Board of Health

Regular Meeting

Agenda

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

Monday, March 18, 2019 **5:30 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **March 18, 2019** at **5:30 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

1. Call to Order
2. Roll Call
3. Approval of 11-19-2018 meeting minutes
4. Discuss 2018 Annual Report
5. Update on health department grants
6. Approval of De Pere Health Department Policy and Procedure manual
7. Discuss the development of a vaping ordinance with the Board of Health's support
8. Consider Ordinance Amendment to Sec. 74-1 De Pere Municipal Code Regarding Board of Health Members
9. Environmental Health Updates
    a. Introduce new Environmental Health Sanitarian - Trista Groth
    b. Nicky's Lionhead restaurant follow-up post fire
    c. Update on Asian Buffet compliance
    d. 202 N. Superior litigation update
    e. 1121 Fay Court Prohibited Animal Compliance Status
10. Community Health Updates including quarterly disease report and outreach activities
11. Public Comment on Matters not on the Agenda
12. Future Agenda Items
13. Adjournment

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

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 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Call to Order**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Approval of 11-19-2018 meeting minutes**

ATTACHMENTS:

- 11.19.2018 BOH Minutes - for approval completed (PDF)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – November 19, 2018

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 19th at 5:30 p.m.

1. **Call to Order**

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

Roll Call

Roll call was taken and the following members were present: Casey Nelson, Dennis Hibray, Ryan Jennings. And Dr. Michael McHenry. Dr. Erdman arrived at 5:38 pm. Also present were Deborah Armbruster and Kelly Burke. Pat Finder-Stone was absent. Public attendees were Chris Culotta and Erica Huettl (nursing student).

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

Casey Nelson made a motion, seconded by Dennis Hibray to approve the minutes of the September 17, 2018 Board of Health Meeting. Dennis Hibray questioned the follow up on "Human Services" in the Health Department title and Deborah Armbruster responded that the issue was taken care of and it has been removed from our department name. Upon vote, motion passed unanimously.

3. **Presentation of Certificate for Successful Completion of 140 Review**

Chris Culotta Regional Director of the Northeast Region of the Department of Health Services and the Division of Public Health, reported that the 140 review process we went through was a minimum compliance audit. This is required every 5 years. The De Pere Health Department first submitted level 1 documentation which is required by all Health Departments. The information provided by the De Pere Health Department was put in Sharepoint and was reviewed by specialists in that area. For example, someone from the lead program reviewed De Pere's lead data, someone from immunization reviewed De Pere's immunization data, etc. The second part of the review was the level 2 data. A level 2 department requires 7 programs and services. At De Pere's review, the Mayor and City administrator were present as well as Dennis Hibray and Pat Finder-Stone. Chris reported that Debbie and her staff are doing many things very well. De Pere did very well on prevention efforts and policy and procedures. De Pere has some fantastic partnerships identified. Recommendations were given as part of the review process. Chris Culotta reported that he appreciated having the staff and additional attendees present. Chris Culotta presented the 140 review certificate to the De Pere Board of Health. The Certificate was signed on October 5, 2018, so De Pere's next review will need to be completed 5 years from that date.

4. Environmental Health Updates to include nuisance complaints/ health hazards

Debbie Armbruster reported that there was no additional information to add to the information in the packet

5. Update on Sanitarian Position

Debbie Armbruster reported that we selected a candidate and the reference check was good. Derrick was working on the background check today. The physical should be done next week and we hope to have a final offer next Friday. The candidate needs to give a 2 week notice, so we are hoping for a start date in December. Our new hire should be able to be standardized in a few months. We still have the Bridges of Fox River Consortium in place, which can be terminated with a 30 day notice.

6. Community Health Updates including quarterly disease report/outreach activities

Debbie stated that the information provided in the packet is inclusive of outreach and communicable disease numbers. The only disappointment is that we didn't get as many people for the flu shot clinics that we hoped to. We had added a clinic this year and extended hours hoping to get more people. We are hoping to do a mass clinic for all ages with preparedness dollars next year, possibly at the community center. Casey Nelson questioned our vaccination rates for influenza in the city. Debbie will find out those rates. Dr. Erdman questioned if the City required mandatory vaccinations for employees. It does not. The City of De Pere does provide free flu vaccines for city staff who want it.

7. Report on 11-8-2018 WALHDAB meeting

Debbie Armbruster reported That Karen McKeown will probably not be the State Health Officer because of the change of Governor. The meeting talked about the changes to the 140 review. Debbie is on the 140 workgroup committee. The review process will be less based on the number of programs and more on the extent of involvement in the programs.

8. Public Comment on Items not on the Agenda

No public comments were made.

9. Future agenda items

Debbie reported that Pat Finder-Stone would like the meeting times to be discussed at the next meeting. Pat may prefer morning meetings. Dennis Hibray stated he would not want our meetings to be on a time confinement because members will need to leave for work. Mornings would be tough for the working membrs. Dennis Hibray feels 5:30pm works well for the doctors coming from work. Dr. Erdman, Casey Nelson, and Dr. McHenry are happy with the 5:30 pm start time. Dennis Hibray made a motion to keep our meeting start times at 5:30pm for the dates and months we have established. Casey Nelson seconded the motion. Upon vote, the motion passed unanimously.

Debbie stated that the Health Department is writing for a number of grants. She will have an update at the next meeting.

Casey Nelson reported that the Sustainability Commission is approved. There will probably be some health aspects involved with it. Pat Finder-Stone is on the commission with Casey. They will start meeting the beginning of the year. Debbie will add this as an agenda item for the Board of Health meetings.

Our next Board of Health meeting will be in March and will include our annual report. The entire Health Department staff will be in attendance, including the new Sanitarian.

Ryan Jennings reported that the 54218 program in Green Bay is reorganized as an organization called Wello. Ryan questioned if there was a way to engage with them on community interaction. Debbie Armbruster reported that Wello is an organization that parallels the Beyond Health steering committee. Beyond Health is seeing if there is a way to collaborate with them, but at this time that has not happened.

10. Adjournment

Dennis Hibray made a motion to adjourn the meeting. Casey Nelson seconded the motion. The meeting adjourned at 6:15 pm.

Respectfully Submitted,
Kelly Burke
Health Department Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Discuss 2018 Annual Report**

ATTACHMENTS:

- 2018 annual report final! (PDF)




2018 ANNUAL REPORT

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

DE PERE℠ Health Department

920-339-4054
www.de-pere.org
335 S. Broadway, De Pere
deperehealth@mail.de-pere.org

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MESSAGE FROM THE DIRECTOR

It is my privilege to present to you the 2018 City of De Pere Health Department's Annual Report. Our dedicated staff and supportive Board of Health have continued to carry out the mission and vision of our organization through both ongoing and new initiatives, resulting in positive outcomes for the community we serve.

We are grateful to have maintained strong working partnerships with the De Pere Common Council, City Administration, the City of De Pere Fire and Police Departments, Regional and State Public Health professionals, Brown County Health and Human Services, the Aging and Disabilities Resource Center, Beyond Health, our medical community, schools, local businesses and non-profit organizations. These partnerships enable us to accomplish the high level of service we are committed to.

This year brought new opportunities for us to expand our Public Health services. Through community input, we identified a need for additional mental health services. A Board of Health member initiated the collaboration between the De Pere Health Department and the Medical College of Wisconsin – NEW Psychiatry Residency program to develop monthly Mental Health Outreach sessions. These sessions began in August 2018, providing the community an opportunity to learn and talk about mental health.

