conformance with applicable publications of the American National Standards Institute (ANSI) or its successor body.

(b) *Definitions.* The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this subsection, except where the context clearly indicates a different meaning:

ANSI means American National Standards Institute or its successor bodies.

A bank level means the total sound level of all sound as measured with a sound level meter using the A-weighted network. The unit of measurement is the dB(A).

Ambient noise means the all-encompassing noise associated with a given environment, being usually a composite of sounds from many sources, near and far.

Construction means any safe preparation, assembly, erection, substantial repair, alteration or similar action, but excluding demolition, for or of public or private rights-of-way, structures, utilities or similar property.

Cycle means a complete sequence of values of a periodic quantity that occur during a period.

Day or daytime means the hours between 7:00 a.m. and 10:00 p.m.

Decibel means a standard unit for measuring sound pressure levels that is equal to one-tenth of a bel and is a unit of level when the base of the logarithm is the tenth root of ten, and the quantities concerned are proportional to power; abbreviated "dB."

Demolition means any dismantling, intentional destruction or removal of structures, utilities, public or private right-of-way surfaces or similar property.

Emergency means any occurrence or set of circumstances involving actual or imminent physical trauma or property damage which demands immediate action.

Emergency work means any work performed for the purpose of preventing or alleviating the physical trauma or property damage threatened or caused by an emergency.

Fluctuating sound means a sound whose sound pressure level varies significantly but does not equal the ambient environmental level more than once during the period of observation.

Frequency means the reciprocal of the primitive period of a function periodic in time. The unit is the cycle per unit time and must be specified; typically this unit will be Hertz (Hz) i.e. cycles per second.

Impulsive sound means an impulsive sound is characterized by brief excursions of sound pressure (acoustic impulses) which significantly exceed the ambient environmental sound pressure. The duration of a single impulse is usually less than one second.

Intermittent sound means an intermittent sound is a sound which sound pressure level equals the ambient environmental level two or more times during the period of observations. The period of time during which the level of the sound remains at an essentially constant value different from that of the ambient is on the order of one second or more.

Lot-line means an imaginary line along the ground surface, and its vertical extension which separates the real property owned by one person from that owned by another person, but not including intra-building real property divisions.

Microbar means a unit of pressure commonly used in acoustics that is equal to one dyne per square centimeter.

Nonsteady sound means a sound whose level shifts significantly during the period of observation.

Period means the smallest increment of time for which a function repeats itself in a periodic quantity.

Period of observation means the period of observation is the time interval during which acoustical data are obtained. The term "period of observation" is determined by the characteristics of the sound being measured and should also be at least ten times as long as the response time of the instrumentation. The greater the variance in indicated sound level, the longer must be the observation time for a given expected accuracy of the measurement.

Periodic quantity means an oscillating quantity, the values of which recur for equal increments of time.

Person means any person, person's firm, association, copartnership, joint venture, corporation or any entity public or private in nature.

Public right-of-way means any street, avenue, boulevard, highway, sidewalk or alley or similar place which is owned or controlled by a governmental entity.

Pure tone means a sound having a single frequency.

Sound means an oscillation in pressure, particle displacement, particle velocity or other physical parameter, in a medium with internal forces that causes compression and rarefaction of that medium. The description of sound may include any characteristic of such sound, including duration, intensity and frequency.

Sound analyzer means a device for measuring the band pressure level or pressure spectrum level of a sound as a function of frequency.

Sound level meter means an instrument including a microphone, an amplifier, an output meter, and frequency weighing networks for the measurement of noise and sound levels in a specified manner.

Sound pressure level means the sound pressure level, in decibels of sound, is 20 times the logarithm to the base ten of the ratio of the pressure of this sound to the reference pressure, which reference pressure must be explicitly stated.

Spectrum means a spectrum is a function of time and is a description of its resolution into components, each of different frequency and usually of different amplitude and phase and is also used to signify a continuous range of components each of different frequency and usually of different amplitude and phase. A spectrum is used to signify a continuous range of components usually wide in extent within which waves have some specified characteristics such as audio-frequency spectrum and is also applied to functions of variables other than time.

Steady sound means a sound whose level remains essentially constant (i.e., fluctuations are negligibly small) during the period of observation.

(Ord. No. 10-06, § 1, 4-7-2010)

c. 146-4. - Enforcement of article provisions.

It shall be the duty of the health department, inspection department and the police department to enforce the provisions of this article.

(Ord. No. 10-06, § 1, 4-7-2010)

Sec. 146-5. - Excessive noise declared a nuisance.

Excessive noise as prohibited in this article is hereby declared to be a public nuisance and may be subject to summary abatement procedures as described in section 78-3 of this Code. Such abatement may be in addition to administrative proceedings, fines and penalties as provided in this article. It shall be the duty of the health department, inspection department or the police department, upon complaint of a nuisance, to determine if excessive noise exists as defined in this section and to take the appropriate action as specified therein. Conditions of excessive noise which are specifically exempted or for which a variance permit has been issued in conformity with provisions of this section, shall be exempt from the application of the provisions of this section.

(Ord. No. 10-06, § 1, 4-7-2010)

Sec. 146-6. - Exemptions.

The following activities are exempted from regulation under section 146-8.

