



Board of Health

Regular Meeting

335 South Broadway
De Pere, WI 54115
<https://www.deperewi.gov/>

Agenda

Monday, February 13, 2023	5:15 PM	Council Chambers and Virtual
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Pursuant to Wisconsin Statute 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 **February 13, 2023** at **5:15 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

The public may attend the meeting either in person in the Council Chambers or electronically/telephonically. Electronic or telephonic access to the meeting is provided below:

Computer/smart phone accessing <https://www.gotomeet.me/DePere>

OR

You can also dial in using your phone.
United States (Toll Free): [1 866 899 4679](tel:18668994679)
United States: [+1 \(312\) 757-3117](tel:+13127573117)
Access Code: 154-883-285

I.

1. Call to Order
2. Roll Call
3. Public Comment on Matters not on the Agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the Board of Health. §6-3(f) DPMC
4. Approval of November 14, 2022 Board of Health Meeting Minutes
5. Discussion and possible recommendation on the terms of Board of Health members
6. Discussion of 2023 Grants for the Health Department
7. De Pere Health Department Communicable Disease reports from 11/2022 to 1/2023 and 2017 – 2022 case counts
8. De Pere Health Department Outreach and Prevention Activities from 11/2022 to 1/2023
9. De Pere Health Department Trainings/Conferences from 11/2022 to 1/2023
10. Report on COVID-19 response efforts and updates
11. Report on the status of the recreation vehicle renovation and plans for use
12. Next In Person Wisconsin Association for Local Health Departments and Boards of Health ("WALHDAB") meeting
13. Future Agenda Items
14. Adjournment

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

Agenda Sent To:

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City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: Approval of November 14, 2022 Board of Health Meeting Minutes

ATTACHMENTS:

- 11.14.22 BOHMinutes final (DOCX)

**BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – November 14, 2022**

The Board of Health of the City of De Pere, Wisconsin met in regular session on Monday, November 14, 2022 at 5:15 p.m.

1. Call to Order

The meeting was called to order by Dennis Hibray at 5:15 pm.

2. Roll Call

Roll call was taken, and the following members were present: Jonathon Hansen, John Quigley, Dennis Hibray, Teresa Gulyas, Dr. Steve Stroman, and Dr. Michael McHenry. Also present were Deborah Armbruster, Danielle Jauquet and Kelly Burke. Citizen attendee was Grace Weston.

3. Approval of August 8, 2022, Meeting Minutes

Teresa Gulyas made a motion to approve the August 8, 2022, meeting minutes. Dr. Michael McHenry seconded the motion. Upon vote, the motion passed unanimously.

4. Public Comment on Matters not on the agenda. Comments made during the Public comment period shall pertain only to matters under the jurisdiction of the Board of Health. §6-3(f) DPMC

No Public comments were made.

5. Update on current health department programs, including COVID-19 vaccination clinics and health department website and brochure revisions.

Deborah Armbruster included a memo in the meeting packet indicating what the health department is working on. Deborah reported that the vaccine clinics had ebbed and flowed prior to the new bivalent booster. After its approval, the vaccine clinic attendance has increased. Deborah reported that we (Health Department) have had two walk-in vaccination clinics, which have been very busy and the Health Department ran out of vaccine at the first walk-in clinic. Deborah related that the health department will continue with walk-in clinics going forward.

Dennis Hibray asked if the clinics were for the booster vaccines. Deborah Armbruster replied that we have clinics where we give Moderna vaccine, including the new boosters. We also have clinics where we give Pfizer vaccine, including the new booster. The vaccine clinics are listed on the Health Department website with the details of the vaccines being offered. Deborah stated that in 2023 we will do one appointment clinic a month and one walk-in clinic a month. If the need increases, we will increase the time frame of the clinics. The clinics are open to all and residency is not checked. Deborah reported that she heard the Covid vaccine may become commercialized in 2023.

Jonathon Hansen commented that the clinic dates were not viewable on the website through the link on the general health department page, so there may be a broken link. The page is viewable through the COVID-19 tab on the main page under vaccine information. Theresa Gulyas suggested adding information on the website about the grapevine presentations.

Dr. Stroman asked if flu vaccine was also offered for adults as the website shows flu for age 6 month – 18 years. Deborah responded that we had adult flu vaccine available for \$20, but we ran out. Dennis Hibray asked if Debbie had any information on the efficacy rate of the flu vaccine. Deborah replied that she does not have any information on that at this time.

Deborah Armbruster reported that the Health Department Brochure was updated and provided printed copies to the Board members.

6. Update on Health Department Community Outreach Activities

Deborah Armbruster asked if anyone had questions on the health department outreach activities. Dr. McHenry asked about the Lead and Immunization books in the free little library. Deborah Armbruster responded that the lead books are free through the lead coalition. Sara and Trista are on the Lead Coalition and have been asked to put the lead books in the libraries. The Health Department had purchased some immunization board books for children which our staff placed in the little libraries. These books have a label with our Health Department information and a QR code to our website.

Dennis Hibray questioned if we took on the XRF machine. Deborah responded that we did not. Winnebago will be hosting it.

7. Communicable Disease report from 8/1/2022 through 11/1/2022

Dr. McHenry commented that Lymes Disease numbers are increased. Syphilis is also up a little. Debbie added that Covid wastewater levels are high, even though the community spread numbers are low. Dr. McHenry reported that he went to a NE Wisconsin Health Officer meeting (WAHL DAB) with Debbie and one of the presenters from UW supervises the wastewater detection. Dr. McHenry reported that areas across the state send in samples to the State twice weekly for monitoring. It is a very active program, and the findings may proceed what we see in the community numbers.

8. Update on COVID-19 response

Debbie Stein, the Covid response coordinator, put together the document included in the meeting packet. Deborah Armbruster asked if anyone had questions on the document. Jonathon Hansen asked if the health department would be updating the covid self-reporting form to no longer include close contacts since the health department is discontinuing contact tracing. Deborah Armbruster responded that this form will not change at this time and we will continue sending out letters to the Covid cases. We will be discontinuing phone calls. Jonathon Hansen asked what “hotwash” means. Deborah responded that it is bringing all the department heads together to discuss the response to the Covid pandemic, including what we did well and what we could improve on. It’s a debriefing in which we gather opinions and feedback. The next WAHL DAB meeting is December 15th.

Dennis Hibray asked how far our funding will go for Covid response. Deborah replied that one of our grants extends through June of 2023 and another through December of 2024. Deborah plans to keep our staff through December 2024. Our current contact tracer will be done in December 2022.