Through community input, we identified the need to be more involved in services for our older adult population. We expanded the marketing of our Stay At Home Assistance program which resulted in increased home visits for this program. We also applied for and received a grant for the "Stepping On Program", which is a falls prevention workshop to be implemented in 2019.

In October 2018 we completed our 140 review with flying colors which exemplified the high level of work and dedication of our health department.

I am eager to have you review this annual report to see how comprehensive our work has been in 2018. I look forward to 2019 and our continuing efforts to enhance the public health mission to protect and promote public health across a lifespan.

Deborah E. Armbruster BSN RN

Director/Health Officer for the City of 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

Kelly Burke

Environmental Health Sanitarian

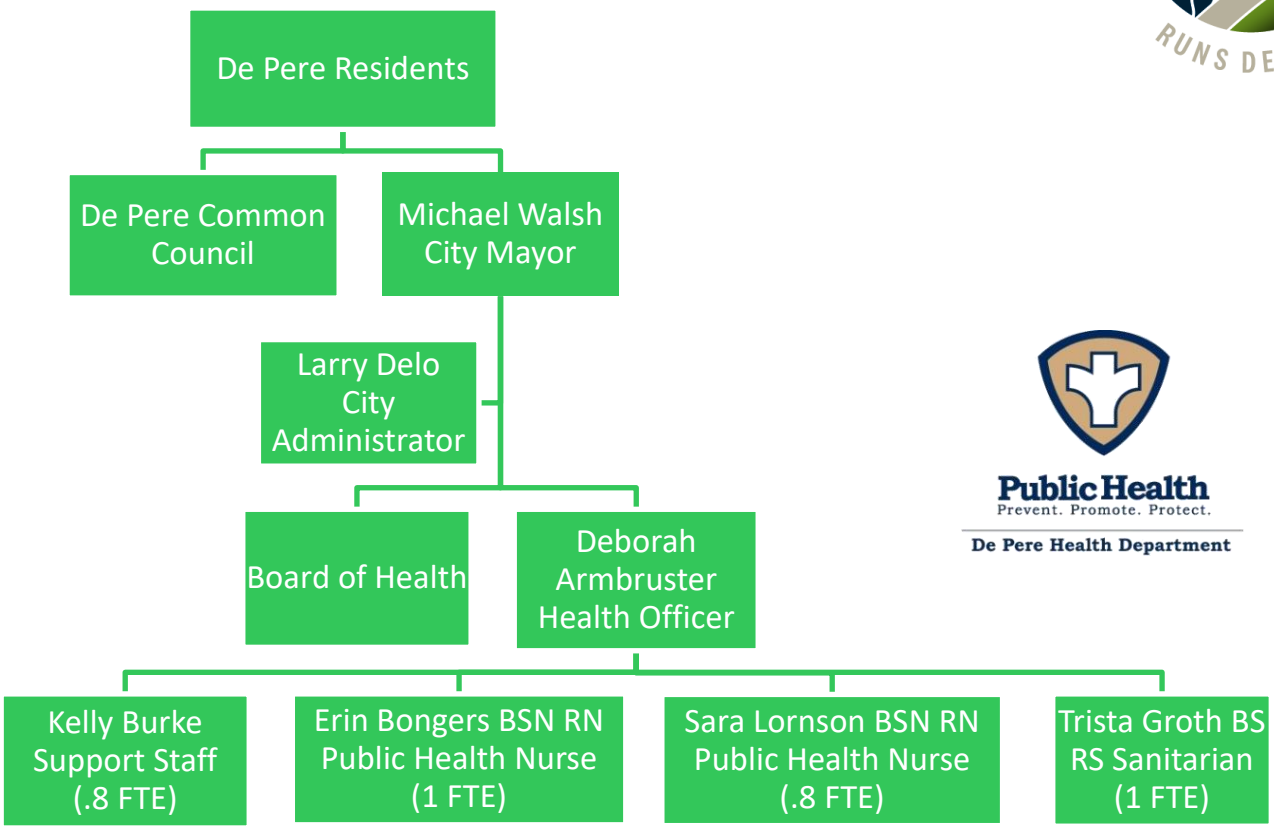
Dale Schmit MPA BS RS (1-1-2018 to 12-12-2018)

Trista Groth BS RS (12-17-2018 to present)

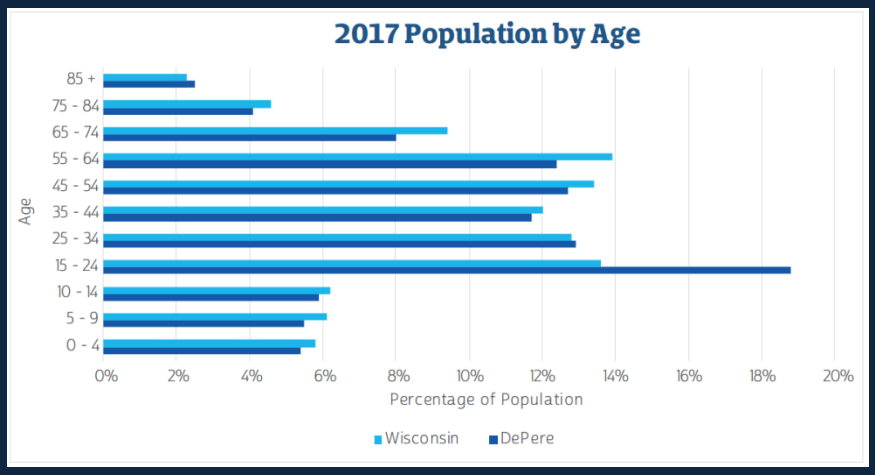
*The health department's **VISION** is:*
"De Pere: a community where health conscious people live, learn, work and play."