(1) *Construction sites; public utility projects; public works.*

a. *Construction sites; public utility projects.* The criteria, as set forth in section 146-8, shall not apply to construction sites and public utilities projects during the daytime hours from Monday through Saturday, inclusive; provided, however, that noise production shall be minimized through proper equipment operation, maintenance or modifications thereto. Stationary equipment on construction projects lasting more than ten days within residential districts shall be shielded or located so as not to cause unnecessary noise.

b. *Variance for certain construction sites and utility projects.* A construction site or utility project may seek a variance exempting such site/project from the noise limitations set forth in section 146-8 if public convenience so requires or if the site/project operations by its nature, extends beyond the time and day limitations of subsection 146-6(1)a., according to the following process:

1. Written application shall be made to the director of public works, or designee, at least ten calendar days prior to site/project start; and
2. The director of public works shall, in consultation with the health director, review the site/project location and the probable noise impact on residential areas; and

3. Applicant shall ensure noise production is minimized through proper equipment operation, maintenance or modifications thereto as required by the director of public works or health director; and
4. The director of public works and/or health director shall place such terms and conditions upon any variance approval as will protect the health and welfare of the public. Failure to abide by such terms and conditions shall result in revocation of the variance; [and]
5. Approval and denial of any application shall be in writing; and
6. If the variance is granted, applicant shall notify all property owners as identified by the health director prior to commencement of the site/project; and
7. Application denials may be appealed to the board of public works within ten days of the date of denial.

c. *Public works operation.* City public works maintenance and operations projects shall be exempt from the criteria set forth in section 146-8; provided, however, that noise production shall be minimized through proper equipment operation and maintenance.

d. *Brown County US 41 Project.* The criteria set forth in section 146-8 shall not apply to construction activities that are a part of the State of Wisconsin Department of Transportation Brown County US 41 project. This exemption shall terminate upon the final completion of said project.

(2) *Emergency operations.* Emergency short term operations which are necessary to protect the health and welfare of the citizens, such as emergency utility and street repair, fallen tree removal, snow removal or emergency fuel oil delivery, shall be exempt from the criteria as set forth in section 146-8, provided that reasonable steps shall be taken by those in charge of such operations to minimize noise emanating from such operations.

(3) *Noises required by law.* The provisions of section 146-8 shall not apply to any noise required specifically by law for the protection, health, welfare or safety of people or property.

(4) *Lawn mowers; garden tools; powered equipment.* Powered equipment such as lawn mowers, small lawn and garden tools, riding tractors and snow removal equipment which is necessary for the maintenance of property, is kept in good repair and maintenance, and which equipment, when new, would not comply with the standards set forth in this article, shall be exempted from the provisions of section 146-8. No person shall operate such equipment, with the exception of snow removal equipment, during the hours of 10:00 p.m. through 7:00 a.m. inclusive.

(5) *Outdoor religious, educational or recreational activities.* Reasonable activities conducted on public or private grounds, which are conducted in accordance with the manner in which such spaces are generally used, including but not limited to, religious, educational or recreational activities or events.

(6)

Other outdoor events. Outdoor gatherings, public dances, shows and sporting events, and other similar outdoor events, provided that a permit has been obtained from the appropriate permitting authority.

(7) *Airplanes.* Aircraft operations which are controlled specifically by federal law and enforcement shall be exempted from the provisions of this article.

(8) *Bells and chimes.* Bells, chimes and similar devices which signal the time of day and operate during the daytime hours for a duration of no longer than 15 minutes in any given one-hour period shall be exempt from the noise limitations.

(Ord. No. 10-06, § 1, 4-7-2010; Ord. No. 11-05, § 1, 2-16-2011; Ord. No. 12-16, §§ 1, 2, 8-7-2012)

Sec. 146-7. - Variances for time to comply.

Time to comply.

(1) It is recognized that it may not be technically or economically feasible for certain commercial or industrial sources of sound to be modified in such a manner as to comply in a timely manner with the standards set forth in this article. Therefore, the board of health may issue a variance permit on existing or potential commercial or industrial sources of sound which produce excessive noise.

(2) At least 60 days prior to commencement of sound producing operations, or upon a complaint which cannot be resolved to the satisfaction of health officer, the owner, or authorized agent of any commercial or industrial source or potential source of sound may apply to the board of health for a variance in time to comply with the noise level requirements of this article. The board of health shall have the authority, consistent with this section, to grant a variance, not to exceed 18 months from the effective date of such variance permit.

(3) Any person seeking a variance as allowed herein shall file an application with the health officer. The application shall contain information which demonstrates that bringing the source of sound or activity for which the variance is sought into compliance with this article would constitute an unreasonable hardship on the applicant, on the community, or on other persons. A public hearing shall be held, proceeded by a Class 1 notice of such hearing. Notice of the public hearing on the variance request shall be given to all property owners within a 300-foot radius of the property for which the variance is sought. At the public hearing, any party may appear in person or by agent or attorney.

(4) In determining whether to grant or deny the application, the board of health shall balance the hardship to the applicant, the community, and other persons of not granting the variance against the adverse impact on health, safety and welfare of persons affected, the adverse impact on property affected, and any other adverse impacts of granting the variance. Applicants for variances and persons contesting the variances may be required to submit any information the board of

health may reasonably require. In granting or denying an application, the board of health shall place on public file a copy of the decision and the reasons for denying or granting the variance in time to comply.

(5) Variances shall be granted to the applicant containing all necessary conditions, including a schedule for achieving compliance. The variance shall not become effective until all conditions are agreed to by the applicant. Noncompliance with any condition of the variance shall terminate the variance and subject the person holding it to those provisions of this article for which the variance was granted.

(6) Application for extension of the variance or for modification of other substantial conditions shall be treated like applications for initial variances under this subsection, except that the board of health must find that the need for the extension or modification clearly outweighs any adverse impacts of granting the extension or modification.

(Ord. No. 10-06, § 1, 4-7-2010)

Sec. 146-8. - Lot line noise regulation.

(a) The following noise limitations are established for any premises, measured at the lot line:

(1) *Maximum levels within zones.* No person shall operate or cause to be operated on private or public property any source of sound in such a manner as to create a sound level which exceeds the limits set for the zone categories in tables I and II.