9. Dates of Board of Health meetings for 2023

After discussion, it was determined the Board of Health 2023 meeting dates will be: February 13, 2023

May 1, 2023
August 14, 2023
November 13, 2023

10. Future Agenda Items

Non future agenda items were discussed.

11. Adjournment

Jonathon Quigley made a motion to adjourn the meeting. Jonathon Hansen seconded the motion. Upon vote the motion passed. The meeting adjourned at 5:54 pm.

Respectfully Submitted,
Kelly Burke
Health Department Administrative Assistant



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: Discussion and possible recommendation on the terms of Board of Health members

The length of what a "term" for a Board of Health member is has not been determined according to prior BOH meeting minutes. The number of terms a Board of Health member may have is also not clear. These decisions need discussion and approval.



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: Discussion of 2023 Grants for the Health Department

ATTACHMENTS:

- De Pere Health Department Grants as of 1-1-2023 (PDF)
- Immunization Grant (PDF)
- Maternal and Child Health Grant (PDF)
- Childhood Lead Grant (PDF)
- Communicable Disease Control and Prevention Grant (PDF)
- Prevention Grant (PDF)
- Preparedness Grant (PDF)
- LEAF Grant (PDF)

De Pere Health Department Grants as of 1/1/2023

Immunization	1/1/2023 - 12/31/2023	\$7,799 Decrease of \$508
Maternal Child Health	1/1/2023 – 12/31/2023	\$9,229 Decrease of \$8
Childhood Lead	1/1/2023 – 12/31/2023	\$2,161 Increase of \$285
Communicable Disease	7/1/2022 – 6/30/2023	\$3,600 Same
Prevention	10/1/2022 – 9/30/2023	\$4,300 Same
Preparedness	7/1/2022 – 6/30/2023	\$34,417 Same
LEAF (New)	1/1/2023 – 8/31/2023	\$8,000

COVID-19 grants

Immunization and Vaccine for Children	7/1/2021 – 6/30/2024	\$56,100
Public Health Workforce	7/1/2021 – 6/30/2023	\$73,700
ELC – Enhancing Detection/Contact Tracing	10/1/2020 – 12/31/2023	\$163,900
ELC – Response Funding	10/1/2020 – 12/31/2023	\$375,800
ARPA	3/3/2021 – 12/31/2024	\$393,500

COVID Grants and their Objectives

Immunization and Vaccine for Children – Increase vaccination efforts especially for the underserved and disproportionately affected populations.

Public Health Workforce – Funding is intended to conduct activities necessary to expand, train, and sustain a response ready public health workforce at state, tribal, local and territorial levels and develop solutions that allow for a more sustained workforce.

ELC – Enhancing Detection/Contracing – to be used specifically for contact tracing activities.

ELC – Response Funding – Targeted for testing and epidemiologic surveillance related activities.

ARPA – Funding is intended to support local and tribal health departments to meet their needs related to response and recovery for the COVID-19 pandemic i.e. COVID-19 mitigation and prevention, Public Health and Safety staff, improving the design and execution of public health programs, addressing disparities in public health outcomes, investments in infrastructure.

Contract Objective Details with Negotiations

1.6.b

Contract #: 57841

Agency: De Pere Department of Public Health

Contract Year: 2023

Program: Immunization

Objective #: 1 of 1

Objective Value: \$7,799

Objective: Primary Details

Objective Statement

Template Objective 1

Immunization Rates

By December 31, 2023, 82% children residing in De Pere Health Department jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Deliverable Due Date: 01/31/2024

Contract Deliverable (Evidence)

1) A Wisconsin Immunization Registry (WIR)-generated population-based standard benchmark report, documenting the number of children in De Pere Health Department jurisdiction who turned 24 months of age in 2023 contract year. The end-of-year report should be run with a 30-day buffer to ensure that all updated data have been received by the WIR. With the end-of-year report, include a summary of the accountability targets and the progress achieved, including the activities and interventions conducted. Include any barriers that may have been identified. A template to be used has been provided by the program.

Criteria for the Mid-Year Report:

Birthdate Range: 01/01/2021- 06/30/2021

Evaluation date: 07/01/2023

Run date: 07/01/2022

Criteria for the 2023 End-of-Year Report:

Birthdate Range: 01/01/2021- 12/31/2021

Evaluation date: 01/01/2024

Run date: 02/01/2024

2) An estimated itemized budget must be submitted during the negotiation phase of the contracting process. A template to be used for this budget is provided by the Immunization Program.

Programs Providing Funds for this Objective

Immunization: \$7,799

Agency Funds for this Objective:

Data Source for Measurement

Wisconsin Immunization Registry Records.

Baseline for Measurement

The 2021 end-of-year population-based standard benchmark report will be used to determine the baseline for the 2023 population-based objective.

For the baseline measurement, the following parameters will be used to run the benchmark report:

Birthdate Range: 01/01/2019 - 12/31/2019

Evaluation Date: 01/01/2022

Run Date: After: 01/01/2022

Context

Children will be assessed using the standard benchmark report for having 4 DTaP, 3 Polio, 1 MMR, 3 Hib 3 Hepatitis B, 1 varicella and 4 Pneumococcal Conjugate (PCV) vaccination by 24 months of age. Progress towards reaching 80% will be measured using a WIR Benchmark report. Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction, you cannot remove him/her from your cohort.

Guidelines for determining increase needed for progress towards 2023 goals, using the 2021 end-of-year coverage rate as the baseline (see Section E).

Required Increase:

Greater or equal to 59% - 5% Above Baseline

60-69% - 4% Above Baseline

70-79% - 3% Above Baseline

80-85% - 2% Above Baseline

86-89% - 1% Above Baseline

Greater or equal to 90 - Maintain

Contract Objective Details with Negotiations

Contract #: 57841

Agency: De Pere Department of Public Health

Contract Year: 2023

Program: Immunization

Objective #: 1 of 1

Objective Value: \$7,799

A list of accountability targets, or activities that will be conducted in order to achieve the objective goal, MUST be provided by or at the time of contract negotiation. Agencies should consult the Addendum of the Immunization Program Boundary Statement or their regional Immunization Program advisor for assistance in determining activities and interventions that will help them achieve the required increase for their population assessment.

Context Continued

Input Activities

The Wisconsin Immunization Program recommends the following activities to help ensure success of this objective:

- Contacting parents of infants without immunization histories
- Tracking
- Coordination of immunization services with other LHD and tribal programs
- Sharing information with area physicians
- Requesting that information is entered into the WIR.
- Reminder/recall
- Working with schools and daycare centers to promote immunization among attendees

The Wisconsin Immunization Program requires a minimum of 3 attempts to personally contact a responsible party.