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

De Pere Health Department Organizational Staff



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



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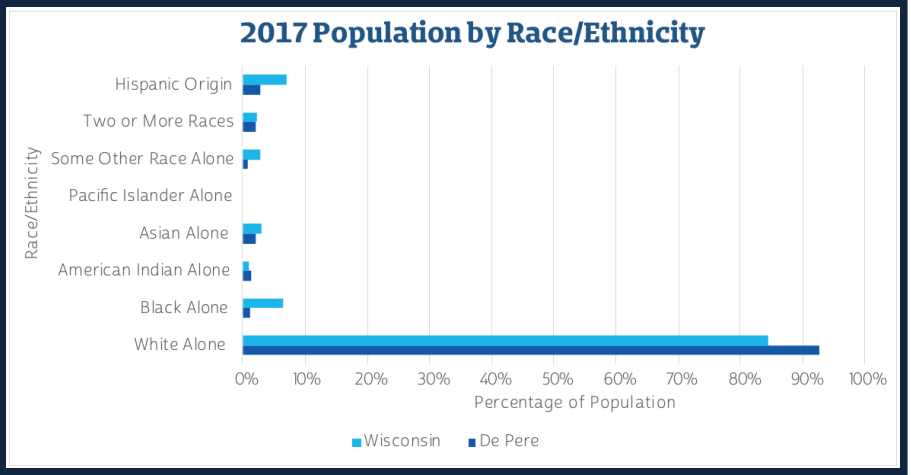
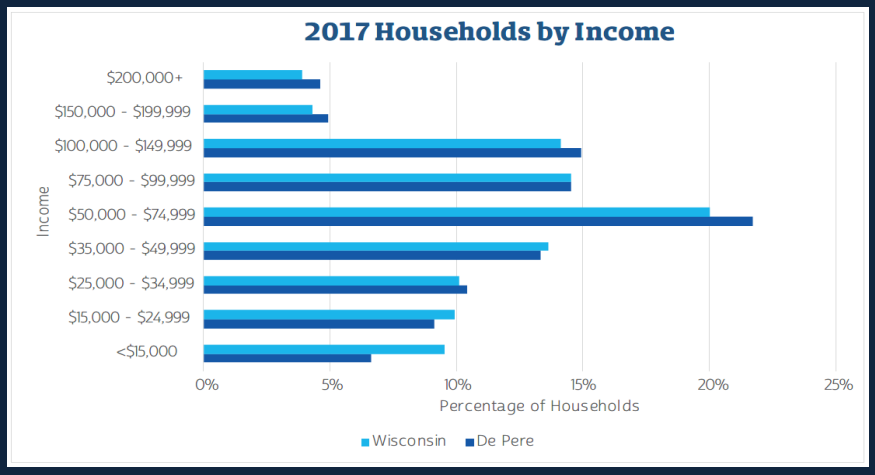
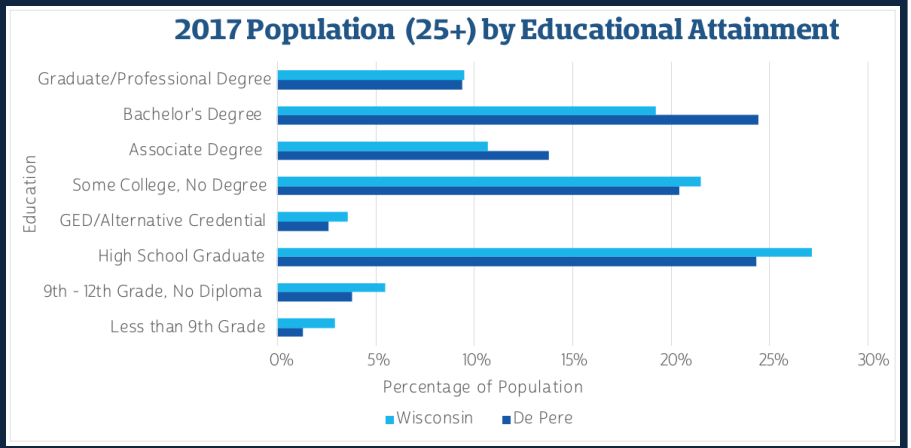






Essential Service 1: Monitor health status to identify and solve community health problems

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" 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.

Beyond Health
Healthiest Brown County
"Connecting Beyond Health Care"

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: Obesity, Mental Health, and Drugs and Alcohol. It was agreed that Oral Health (which was a health priority) 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 (guided by leaders from Beyond Health) have three action groups, called taskforces, which set health goals for our community and detailed the steps that will be taken to accomplish those goals.

- Health Priority #1: **Obesity**. The goal is to reduce obesity in Brown County by promoting healthy foods and beverages and encouraging physical activity via community design and infrastructure.

- Health Priority #2: **Mental Health**. The goal is to improve access to mental health services, information, support and education for all.

- Health Priority #3: **Drugs and Alcohol**: The goal is to change community culture regarding alcohol and drug use and abuse among youth and adults.

Progress is monitored by the CHIP Steering Committee and priorities are reevaluated in 3 years with a new Community Health Assessment. Staff from De Pere Health Department actively participate in all the priority workgroups as well as co-chairs the Beyond Health Steering Committee.

2018-2020 Health Priorities

Beyond Health

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 intranasal vaccine not being provided by the Vaccine for Children Program, it was not given as an option in 2018. 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).

2018 Outcomes:

- **246** total influenza vaccinations were given in 2018.
- **218** 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 2018-2019 school year, the DPHD held **(5)** flu vaccination clinics in the month of October and November.

YEAR	2014	2015	2016	2017	2018
Mass Clinic 1	101	26	42	25	15
Mass Clinic 2	98	47	51	62	43
Mass Clinic 3	88	45	71	66	58
Mass Clinic 4	105	83	80	46	69
Mass Clinic 5	---	55	76	23	33
Mass Clinic 6	---	73			
Total	**392**	**329**	**320**	**222**	**218**

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.

2018 Outcomes:

- Public Health Nurses conducted follow-up on **142** reports of communicable diseases determined to either be classified as: not a case, suspect, probable or confirmed.
- DPHD investigated **2** confirmed acute gastrointestinal outbreaks.
- DPHD investigated **2** confirmed Norovirus infection outbreaks.
- DPHD investigated **2** acute respiratory illness outbreaks.
- **24** animal bite/exposure investigations were completed.
- Approximately **737** hours were spent on communicable disease surveillance, follow-up and control activities. This time includes an Epidemiology in Action training in Atlanta for 2 weeks.

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.

	2014	2015	2016	2017	2018
Acute Gastroenteritis Outbreaks	4	7	6	3	2
Acute Respiratory Illness Outbreaks	1	3	2	2	2
Animal Bite/Exposure Investigations	**2014**	**2015**	**2016**	**2017**	**2018**
• dog	18	24	24	21	19
• cat	4	2	5	5	5
• bat	0	4	0	2	0
Total	**22**	**30**	**29**	**28**	**24**

De Pere 5 Year Communicable Disease Report

Disease Group	2014 Total	2015 Total	2016 Total	2017 Total	2018 Total	5 Year TOTAL
AFB Smear	1	0	0	0	0	1
Arboviral Disease	0	0	8	10	1	19
Babesiosis	0	0	0	0	1	1
Blastomycosis	0	1	0	0	0	1
Campylobacteriosis (Campylobacter Infection)	4	4	7	9	5	29
Chlamydia Trachomatis Infection	52	65	94	85	71	367
Cryptosporidiosis	0	1	1	4	4	10
Cyclosporiasis	0	0	0	1	3	4
Ehrlichiosis / Anaplasmosis	0	2	2	1	2	7
Giardiasis	1	3	2	6	5	17
Gonorrhea	10	3	4	11	5	33
Haemophilus Influenzae Invasive Disease	1	1	1	0	0	3
Hepatitis A	0	1	0	0	0	1
Hepatitis B	5	3	1	1	2	12
Hepatitis C	7	4	9	9	4	33
Histoplasmosis	0	0	0	1	0	1
Influenza	7	7	9	0	0	23
Invasive Streptococcal Disease (Groups A And B)	2	5	17	5	3	32
Legionellosis	0	1	0	0	0	1
Lyme Disease	0	6	7	20	7	40
Measles	0	1	1	0	0	2
Meningitis, Other Bacterial	0	0	0	3	0	3
Mumps	4	2	2	2	3	13
Mycobacterial Disease (Nontuberculous)	1	1	2	3	2	9
Not Reportable	0	3	3	2	0	8
Pathogenic E.coli	2	2	11	20	5	40
Pertussis (Whooping Cough)	5	1	11	1	3	21
Poliovirus Infection	0	0	0	1	0	1
Psittacosis	0	1	0	0	0	1
Salmonellosis	0	4	5	3	4	16
Shigellosis	0	0	1	7	1	9
Streptococcal Infection, Other Invasive	0	0	1	0	0	1
Streptococcus Pneumoniae Invasive Disease	2	1	0	1	0	4
Syphilis	2	3	10	8	9	32
Toxoplasmosis	0	0	0	1	0	1
Tuberculosis	0	1	0	0	0	1
Tuberculosis, Latent Infection (LTBI)	0	0	0	1	0	1
Varicella (Chickenpox)	4	1	4	0	2	11
Yersiniosis	0	0	0	1	0	1
TOTAL	**110**	**128**	**213**	**217**	**142**	**1618**

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.

