Board of Health

Regular Meeting

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

Agenda

Monday, March 19, 2018 **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 19, 2018** 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 11-20-2017 minutes
2. Review of De Pere Health Department 2017 Annual Report
3. Annual Agency Policy and Procedure Review

III. Discussion items

1. Community Health Updates
2. Environmental Health Updates to include Nuisance complaints/Health Hazards
3. DHS 140 Review of Local Health Authority-Level II Health Department
4. Mental Health Outreach Proposal

IV. Action items

1. Public Comment on Matters not on the Agenda
2. Future Agenda Items
3. 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 19, 2018**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Approval of 11-20-2017 minutes**

ATTACHMENTS:

- 11.20-17 BOH Minutes (PDF)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – November 20, 2017

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 20th at 5:15 p.m.

Roll call was taken and the following members were present: Pat Finder-Stone, Ryan Jennings, Dennis Hibray, Casey Nelson, Deborah Armbruster, Dale Schmit and Kelly Burke. Dr. Michael McHenry arrived at 5:25 pm. Dr. Richard Erdman arrived at 5:40 pm.

1. **Approval of September 25, 2017 and October 23, 2017 Meeting Minutes**

Pat Finder-Stone made a motion, seconded by Casey Nelson to approve the minutes of the September 25, 2017 Board of Health Meeting. Upon vote, motion passed unanimously.
Pat Finder-Stone made a motion, seconded by Ryan Jennings to approve the minutes of the October 23, 2017 special meeting. Upon vote, motion passed unanimously.
Discussion: The news article related to this special meeting was focused on transgender instead of it being a non-discrimination ordinance. Since the vote on the non-discrimination ordinance was not unanimous, it needs to be voted on twice.

2. Environmental Health Updates

A. Fox River Drive Noise Complaint

Dale Schmit reported that this was for two new houses on Riverside Drive. The construction trucks were coming in before 6:00 am, but shouldn't have been coming until 7:00 am. Dale spoke with the contractor and informed him that the trucks were coming too early. Dale has not received any further complaints.

B. Sunkist Circle noise Complaint

This was a construction issue. They were putting an addition on their garage and were working late at night. Dale talked to Dennis (building inspector) because it was not permitted. Dale also left a card by their front door. Dennis will follow up.

C. Expera Noise Complaint

We had a noise complaint by the Lawton Street Apartments about louder, more frequent noise from Expera. Dale took a reading when the noise was occurring on a Friday night at 4:15 pm. The steam was pouring out of the stack. He talked to the guard shack personnel. One of the release valves on a steam stack was not working properly. Expera had it repaired.

D. Chicken Permit Code Compliance

The Ravine Road chicken owner has now removed his chickens. He had made the required corrections and he was permitted.

E. Status of 202 N. Superior St.

Debbie Armbruster reported that Chrystal had placarded that home in 2015. The person living there is a hoarder. In 2015 she was only allowed in the home from 8:00 am – 6:00 pm for cleaning purposes only. About a month ago we heard that she was living back in the house and food was being delivered by Christian Outreach. The delivery person saw the sign and had contacted police. Debbie and Dave Hongisto went to the home. After a while, the owner let them in the home. The house was as bad if not worse than it was in 2015. The owner is alert and oriented. We provided her information on places to live, mental health services, and cleaning help. Debbie placed another placard saying it was uninhabitable for humans and only cleaning services were allowed inside. We are suspicious she is still there. The city attorney wrote a nicely worded letter saying she needed to leave the home. During the home inspection, it we found that only one of the three entries was able to be used, and it only had a small

opening, which would be a hazard for emergency personnel. She has alienated a[illegible] who tried to help her, including family. The water is not working in the home, but she does have electricity. We did have social services involved in 2015. The resident was deemed competent, so social services could not take any additional steps to help her. We included adult protective services this time also, and reached out to ADRC. We have tried to facilitate help, but the resident was traumatized in the past when trying to part with her things. We will keep monitoring the residence.

F. Resolution of Noise Complaint at 345 Main Avenue

Debbie Armbruster reported that no mediation would be available through the city going forward. Judy (City Attorney) had previously presented studies already completed, so Debbie did not bring copies of them. Dale's noise readings at the residence were within the normal limits. It would be up to the board if they wanted to have someone come and do a noise study and revamp the noise ordinance.

This is the only complaint we have received in a commercial to residential property since our ordinance was put into effect in 1974. Per Dale's readings, there is no violation of the current city noise ordinance. Dale reported that our noise levels in our ordinance are a good standard compared to other cities and the available studies. Dale also reported that we have not been able to determine if the shared wall at the property is actually two separate walls or a common wall.

The City will not provide mediation going forward, so Mr. Manning may want to pursue mediation on his own.

Possible solutions: 1) stay with the status quo – no violations are in place and our ordinance has been in place since 1974 with no other complaints of this kind. 2) Spend $8000 for an outside consultant to do a noise study and update our ordinance to include common walls.

Dennis Hibray made the motion to spend up to $8000 for an outside consultant. There was no second, so the motion died.

Ryan Jennings made a motion that we postpone indefinitely any changes to the current noise ordinance. The motion was seconded by Casey Nelson. Upon vote, the motion passed unanimously.