Only children who have moved out of the agency's jurisdiction may be removed from the cohort for analysis. Unless you can prove that a child has moved out of your jurisdiction you cannot remove him/her from your cohort.

Reminder/recall activity is not listed in a particular order and we suggest you use the method that is the most successful for your community:

- Letter
- Phone call
- Home visit
- Email
- Text message

In addition, funds may be utilized to enhance influenza vaccination coverage rates. Example activities include but are not limited to:

- Staff time
- Vaccine storage supplies
- Influenza clinic planning
- Partner outreach to populations of low coverage rates

Activities that are not allowed:

- Case follow up and contact tracing should not be included in these activities.
- Funds cannot be used to purchase vaccines.
- COVID-19 and Monkeypox activities are not included at this time.

Additional interventions/activities are in an addendum to the Immunization Program Boundary Statement. These are suggested interventions/activities that LHDs are strongly to consider in order to achieve this objective.

Contract Objective Details with Negotiations

1.6.c

Contract #: 57841

Agency: De Pere Department of Public Health

Contract Year: 2023

Program: Maternal and Child Health Block Grant

Objective #: 1 of 1

Objective Value: \$9,229

Objective: Primary Details

Objective Statement

Objective 4: Adolescent Well-Being

By December 31, 2023, the agency, in collaboration with community partners, will implement and evaluate strategy _1_ to decrease rates of adolescent emotional distress.

Deliverable Due Date: 01/31/2024

Contract Deliverable (Evidence)

Data in REDCap to document activities and learning community calls/meetings.

Programs Providing Funds for this Objective

Maternal and Child Health Block Grant: \$9,229

Agency Funds for this Objective:

Data Source for Measurement

REDCap and quarterly Learning Community attendee list.

Baseline for Measurement

Baseline information as identified in the 2023 Supplement to GAC Objectives.

Context

The MCH/CYSHCN Program Parameters apply to this objective. This work will address the Title V National Performance Measure for adolescent injury prevention and the Title V State Performance Measure

Context Continued

Input Activities

1. Implement and evaluate the selected strategy with activity details identified in the 2023 Supplement to GAC Objectives.

Strategy 1: Coordinate and/or facilitate skills-based, gate keeper, risk behavior recognition, and other evidence-based suicide prevention and mental health promotion trainings with local community coalitions and other partners.

Core Activities:

- Collaborate with statewide technical assistance provider and local mental health or suicide prevention coalitions to promote gatekeeper trainings such as QPR (Question, Persuade and Refer), Youth Mental Health First Aid, ASIST (Applied Suicide Intervention Skills Training), Connect Training, adverse childhood experiences and trauma-informed care education/training.
- Collaborate with law enforcement and community partners on strategies to restrict means such as distribution of firearm locks and access to medication drop boxes.

Strategy 2: Collaborate with local schools on the implementation of evidence-based suicide prevention programs and/or collaborate with local schools on development and implementation of evidence-based bullying prevention policies and strategies that promote belonging and safety.

Core Activities:

- Collaborate with statewide technical assistance provider Wisconsin and/or local suicide coalitions in the planning and implementation of evidence-based suicide prevention programs, such as: Trevor Lifeguard Workshop: (<http://www.sprc.org/resources-programs/trevor-lifeguard-workshop>); ACT on FACTS: (<http://www.sprc.org/resources-programs/making-educators-partners-youth-suicide-prevention-act-facts>); Signs of Suicide: (<http://www.sprc.org/resources-programs/sos-signs-suicide>); Hope Squad: <https://hopesquad.com/>; Sources of Strength: <https://www.sprc.org/resources-programs/sources-strength> OR <https://sourcesofstrength.org/>

- Utilize and promote anti-bullying resources from the Wisconsin Department of Public Instruction

- Promote peer support resources, such as The Prism Program (LGBTQ+ specific), Youthline, and Iris Place peer-support hotline.

Strategy 3: Promote Zero Suicide principles and practices with health care providers/health care systems.

Core Activities:

- Collaborate with statewide technical assistance partner and local suicide coalitions to implement the Zero Suicide toolkit. (<http://zerosuicide.sprc.org/toolkit>) with health care providers and health care system.
- Coordinate and/or provide training to Emergency Departments (ED) utilizing available resources (e.g. ED focused tools from Zero Suicide, CALM (Counseling on Access to Lethal Means) training) and include planning for continuity of care after an ED visit.

2. Encourage area middle and high schools to participate in the Youth Risk Behavior Survey through the Department of Public Instruction and to utilize results in program planning.

3. Outreach, recruit, and support sustained partnerships around improving adolescent well-being.

4. Participate in all Quarterly Learning Community meetings/calls and attend the 2023 MCH Summit.

5. Maintain a link to the Well Badger Resource Center website and searchable directory at: www.WellBadger.org. Display and

Contract Objective Details with Negotiations**Contract #:** 57841**Agency:** De Pere Department of Public Health**Contract Year:** 2023**Program:** Maternal and Child Health Block Grant**Objective #:** 1 of 1**Objective Value:** \$9,229

provide marketing information and referral resources and services for Well Badger. Provide a voice message for the Well Badger Resource Line: Call: 1-800-642-7837 or Text: 608-360-9328 Email: help@wellbadger.org

6. Participate on the local CDR team and ensure reporting in the National Case Reporting System, to align with the team's prevention recommendations. *

Note: *For those jurisdictions with no CDR team, consult with your contract monitor. Or participate on the local Child Death Review team and ensure reporting in the National Case Reporting System, to align with the team's prevention recommendations.

7. Complete the Community Engagement Assessment Tool and implement at least one practice change, informed by the results, that increases youth leadership and engagement.

Contract Objective Details with Negotiations

1.6.d

Contract #: 57841

Agency: De Pere Department of Public Health

Contract Year: 2023

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$2,161

Objective: Primary Details

Objective Statement

Template Objective 2

Comprehensive Follow-up for Low Level Lead Exposure

Throughout the 2023 contract period, residents from the jurisdiction of the De Pere Health Department will receive comprehensive follow-up services, including a nurse home visit at a venous blood lead level greater than or equal to 5 micrograms per deciliter and an environmental lead hazard investigation at a venous blood lead level greater than or equal to 5) micrograms per deciliter.