Table I

Maximum Permissible Sound Pressure - 7:00 AM - 10:00 PM

	Residential	Commercial	Industrial
A-scale Level	57 dB(A)	63 dB(A)	72 dB(A)
(Levels in Decibels re .0002 Microbars)			

Table II

Maximum Permissible Sound Pressure - 10:00 PM - 7:00 AM

	Residential	Commercial	Industrial

A-scale Level	52 dB(A)	58 dB(A)	67 dB(A)
(Levels in Decibels re .0002 Microbars)			

(2) *Maximum levels between zones.* No person shall operate or cause to be operated on private or public property any source of sound from an industrial zone into a residential zone or commercial zone, or from a commercial zone into a residential zone which exceeds the limits set for the zone categories in tables III and IV.

Table III

Maximum Permissible Sound Pressure - 7:00 AM - 10:00 PM

	Industrial into Commercial	Industrial into Residential	Commercial into Residential
A-scale Level	66 dB(A)	64 dB(A)	61 dB(A)
(Levels in Decibels re .0002 Microbars)			

Table IV

Maximum Permissible Sound Pressure - 10:00 PM - 7:00 AM

	Industrial into Commercial	Industrial into Residential	Commercial into Residential
A-scale Level	61 dB(A)	60 dB(A)	55 dB(A)
(Levels in Decibels re .0002 Microbars)			

(b) *Definitions of zone categories.* The following zones are included in the zone categories:

(1) *Residential:* R-1, R-2, R-3 and R-4 zoning classifications;

(2) *Commercial:* B-1, B-2, B-3, Highway 41 Business Corridor Districts A and B, and C-EO Districts zoning classifications;

(3) *Industrial:* I-1, I-2, I-3, I-B-1 and I-B-2 zoning classifications.

Regulation will be according to the underlaying zones. Conservancy zones that are not publicly owned shall be regulated according to the adjacent zone. If the neighboring zones are different, they shall be extended to the center of the conservancy for the purposes of this article.

(c) *Measurements.* The measurement shall be made at or beyond the property line of the property on which such noise is generated or at or within the property line of the property on which such noise is perceived, as appropriate. Measurement shall be done at a minimum height of four feet above the ground. The measurement of sound shall be made either with a sound level meter that meets or exceeds the ANSI requirements of the American Standard Specification for sound level meters, Type I or Type II (ANSI S1.4 - 1971) or with an octave band analyzer that meets or exceeds the requirements of (ANSI S1.6 - 1960) or any subsequent nationally adopted standards superseding the above standards. In both cases, the instruments should be maintained in calibration and good working order. When a sound level meter is used, it shall be set to the A-weighted scale and in the FAST response mode. A windscreen shall be mounted on the microphone and the noise limitations shall be the A-scale levels set forth above. An octave band analyzer may be employed when there is a concentration of sound energy within a limited number of bands, but its use shall not be restricted to such situations.

(d) *Residential air conditioners.* Noise emitted by residential air conditioners shall be judged by the criteria set forth above.

(e) *Ambient noise is a factor.* The subject noise must exceed the ambient noise by five dB or more, in any octave band, to be declared excessive.

(f) *Exemptions.* The provisions of this section shall not apply to:

(1) Activities covered by the variance and exemption sections of this article;

(2) The activities expressly covered under other provisions of this chapter;

(3) Nonstationary farming equipment.

(Ord. No. 10-06, § 1, 4-7-2010; Ord. No. 15-04, § 1, 1-20-2015)

Sec. 146-9. - Vibrations.

The use of any property or portion of such property zoned in any industrial district zoning classification which causes earth-shaking vibrations such as are created by uses including, but not limited to, drop forges and hydraulic surges, shall be controlled in such a manner as to prevent transmission beyond the lot line of earth-shaking vibrations perceptible without the aid of instruments.

(Ord. No. 10-06, § 1, 4-7-2010)

c. 146-10. - Noises created by human behavior.

(a) No person may create, assist in creating, permit, continue or permit the continuance of any unreasonably loud, disturbing, or unnecessary noise as may tend to annoy, inconvenience, disturb or cause discomfort to any person, or to the comfortable enjoyment of property.

(b) No person occupying or having charge of any building or premises shall cause, suffer or allow any loud, excessive or unusual noise in the operation or use of any sound making or reproducing device so that such loud, excessive or unusual noise disturbs the comfort, quiet or repose of persons therein or in the vicinity.

(c) No person shall use or operate in any public street or place, or in front of or outside of any building, place or premises, or in or through any window, doorway or opening of any building adjacent to any public street or place any device for the amplification of the human voice or sound or noise or other sound making or sound reproducing device. No person shall make for the purpose of advertising any immoderate or excessive use of the voice of any bell, gong, horn, instrument, article or device.

(d) As used in this section, the word "person" shall extend and be applied to the lessor or landlord of any land, building or premises, his or her agent, the lessee, the occupant or person in charge of such building or premises, as well as the individuals.

(e) The landlord or lessor shall be given notice on at least two occasions of violations of this section by the tenant(s) or occupant(s) and, upon the second and subsequent violation by the tenant, occupant or group of tenants at the same dwelling unit within a one-year period, the landlord or lessor may be cited for permitting or allowing a nuisance, defined herein as allowing continuous loud noises, music or parties, which tend to disrupt the common welfare of a neighborhood or community. The landlord or lessor shall be notified of all citations issued to their tenants or occupants for noise violations and shall only be subject to a penalty if such tenant(s) or occupant(s) has been convicted of violations of this section occurring within a one-year period nor shall the landlord or lessor be subject to a penalty if the landlord or lessor shows that all reasonable means have been taken and a sincere effort made to prevent continuous noise violations by their tenants or occupants.