G. Consortium development with Menasha Health Department for Environmental Health Program

Debbie Armbruster reported that we are forming a Consortium with the City of Menasha. Kelly created the logo, and the health department came up with the name "Bridges of Fox River Consortium". Menasha will have our agent contract and the sanitarian there (Todd) will be supervising over Dale. Dale will do the inspections for the City of De Pere. Todd will be doing Menasha's. Todd has a specific number of inspections that he will do with Dale to see how he is doing. Todd has access to our Healthspace and can look at all of Dale's inspection reports. We will stay our own fiscal agent and the licensing will continue to say City of De Pere. Our hope is to get our agent contract back and become independent. This consortium will start January 1st and will come out of the City budget. Dale will be going to a few more trainings. These are free from the state. There is no written minimum lock out period to reapply for standardization. We were told to wait at least 1 year. Our plan is to document all the trainings Dale is attending and then approaching the State to retest.

3. <u>Community Health Updates</u>

A. YTD Communicable Disease Report

Our current report is the full year of 2016 and year to date 2017. In March we will have the 5 year comparison. Erin is on the STI workgroup helping with Northeast Wisconsin to come up with better interviews. E Coli, Giardia, Gonorrhea, and Lyme have

increased. This may be a testing phenomenon, more testing is being done so w finding more. The panels are also more inclusive of these diseases. Dr. Erdman reported that there have been recent cases of a coxsackie myocarditis, which can affect younger people, but these are not reportable at this time.

B. Outreach / Health Promotion Activities

New activities this year include more mass clinics, and more clinics in the office. We vaccinated some Brown County residents because they ran out of vaccine. We are not sure of the effectiveness of the current flu vaccine, possibly 67%. In November we will be finishing up on flu vaccines. Sara will be working a few hours on grants updating our strategic plan, gearing up for the Preparedness position she will be starting in January. Debbie has finished negotiating contracts. We have seen a few grants going down, but not significant enough to inhibit us.

4. Reduction of unnecessary agenda paper

We cannot change MinuteTraq. Kelly is taking out the extra papers from the packet. We will indicate on the agenda if further detail is included in the packet. Kelly will print 2 sided if it meets the city requirements.

5. Prevention of Falls Concern

Pat has made one call to a builder but he has not returned her call. She will do more work on this. She will address it at a future meeting.

6. Public Comment on matters not on the agenda

Ariel, our UW Oshkosh nursing student is in attendance. We also have a UWGB student, and a Bellin student will be starting in January. Pat Finder-Stone reported that the Association of schools and Programs of Public Health wrote to Scott Pruitt (Administer of Environmental Protection Agency) protesting his decision to prohibit the EPA funded scientists from serving on agency scientific advisory boards. This action appears to be an administration effort to silence scientific advice and limit the expertise provided to the EPA to those with ideological and commercial interests. We as citizens should be concerned and contact our legislators.

7. Future agenda items

Dennis and Debbie went to a WALHDAB meeting last week. There is a demand for Health Officers as there is a high turnover rate. Many people have resigned in the Division of Public Health. If you're interested in attending a WALHDAB meeting check the agenda and see if you would like to go.

Adjournment

Upon motion by Casey Nelson, seconded by Dr. Michael McHenry, the Board of Health unanimously adjourned at 6:13 pm.

Respectfully Submitted,
Kelly Burke
Health Department Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **March 19, 2018**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Review of De Pere Health Department 2017 Annual Report**

Included in the Annual Report is the 5 year statistics for comparison of yearly communicable diseases

ATTACHMENTS:

- 2017 Annual Report final (PDF)

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

CITY OF DE PERE
HEALTH DEPARTMENT

ANNUAL REPORT 2017

A YEAR OF ACCOMPLISHMENTS

920-339-4054

www.de-pere.org

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MESSAGE FROM THE DIRECTOR

It is with great pride that I present the 2017 De Pere Health Department's Annual Report. 2017 was my first full year here at the De Pere Health Department and I am both grateful and honored to be a part of such a dedicated group of people here at the City of De Pere. Our health department has been very busy this past year always keeping in the fore front the essential public health services and our commitment to the health and safety of the public. I continue to be 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, Brown County Health and Human Services, 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 am confident that you will find this report to be comprehensive, giving a clear picture of the significant amount of work we have done and are doing to improve the overall health of our community and to enhance the public health mission to protect and promote public health across a lifespan.

I look forward to a safe and healthy 2018.

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

De Pere Board of Health and Health Department Staff

Board of Health Members

Dennis Hibray, Chair - Citizen Member

Ryan Jennings - Alderperson

Casey Nelson - Alderperson

Dr. Michael McHenry - Citizen Member

Patricia Finder-Stone MS RN - Citizen Member and Nurse

Dr. Richard Erdman - Medical Advisor

Director/Health Officer

Deborah Armbruster BSN RN

Public Health Nurses

Erin Bongers BSN RN
Sara Lornson BSN RN

Support Staff

Julie Switzer – retired (7-7-2017)
Kelly Burke (9-22-2017 to present)

Environmental Health Sanitarian

Dale Schmit MPA BS RS

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

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

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
Kelly Burke (.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.

Beyond Health
Healthiest Brown County
"Connecting Beyond Health Care"

"Beyond Health" is a collaboration between Brown County Health and Human Services - Public Health Division, De Pere Public Health, Aurora BayCare, Bellin Health, St. Mary's and St. Vincent Hospitals (HSHS), Brown County United Way and Division of Public Health NE Regional Office. This partnership was formed to improve the health of Brown County residents by conducting periodic community health needs assessments and leading community-wide action planning teams. The Beyond Health Steering Committee planned and conducted the Community Health Needs Assessment in October 2017.