Deliverable Due Date: 01/31/2024

Contract Deliverable (Evidence)

A report to document the extent to which the two components of this objective were provided, specifically:

- 1) The number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a nurse home visit to provide information on lead poisoning prevention, and
- 2) The number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number of environmental lead hazard investigations conducted on their primary residence and all secondary properties, including accompanying risk assessment reports, work orders and property clearance.

For reporting purposes, those children whose families are non-responsive to outreach or moved from the jurisdiction before appropriate follow-up services could be provided can be removed from this cohort but should be reported separately.

This report should be faxed to the Childhood Lead Poisoning Prevention Program (confidential fax line: 608-267-0402) or emailed to DHSLeadPoisoningPrevention@wi.gov by February 1, 2024.

Programs Providing Funds for this Objective

Childhood Lead Consolidated: \$2,161

Agency Funds for this Objective:

Data Source for Measurement

An agency-generated report.

Baseline for Measurement

De Pere Health Department does follow-up on all Venous BLL's of 3.5 micorgrams per deciliter with a nurse phone call and education given. If unable to be reached by phone, a letter is sent encouraging the families to call the health department for follow-up.

The baseline for the above input activities is a venous BLL of 5 micrograms per deciliter.

Context

There is no designated value range for this objective. This objective is intended to assure that the local health department is providing nursing and environmental interventions for children with low level lead exposure. Providing these interventions for children with lower level lead exposure is intended to prevent ongoing lead exposure and more severe lead poisoning.

Context Continued

Input Activities

1) NURSING: For this objective, a home visit must be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. After the initial home visit, the Nursing Case Management Report must be completed. The Nursing Case Closure Report must be completed when the case is closed. Links to report forms can be found at <https://www.dhs.wisconsin.gov/lead/ph-intervention.htm> under the Forms and Templates tab.

Completed nursing forms must be promptly attached to the pertinent patient record in the Healthy Homes and Lead Poisoning Surveillance System (HHL PSS). See HHL PSS Job Aid 3.14: Patient Attachments (<https://www.dhs.wisconsin.gov/lead/hhlps-job-aids.htm>). A note must be added to the patient record in HHL PSS regarding any delay. See HHL PSS Job Aid 3.13 Patient Notes.

2) ENVIRONMENTAL: For this objective, a full environmental lead hazard investigation meeting the requirements of DHS 163 and using the DHS templates must be completed for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. This includes, within 10 working days after receiving all sample results, completion of the Property Investigation form, a risk assessment report, issuance of a property owner work order letter with work specifications to address the

Contract Objective Details with Negotiations

Contract #: 57841

Agency: De Pere Department of Public Health

Contract Year: 2023

Program: Childhood Lead Consolidated

Objective #: 1 of 1

Objective Value: \$2,161

identified lead hazards and a scope of work. Also, when the work orders are finished, this must include within 10 working days after receiving all sample results completion of the Property Investigation Closure form and a clearance report indicating that the hazards have been controlled. Links to forms, reports and templates can be found at <https://www.dhs.wisconsin.gov/lead/ph-intervention.htm> under the Forms and Templates tab.

The completed environmental forms and documents above must be promptly attached to the pertinent address records in HHL PSS. See HHL PSS Job Aid 4.3: Adding Attachments (<https://www.dhs.wisconsin.gov/lead/hhlpss-job-aids.htm>). A note must be added to the address record in HHL PSS regarding any delay. See HHL PSS Job Aid 4.2 Entering property Notes.

The environmental lead hazard investigation must include a child's primary residence and all pertinent secondary residences, and other areas where the child may be exposed to lead hazards. The procedure for the investigation is outlined in Chapter 7 and Appendix B of the WCLPPP Handbook for Local Health Departments. <https://www.dhs.wisconsin.gov/lead/ph-intervention.htm> under the Handbook tab.

Local health departments must seek third party reimbursement for nurse home visits and environmental lead hazard investigations and clearances for Medicaid-enrolled children by billing Medicaid for these services. For more information visit <https://www.dhs.wisconsin.gov/lead/medicaid-reimbursement.htm>

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GAC SYSTEM

Grants and Contracts

View Objective Template

Template Year : 2023

Template Program : Childhood Lead - Con

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Objective Statement

Template Objective 2

Comprehensive Follow-up for Low Level Lead Exposure

Throughout the 2023 contract period, residents from the jurisdiction of the De Pere Health Department will receive comprehensive follow-up services, including a nurse home visit at a venous blood lead level greater than or equal to 5 micrograms per deciliter and an

Contract Deliverable

A report to document the extent to which the two components of this objective were provided, specifically:

- 1) The number of children with a venous blood lead level greater than or equal to 5 micrograms per deciliter and the number who received a nurse home visit to provide information on lead poisoning prevention, and
- 2) The number of children with a venous blood lead level greater than or equal to 5

Context

There is no designated value range for this objective. This objective is intended to assure that the local health department is providing nursing and environmental interventions for children with low level lead exposure. Providing these interventions for children with lower level lead exposure is intended to prevent ongoing lead exposure and more severe lead poisoning.

Context Continued

Input Activities

1) NURSING: For this objective, a home visit must be conducted for all children with one or more venous blood lead levels greater than or equal to 5 micrograms per deciliter. After the initial home visit, the Nursing Case Management Report must be completed. The Nursing Case Closure Report must be completed when the case is closed. Links to report forms can be found at <https://www.dhs.wisconsin.gov/lead/ph-intervention.htm> under the Forms and Templates tab.

Completed nursing forms must be promptly attached to the pertinent patient record in the Healthy Homes and Lead Poisoning Surveillance System (HHLPS). See HHLPS Job Aid 3.14: Patient Attachments (<https://www.dhs.wisconsin.gov/lead/hhlps-job-aids.htm>). A note must be added to the patient record in HHLPS regarding any delay. See HHLPS Job Aid 3.13 Patient Notes.

2) ENVIRONMENTAL: For this objective, a full environmental lead hazard investigation

Base Line for Measurement

Venous BLL of 5 micrograms per deciliter and higher will receive both nurse and environmental assessments.

Data Source for Measurement

An agency-generated report.