2018 Outcomes:

DPHD investigated approximately **37** 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 days.
- Staff spent approximately **61.5** hours on health hazard investigation and follow-up in 2018.

YEAR	2014	2015	2016	2017	2018
Health Hazard/Nuisance Complaints	43	31	38	43	37
Hours Spent	149	202	83	82.5	61.5

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.

2018 Outcomes:

- **634** De Pere children were screened for lead in 2018 by the WIC program and private providers.
- Public health nurses reviewed 100% of the results and provided prevention education to **16** families whose child's blood result was over 5 µg/dL.
- (**1**) environmental hazard assessment was conducted in 2018.

YEAR	2014	2015	2016	2017	2018
Children screened	475	386	547	624	634
Blood lead over 5 µg/dL	2	1	6	8	14
Blood lead over 10 µg/dL	0	0	2	1	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.

2018 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 and De Pere Fire Dept.'s Open House.
- 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.

2018 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 social media and through blood pressure clinics and library events.

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

2018 Coalition Outcomes:

- The Northeast Wisconsin Immunization Coalition (NEWIC) met **4** times in 2018. The meetings focused on implementing the coalition's strategic plan focusing on education, awareness and outreach. DPHD actively participates on the coalition.

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	2015	2016	2017	2018
% of 24 month olds that met the CDC benchmark	82%	81%	80%	84%
Average % of school age children who met the WI minimum school vaccination requirements	94%	95%	94%	95%

2018 Outcomes:

- On average, **95%** of school-aged children in De Pere were in compliance with school immunization law.
- As of December 31st, 2017 **84%** of City of De Pere children were up-to-date with recommended vaccinations by *24 months* of age.
- The DPHD administered **429** vaccinations in 2018.
- Although not an immunization, Tuberculin Skin Testing is a common clinical service provided by a local health department in an immunization clinic setting. **18** 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.

	2014	2015	2016	2017	2018
(Other TB skin testing	78	75	24	17	18
TSPOT testing	--	1	6	24	8

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.

	2015	2016	2017	2018
Car Seat Clinics	24	24	22	23
Car Seats Installed	80	83	77	37

2018 Outcomes:

- In 2018, **23** car seat installation clinics were conducted. DPHD staff installed **37** 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 2018 DPHD participated in **4** ***community*** car seat inspection events held at community venues serving hundreds of families in the community.

Bicycle Safety

2018 Outcomes:

- The DPHD collaborated with the Police Department's Bike Safety Rodeo in May 2018. The health department provided helmet fitting for 5th graders at Westwood and Foxview for approximately **450 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).

2018 Outcomes:

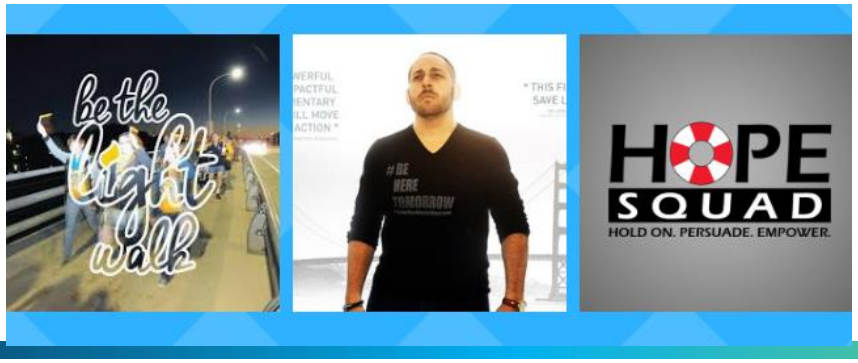
- De Pere Health Department promoted safe sleep messaging in the community through newborn mailings, home visits, newsletters and community presentations.
- The DPHD is an active participant on a Safe Sleep collaborative in Brown County.

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.

2018 Outcomes:

- QPR trainings were offered for the community.
- Table Talk Events discussing teen and preteen wellbeing
- Team captain hosting movie The Ripple Effect and post Q&A
- Hope Squad Advisor (2nd school in the state to implement Hope Squad)
- 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 **1,668** participants.



De Pere Stay at Home Assistance Program

The De Pere Health Department collaborates with De Pere Fire Department on a Stay at Home Assistance 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. Together a public health nurse and firefighter conducted **12** home visits and **3** community group presentations in 2018. They have also implemented an updated system that allows the fire department to send referrals electronically to the health department to provide a quicker response time.

Website and Media

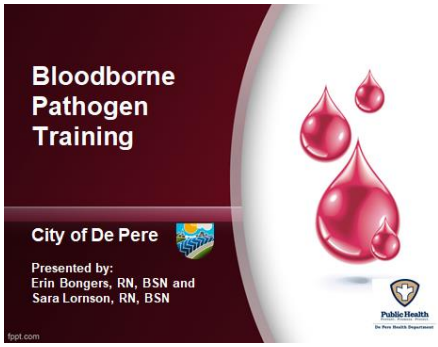
The DPHD website is continuously being updated with timely public health content as well as our Facebook page.

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 2018, blood borne pathogen training was conducted at the De Pere Police Department.

Kress Family Library Healthy Baby Happy Parent Program

DPHD staff collaborates with the Kress Family Library to provide monthly educational presentations for parents on health, growth and development and safety related topics via "Picnic and Play" and "Storytime", and the monthly DPHD Maternal Child Health Newsletter. The DPHD provided (**12**) Picnic and Play educational events, and attended (**6**) Storytime events throughout 2018.

	2014	2015	2016	2017	2018
Caregivers	383	481	462	493	438
Children	439	610	594	676	571

2018 Outcomes:

- 2018 library presentations had **438** caregivers and **571** 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. **391** 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 snack or meal with others and participate in fun physical activity and a craft with their children. A healthy nutrition topic is presented with recipes focused on the toddler's pallet. **226 adults and 308 children attended this program in 2018.**

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 2018, **60** ASQ-3 assessments were provided with **5** given activities to work on and **2** 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

Brown County Breastfeeding Coalition

Brown County Immunization Partners in Prevention

Communicable Disease Surveillance group

Community Partnership for Children

- Beyond Health Steering Committee
- Child and Family Workgroup
- Community Resource team
- Executive Committee-Leadership Council
- Family Engagement team
- Systems Development team

Falls Prevention Taskforce

Hope Squad

Lead Coalition

NEW Hospital Emergency Readiness Coalition

Northeast Wisconsin Immunization Coalition

Oral Health Partnership

Oral Health Coalition

Safe Kids Coalition

Start Smart Workgroup

STI Workgroup

Suicide Prevention Coalition

City of De Pere Teams

DPHD staff are currently active on the following teams:

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.

2018 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.