(Ord. No. 10-06, § 1, 4-7-2010; Ord. No. 13-17, § 15, 8-20-2013)

Sec. 146-11. - Neighborhood quiet zones.

(a) It shall be unlawful for any person to create, assist in creating, permit, or continue to permit the continuation of any unreasonably loud, disturbing or unnecessary noise emanating from within residential neighborhood quiet zones, as established by the common council, between the hours of 11:00 p.m. and 6:00 a.m., such as produces annoyance, inconvenience, discomfort, or hurt to any person, or to the enjoyment of property or comfort of any person, or affects the safety, health or morals of the public.

(b)

As used in this subsection, the phrase "neighborhood quiet zones" shall be defined as a residential area wherein not less than 51 percent of the property owners in a nonbusiness zoned area have successfully petitioned the common council to request such status. In arriving at the requisite percentage, each parcel of property or tax parcel shall be counted as one. The majority of record title holders to each property must sign the petition in order to constitute one parcel toward the requisite number of residents. Posting of such zones shall be in accordance with the procedures as established by the common council. The area shall not be less than one block in length on both sides of the street provided, however, smaller residential areas may be included within an existing contiguous quiet zone. A separate petition shall be filed for each block, or portion thereof, or, in the case of a lawfully established neighborhood association, the boundaries of such association. When the petition is filed with the city clerk-treasurer, it shall contain the requisite percentage of owners and no signatures can be added or subtracted after it is filed with the city clerk-treasurer. All signatures on the petition shall be obtained within three months from the date of the first signature or such petition shall be void. The common council shall not grant such status to any area less than that as prescribed above. Such status shall remain in effect for a period of at least one year, after which time, utilizing the same guidelines as for the establishment of such status, it may be repealed by petition of the residents or owners subject to approval of the common council. Notice of public hearings to establish or repeal any residential neighborhood quiet zone shall be given to all record owners within the zone. A fee as determined by resolution of the common council shall accompany each petition.

(Ord. No. 10-06, § 1, 4-7-2010; Ord. No. 13-17, § 12, 8-20-2013)

Sec. 146-12. - Penalty for violation of article.

Anyone violating any of the provisions of this article, unless otherwise provided, shall, upon conviction, forfeit such amount as determined by the common council by resolution. Each violation and each day a violation continues or occurs shall constitute a separate offense. This section shall not preclude the city from maintaining any appropriate action to prevent or to remove a violation of any of such sections.

(Ord. No. 10-06, § 1(146-82), 4-7-2010)

http://host.madison.com/wsj/news/local/govt-and-politics/city-prepares-public-nuisance-action-against-noisy-downtown-indoor-cycling/article_63cb1541-7c2e-5f9e-891c-b22170d95182.html

EDITOR'S PICK

City prepares public nuisance action against noisy Downtown indoor cycling business

DEAN MOSIMAN and LOGAN WROGE Wisconsin State Journal 1 hr ago

JOHN HART, STATE JOURNAL

CYC Fitness on University Avenue.

Madison officials are preparing a legal action most commonly used on drug houses against a Downtown indoor cycling business they believe is making too much noise.

But Cyc Fitness, located at 773 University Ave., on the second floor of the massive University Square building that holds the Lucky apartments above, is promising changes.

A memo dated Tuesday from City Attorney Michael May to Mayor Paul Soglin and City Council members says Cyc Fitness has received 53 noise complaints since January and claims the business has "disregarded concerns" brought by police and ignored citations while its landlord hasn't been quick enough to respond.

Cyc Fitness says it offers a "high-energy, music-driven indoor cycling experience." Residents living above have complained about the noise to Steve Brown Apartments, the housing operator and owner, the memo says.

The noise has resulted in $20,000 in rent rebates and adjustments because of resident complaints, the memo says.

The memo gives Soglin or council members a 15-day notice that the city attorney's office intends to file a public nuisance action in Dane County Circuit Court against Cyc Fitness and University Square owner Gregory Rice. The mayor or any council member has 15 days to raise the matter in a city resolution. If no resolution is sought, the city attorney's office will proceed with nuisance action.

Cyc Fitness, on the second floor of University Square, has drawn dozens of noise complaints from residents living in the surrounding apartments.

JOHN HART, STATE JOURNAL

Despite repeated contacts, the business hasn't made any changes, so "I do intend to file the public nuisance action," assistant city attorney Jennifer Zilavy said Wednesday.

The nuisance action would seek a temporary injunction seeking remedies, from adjusting insulation and amplification to ceasing business operations, Zilavy said, adding that the city attorney's office hasn't decided on its exact request.

"We are taking the noise complaints very seriously," studio director Jenny DeMain said in a statement. "In addition to lowering and continuing to monitor the volume during the classes at our studio, we have a plan in motion to make additional, and more substantial, modifications that will ensure our volume levels no longer disrupt the surrounding community."

Since March, Cyc Fitness has received 12 citations from the Madison Police Department — the latest of which came Tuesday — and none has been paid, the memo says. Officers have repeatedly asked the business to turn down the volume of the music and instructors' microphones, but Cyc Fitness has been "flippant" to police concerns, the memo says.

In July, Zilavy sent a letter to Rice asking for help with the dispute but he did not respond, the memo says.

City officials, Steve Brown Apartments director of operations Alyssa Hellenbrand-Best, and Rice met in October to discuss solutions, the memo says. After the meeting, Rice sent a letter to Cyc Fitness saying the loud noise was in violation of its lease and asking it to work toward a solution, it says.

But "the excessive noise continues to this date and to the detriment of the residents and management of the Lucky building and the continued drain on Downtown MPD resources," the memo says.

Rice and Hellenbrand-Best could not be reached for comment.