Community Health Improvement Planning (CHIP)

The Brown County Community Health Needs Assessment was conducted on October 17, 2017. This event brought together (120) community stakeholders who reviewed and discussed community health data based on the health focus areas cited in Healthiest Wisconsin 2020. Once the community health assessment data was presented, the stakeholders had the opportunity to analyze the data and select health priority needs for Brown County for the next 3 years. The three health priorities chosen are: Alcohol and Drug Misuse, Mental Wellness and Nutrition and Physical Activity. It was agreed that Oral Health has made great strides in Brown County and is no longer considered a priority however an oral health coalition (which De Pere Health Department will continue to be a part of) will continue to function to assure its sustainability.

- The 2018-2020 Community Health Improvement Plan is currently being finalized and will be published in 2018 highlighting the goals, objectives and strategies of each prioritized health focus area. Staff from De Pere Health Department actively participate in all the priority workgroups as well as co-chairs the Beyond Health Steering Committee. For a more detailed summary of the Community Health Needs Assessment and the Community Health Improvement Plan, we will be posting these documents on our website.

Alcohol and Drug Misuse

Staff Persons: Erin Bongers

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.

Nutrition and Physical Activity

Staff Person: Sara Lornson

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

Mental Health

Staff Person: Debbie Armbruster

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.

Coalition and Committee Work

Breastfeeding Coalition – DPHD co-chairs this coalition
Communicable Disease Surveillance group

Community Partnership for Children

- Executive committee-Leadership Council
- Steering Committee – DPHD co-chairs this committee
- Child and Family Workgroup
- Community Resource team
- Family Engagement team – DPHD chairs this team
- Systems Development team

Oral Health Partnership – DPHD is on the board
Safe Kids Coalition
STI Workgroup – DPHD co-chairs this group
Suicide Coalition

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.

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.

2017 Outcomes:

- Public Health Nurses conducted follow-up on **241** reports of communicable diseases determined to either be classified as: not a case, suspect, probable or confirmed.
- DPHD investigated **3** confirmed acute gastrointestinal outbreaks.
- DPHD investigated **2** acute respiratory illness outbreaks and helped coordinate antivirals for local partners.
- **28** animal bite/exposure investigations were completed.
- Approximately **695** hours were spent on communicable disease surveillance, follow-up and control activities.

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 2017. 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).

2017 Outcomes:

- **310** total influenza vaccinations were given in 2017. **222** 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 2017-2018 school year, the DPHD held five flu vaccination clinics in the month of October and November.

YEAR	2014	2015	2016	2017
Mass Clinic 1	101	26	42	25
Mass Clinic 2	98	47	51	62
Mass Clinic 3	88	45	71	66
Mass Clinic 4	105	83	80	46
Mass Clinic 5	---	55	76	23
Mass Clinic 6	---	73		
Total	**392**	**329**	**320**	**222**

- The DPHD is an active participant in the **Brown County Communicable Disease Surveillance 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.

	2013	2014	2015	2016	2017
Acute Gastroenteritis Outbreaks	3	4	7	6	3
Acute Respiratory Illness Outbreaks	---	1	3	2	2
Animal Bite/Exposure Investigations	**2013**	**2014**	**2015**	**2016**	**2017**
• dog	14	18	24	24	21
• cat	2	4	2	5	5
• bat	1	0	4	0	2
Total	**17**	**22**	**30**	**29**	**28**