- **City of De Pere Emergency Management and Brown County Emergency Management**
- **Northeast Wisconsin Healthcare Emergency Response Coalition (NEW HERC)**
- **Northeast Wisconsin EMS Association**
- **Brown County Health and 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

Since taking on full responsibility for preparedness efforts for the City of De Pere (1-1-2018), the PHEP Coordinator has worked towards accomplishing set grant contract objectives for the current budget period. Accomplishments include:

- ✓ Updating De Pere Health Department's Memorandum of Understanding (MOU) with Red Cross for sheltering operations.
- ✓ Re-establishing the City of De Pere Emergency Management (EM) Team.
- ✓ Improvement of City communication capabilities by updating the satellite telephone equipment and education, provide training for Priority Telecommunications Service (PTS) programs, replacing batteries in existing two-way radios, purchase of an additional radio for the Emergency Operations Center (EOC), and purchase of a new smart TV for the EOC.
- ✓ Updating of the City of De Pere Emergency Operations Plan.
- ✓ Completion of a successful 2018 flu vaccination mass clinic and AAR/IP.
- ✓ Successful completion of a tabletop exercise in Fall 2018 for the City of De Pere EM Team.
- ✓ Updating of the City EOC and supply closet, making it more inclusive and available for all city departments to utilize during an emergency.
- ✓ Awarded (3) mini grants through Wisconsin DHS – Division of Public Health Office of Preparedness and Emergency Health Care (OPEHC) to continue improving our communities preparedness capabilities in an emergency situation.

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.

2018 Outcomes:

- Agency staff continue to collaborate on all three 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 2018 and will be revised in 2019 for another five years. Progress on the strategic plan will be made in collaboration with the staff, Board of Health, and other key stakeholders. A report out of the updated strategic plan will be presented at the September 2019 Board of Health meeting and posted on the website.

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. This calendar year **213** facilities were licensed. 141 of these facilities (66%) were inspected during the fiscal year of July 1, 2017 to June 30, 2018. The facilities that were missed during the fiscal year were completed in July and August 2018.

2018 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 **374** inspections from DPHD as of December 31, 2018.

These inspections include re-inspections for the same facility as needed:

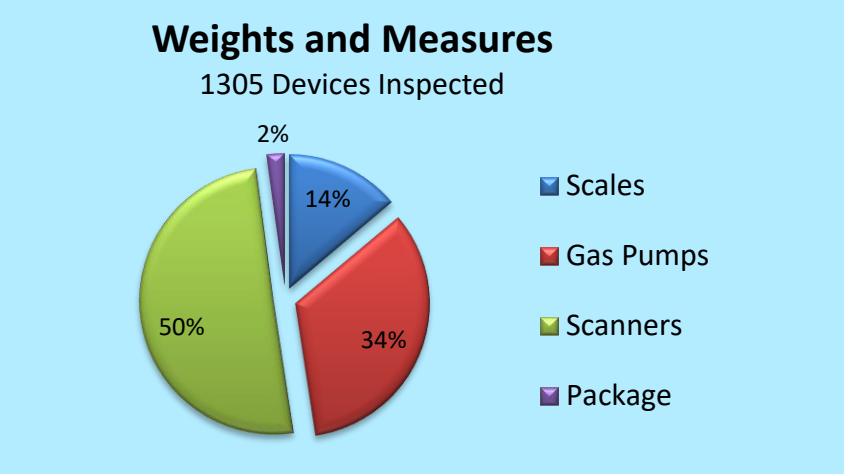
Establishment Type	Total # of Inspections
DATCP	68
Body Art	5
Campgrounds	1
Food Facilities*	230
Hotels/Motels	21
Pool Facilities	21
Schools	28
TOTAL	**374***

*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, 2018 **1305** devices have been inspected. These inspections included **181** scales, **440** gas pumps, **657** scanners, and **27** 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 what the department is currently doing for Adult Health and Maternal Child Health.

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 2018, there were **24** blood pressure clinics and Public Health Nurses conducted **264** screenings. Referrals to the client's primary care physician for elevated screenings were completed as outlined in agency policies and procedures.

GrapeVine Program

GrapeVine trains nurses to lead health education sessions in their communities. Nurses complete annual training on Wisconsin Women's Health Foundation (WWHF) curricula developed with input from academic partners. They then use toolkits to provide free one-hour education sessions on women's health topics. The goal is to educate Wisconsin women about disease prevention and healthy lifestyle changes. The De Pere Health Department presented **9** education sessions in 2018.

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 2018, 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 2018, DPHD did not enroll any participants in the First Breath Program.

Lactation Counseling

In 2018, the DPDH continued promoting its lactation services within the community. Lactation home visits are a complimentary program that involve having one of the DPHD nurses who is a certified lactation counselor, come to the home and address any lactation concern a mom may be having. This service helps to encourage and support breastfeeding within De Pere and aligns with our goals for a healthier community.

Referrals are received from the hospitals, community providers and families themselves. During 2018, (**9**) lactation home visits were completed.

Children and Youth with Special Health Care Needs

In 2018, 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.

2018 Outcomes:

- **266** 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.

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 based on staff identified needs, organizational, licensure, program and grant requirements. In 2018 staff attended the following trainings/conferences: (9) Emergency Preparedness, (4) Communicable Disease, a Lead refresher, (1) Breast Feeding, (2) Grapevine, and (4) Suicide and Injury Prevention. Annually staff attend the WI Public Health Conference, Weights and Measures Conference, and (2) Governor's Conferences. 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 2018, 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.

	2014	2015	2016	2017	2018
Mentored hours	486	758	484	574	318
Students	8	7	6	5	4

- In accordance with the agency's strategic plan, the DPHD continues to collaborate with the Medical College of Wisconsin. Within this partnership, the DPHD assists in shaping the development of the medical college's physician in the community course by serving as an instructor for course session. Also continues to serve as a mentor to medical students and is 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.

2018 Outcomes:

- Program objectives were successfully met for the following programs: Communicable Disease, Immunization, Prevention, Lead Poisoning Prevention, Maternal Child Health and Local Public Health Preparedness.
- At the end of 2018, we received a grant to implement the Stepping On Program through the Wisconsin Institute for Healthy Aging. This is an evidence-based health promotion program for adults 60 and older. It is a 7 week intervention proven to decrease the incidence of falls. Two nurses will be attending the training for that program in 2019 and will conduct the program soon after.

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.

2018 Financial Statement

Category	2017 Actual	2018 Budget	2018 6 month Actual	2018 Year End Estimate
Revenues	485,497	517,273	233,785	477,811
Expenditures	485,497	517,273	233,785	477,811
Revenue Type				
Public Health Revenue	5,774	8,000	485	6,000
Licensing/Permits	78,777	72,000	64,959	71,565
Health Grants	62,523	56,757	47,648	57,929
Weights & Measures	15,221	17,000	16,955	16,955
City Tax Levy	323,202	363,516	103,738	325,362
Total	**485,497**	**517,273**	**233,785**	**477,811**
Expense Type				
Personnel	435,825	461,448	200,144	399,514
Contractual	4,119	4,710	1,955	4,099
Supplies and Expense	45,553	51,115	31,686	74,198
Capital	0	0	0	0
Total	**485,497**	**517,273**	**233,785**	**477,811**

HEALTH DEPARTMENT STAFF (pictured left to right)

Kelly Burke - Office Assistant
Dale Schmit - Sanitarian
Sara Lornson - Public Health Nurse
Erin Bongers - Public Health Nurse
Debbie Armbruster - Health Officer, Director
Trista Groth - Sanitarian (bottom left)

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

DE PERE

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **March 18, 2019**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Update on health department grants**

ATTACHMENTS:

- 2019 Grant Monthly Spreadsheet (PDF)
- 2018-2019 PHEP Monthly Spreadsheet jan 2019 (PDF)