FYI Text

De Pere Health Department follows up on all BLL levels of 3.5 micrograms per deciliter with at least a phone conversation with the nurse. If unable to reach by phone, a letter

Healthiest Wisconsin 2010**Check All Applicable Healthiest Wisconsin 2010 Health Priorities****(Must Select at Least One)**

- | | |
|--|--|
| Communicable Disease ☐ | Hazardous Exposure ☒ |
| High Risk Sexual Activity ☐ | Inadequate Nutrition ☐ |
| Injuries ☐ | Lack of Access to Health Care ☐ |
| Mental Illness ☐ | Obesity Physical InActivity ☐ |
| Social Economic Problems ☒ | Substance Abuse ☐ |
| Tobacco Use ☐ | |

Check All Applicable Healthiest Wisconsin 2010 Essential Services**(Must Select at Least One)**

- | | |
|--|---|
| Assuring Care ☐ | Assuring Professional Competence ☐ |
| Developing Policy ☐ | Educating ☒ |
| Enforcing ☐ | Evaluating ☐ |
| Fostering Healthy Conditions ☒ | Investigating ☐ |
| Linking to Services ☐ | Mobilizing ☐ |
| Monitoring ☒ | Researching ☐ |

If Applicable, Choose a Healthiest Wisconsin 2010 System Priority

Select the Applicable Federal 2010 HSO

Non Negotiable ☐
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2016-04-01

Scope of Work
Communicable Disease Control and Prevention (LPHD and Tribal HD)

Eligible Uses and Reporting

Per the budget language the scope of eligible uses for this additional funding is relatively broad and reflects all responsibilities under chapter 252. Funding may be used for new projects as well as to offset increasing budgetary pressures resulting from ongoing disease surveillance and investigations at the local level. Examples of possible uses include but are not limited to:

- Reduce burden of communicable diseases (CD),
- Ensure or increase capacity to respond to CD events,
- Training to increase competencies around CD issues,
- Purchase additional equipment to allow for easier access when following up on CD reports (such as smartphones or tablets),
- More extensive/complete follow-up on communicable disease outbreaks/reports, and
- Increasing communicable disease awareness in the community along with practical prevention opportunities.

The local agency is expected to submit its first financial statement to the Director of the Bureau of Communicable Diseases of its use of funds no later than January 1, 2019. The financial statement must include detailed narrative of the activities funded by this allocation. The workgroup plans to meet in the near future to continue conversations regarding the specific expectations from the Division of Public Health for this reporting requirement.

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GACWeb 7.5 2016-04-01

Preventive Health and Health Services Block Grant
Local and Tribal Health Department Quality Criteria
Grant Cycle: October 1, 2022-September 30, 2023 (FFY22)

Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractors should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Public health assessment and surveillance that identify community needs, and supports systematic, competent program planning and sound policy development with activities focused at both the individual and jurisdictional levels.

- a) Involvement of key policymakers and the general public in the development of comprehensive public health plans.
- b) Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.
- c) Identification of the scientific basis (evidence base) for the intervention.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, where the scientific basis for the intervention can be documented (evidence-based practice), as well as delivery of public health programs for communities for the improvement of health status.

Record keeping for individual-focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision-making by those at risk and to affect policy and environmental changes at the community level.

Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.

When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements") --describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

- a) the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
- b) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources

If a conference/meeting/seminar is funded by the contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided. Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

Preventive Health and Health Services Block Grant Program
Local and Tribal Health Department Program Templates
Grant Cycle: October 1, 2022-September 30, 2023 (FFY22)

Program 1: Improve Foundational Public Health Capabilities

By September 30, 2023, Health Departments will strengthen their implementation of the Foundational Public Health Capabilities by:

(Any of the following)

- Maintaining Local Accreditation
 - Implement Strategies to Maintain Accreditation
- Implementing Foundational Public Health Capabilities
 - Implement Strategies Addressing Equity
 - Improve Organizational Competency and Preparedness
 - Develop and Implement Strategic Plans
 - Develop and Implement Performance Management/Quality Improvement Plans
 - Develop and Implement Workforce Development Plans
 - Develop or implement (Other: _____)
- Collaborating with Partners to Assess Community Needs
 - Develop or Revise Community Health Assessment (CHA)
- Collaborating with Partners to Address Community Needs
 - Develop or Revise Community Health Improvement Plan (CHIP)

Why Accreditation?

Public health departments must have the capacity to improve and protect the health of the community. Every person in every community should have access to a basic level of public health services from both the state health department and the local health department. The 10 Essential Public Health Services are the basis by which health departments evaluate their performance and improve practice. The Essential Public Health Services were translated into practice by the national performance standards for public health, which in turn were adapted into the Public Health Accreditation Board (PHAB) standards and measures. Through the external validation by PHAB that an agency has demonstrated implementation of the standards, the community has assurance of access to basic, effective public health services.

Why Foundational Public Health Capabilities?

Implementing Foundational Public Health Capabilities will assist local and tribal health departments in providing essential public health services, improved communication, stakeholder engagement, and efficient stewardship of resources. The lack of public health system infrastructure funding in Wisconsin limits the implementation of Foundational Public Health Capabilities. While every community should be served by an effective and efficient high-functioning public health department, the lack of funding in Wisconsin for system infrastructure has stunted the implementation of the Foundational Public Health Capabilities.

Why Collaborate with Partners to Assess Community Needs?

A community health assessment is needed to provide data to define community health priorities. As a result of the COVID-19 pandemic, many local communities are experiencing exacerbated health

outcomes and health disparities. Community Health Assessments (CHA) provide information for problem and asset identification and policy formulation, implementation, and evaluation. A CHA also helps measure how well a public health system is fulfilling its assurance function.

Why Collaborate with Partners to Address Community Needs?

Local health departments are required to implement a Community Health Improvement Plan (CHIP) at least every five (5) years per Wisconsin Administrative Rule DHS 140, as well as for health departments that are accredited or pursuing accreditation through the PHAB. Through a CHIP, local government can address and provide solutions to a community's most critical health needs.

Program 2: Implement Community-Based Foundational Public Health Interventions

By September 30, 2023, Health Departments will address Foundational Public Health Areas impacting residents by:

(Any of the following)

- Implementing Community-Based Interventions to Prevent and Reduce Environmental Health Hazards
- Implementing Community-Based Interventions to Prevent or Reduce Illness and Injury
- Implementing Community-Based Interventions to Support Mental Health and Prevent Suicide
- Implementing Community-Based Interventions to Promote Healthy Lifestyles
- Implementing Community-Based Interventions to Improve a Coalition-Selected Priority Area
- Implementing Community-Based Interventions to Provide AODA Education and Resources
- Implementing Community-Based Interventions to (Other: _____)

Why Community-Based Interventions?