5 Year Communicable Disease Report

Received Year	2013	2014	2015	2016	2017	Total
	Incident Count	Incident Count	Incident Count	Incident Count	Incident Count	Incident Count
Disease						
AFB SMEAR	0	1	0	0	0	1
ARBOVIRAL ILLNESS, JAMESTOWN CANYON, NEUROINVASIVE	0	0	0	0	1	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, NEUROINVASIVE	0	0	0	0	1	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, NON-NEUROINVASIVE	0	0	0	1	0	1
ARBOVIRAL ILLNESS, ZIKA VIRUS	0	0	0	7	8	15
BLASTOMYCOSIS	0	0	1	0	0	1
CAMPYLOBACTERIOSIS	8	5	4	7	8	32
CHLAMYDIA TRACHOMATIS INFECTION	51	52	65	94	81	343
CRYPTOSPORIDIOSIS	4	0	1	1	4	10
CYCLOSPORIASIS	0	0	0	0	1	1
E-COLI, ENTEROPATHOGENIC (EPEC)	0	0	1	6	15	22
E-COLI, ENTEROTOXIGENIC (ETEC)	0	0	0	0	2	2
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	0	2	1	5	5	13
EHRLICHIOSIS/ANAPLASMOSIS, A. phagocytophilum	0	0	2	2	0	4
EHRLICHIOSIS/ANAPLASMOSIS, undetermined	0	0	0	0	1	1
ENTERIC-NOT REPORTABLE	0	0	2	0	0	2
GIARDIASIS	2	1	3	2	6	14
GONORRHEA	3	10	3	4	11	31
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	1	1	1	0	3
HEPATITIS A	1	0	1	0	0	2
HEPATITIS B, CHRONIC	0	1	2	0	2	5
HEPATITIS B, Unspecified	0	3	1	1	0	5
HEPATITIS C	4	7	4	1	0	16
HEPATITIS C, CHRONIC	0	0	0	9	7	16
HISTOPLASMOSIS	0	0	0	0	1	1
HUMAN IMMUNODEFICIENCY VIRUS	0	0	7	13	8	28
INFLUENZA-ASSOCIATED HOSPITALIZATION	8	4	10	9	10	41
LEGIONELLOSIS	1	0	1	0	0	2
LYME DISEASE (B.BURGDORFERI)	2	0	5	7	22	36
LYME LABORATORY REPORT	4	4	2	3	7	20
MEASLES (RUBEOLA)	0	0	1	1	0	2
MENINGITIS, BACTERIAL OTHER	0	0	0	0	3	3
MUMPS	0	4	2	2	2	10
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3	1	1	2	2	9
NOT REPORTABLE	0	0	1	3	2	6
PERTUSSIS (WHOOPING COUGH)	14	6	1	11	1	33
POLIOMYELITIS	0	0	0	0	1	1
PSITTACOSIS (ORNITHOSIS)	0	0	1	0	0	1
SALMONELLOSIS	1	0	4	5	3	13
SHIGELLOSIS	0	0	0	1	7	8
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	0	0	2	4	2	8
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	3	2	3	13	4	25
STREPTOCOCCAL INFECTION, OTHER INVASIVE	0	0	0	1	0	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	1	2	1	0	1	5
SYPHILIS REACTOR	1	2	1	10	6	20
SYPHILIS, EARLY LATENT	1	0	2	0	0	3
SYPHILIS, LATE LATENT	0	0	0	0	1	1
SYPHILIS, PRIMARY	0	0	0	0	1	1
TOXOPLASMOSIS	0	0	0	0	1	1
TUBERCULOSIS	0	0	0	1	0	1
TUBERCULOSIS, LATENT INFECTION (LTBI)	4	3	4	4	2	17
VARICELLA (CHICKENPOX)	1	4	1	4	0	10
YERSINIOSIS	0	0	0	0	1	1
Total	117	115	142	235	241	850

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.

2017 Outcomes:

DPHD investigated approximately **43** 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 **1.5** business days.
- Staff spent approximately **82.5** hours on health hazard investigation and follow-up in 2017.

YEAR	2013	2014	2015	2016	2017
Health Hazard/Nuisance Complaints	37	43	31	38	43
Hours Spent	--	149	202	83	82.5

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.

2017 Outcomes:

- **624** De Pere children were screened for lead in 2017 by the WIC program and private providers.
- Public health nurses reviewed 100% of the results and provided prevention education to **9** families whose child's blood result was over 5 µg/dL.
- No environmental hazard assessment/abatements were conducted in 2017.

YEAR	2013	2014	2015	2016	2017
Children screened	338	475	386	547	624
Blood lead over 5 µg/dL	3	2	1	6	8
Blood lead over 10 µg/dL	0	0	0	2	1

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.

2017 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: De Pere Pre-School Days, Back to School Store, De Pere Fire Dept.'s Open House and Humana's Health Fair.
- Completed outreach activities in our community related to Lead Awareness Week.

Radon Testing and Education

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.

2017 Outcomes:

- **10** 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.

Immunization Program

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

Immunization Performance Measure	2014	2015	2016	2017
% of 24 month olds that met the CDC benchmark	81%	82%	81%	80%
Average % of school age children who met the WI minimum school vaccination requirements	94%	94%	95%	94%

2017 Outcomes:

- On average, **94%** of school-aged children in De Pere were in compliance with school immunization law.
- As of December 31st, 2017 **80%** of City of De Pere children were up-to-date with recommended vaccinations by *24 months* of age.
- The DPHD administered **500** vaccinations in 2017.
- Although not an immunization, Tuberculin Skin Testing is a common clinical service provided by a local health department in an immunization clinic setting. **17** TB skin tests were provided to individuals who identified a need for screening based on school status, employment or travel requirements.
- In November 2016 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	2017
(Other TB skin testing	80	78	75	24	17
TSPOT testing	--	--	1	6	24

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.

NEWIC
NORTHEAST WISCONSIN IMMUNIZATION COALITION

2017 Coalition Outcomes:

- The Northeast Wisconsin Immunization Coalition (NEWIC) met 4 times in 2017. The meetings focused on implementing the coalition's strategic plan focusing on education, awareness and outreach. DPHD actively participates on the coalition.
- NEWIC Coalition will be holding a Symposium on April 26, 2018 at the Marq in De Pere. The topic will be "Communicating About Vaccines: Talking with Parents and Patients." DPHD is co-chairing the committee to organize this event.

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, injury prevention, blood borne pathogens and other general health topics. Education is provided to the public through many venues such as: the website, social media, formal/informal face-to-face presentations, newsletters, press releases, radio and television interviews and email.

Injury Prevention

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	2017
Car Seat Clinics	16	24	24	22
Car Seats Installed	50	80	83	77

2017 Outcomes:

- In 2017, **22** car seat installation clinics were conducted. DPHD staff installed **77** 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.
- In 2017 DPHD participated in **5** ***community*** car seat inspection events held at community venues serving hundreds of families in the community.