2019 Grant Expenses

159320 - 960	Initial Budget	Jan Expenses	Feb Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	Sept Expenses	Oct Expenses	Nov Expenses	Dec Expenses	Remaining Funds	
MCH	**$12,675**														
100-54100-351															
Operating Expenses		$30	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$30	
Personnel Salary		$630	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$630	
Match 193002 -860		$3,303	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$3,303**	Total Match
Total Expenses	$12,675	$660	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$12,015**	(remaining funds)

157720 - 960	Initial Budget	Jan Expenses	Feb Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	Sept Expenses	Oct Expenses	Nov Expenses	Dec Expenses	Remaining Funds	
Lead	**$1,724**														
100-54100-354															
Operating Expenses		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
Personnel Salary		$216	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$216	
Total Expenses	$1,724	$216	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$1,508**	(remaining funds)

155020 -960	Initial Budget	Jan Expenses	Feb Expenses	March Expenses	April Expenses	May Expenses	June Expenses	July Expenses	August Expenses	Sept Expenses	Oct Expenses	Nov Expenses	Dec Expenses	Remaining Funds	
Immunizations	**$7,339**														
100-54100-355															
Operating Expenses		$28	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$28	
Personnel Salary		$331	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$331	
Total Expenses	$7,339	$359	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$6,980**	(remaining funds)

155800 - 960	Initial Budget	July 2018 Expenses	Aug 2018 Expenses	Sept 2018 Expenses	Oct 2018 Expenses	Nov 2018 Expenses	Dec 2018 Expenses	Jan 2019 Expenses	Feb 2019 Expenses	March 2019 Expenses	April 2019 Expenses	May 2019 Expenses	June 2019 Expenses	Remaining Funds	
Communicable Disease	**$3,600**														
100-54100-360															
Operating Expenses		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
Personnel Salary		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	Ends 6-30-2019
Total Expenses	$3,600	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$3,600**	(remaining funds)

159220 -960	Initial Budget	Sept 2018 Expenses	Oct 2018 Expenses	Nov 2018 Expenses	Dec 2018 Expenses	Jan 2019 Expenses	Feb 2019 Expenses	Mar 2019 Expenses	April 2019 Expenses	May 2019 Expenses	June 2019 Expenses	July 2019 Expenses	Aug 2019 Expenses	Remaining Funds	
Prevention	**$5,313**														
100-54100-359															
Operating Expenses		$8	$9	$2	$12	$0	$0	$0	$0	$0	$0	$0	$0	$30	
Personnel Salary		$8	$254	$153	$0	$0	$0	$0	$0	$0	$0	$0	$0	$415	Ends 8/31/2019
Total Expenses	$5,313	$16	$263	$154	$12	$0	$0	$0	$0	$0	$0	$0	$0	**$4,868**	(remaining funds)

PHEP Monthly Spreadsheet - 2018/2019

155015 - 960	Initial Budget	July Expenses	August Expenses	Sept Expenses	Oct Expenses	Nov Expenses	Dec Expenses	January Expenses	Feb Expenses	March Expenses	April Expenses	May Expenses	June Expenses
Personnel Salary	$3,842.00	$2,382	$565	$1,750	$5,768	$2,115	$2,746	$4,374					
Supplies	$3,110.00		$300	$13	$157	$99	$49	$0					
Equipment	$2,283.00	$7	$115	$1,867	$238	$0	$0	$0					
Travel/Conferences/mileage	$942.00	$5	$0	$0	$38	$219	$150	$111					
Other / phone	$2,756.00	$130	$59	$62	$0	$0	$0	$0					
Contract Amount Change	$21,000.00	$583	$583	$0	$0	$0	$0	$0					
Additional contract amount	$3,582.00												
Mini-grants	$3,600.00												
Total Expenses	**$41,115.00**	**$3,107**	**$1,623**	**$3,691**	**$6,200**	**$2,433**	**$2,945**	**$4,486**	**$0**	**$0**	**$0**	**$0**	**$0**
Remaining Funds		**38,008**	**36,385**	**32,693**	**26,493**	**24,060**	**21,115**	**16,629**	**16,629**	**16,629**	**16,629**	**16,629**	**16,629**

155050-960	Initial Budget	July Expenses	August Expenses	Sept Expenses	Oct Expenses	Nov Expenses	Dec Expenses	January Expenses	Feb Expenses	March Expenses	April Expenses	May Expenses	June Expenses	Remainin funds
BIOT focus A Planning (travel)	11,475							4,346						**7,1**
												Total spent	4,346	

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Approval of De Pere Health Department Policy and Procedure manual**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Discuss the development of a vaping ordinance with the Board of Health's support**

ATTACHMENTS:

- Article from the State Bar on vaping (PDF)

STATE BAR OF WISCONSIN

INSIDETRACK

BI-WEEKLY NEWSLETTER OF THE STATE BAR OF WISCONSIN

FEBRUARY 2019 VOLUME 11 NUMBER 3

E-Cigarettes: Increasing Usage Among Teens Triggers Regulation, Lawsuits

Regulation and lawsuits take aim at e-cigarette makers, alleging marketing efforts have targeted young populations and contributed to a new class of nicotine addiction.

JOE FORWARD

Feb. 20, 2019 – Fewer people are smoking cigarettes. But more people, including many minors, are "vaping" or "juuling," which refers the use of electronic cigarettes (e-cigarettes), popularized by the e-cigarette company, Juul Labs Inc. Now, the regulators are taking notice.

According to the CDC, cigarette smoking rates among high school students declined significantly from 2011 to 2017, from 16 percent to 8 percent. But during the same period, e-cigarette usage rates increased from 1.5 percent to 20.8 percent.

The U.S. Food and Drug Administration recently published data from a national youth tobacco survey showing a 78 percent increase in e-cigarette use among high schoolers between 2017 and 2018. There was a 48 percent increase among middle schoolers.

The survey revealed an estimated 3.6 million U.S. students, about 1-in-5 high school students (20 percent) and 1-in-20 middle schoolers (5 percent), were "vaping" in 2018. Such e-cigarette usage rates prompted the U.S. Surgeon General to call it an epidemic.

Wisconsin is not immune from the e-cigarette craze: The Wisconsin Department of Health Services (DHS), State Health Officer Karen McKeown, recently issued a public health advisory noting a dramatic increase in e-cigarette use among Wisconsin teens.

In the last five years, e-cigarette use among Wisconsin high school students increased by more than 150 percent. One out of every five students (20 percent) use e-cigarettes. Five years ago, in 2014, only 8 percent of high school students were using e-cigarettes.

DHS recommends strategies to curb e-cigarette advertising and marketing that appeals to youth, as well as reducing access to flavored tobacco products. Federal regulators have already moved in that direction, with underlying lawsuits driving some changes.

What are E-Cigarettes?

An e-cigarette (or e-cig) is an electronic nicotine delivery system that vaporizes nicotine without the traditional combustion process of burning tobacco in cigarettes. Thus, using the various e-cigarette devices available is often referred to as "vaping."

***Joe Forward**, Saint Louis Univ. School of Law 2010, is a legal writer for the State Bar of Wisconsin, Madison. He can be reached by email or by phone at (608) 250-6161.*

Components can include batteries (power source), atomizers (heating element), and cartridges to hold liquid. The liquid generally consists of nicotine mixed with flavor and other additives such as glycerol, propylene glycol, benzoic acid, and natural oils.[1]

When a user puffs on an e-cigarette, the battery-powered heating device activates, vaporizes the nicotine-infused liquid, and produces a smoke-like aerosol or "vapor" that is inhaled and exhaled, delivering nicotine to the lungs and into the bloodstream.