Local and tribal health departments require adaptable funding to support prevention programs impacting a Foundational Public Health Area in their community. Local and tribal health departments have identified Foundational Public Health Area needs in their communities, including environmental health hazards, injury and illness prevention, mental health support, promotion of healthy lifestyles, supporting community coalitions, and AODA education and resources. PHHS Block Grant funds offer an adaptable resource to support prioritized community Foundational Public Health Area needs.

Resources: Several links are provided below to assist grantees in planning. These resources are suggestions and should not be considered comprehensive or finite.

- [Foundational Public Health Services](#)
- [Wisconsin State Health Plan](#)
- [Improving Wisconsin's Health \(UW Population Health\)](#)
- [County Health Rankings What Works for Health](#)
- [Healthy People 2030 Objectives](#)
- [Healthy People 2030 Evidence-Based Resources](#)
- [Public Health Systems and Best Practices including the 10 Essential Public Health Services](#)

Preventive Health and Health Services Block Grant
Local and Tribal Health Department Boundary Statement
Grant Cycle: October 1, 2022-September 30, 2023 (FFY22)

Program Boundary Statement

The Preventive Health and Health Services (PHHS) Block Grant provides federal funding to states allowing recipients the ability to address prioritized public health needs in their jurisdictions in collaboration with local and Tribal public health agencies and organizations.

The Division of Public Health (DPH) allocates PHHS funding to each local health department (LHD) and Tribe. DPH has identified a boundary statement identifying funding parameters within which the LHD, Tribe, or agency will carry out funded work. The boundaries are intentionally as broad as federal and state law permit to provide maximum flexibility. However, while broad, the PHHS Block Grant does not permit the use of funds in some instances. Therefore, unacceptable uses of funds are included in the boundary statement.

Agencies receiving PHHS Block Grant funds from the Division of Public Health are not required to submit a budget. Agencies are reminded they must assure expenses are consistent with the contract. Everything an agency does is available to the public. LHDs, Tribes, and agencies are encouraged to leverage resources across categorical funding to achieve common goals.

All funding recipients are required to follow applicable federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards found at:

<https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

Acceptable Uses of Funding

The PHHS Block Grant gives grantees the flexibility to prioritize the use of funds to:

- Address emerging health issues and gaps.
- Decrease premature death and disabilities by focusing on the leading preventable risk factors.
- Work to achieve health equity and eliminate health disparities by addressing the social determinants of health.
- Support local programs to achieve healthy communities.
- Establish data and surveillance systems to monitor the health status of targeted populations.
- Improve agency operations, build capacity, and achieve accreditation through implementation of effective programmatic and administrative areas central to the agency's objectives.
- Support agency efforts to attain or maintain Public Health Accreditation Board (PHAB) accreditation.
- Supplement or expand grantee services or efforts.
- Increase hours of part-time staff to increase capacity.

Success is achieved by:

- Using evidence-based methods and interventions.
- Reducing risk factors.
- Establishing policy, social, and environmental changes.

- Leveraging other funds.
- Continuing to monitor progress towards selected outcomes and re-evaluate funded activities.
- Reflecting Healthy People and the State Health Improvement Plan in programing.

Unacceptable Uses of Funding

While the PHHS Block Grant allows for flexibility in usage to address local priorities, there are some activities and usage of funds that are not allowed. According to PHHS Block Grant guidance, non-allowable uses for these funds include:

From the Preventive Health and Health Services Block Grant 2022 WI DHS Notice of Award (NOA):

- Purchasing of naloxone.
- Purchasing of syringes.
- Drug disposal programs (drop-boxes, bags, or other devices, and/or take-back events) are not permissible under this funding opportunity.
- Clinical care (except as allowed by law).
- Publicity and propaganda (lobbying)
- Preparing, distributing, or using material (publicity/propaganda) or paying the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.

From 42 U.S. Code Part A – Preventive Health and Health Services Block Grants:

- Providing financial assistance to any entity other than a public or non-profit private entity.
- Providing inpatient services; offering cash payment to recipients of health services.
- Purchasing or improving land; purchasing, constructing, or permanently improving a building or facility.
- Purchasing of major medical equipment.
- Using as a match requirement for Federal funds.

A detailed, comprehensive list of funding allowances from the CDC can be found at <https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf>

Reporting Requirements:

Mid-year and year-end performance reporting will be required from all recipients.

References

- [CDC Preventive Health and Health Services Block Grant](#)
- [CDC General Terms and Conditions for Non-Research Grant and Cooperative Agreement](#)
- [42 U.S. Code Part A – Preventive Health and Health Services Block Grants](#)

Local and Tribal Public Health Emergency Preparedness Contract Objectives Centers for Disease Control and Prevention (CDC) Cooperative Agreement Budget Period 1901-04: July 1, 2022 – June 30, 2023

LTPHA BP-1901-04 Contract Objectives and Deliverables

The Wisconsin Department of Health Services (DHS) has established the following objectives and deliverables for completion by local and tribal public health agencies (LTPHAs) during the budget period from July 1, 2022 to June 30, 2023 with the goal of moving Wisconsin local and tribal public health emergency preparedness efforts forward.

These objectives are based on the Public Health Emergency Preparedness and Response Capabilities, which CDC released in 2018 and updated in 2019. In addition, these objectives are written, where applicable, to align with CDC's Operational Readiness Review (ORR) Guidance. The Wisconsin state Public Health Emergency Preparedness (PHEP) Program and Wisconsin Cities Readiness Initiative (CRI) jurisdictions will submit ORR data in budget period 4 per CDC PHEP Cooperative Agreement guidance. **There is no requirement for non-CRI local and tribal agencies to submit ORR data.**

During this budget period, DHS anticipates that LTPHAs will continue to use a "whole community" approach as defined by FEMA. A "whole community" approach is the idea that preparedness is a shared responsibility that must include the full range of preparedness stakeholders, including not just government, but also individuals and families (including those with access and functional needs), businesses, community organizations, schools, nonprofits, media outlets, and more.

Planning for a whole community should address health equity issues by considering individuals with access and functional needs, including but not limited to:

- Children
- Pregnant people
- Individuals with limited English proficiency and literacy
- Individuals with limited financial resources
- Individuals with limited transportation
- Individuals with a disability
- Individuals with chronic health needs
- Older adults

During this budget period, July 1, 2022 to June 30, 2023, and due to ongoing COVID-19 response activities, the Wisconsin Department of Health Services is prioritizing the following capabilities:

- Capability 11: Nonpharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation

Objectives that align with program requirements as set forth by both the CDC PHEP program and the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) are indicated as a '(Joint PHEP/HPP Activity)'. The Wisconsin PHEP program recommends that LTPHAs coordinate with their regional Healthcare Emergency Readiness Coalition (HERC) on these activities.