Bicycle Safety

2017 Outcomes:

- The DPHD collaborated with the Police Department's Bike Safety Rodeo in May 2017. The health department provided helmet fitting for approximately **320 students**.
- Participated in the Bellin Bike Rodeo held at Lambeau Field, fitting bike helmets on more than **200 kids**.

Safe Sleep

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).

2017 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.

Suicide Prevention

This prevention effort focuses on providing education, overcoming stigma and providing awareness of suicide prevention. Both our public health nurses have been trained in QPR (Question, Persuade, and Refer) to educate the community on early detection and warning signs of suicide.

2017 Outcomes:

- **11** QPR trainings were held for the community.
- Be the Light Walk is held annually which is a fundraiser and awareness event of the Brown County Suicide Coalition – DPHD is an active participant and leader of this event. There were **1,189** participants.

De Pere Community Paramedicine Program

In 2017, the DPHD collaborated with the De Pere Fire Department on a Community Paramedicine Program for the older adult. This program focuses on home safety assessments and referrals to community programming. This is to assure that these community members are able to stay safely in their homes. Erin Bongers and Rod Deviley conducted home visits and community group presentations in 2017 and are planning more for 2018.

Website and Media

The DPHD website is continuously updated with timely public health content as well as our Facebook page.

Media releases were created/distributed on various public health topics to include: Communicable Disease Prevention, Disease Prevention, Immunizations, Vaccine Safety, Health Promotion, Injury Prevention, Food Safety, Adult Health Promotion, Positive Parenting, Family Health, Child Growth and Development, Environmental Health, Product Recalls, Oral Health, Emergency Preparedness, Cancer Prevention, Animal and Pet Safety, Suicide Prevention, Mental Health Awareness, and Community Resource and Event Promotion.

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.

Blood Borne Pathogen Education

The DPHD offers blood borne pathogen training to businesses/organizations upon request. In accordance with OSHA regulations, employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on blood borne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. In 2017, blood borne pathogen training was conducted at the De Pere Police Department.

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	2017
Caregivers	383	481	462	493
Children	439	610	594	676

2017 Outcomes:

- 2017 library presentations had **493** caregivers and **676** 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. **275** families have access to DPHD Facebook page and these educational resources.

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. **145 adults and 244 children attended this program in 2017.**

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 Public Health Nurse 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 2017, **157** ASQ-3 assessments were provided with **13** given activities to work on and **5** referrals made for follow up therapies.

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

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

Coalition and Committee Work

Breastfeeding Coalition – DPHD co-chairs this coalition
Communicable Disease Surveillance group
Community Partnership for Children - collaborates to reduce child abuse and neglect, improve child health, ensure optimal child development and strengthen families.

- Executive committee-Leadership Council
- Steering Committee – DPHD co-chairs this committee
  In 2017, this committee hosted the Brown County Community Health Assessment at Lambeau field.
- Child and Family Workgroup
- Community Resource team
- Family Engagement team – DPHD chairs this team
  In 2017 we hosted **1** Parent Café series with De Pere families at the Community Center. **25** of our community members attended.
- Systems Development team

Oral Health Partnership (OHP) – DPHD is on the board

- In 2017 we were able to have OHP provide school based dental services to **83** children in the De Pere school district. OHP saw a total of **340** De Pere children in 2017 both in their clinics and school based setting.

Safe Kids Coalition
STI Workgroup – DPHD co-chairs this group
Suicide Coalition

City of De Pere Teams (DPHD staff are currently active on):

Benefit Advisory
Diversity and Inclusiveness
Emergency Management
Event Planning
Medical College of WI Community Partner Council
Pay for Performance
Public Health Hazard Intervention
Safety
Special Events
Urban Orchards
Wellness

Public Health Preparedness

Since 1999, public health agencies have received grant funding from the Centers for Disease Control (CDC) to prepare themselves and their communities for emergencies. The DPHD contracts with preparedness staff who are shared by two other agencies: Brown County Health and Human Services – Public Health Division and Oneida Community Health Services. DPHD staff work closely with the contracted team members to participate in plan development, exercises/drills and community education.

2017 Outcomes:

Wisconsin's *Office of Preparedness and Emergency Health Care* provides guidance to county, city, and tribal health agencies to fulfill Public Health Emergency Preparedness (PHEP) grant objectives.

We continue to build **PARTNERSHIPS** with area response organizations and engage public health in a variety of coalitions.

- ✓ Emergency Management
- ✓ Northeast Wisconsin Healthcare Emergency Response Coalition
- ✓ Northeast Wisconsin EMS Association
- ✓ Human Services, Red Cross, 211 and more...

SIX DOMAINS OF PREPAREDNESS

The PHEP program works to advance six main areas of preparedness, referred to as **DOMAINS**, so local public health systems are better prepared for emergencies that impact the public's health.

- ✓ **COMMUNITY RESILIENCE**
  Preparing for and recovering from emergencies
- ✓ **INCIDENT MANAGEMENT**
  Coordinating an effective response
- ✓ **INFORMATION MANAGEMENT**
  Making sure people have information to take action
- ✓ **COUNTERMEASURES AND MITIGATION**
  Getting medicines and supplies where they are needed
- ✓ **SURGE MANAGEMENT**
  Expanding medical services to handle large events
- ✓ **BIOSURVEILLANCE**
  Investigating and identifying health threats

COMMUNITY RESILIENCE is our current focus. This includes determining health risks to our communities, building community partnerships, and identifying ways to recover more quickly from disasters.