The city rarely files public nuisance actions, a tool typically used to shut down drug houses. The city also used a nuisance action in 2010 to close a troubled bar on the South Side and more recently against a landlord who had many building code violations.

Map data ©2016 Google

More information

14 of Ray Peterson's rental properties have sold for a total price of more than $2.4 million

Landlord's properties declared a nuisance; judge orders professional management

City files nuisance petition against Madison landlord

Logan Wroge | Wisconsin State Journal

Logan Wroge has been a general assignment reporter for the Wisconsin State Journal since 2015. He earned a degree in journalism from the University of Minnesota while minoring in communication studies.

Dean Mosiman | Wisconsin State Journal

Dean Mosiman covers Madison city government for the Wisconsin State Journal.

Latest video news

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Review of De Pere Health Department 2016 Annual Report**

ATTACHMENTS:

- 2016 Annual Report-Final (DOCX)

De Pere Health Department Annual Report

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

2016

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

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Message from the Director

It is my pleasure to be presenting the 2016 De Pere Health Department's Annual Report. I trust you will find the report to be inclusive of the vast work we are doing to improve the overall health of our community. Our health department has experienced change over this past year in regards to staffing however the essential public health services remain solid as does our commitment to the health and safety of the public. I am very appreciative to the health department staff and our stakeholders who include the Board of Health, Common Council, City Administration, Regional and State Public Health professionals, the Brown County Health Department, the Beyond Health partnership, our medical community, schools, local businesses and non-profit organizations. The many key partnerships we have cultivated over time are essential to maintain and build onto the work we are dedicated to. I look forward to developing even more partnerships as we go forward to enhance the public health mission to protect and promote public health across a lifespan.

I look forward to a safe and healthy 2017.

Deborah E. Armbruster BSN,RN
Director/Health Officer
De Pere Health Department

Health Department Board of Health and Staff

Board of Health Members

Michael Donovan, Chair – Alderperson

Ryan Jennings – 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 (until 8-4-2016)
Deborah Armbruster BSN RN (10-19-2016 to present)

Public Health Nurses

Erin Bongers BSN RN
Ellen Moore BSN RN (until 3-3-2016)
Sara Lornson BSN RN (5-10-2016 to present)

Support Staff

Julie Switzer

Environmental Health Sanitarian

Dale Schmit MPA BS RS (interim health officer 8-4-2016 to 10-19-2016)

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.

Public Health
Prevent. Promote. Protect.

De Pere Health Department
Organizational Chart

City of De Pere Residents

De Pere Common Council — Mayor

City Administrator

Deborah Armbruster BSN, RN----------City of De Pere Board of Health
Health Department Director/Officer

Support Staff
Julie Switzer (.8 FTE)

Public Health Nurse
Erin Bongers BSN, RN (1 FTE)
Sara Lornson BSN, RN (.6 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. The next Community Health Needs Assessment will be held in the Fall of 2017.

- The 2015-2017 Community Health Improvement Plan was vetted and published in 2015 highlighting the goals, objectives and strategies of each prioritized health focus area. Staff from De Pere Health Department actively participate within all four 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.

Alcohol and Other Drug Use

Staff Persons: Erin Bongers and Sara Lornson

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.

Adequate, Appropriate and Safe Food and Nutrition

Staff Person: Sara Lornson

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

Oral Health

Staff Person: Erin Bongers, Debbie Armbruster

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.

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.

Beyond Health
Healthiest Brown County
"Connecting Beyond Health Care"

"**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 Country residents by conducting periodic community health needs assessments and leading community-wide action planning teams. As was done in November 2014, the **Beyond Health Steering Committee** is planning the next Community Health Needs Assessment in October 2017. This event will bring together community stakeholders to review and discuss community health data based on the health focus areas cited in Healthiest Wisconsin 2020. After these stakeholders are presented with the community health assessment data, they will have the opportunity to select health priority needs for Brown County for the next 3 years.

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 again this year gave the quadrivalent flu vaccine which protects against two influenza A viruses and two influenza B viruses. The quadrivalent vaccine was offered in the injectable form only. Due to the ineffectiveness found of the intranasal vaccine, it was not given as an option in 2016. 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).

2016 Outcomes:

- **419** total influenza vaccinations were given in 2016. **320** 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 2016-17 school year, the DPHD held five flu vaccination clinics in the month of October.

	2014	2015	2016
Mass Clinic 1	101	26	42
Mass Clinic 2	98	47	51
Mass Clinic 3	88	45	71
Mass Clinic 4	105	83	80
Mass Clinic 5	---	55	76
Mass Clinic 6	---	73	
Total	**392**	**329**	**320**

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	2014	2015	2016
DtaP	*5*	*2*	*8*
Pediarix (DtaP, Hep B, Polio)	*5*	*12*	*2*
Kinrix (DtaP/Polio)	*10*	*5*	*8*
Hep A (peds)	*37*	*34*	*23*
Hep A (adult)	*13*	*12*	*5*
Hep B (ped)	*8*	*6*	*0*
Hep B (adult)	*43*	*34*	*25*
Haemophilus Influenza B (Hib)	*7*	*13*	*7*
Human Papilloma Virus (Gardasil)	*54*	*44*	*23*
Influenza (peds)	*411*	*343*	*335*
Influenza (adult)	*174*	*154*	*116*
Meningococcal Vaccine	*39*	*31*	*23*
Measles, Mumps, Rubella	*17*	*18*	*17*
Pneumococcal (PCV13)	*7*	*16*	*5*
Polio	*6*	*8*	*3*
Rotavirus	*4*	*8*	*0*
Tetanus	*4*	*0*	*2*
Tetanus/Pertussis	*68*	*66*	*118*
Varicella	*25*	*17*	*14*
Total	***756***	***937***	***734***