Year-end reporting on all contract deliverables is due **June 30, 2023**. Required reporting will be accessed via the Partner Communications and Alerting (PCA) Portal once available. Additional information about year-end reporting will be communicated to local and tribal preparedness staff throughout the budget period via email communication and PHEP Questions and Answers (Q&A) webinars. Local and tribal preparedness staff should sign up to receive Public Health Emergency Preparedness email communications if they have not already.

Contract Objectives

Budget Management

1. All LTPHAs will submit a proposed budget, a mid-year budget, and a year-end budget by completing and uploading the PHEP BP4 Budget Template to the Partner Communication and Alerting (PCA) Portal Local Preparedness Budget Management page. Updates for the mid-year and year-end budgets must be made by editing the agency's original submitted local preparedness budget form on the PCA Portal.

Deliverable 1: By August 1, 2022, submit the proposed budget on the PCA Portal.

Deliverable 2: By February 14, 2023, submit mid-year expenditures on the PCA Portal.

Deliverable 3: By August 14, 2023, submit final expenditures on the PCA Portal.

To request access to the PCA Portal, please contact DHSPCAPortal@dhs.wisconsin.gov.

Capability 1: Community Preparedness (recurring objectives)

Function 1: Determine Risks to the health of the jurisdiction.

2. (Joint PHEP/HPP Activity) All LTPHAs will conduct a hazard vulnerability assessment (HVA), update their current HVA, or participate in their regional Healthcare Emergency Readiness Coalition (HERC) HVA process or other collaborative HVA process to provide input and feedback. LTPHAs should strive to identify and prioritize jurisdictional risks, risk-reduction strategies, and risk-mitigation efforts in coordination with community partners and stakeholders. LTPHAs

should also strive to have procedures in place to identify populations that may be disproportionately impacted by incidents or events. *Note: A hazard vulnerability assessment is sometimes also referred to as a hazard analysis or a risk assessment.*

Function 3: Coordinate with partners and share information through community social networks.

3. (Joint PHEP/HPP Activity) All LTPHAs will continue to play an active role in their regional Wisconsin Healthcare Emergency Readiness Coalition (HERC), including participation in strategic planning, relevant trainings, exercises, and other activities. Contact your regional HERC Coordinator for more information.
4. (Joint PHEP/HPP Activity) All LTPHAs will submit evidence of working with partners that support public health preparedness, response, or recovery activities. Identified partners may support risk-mitigation, coordinate delivery of public health messages and services, and improve emergency operation and preparedness services for their communities. These should include partners that support populations with access and functional needs.

Capability 3: Emergency Operations Coordination (recurring objectives)

Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations.

5. All LTPHA staff assigned to preparedness and/or response roles will complete at minimum the following National Incident Management System (NIMS) courses within six months of hire or assignment: Introduction to Incident Command System (IS-100.c); Incident Command System for Single Resources and Initial Action Incidents (IS-200.c); National Incident Management System, An Introduction (IS-700.b); and National Response Framework, An Introduction (IS-800.d).
6. All LTPHAs will maintain three to five emergency contacts on the PCA Portal and will update contact information annually. LTPHAs are strongly encouraged to include their health officer or tribal health director as one of these contacts.

Capability 12: Public Health Laboratory Testing

Function 2: Enhance laboratory communications and coordination.

7. All LTPHAs will have at minimum one representative attend or watch the recording of quarterly coordination calls with Office of Preparedness and Emergency Health Care (OPEHC) staff and representative(s) from the Wisconsin State Lab of Hygiene to enhance communications and coordination between laboratory and public health partners. These calls are anticipated to be included once per quarter during scheduled PHEP Q&A webinars.

Capability 15: Volunteer Management (recurring objectives)**Function 1:** Recruit, coordinate, and train volunteers.

8. All LTPHAs will maintain jurisdictional Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrator contact information on the PCA Portal and will update every six months.

Function 2: Notify, organize, assemble, and deploy volunteers.

9. All LTPHA Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrators will conduct at least one alerting drill (or utilize the system during a real-world event) to alert registered volunteers.

HSEEP Consistent After Action Report/Improvement Plan (recurring objective)

10. (Joint PHEP/HPP Activity) All LTPHAs will participate in at least one Homeland Security Exercise and Evaluation Program (HSEEP) consistent exercise. Use of Incident Command System (ICS) to manage a real event may be used in lieu of an exercise as long as an HSEEP consistent After Action Report (AAR)/Improvement Plan (IP) is completed. *Note: This AAR/IP may focus on any one or multiple of the 15 public health emergency preparedness and response capabilities. LTPHAs can participate with their regional HERC in the development of an AAR.*

All LTPHAs that received state-supplied vaccine to conduct a school-located mass vaccination exercise during budget period 4 (7/1/22 - 6/30/23) must complete an HSEEP consistent AAR/IP of the exercise. This AAR/IP will satisfy objective 10.

Self-directed Objective

11. All LTPHAs will identify and complete one preparedness objective of their choosing that is reviewed and approved by the Wisconsin state PHEP program. This objective must:
 - a) support the building or sustaining of at least one CDC public health emergency preparedness and response capability
 - b) include a clearly defined performance measure
 - c) identify a reasonable associated deliverable to be met by June 30, 2023.

Example:

Capability 6: Information Sharing

(Name of Health Department/Tribal Health Center) will develop or maintain system(s) or process(es) for information exchange with community members and/or key partners to improve information sharing for situational awareness during routine operations and public health events or incidents.

Deliverable: By June 30, 2023, XX Health Department/Tribal Health Center will incorporate at minimum 2 additional demographic data metrics into existing public health data dashboards based on partner input.

Additional information about identifying and receiving Wisconsin state PHEP program approval for self-directed objectives will be made available via email communication.

Recommended Activities

The Wisconsin PHEP program encourages local and tribal public health agencies to attend the following Wisconsin DHS webinars to support situational awareness and education related to the following priority capabilities:

- **Capability 11: Nonpharmaceutical Interventions**
- **Capability 13: Public Health Surveillance and Epidemiological Investigation**

1. Public Health Emergency Preparedness Questions and Answers (PHEP Q&A) Webinars

PHEP Q&A webinars are held every other Tuesday from 10 a.m. – 11 a.m.

Participant information is sent out in advance of PHEP Q&A webinars via email communication.

Slides and recordings of past webinars are available on the PHEP Q&A Recordings page on the [PCA Portal](#).