LOCAL PUBLIC HEALTH PREPAREDNESS IN ACTION

Our three agencies recognize opportunities to put our plans, skills, training, and equipment, which we have gained through this program, into day-to-day practices.

- ✓ **MASS VACCINATION CLINICS:** Collectively we administered 1,765 vaccines at no charge during the Fall of 2017.
- ✓ **RESPIRATOR FIT TESTING:** *De Pere Health Department* has expanded respirator fit testing to *De Pere Fire Rescue* personnel.

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.

2017 Outcomes:

- Agency staff collaborated with all four health focus groups (noted on page 6) to achieve measurable goals/outcomes listed in the Community Health Plan.
- The De Pere Health Department's strategic plan for 2014-2018 was reviewed again in Fall 2017 and will be revised throughout 2018. Progress on the strategic plan will be made in collaboration with the staff and 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 Department of Agriculture, Trade and Consumer Protection (DATCP) to include food safety and recreation, 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.

2017 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 **232** inspections from DPHD as of December 31, 2017.
  *These inspections include re-inspections for the same facility as needed.

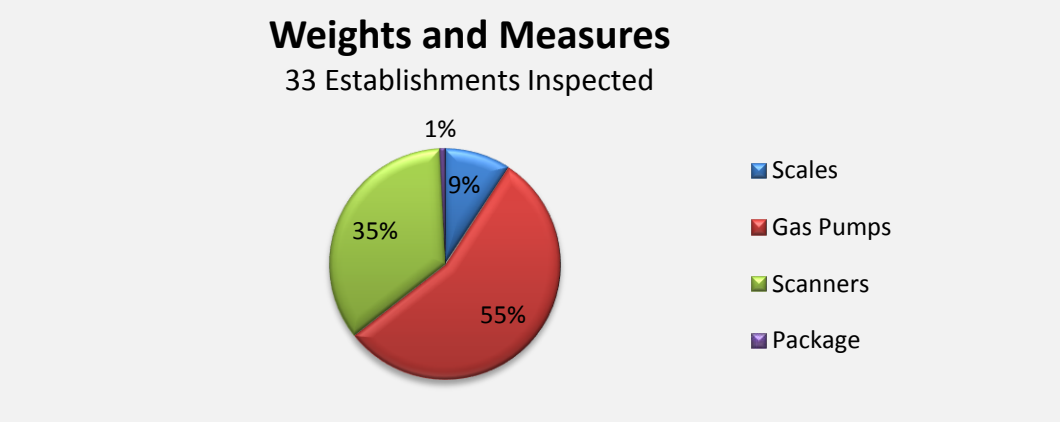
Establishment Type	Total # of establishments
DATCP	52
Body Art	2
Campgrounds	1
Food Facilities*	183
Hotels/Motels	4
Pool Facilities	13
Summer Camps	1
Schools	14
Special Events	20
TOTAL	**290**

*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 2017 (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, 2017 **33** establishments have been inspected. These inspections included **79** scales, **475** gas pumps, **300** scanners, and **6** 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, First Breath Program, Lactation Counseling, Safe Sleep 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.

First Breath Program

In 2017, DPHD received continuing education and continued being 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. During 2017, DPHD enrolled 1 mom in the First Breath Program, and worked with her throughout her pregnancy to help her quit smoking.

Lactation Counseling

In 2017, one of our nurses became certified in lactation counseling which we have now added to the services we provide with our home visitation program.
Referrals are received from the hospitals, community providers and families themselves.

Children and Youth with Special Health Care Needs

In 2017, DPHD became involved with this program to assure that children and youth with special health care needs are identified early, receive high quality coordinated care and receive, with their families, the support systems they need. This program is designed to collaborate with community partners to link children to appropriate services and close service gaps.

2017 Outcomes:

- **293** families of newborns received parenting newsletters on child passenger safety, safe sleep, immunizations, lead exposure and second hand smoke. 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 infant referrals from local hospitals in coordination with the Community Partnership for Children Program.
- 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.

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 at the De Pere Community Center every 1st and 3rd Wednesday from 10:30am to 11:30am. In 2017, there were **38** blood pressure clinics and Public Health Nurses conducted **424** screenings. Referrals to the client's primary care physician for elevated screenings were completed as outlined in agency policies and procedures.

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 2017, the health officer completed the new local health officer orientation series sponsored by DHS and WALHDAB. Our newest nurse completed the car seat technician certification and lactation counseling certification. (now both our nurses have the car seat technician certification) 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 2017, the DPHD provided public health experience to students from the Bellin College, Medical College of WI, University of Wisconsin-Green Bay and University of Wisconsin-Oshkosh.

	2013	2014	2015	2016	2017
Mentored hours	200	486	758	484	574
Students	3	8	7	6	5

- 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 by serving as an instructor for course session.
- Assist with planning, course implementation and evaluation.
- Serve as (or liaise to) a course advisor and/or mentor to a medical student.
- Act as a source for potential scholarly research projects.

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

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

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.

2017 Outcomes:

- Program objectives were successfully met for the following programs: Immunization, Adult 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.