Immunization Performance Measure	2014	2015	2016
% of 24 month olds that met the CDC benchmark	81%	82%	81%
Average % of school age children who met the WI minimum school vaccination requirements	94%	94%	95%

2016 Outcomes:

- On average, **95%** of school-aged children in De Pere were in compliance with school immunization law.
- As of December 31st, 2016 **81%** of City of De Pere children were up-to-date with recommended vaccinations by *24 months* of age. **86%** were late-up to date.
- The DPHD administered **734** vaccinations in 2016.
- Although not an immunization, Tuberculin Skin Testing is a common clinical service provided by a local health department in an immunization clinic setting. **24** 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 allowed the Health Services department on campus to provide this test to their students and faculty as well.
-

	2013	2014	2015	2016
(Other) TB skin testing	80	78	75	24
TSPOT testing	---	---	1	6

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.

2016 Coalition Outcomes:

- The Northeast Wisconsin Immunization Coalition (NEWIC) met 4 times in 2016. The meetings focused on implementing the coalition's strategic plan focusing on education, awareness and outreach. DPHD actively participates on the coalition.
- The coalition was given an extension on the state grant to conduct a public awareness campaign on HPV vaccination. Continued efforts were done 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.

2016 Outcomes:

- Public Health Nurses conducted follow-up on **208** reports of communicable diseases determined to either be classified as: not a case, suspect, probable or confirmed.
- DPHD investigated **6** suspect norovirus outbreaks.
- DPHD investigated **1** suspect and **1** confirmed Acute Gastrointestinal outbreak.
- DPHD investigated **2** acute respiratory illness outbreaks and helped coordinate antivirals for local partners.
- **29** animal bite/exposure investigations were completed.
- Approximately **715.75** hours were spent on communicable disease surveillance, follow-up and control activities.

Disease	2012	2013	2014	2015	2016
ABF Smear			1		
Arbobiral Illness, West Nile Virus	2	1			1
Arbobiral Illness, Zika Virus					7
Blastomycosis					1
Camptlobacteriosis	2	7	5	5	8
Chlamydia Trachomatis Infection	71	49	54	64	93
Cryptosporidiosis	1	4		1	1
E-Coli, Enteropathogenic (Epec)					1
E-Coli, Shiga Toxim-Producing(STEC)	2		2	1	5
Ehrlichiosis/Anaplasmosis, A. phagocytophilum	1	1		2	2
Enteric-Not Reportable					2
Giardiasis		1	2	3	1
Gonorrhea	12	3	10	3	5
Hemophilus Influenzae, Invasive Disease				2	
Hepatitis A		1		1	
Hepatitis B, Unspecified			3		3
Hepatitis B, Chronic	1				1
Hepatitis C	10	5	6	5	1
Hepatitis C, Chronic					7
Influenza-2009 H1N1	2				
Influenza-Associated Hospitalization	1	9	3	5	
Legionellosis	1	1			1
Lyme Disease(B. Burgdorfer)	9	5		5	6
Lyme Laboratory Report				13	3
Measles(Rubeola)				1	1
Mumps			2	4	2
Mycobacterial Disease (Non-Tuberculous)	2	3	1	1	2
Not Reportable				1	3
Pertussis(Whooping Cough)	49	14	5	2	11
Psittacosis(Ornithosis)				1	
Salmonellosis		2		4	5

Shigellosis					1
Streptococcal Disease, Invasive, Group A	1			2	4
Streptococcal Disease, Invasive, Group B	5	3	2	3	13
Streptococcus Pneumoniae, Invasive Disease	1	1	2	1	1
Syphilis Reactor	4		3	1	10
Syphilis Early Latent		1		4	
Syphilis Secondary				1	
Syphilis Late Latent	1				
Tuberculosis	1				1
Tuberculosis, Latent Infection (LTBI)	7	6	3	4	1
Varicella(Chicken Pox)	3	1	2	3	4
Yearly Totals	**189**	**118**	**106**	**143**	**208**

	2013	2014	2015	2016
Norovirus Outbreaks	3	4	7	6
Acute Respiratory Illness Outbreaks	---	1	3	2
Animal Bite/Exposure Investigations	**2013**	**2014**	**2015**	**2016**
• dog	14	18	24	24
• cat	2	4	2	5
• bat	1	0	4	0
Total	**17**	**22**	**30**	**29**

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.

2016 Outcomes:

- DPHD investigated approximately **38** 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 **83** hours on health hazard investigation and follow-up in 2016.

	2013	2014	2015	2016
Health Hazard/Nuisance Complaints	37	43	31	38
Hours Spent	--	149	202	83

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.

2016 Outcomes:

- **547** De Pere children were screened for lead in 2016 by the WIC program and private providers.
- Public health nurses reviewed 100% of the results and provided prevention education to **6** families whose child's blood result was over 5 µg/dL.
- No environmental hazard assessment/abatements were conducted in 2016.

	2013	2014	2015	2016
Children screened	338	475	386	547
Blood lead over 5 µg/dL	3	2	1	6
Blood lead over 10 µg/dL	0	0	0	2

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.

2016 Coalition Outcomes:

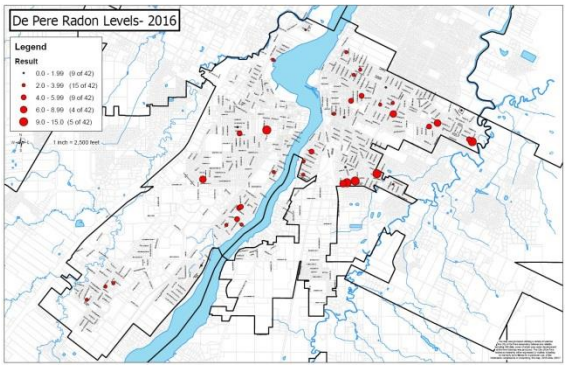
- Continued implementation of a community-wide public awareness campaign to include newsletters, education sessions at the De Pere library and social media.
- Participated in multiple community educational events to include: Head Start Orientation, Back to School Store, etc.
- Completed outreach activities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

2016 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.
- 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.