Because electronic nicotine delivery systems don't require combustion – the burning process that releases a multitude of cancer-causing carcinogens into the lungs – vaping is billed as a healthier alternative to smoking for those with nicotine addictions.

The vaping trend among teens is likely attributable to the concealable nature of vaping – aerosol mists resemble smoke but are odorless and vape clouds dissipate quickly. And e-cigarette devices, often resembling pens or sleek USB drives, are easily concealed.

Flavoring is another major draw for young e-cigarette smokers. As one article notes, "the flavoring enhances the appeal to first-time users – especially teenagers."[2]

E-cigarette manufacturers develop nicotine-infused concoctions through processes that produce flavor choices like mango, cucumber, fruit, and mint. The DHS advisory noted that there are more than 15,000 e-cigarette flavors available online.

Developing consensus in the health community is that legal restrictions should be implemented to curb e-cigarette use by younger populations, through bans on flavored e-cigarettes or restrictions that make them more difficult for minors to access.

Are E-Cigarettes a Safer Alternative?

Research on the health effects of e-cigarette use is limited, in part because e-cigarettes are a fairly new product and their long-term effects cannot be known.

"At present, it is impossible to reach a consensus on the safety of e-cigarettes except perhaps to say that they may be safer than conventional cigarettes but are also likely to pose risks to health that are not present when neither product is used," wrote physicians Chitra Dinakar and George O'Conner in *The New England Journal of Medicine* in 2016.[3]

However, a more recent study, published in the *Journal of Pediatrics*, found that vapors inhaled through e-cigarettes contain carcinogens.

"Although e-cigarette vapor may be less hazardous than tobacco smoke, our findings can be used to challenge the idea that e-cigarette vapor is safe, because many of the volatile organic compounds we identified are carcinogenic," the authors wrote.[4]

"Messaging to teenagers should include warnings about the potential risk from toxic exposure to carcinogenic compounds generated by these products."

Others say vaping exacerbates or leads to nicotine addiction, which has long-term health effects and may spawn use of combustible nicotine products later.[5] That is, e-cigarettes are fueling the next generation of nicotine-addicted persons, they say.

Regulation of E-Cigarettes

Under the Tobacco Control Act of 2009, the Food and Drug Administration (FDA) has authority to regulate the manufacturing, distribution, and marketing of tobacco products.

Tobacco products include "any product made or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. …" As of 2016, the FDA determined that e-cigarettes, and all the components and parts they use to deliver nicotine into the body, are "tobacco products."[6]

Thus, under FDA regulations, e-cigarettes cannot be sold to minors in the U.S. and product packages and e-cigarette advertisements must include a warning that the product contains nicotine and "nicotine is an addictive chemical," in 12-point font.

While the Tobacco Control Act specifically bans artificial flavors, herbs or spices in "cigarettes," the law does not expressly ban flavoring additives in e-cigarettes. This has allowed companies like Juul Labs Inc. to sell flavor-based e-cigarettes to the masses.

This has prompted a flurry of litigation. Numerous lawsuits against Juul Labs and other e-cigarette makers allege false and deceptive advertising that targets minors.

For instance, one class action, filed in the U.S. District Court for the Eastern District of Pennsylvania, alleges that Juul, which hit the market in 2015, spread false and misleading information online "to cultivate a youthful, contemporary, sexy, trendy and energetic image of its products with the goal of appealing to a younger demographic."

The lawsuit seeks damages on various theories, from violations of consumer protection laws to fraud, from strict product liability to breach of express warranty.

At the same time, the FDA is getting involved. In November, the FDA Commissioner announced a move toward regulatory changes that ensure flavored e-cigarettes (other than tobacco, mint, and menthol flavors) "are only sold in age-restricted, in person locations and, if sold online, under heightened practices for age restriction."

Two days later, Juul announced that it would discontinue its social media presence on Facebook and Instagram and temporarily stop selling its flavored "Juul Pods" to more than 90,000 retailers. Those flavors are now only available on its age-restricted website.

Juul, based in San Francisco, reportedly controls about 70 percent of the e-cigarette market and recently sold a 35 percent stake to Marlboro-maker Altria for $13 billion in cash. Altria valued Juul at $38 billion. According to the *New York Times*, to the deal involved a $2 billion bonus to be divided among the company's 1,500 employees.

State Regulation

California is considering a state law that would ban the sale of flavored e-cigarette products in California altogether, and online sales of non-flavored e-cigarettes by postal mail would need conspicuous labeling with a signature by someone age 21 or older. In addition, e-cigarette makers could not market in a manner attractive to those under 21.

Other states are treating e-cigarettes the same as tobacco cigarettes, from a public nuisance perspective. New York, for instance, prohibits the use of e-cigarettes anywhere tobacco cigarettes are banned, including bars and restaurants.

Wisconsin's public smoking ban, which prohibits smoking in places of employment and enclosed public places, does not apply to e-cigarettes.[7]

In addition, Wisconsin has no state law that restricts e-cigarette sales or advertising beyond federal law, as contemplated in California, but existing Wisconsin consumer protection laws prohibit false or misleading advertising practices.

While e-cigarette-related legislation was introduced in the Wisconsin Legislature's last session (2017-18), the bills failed to pass. SB 307 would have required retailers to place e-cigarettes behind counters or in locked cases. AB 159 would have required a statewide model policy for regulating electronic smoking devices on school property.

Endnotes

[1] See Juul, https://support.juul.com/home/learn/faqs/juulpod-basics.

[2] Id.

[3] Dinakar, C. & O'Conner, G., The Health Effects of Electronic Cigarettes, N Engl J Med 2016;375:1372-81, DOI: 10.1056/NEJMra1502466.

[4] Rubinstein ML, Delucchi K, Benowitz NL, et al. Adolescent Exposure to Toxic Volatile Organic Chemicals From E-Cigarettes. Pediatrics. 2018;141(4):e20173557.

[5] Drazen, J., Morrissey, S., Campion, E., The Dangerous Flavors of E-Cigarettes, N Engl J Med 2019; 380:679-680, DOI: 10.1056/NEJMe1900484.

[6] See 81 Fed. Reg. 28974 (May 10, 2016) 82 Fed. Reg. 2193, 2197 (Jan. 9, 2017) ("FDA disagrees with comments stating that vaping hardware does not fall within the definition of 'tobacco product.' As the Agency explained in the final deeming regulation, the definition of tobacco product includes components and parts.")

[7] Wis. Stat. § 101.123.

E-Cigarettes: Increasing Usage Among Teens Triggers Regulation, Lawsuits

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Live 1

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Consider Ordinance Amendment to Sec. 74-1 De Pere Municipal Code Regarding Board of Health Members**

ATTACHMENTS:

- Bd of Health Citizen Appointees Good Faith Effort 2019 (PDF)

- **Sec. 74-1. - Board of health.**

(a) *Membership.* The board of health of the city shall consist of five members who shall be appointed as herein provided.

(b) *Appointments.* At the annual organization meeting of the council, the mayor shall appoint two members of the common council to the board of health who shall serve during the ensuing year. The mayor shall also appoint, subject to confirmation by the common council, three citizen members who shall serve three-year terms of office. In appointing the citizen members, a good faith effort shall be made to appoint a registered nurse and a physician. The appointment shall be made at a regular meeting of the common council in the month of April.