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

WALHDAB
Public Health In Action
Wisconsin Association of Local Health Departments and Boards

2017 Financial Statement

Category	2016 Budget	2016 Actual	2017 Budget	2017 6 month Actual	2017 Year End Estimate
Revenues	514,343	445,144	511,111	225,970	503,129
Expenditures	514,343	445,144	511,111	225,970	503,129
Revenue Type	**2016 Budget**	**2016 Actual**			
Public Health Revenue	8,800	3,783	8,000	4,151	8,300
Licensing/Permits	69,900	79,147	73,000	68,685	70,000
Health Grants	57,620	53,118	56,700	25,528	51,556
Weights & Measures	17,000	16,128	17,000	16,021	17,000
City Tax Levy	361,023	292,968	356,411	111,585	356,273
Total	**514,343**	**445,144**	**511,111**	**225,970**	**503,129**
Expense Type	**2016 Budget**	**2016 Actual**			
Personnel	429,985	406,172	431,273	201,384	425,126
Contractual	8,580	5,567	8,580	1,891	4,510
Supplies and Expense	75,778	48,922	71,258	22,695	73,493
Capital	0	0	0	0	0
Total	**514,343**	**445,144**	**511,111**	**225,970**	**503,129**

STAFF: Debbie Armbruster RN, BSN – Health Officer
Dale Schmit – Sanitarian
Erin Bongers RN, BSN – Public Health Nurse
Sara Lornson RN,BSN – Public Health Nurse
Kelly Burke – Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 19, 2018**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Annual Agency Policy and Procedure Review**

De Pere Health Department's policies and procedures have been updated and signed by health director. Medical Director, Richard Erdman, to review and sign.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **March 19, 2018**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Community Health Updates**

YTD Communicable Disease stats in attachment

ATTACHMENTS:

- CD Report YTD (PDF)
- DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL nov 2017-march2018 (PDF)
- DE PERE HEALTH DEPARTMENT TRAININGS nov 2017-March2018 (PDF)

Cumulative Report

Date Type: Closed

Date Range: 01/01/2018 to 03/18/2018

Incident Jurisdiction: De Pere

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction: De Pere

Transmission Status:

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

Process Status:

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

All diseases except HIV and Lead

Disease Name	Number of Incidents
CAMPYLOBACTERIOSIS	1
CHLAMYDIA TRACHOMATIS INFECTION	18
CRYPTOSPORIDIOSIS	2
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	4
GONORRHEA	1
HEPATITIS C, CHRONIC	7
LYME DISEASE (B.BURGDORFERI)	3
LYME LABORATORY REPORT	2
MUMPS	2
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	2
PERTUSSIS (WHOOPING COUGH)	3
PESTICIDE-RELATED ILLNESS	1
SALMONELLOSIS	1
SYPHILIS REACTOR	1
SYPHILIS, UNKNOWN DURATION OR LATE	1
TUBERCULOSIS, SCREENING	2