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.

2016 Outcomes:

- The DPHD collaborated with the Police Department's Bike Safety Rodeo in May 2016. 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 **400 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 10th at the KI Convention Center and yielded approximately **630 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 2016, the DPHD participated in four ***community*** car seat inspection events held at community venues serving hundreds of families in the community.

- The DPHD website is continuously updated with timely public health content. Documented **13,584 views** on content posted to the health department website in 2016.
- Media releases were created/distributed on various public health topics to include: Developmental Screenings, Car Seat Safety, 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.
- **284** 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 bloodborne 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 bloodborne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. In June of 2016, bloodborne 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	2016
Caregivers	383	481	462
Children	439	610	594

2016 Outcomes:

- 2016 library presentations had **462** caregivers and **594** 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 Facebook. **224** families have access to DPHD Facebook page and these educational resources.

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).

2016 Outcomes:

- De Pere Health Department promoted safe sleep messaging in the community through 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. **101 adults and 134 children attended this program in 2016.**

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 2016, **8** ASQ-3 assessments were provided with **1** referral 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.

2016 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. Due to change in the Brown County Medical Examiner's office (services currently being contracted with the Dane

County Medical Examiners) this team's meetings have been put on hold in 2016 but expected to resume in early 2017.

- 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 (OHP).** 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. In fall of 2016, we were able to have OHP provide school based dental services to 20 children in the De Pere school district and plan for more in 2017.
- 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.
- De Pere Health Department is involved in **Outcome Team One of Achieve Brown County**, which focused on making sure all children birth to age 5, are developmentally ready to enter kindergarten. Achieve Brown County combines the precision of data with the compassion of helping children to become successful adults. With evidence-based action plans and common measurements, we can prove the impact and amplify our successes. Achieve Brown County provides a common framework for working together, across sectors, to measurably improve the safety, health and education of children from birth into their careers.
- 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** is a collaborative effort comprised currently of City staff. This pilot project started planning in 2015 and 2 urban orchards, consisting of 12 plum, pear and/or apple trees in each orchard were planted; one at Brashier Park and one at Westwood School in 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.

2016 Outcomes:

Prepared by: Steve Johnson, Public Health Preparedness Coordinator representing the Public Health Agencies of Brown County, De Pere & Oneida Nation

- In 2016 our health agencies completed 14 comprehensive assessments to measure emergency response capabilities and identify response gaps. Preparedness activities are largely based on **Capability Resource Elements: Planning, Skills and Training, and Equipment and Technology.** Three priority capabilities were chosen statewide to improve upon during this grant period: **Non-Pharmaceutical Interventions, Volunteer Management, and Medical Surge.**

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:
  - Medical Countermeasure Dispensing Plan for first responders and critical infrastructure staff
  - Volunteer Management- Baseline background check procedures have been incorporated into the jurisdictions' medical volunteer plans
- **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
  - Emergency Alerting System (RAVE) activation
  - 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.
  - *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.
  - Emergency Alerting System (RAVE) for employee notification.

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.

2016 Outcomes:

- 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 for 2014-2018 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

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.

2016 Outcomes:

- Program policies and procedures were reviewed and revised.
- Agent status agreements were reviewed and approved through the Board of Health and City Council.
- Completed 235 inspections from DPHD as of December 31, 2016.
  *These inspections include re-inspections for the same facility as needed.

Total # of establishments	Establishment Type
52	DATCP
2	Body Art
1	Campgrounds
185	Food Facilities*
4	Hotels/Motels
13	Pool Facilities
1	Summer Camps
14	Schools
18	Special Events
Total-290	

*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 the 2016 (July 1-June 30) license year, the Health Department licensed **45** establishments. Inspections are based on a calendar year for the purposes of this report. As of December 31, 2016 **35** establishments have been inspected. These inspections included **60** scales, **508** gas pumps, **175** scanners, and **44** items that were package checked.

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.

2016 Outcomes:

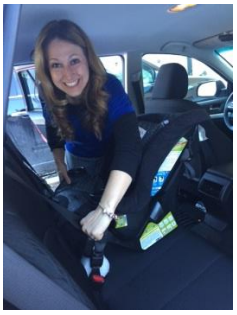
- **284** families of newborns received parenting newsletters in 2016. Parents with concerns or questions are encouraged to call the DPHD. A Public Health Nurse is available to answer any questions or make home visits as needed.
- The DPHD accepts high-risk infant referrals from local hospitals in coordination with the Community Partnership for Children Program.

First Breath Program

In 2016, 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	2016
Car Seat Clinics	16	24	24
Car Seats Installed	50	80	83

2016 Outcomes:

- In 2016, **24** car seat installation clinics were conducted. DPHD staff installed **83** 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.

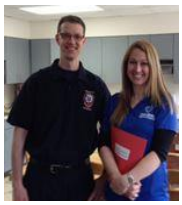
Adult Health Screening: Blood Pressure Clinics

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 10:30am to 11:30am. In 2016, there were **50** blood pressure clinics and Public Health Nurses conducted **571** 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 2016 on the first Wednesday of every month. Education topics ranged from healthy eating to exercise and home safety.

De Pere Community Paramedicine Program

In 2016, the DPHD collaborated with the De Pere Fire Department on a Community Paramedicine Program 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. Erin Bongers and Rod Deviley conducted **10** home visits and **5** community group presentations in 2016 and are planning more for 2017.