(c) *Officers.* A member of the board shall be chosen as president. His or her term and duties shall be fixed by the board. A member of the board shall be selected as vice-president to act in the absence or disability of the president.

(d) *Meetings.* The board shall meet at the call of its president or the health officer or any two members of the board upon notification to the city clerk-treasurer, who shall notify all members if present in the city upon a minimum of six hours' notice. A call by telephone to the residence or place of business of a member shall be considered sufficient notice.

(e) *Powers and duties.* The board shall act as a policy forming body, making such rules and regulations for the preservation of public health as they deem necessary. All public health regulations passed by the board shall be approved by the council and shall not become effective until published at least once in the official newspaper of the city. The board may delegate any of its powers to the health officer, and he or she shall have all powers and duties provided for local health officers and health officers by state statutes.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Introduce new Environmental Health Sanitarian - Trista Groth**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Nicky's Lionhead restaurant follow-up post fire**

Fire on 3-5-2019 and restaurant closed. Re-inspected on 3-8-2019 and re-opened.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Update on Asian Buffet compliance**

Follow-up of compliance being discussed with operator.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**202 N. Superior litigation update**

On 3-11-2019 court determination is that resident needs to prepare to vacate the premise as property is in foreclosure.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**1121 Fay Court Prohibited Animal Compliance Status**

Violation of Section 86-4.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Community Health Updates including quarterly disease report and outreach activities**

ATTACHMENTS:

- CD Report - YTD 3-11-2019 (PDF)
- De Pere Health Department Outreach Activities 2018-2019 (PDF)
- De Pere Health Department trainings and conferences 2018 - 2019 (PDF)

Cumulative Report

Date Type: Closed

Date Range: 01/01/2019 to 03/11/2019

Incident Jurisdiction: De Pere

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

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	3
CARBON MONOXIDE POISONING	1
CHLAMYDIA TRACHOMATIS INFECTION	12
CRYPTOSPORIDIOSIS	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1
GONORRHEA	3
HEPATITIS C, CHRONIC	2
LYME DISEASE (B.BURGDORFERI)	3
LYME LABORATORY REPORT	2
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3
PNEUMOCYSTIS JIROVECII	1
SALMONELLOSIS	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	1
SYPHILIS, UNKNOWN DURATION OR LATE	1

De Pere Health Department Outreach Activities

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - November 2018			
Job/Activity	**Name**	**Date**	**Notes**
Car Seat Installation Clinic	Erin and Sara	11/5/2018	
Library Picnic and Play	Sara	11/7/2018	
Blood Pressure Clinic	Erin	11/7/2018	
Community Car Seat Clinic	Erin	11/7/2018	
Library Storytime	Sara	11/8/2018	
TOPS Presentation at the Community Center	Erin and Sara	11/8/2018	
Car Seat Installation Clinic	Erin and Sara	11/28/2018	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - December 2018			
Job/Activity	**Name**	**Date**	**Notes**
Hope Squad Trainings	Erin	12/5/2018	
TOPS Presentation (Healthy Relationships)	Erin and Sara	12/7/2018	
Blood Pressure Clinic	Sara	12/19/2018	
Car Seat Install Clinic	Erin and Sara	12/12/2018	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - January 2019			
Job/Activity	**Name**	**Date**	**Notes**
Blood Pressure Clinic	Erin	1/2/2019	
Car Seat Installation Clinic	Erin and Sara	1/7/2019	
Hope Squad Training	Erin	1/9/2019	
Blood Pressure Clinic	Erin	1/16/2019	
Table Talk - Dinner and Discussion on Teen/Preteen wellbeing	Erin	1/17/2019	
Warming Site	Debbie, Sara , Erin	1/30/2019	
Warming Site	Debbie, Erin	1/31/2019	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - February 2019			
Job/Activity	**Name**	**Date**	**Notes**
Bloodborne Pathogen Training	Erin and Sara	2/5, 2/12, 2/19, 2/26	
Blood Pressure Clinic	Sara	2/6/2019	
Hope Squad	Erin	2/6/2019	
Car Seats	Sara	2/7/2019	
TOPS - Heart Health	Erin and Sara	2/14/2019	
Hope Squad	Erin	2/20/2019	
Blood Pressure Clinic	Erin	2/20/2019	
Car Seats	Erin and Sara	2/25/2019	

DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES ADDITIONAL - MARCH 2019			
Job/Activity	**Name**	**Date**	**Notes**
Preschool Days	Erin	3/5/2019	
Preschool Days	Sara	3/6/2016	
Blood Pressure Clinic	Sara	3/6/2019	
Car Seat Installs	Erin	3/11/2019	
Optimist Club - Present Hope Squad	Erin	3/11/2019	

De Pere Health Department Trainings and Conferences

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -November 2018			
Job/Activity	**Name**	**Date**	**Notes**
HopeSquad Training	Erin	11/1/18-11/2/18	
Human Trafficking: From an STI Follow-Up Perspective - Webinar	Erin	11/5/2018	
Workplace Behavior Training	Debbie, Dale, Erin, Sara, Kelly	11/2/2018	
WEDSS admin/SU 2018 Monday meetings	Erin	11/12/2018	
PHEP Q&A	Debbie and Sara	11/13/2018 & 11/27/2018	
CD Monthly Webinar	Erin	11/13/2018	
WIR/VFC Webinar	Erin	11/15/2018	
CDC Capabilities Update Webinar	Sara	11/20/2018	
WBC Summit	Sara	11/13/2018	
GETS/WPS User Webinar	Sara	11/29/2018	
HHLPSS User Training (New State Lead Database)	Sara	11/29/2018	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE -December 2018			
Job/Activity	**Name**	**Date**	**Notes**
CBRNE Training	Sara	12/4/18 - 12/5/2018	
WEDSS Training Webinar	Erin	12/10/2018	
Overcoming Generational Differences Training	Erin	12/10/2018	
PHEP Q&A	Sara	12/11/2018	
Children and Youth Taskforce Webinar	Sara	12/11/2018	
CD Monthly Webinar	Erin	12/11/2018	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - JANUARY 2019			
Job/Activity	**Name**	**Date**	**Notes**
CD Montly Webinar	Erin	1/8/2019	
HHLPSS	Erin, Debbie, Trista	1/9/2019	
Carbon Monoxide Webinar	Erin	1/15/2019	
Strategic National Stockpile (SNS) Formulary Webinar	Sara and Erin	1/23/2019	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - FEBRUARY 2019			
Job/Activity	**Name**	**Date**	**Notes**
aternal and Child Health (MCH) Adolescent Suicide Prevention Learning Community	Erin	2/4/2019	
Operations Conference 2019	Debbie	2/5 and 2/6/2019	
Sheltering Tabletop	Debbie, Sara, Erin Kelly	2/13/2019	
Promoting Connectedness for Youth through Social Networks - Webinar	Erin	2/22/2019	
Mental Health Outreach Session	Debbie	2/27/2019	
CPR	Debbie, Sara, Erin	2/28/2019	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - MARCH 2019			
Job/Activity	**Name**	**Date**	**Notes**
Maternal and Child Health (MCH) Adolescent Suicide Prevention Learning Community	Debbie and Erin	3/4/2019	
Understanding Unconscious Bias Upon Hiring	Debbie	3/4/2019	

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
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 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Future Agenda Items**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**March 18, 2019**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Adjournment**