Outbreak / Investigations

Outbreak / Investigation Type	Number of Outbreak / Investigations
Other	2

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - November 2017			
Job/Activity	**Name**	**Date**	**Notes**
Mass flu Clinic	Sara, Debbie and Kelly	11/2/2017	
Achieve Brown County Community Update	Sara and Debbie	11/7/2017	
Nursing Student from Oshkosh	Erin	11/6/2017	
Car Seat Installation Clinic	Erin and Sara	11/09/2017 and 11/29/2017	
Blood Pressure Clinic	Debbie, Sara, Erin	11/01/2017 and 11/15/2017	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - December 2017			
Job/Activity	**Name**	**Date**	**Notes**
Blood Pressure Clinic	Erin and Sara	12/6/2017	
Library Storytime	Sara	12/7/2017	
Library Picnic and Play	Sara	12/13/2017	
Community Presentation - Community Center	Erin	12/13/2017	
Respiratory Fit Testing - Health and Fire Depts	Erin and Sara	12/14/2017 & 12/20/17	
Car Seat Clinic	Erin and Sara	12/19/2017	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - January 2018			
Job/Activity	**Name**	**Date**	**Notes**
Meeting with DePere School Nurses	Debbie, Erin and Sara	1/4/2018	
Stay at Home Assistance Program	Erin	1/5/2018	
Blood Pressure Clinic	Erin and Sara	1/3/2018	
Car Seat Installation Clinic	Erin and Sara	1/9/2018, 1/30/18	
Library Picnic and Play	Sara	1/10/2018	
Respiratory Fit Testing	Erin and Sara	1/15, 1/16, 1/17, 1/19, 1/22, 1/26	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - February 2018			
Job/Activity	**Name**	**Date**	**Notes**
Blood Pressure Clinic	Erin and Sara	2/7/2018 and 2/21/18	
TOPS Presentation at Community Center	Erin and Sara	2/8/2018	
Car Seat Installation Clinic	Erin and Sara	2/8/2018 and 2/20/18	
Stay at Home Assistance Program	Erin	2/13/2018	
Library Picnic and Play	Sara	2/14/2018	
Library Storytime	Sara	2/15/2018	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - MARCH 2018			
Job/Activity	**Name**	**Date**	**Notes**
Blood Pressure Clinic	Erin and Sara	3/7/2018	
TOPS Presentation Community Center	Erin	3/8/2018	
Community Car Seat Event	Erin	3/10/2018	
Car Seat Installation Clinic	Erin and Sara	3/12/2018	
Preschool Days at Heritage School	Erin and Sara	3/13/18 and 3/14/18	
Library Picnic and Play	Sara	3/14/2018	
QPR Training	Erin	3/19/2018	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -November 2017			
Job/Activity	**Name**	**Date**	**Notes**
Webinar: Performance Management - PHAB domain 9 and 12	Debbie	11/16/2017	
Webinar: Building Internal Infrastructure to Advance Health Equity	Debbie	11/16/2017	
MCH Conference	Erin and Sara	11/13-11/15/17	
Avoidable Inequalities -presented by the Drug Alliance	Debbie	11/21/2017	
FDA 215: Managing Retail Food Safety	Dale	11/27-11/30/2018	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -December 2017			
Job/Activity	**Name**	**Date**	**Notes**
Surveillance of Vaccine-Preventable Diseases (VPDs): Update 2017.	Debbie	12/5/2017	
FEMA - Pediatric Disaster Response & Emerg Preparedness	Sara	12-5-17 and 12-6-17	
Developing Comprehensive Integrated Approaches to Suicide Prevention	Debbie	12/19/2017	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - JANUARY 2018			
Job/Activity	**Name**	**Date**	**Notes**
Communicable Disease Webinar	Erin & Debbie	1/9/2018	
The Rationale for Developing Comprehensive Approaches to Suicide Prevention Webinar	Erin	1/18/2018	
WI CAN educational series - Infant abuse and injuries	Erin	1/19/2018	
IHI PFC 103: Incorporating Mindfulness into Clinical Practice	Debbie	1/19/2018	
WALHDAB EH meeting	Debbie	1/18/2018	
PHEP Q&A	Sara	1/9/2018	
Emergency Mgmt Training w/ Jared Preston	Debbie and Sara	1/11/2018	
Go To Webinar - Nutrition & Lifestyle Approaches to prevent cognitive decline	Erin	1/30/2018	
W&M's Policy and Procedure Meeting	Dale	1/18/2018	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - FEBRUARY 2018			
Job/Activity	**Name**	**Date**	**Notes**
MCH Teleconference Orientation/101 call	Erin & Debbie	2/5/2018	
State of the Mind Wellness Webinar	Erin	2/14/2018	
WI CAN Educational Series (Emotional Maltreatment)	Erin	2/16/2018	
An Interprofessional Approach to HPV and Oropharyngeal Cancer Prevention Education - Webinar	Erin & Sara	2/21/2018	
MCH Learning Community call-School-based Suicide Prevention:from Data to Intervention	Erin & Debbie	2/28/2018	
HACCP Training	Dale	1/30-2/1/2018	
PHEP Q&A	Sara	2/6/2018	
FEMA 120a Training	Sara	2/6/2018	
Fusion Officer Liaison Training	Debbie and Sara	2/13/2018	
FEMA 130a Training	Sara	2/20/2018	
Monthly CD Webinar	Erin	2/13/2018	
Web EOC Training	Debbie and Sara	2/21/2018	
DATCP Policy and Procedure Meeting	Dale	2/28/2018	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - MARCH 2018			
Job/Activity	**Name**	**Date**	**Notes**
GrapeVine Training	Erin and Sara	3/5/2018	
PHEP Q&A	Sara	3/6/2018	
WALC Breastfeeding Conference	Sara	3/8 and 3/9/ 2018	
Communicable Disease Webinar	Erin	3/13/2018	

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 19, 2018**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Environmental Health Updates to include Nuisance complaints/Health Hazards**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 19, 2018**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**DHS 140 Review of Local Health Authority-Level II Health Department**

De Pere will be having its 140 review in September 2018. Preparations are being started for this.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **March 19, 2018**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Mental Health Outreach Proposal**

Casey Nelson has initiated a mental health outreach proposal (attached) working with MCW psychiatric residents to work with our community on mental health issues.

ATTACHMENTS:

- Mental Health Outreach proposal (PDF)

De Pere Community Mental Health Outreach

TARGET

De Pere residents suffering from one or more mental health conditions, their family/support
Anyone interested in learning more about mental health issues
Anyone interested in improving overall health of the community

GOALS

Raise awareness regarding mental health issues
Reduce stigma associated with talking about mental illness
Encourage members of the community to seek help if they are suffering from a mental health issue

SCHEDULE

Last Wednesday of the month from 6:30-8pm (once monthly)
- April 25th
- May 30th
- June 27th
- July 25th
- Etc.

Single session for each issue
- Different topic/issue each session
- Broad overview of mental health issues and treatments
- Broad reach

LOCATION

De Pere Community Center (309 S. 6th Street)

PARTICIPANTS

De Pere residents
MCW psychiatry residents

TOPICS

Tentative schedule:
(1) Depression
(2) Anxiety
(3) Substance abuse
(4) Insomnia
(5) Eating disorders
(6) Additional topics to be decided later

AGENDA

Explanation of mental health condition (MCW resident and myself) → 20-25 minutes
- Background information, stats etc.
- Treatment (pharm and non-pharm)
- Prognosis

Community resident with that condition share their story → 30 minutes
- Short background, then question/answer (MCW resident moderates)
  - How it impacts their life
  - What has worked for them, what hasn't

Questions from the audience → 30-40 minutes
- Participants include MCW residents, myself and community resident who shared their story
- Open format
- Cover the disease, prognosis, treatment

MCW residents available after program for 10-15 minutes for individual questions

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 19, 2018**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Public Comment on Matters not on the Agenda**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 19, 2018**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Future Agenda Items**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 19, 2018**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Adjournment**