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 participate in local, state and federal trainings as needed based on staff identified needs, organizational, licensure, program and grant requirements. In November 2016, the new DPHD health officer attended the first of three new local health officer orientation sessions sponsored by DHS and WALHDAB. Also 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 2016, the DPHD provided public health experience to students from the University of Wisconsin-Green Bay and Bellin College.

	2013	2014	2015	2016
Mentored hours	200	486	758	484
Students	3	8	7	6

- 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.

MCW
LEARN. LIVE. CARE. CURE.

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.

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.

2016 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.

2016 Financial Statement

Category	2015 Budget	2015 Actual	2016 Budget	2016 Actual
Revenues	487,480	483,286	514,343	445,144
Expenditures	487,480	483,286	514,343	445,144
Revenue Type	**2015 Budget**	**2015 Actual**	**2016 Budget**	**2016 Actual**
Fees for Service	8,800	5,067	8,800	3,783
Licensing/Permits	70,510	80,143	69,900	79,147
Health Grants	55,251	65,973	57,620	53,118
Weights & Measures	16,500	17,718	17,000	16,128
City Tax Levy	336,419	314,385	361,023	292,968
Total	487,480	483,286	514,343	445,144
Expense Type	**2015 Budget**	**2015 Actual**	**2016 Budget**	**2016 Actual**
Personnel	399,719	407,492	429,985	390,505
Contractual	18,580	18,025	8,580	5,717
Supplies	69,181	57,769	75,778	48,922
Capital	0	0	0	0
Total	487,480	483,286	514,343	445,144

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Annual Agency Policy & Procedure Review**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **March 20, 2017**

DEPARTMENT: **Health Department**

FROM: **Julie Switzer**

SUBJECT: **YTD Communicable Disease Report including 5 Year Stats for Comparison**

ATTACHMENTS:

- 5 year CD report (XLSX)
- Cumulative CD Report 1-1-17 thru 3-2-17 (XLSX)

De Pere Communicable Disease Report
2012-2016

Disease	2012	2013	2014	2015	2016
ABF Smear			1		
Arbobiral Illness, West Nile Virus	2	1			1
Arbobiral Illness, Zika Virus					7
Blastomycosis					1
Camptlobacteriosis	2	7	5	5	8
Chlamydia Trachomatis Infection	71	49	54	64	93
Cryptosporidiosis	1	4		1	1
E-Coli, Enteropathogenic (Epec)					1
E-Coli, Shiga Toxim-Producing(STEC)	2		2	1	5
Ehrlichiosis/Anaplasmosis, A. phagocytophilum	1	1		2	2
Enteric-Not Reportable					2
Giardiasis		1	2	3	1
Gonorrhea	12	3	10	3	5
Hemophilus Influenzae, Invasive Disease				2	
Hepatitis A		1		1	
Hepatitis B, Unspecified			3		3
Hepatitis B, Chronic	1				1
Hepatitis C	10	5	6	5	1
Hepatitis C, Chronic					7
Influenza-2009 H1N1	2				
Influenza-Associated Hospitalization	1	9	3	5	
Legionellosis	1	1			1
Lyme Disease(B. Burgdorfer)	9	5		5	6
Lyme Laboratory Report				13	3
Measles(Rubeola)				1	1
Mumps			2	4	2
Mycobacterial Disease (Non-Tuberculous)	2	3	1	1	2
Not Reportable				1	3
Pertussis(Whooping Cough)	49	14	5	2	11
Psittacosis(Ornithosis)				1	
Salmonellosis		2		4	5
Shigellosis					1
Streptococcal Disease, Invasive, Group A	1			2	4
Streptococcal Disease, Invasive, Group B	5	3	2	3	13
Streptococcus Pneumoniae, Invasive Disease	1	1	2	1	1
Syphilis Reactor	4		3	1	10
Syphilis Early Latent		1		4	
Syphilis Secondary				1	
Syphilis Late Latent	1				
Tuberculosis	1				1
Tuberculosis, Latent Infection (LTBI)	7	6	3	4	1
Varicella(Chicken Pox)	3	1	2	3	4
Yearly Totals	**189**	**118**	**106**	**143**	**208**

Attachment: 5 year CD report (5582 : YTD Communicable Disease Report)

De Pere Health Department
Communicable Disease Report 01/01/2017 -- 03/02/2017

Disease	Number of Incidents
Arbobiral Illness, Zika Virus	1
Chlamydia Trachomatis Infection	13
Cryptosporidiosis	1
E-Coli, Enteropathogenic (Epec)	6
Giardiasis	2
Gonorrhea	2
Haemophilus Influenzae, Invasive Disease	1
Hepatitis B, Unspecified	1
Lyme Disease(B. Burgdorfer)	1
Lyme Laboratory Report	1
Mumps	1
Streptococcal Disease, Invasive, Group B	1
Streptococcus Pneumoniae, Invasive Disease	1
Syphilis Reactor	2
Total	**34**

Attachment: Cumulative CD Report 1-1-17 thru 3-2-17 (5582 : YTD Communicable Disease Report)

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**2016-2017 Weights & Measures Fee Formula Calculations and Fee Setting**

ATTACHMENTS:

- W & M Comparison for Annual Rpt (XLSX)

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

2017/2018

Total Number of Devices	767
Amount Charged per Device ($17,000/# of devices)	$22.16

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Sanitarian Program Update Including Sanitarian Standardization, Agent Program Evaluation, Nuisance Complaints, Health Hazards, and Establishment Complaints**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Report on Department Outreach/Health Promotion Activities**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Public Comment on Matters not on the Agenda**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Future Agenda Items**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 20, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Julie Switzer**
SUBJECT:	**Adjournment**