2. Wisconsin COVID-19 Vaccine Program Webinars

Bi-weekly COVID-19 Vaccine Program updates are held every other Tuesday from 11 a.m.-12 p.m.

Register for the meeting series [here](#). Watch recordings of past webinars [here](#).

3. Bureau of Communicable Disease COVID-19 Webinars

Bureau of Communicable Diseases COVID-19 webinars are held on the first Wednesday of each month at 2:00 p.m.

Participant information is sent out in advance of BCD COVID-19 webinars via email communication.

Slides and recordings of past webinars are available below the COVID-19 Resources section on the [PCA Portal](#).

Deborah E. Armbruster

From: Danielle M. Jauquet
Sent: Monday, December 19, 2022 7:33 AM
To: Kris Krasnowski
Cc: Suzanne Schreiner; Deborah E. Armbruster
Subject: RE: Congratulations on Your LEAF Award!

Thank you!! We are excited to get started after meeting with Suzanne. ☺

Thank you,

Danielle Jauquet, BSN RN
 Public Health Nurse
 De Pere Health Department | 335 South Broadway | De Pere, WI 54115
 Phone (920) 339-4054 | Fax (920) 339-2745 | djauquet@deperewi.gov



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From: Kris Krasnowski <kris.krasnowski@wihealthyaging.org>
Sent: Friday, December 16, 2022 12:51 PM
To: Danielle M. Jauquet <djauquet@deperewi.gov>
Cc: Suzanne Schreiner <Suzanne.Schreiner@wihealthyaging.org>
Subject: Congratulations on Your LEAF Award!

You don't often get email from kris.krasnowski@wihealthyaging.org. [Learn why this is important](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Danielle,

Congratulations! The De Pere Health Department has been selected to receive a Localizing Efforts to Address Falls (LEAF) grant from the Wisconsin Institute for Healthy Aging. The award, made possible with funding from the federal Administration for Community Living, supports community activities designed to reduce falls in Wisconsin. LEAF grant activities are part of a larger strategy to reduce falls among older adults including the Falls Free Wisconsin Coalition and Center coming in 2023.

Your project award in the amount of \$8,000 must be spent or funds committed by August 31, 2023. Reviewers for your project had a recommendation that we would like to discuss with you. Please contact Suzanne Schreiner at your earliest convenience to set up a brief meeting time.

We ask that you participate in a **virtual LEAF Kick-Off meeting from 11:00 am – noon on January 11, 2023**. A calendar invitation will be sent for this meeting; please let us know if you or someone from your project team will be unable to attend. You will also participate in several grantee meetings with a WIHA project manager over the course of the grant period. A final narrative and budget report will be due on October 31, 2023.

Again, congratulations! If you have questions, please contact me or Project Coordinator Suzanne Schreiner. We'll see you at the grant Kick-Off meeting and have a happy holiday season!

Sincerely,

Kris Krasnowski

Executive Director

Wisconsin Institute for Healthy Aging

wihealthyaging.org



RFP - Localizing Efforts to Address Falls (LEAF) (wufoo.com)

De Pere Health Department LEAF Grant Application

Current Programming: De Pere Health Department is funded by and serves residents within the city limits of De Pere. Current fall prevention programming includes:

1. General social media posts and posts/events shared from partners such as ADRC, Brown County Prevention Coalition, DHS, CDC, WIHA, etc.
2. Participation in the Brown County Prevention Coalition- Fall Prevention Partnership Committee
3. Stay at Home Assistance (SAHA) Program- collaboration between the De Pere Health Department and De Pere Fire Rescue that works to prevent falls and fires in our community through awareness, resource promotion, education, phone consultations, and in-home visits. Phone consultation includes fall risk assessment, in-home visit eligibility screening, fall and fire prevention education, and resource referrals. In-home visits include health and environment assessment related to fall and fire risk, smoke alarm/carbon monoxide detector check and replacement (as needed), fall and fire prevention recommendations and education, and resource referrals.

Current Data Collection: De Pere Health Department receives fall data for all of Brown County from the Brown County Prevention Coalition OR for the greater De Pere area (City of De Pere, Lawrence, Ledgeview, etc.) from De Pere Fire Rescue via ImageTrend. Tracked and reported out monthly: number of ImageTrend reports received (regardless of jurisdiction) and if referral was made to the Stay at Home Assistance Program. Due to staff time constraints, only ImageTrend reports that indicate voluntary referral to the Stay At Home Assistance are reviewed in full to determine reason for fall and screened for residency.

1) Project Description

Proposed Project: Increase quality of fall data collected/reviewed to assess how many, why, where, and when falls are happening within our jurisdiction of City of De Pere specifically. Analyze collected data. Plan educational fall activity/event at De Pere Community Center AND adjust current ongoing fall programming based on greatest fall risks identified within our jurisdiction.

How will your project reduce falls in your community?: This project will allow us to have data specific to City of De Pere. This helps support our fall prevention efforts and future funding in addition to providing valuable information to guide new efforts, such as an educational activity/event held within our jurisdiction, that can best serve our population. All fall events and group education that De Pere Health Department has been involved with in the last several years has been outside city limits and for the greater Green Bay/Brown County area. We have increasingly heard from our residents that they would like more programming within our jurisdiction. Identifying what is causing current falls and any socio-economic correlations enables us to better tailor our programming to prevent future falls in our community.

2) Goals

Goal #1: Increase quality and quantity of fall data specific to City of De Pere

Goal #2: Hold fall education session within city limits and adjust current fall programming to align with fall risks identified in order to decrease falls within City of De Pere

RFP - Localizing Efforts to Address Falls (LEAF) (wufoo.com)

3) Project Activities:

1. Hire limited term employee/add additional hours to existing limited term employee
2. Create new data tracking spreadsheet and process
3. Using De Pere Fire Rescue ImageTrend reports, track the following for ALL fall incidents regardless of referral to SAHA: jurisdiction, age, gender, race, fall details (determined reason for fall, location of fall, injury/death/hospitalization from fall, etc.), referrals made
4. For falls within city limits of De Pere: plot addresses on city map
5. After 4 months of data collection (January 2023-April 2023), review/analyze data and compare to county/state numbers and to CDC vulnerability index. Identify most common causes for falls and any trends/health disparities.
6. Utilize data to adjust current programming as needed- educational materials, social media posts, etc.
7. Plan and hold fall educational event at De Pere Community Center (within city limits, frequently visited by target population) summer 2023
 - a. Present data collected for our jurisdiction
 - b. Tailored education based on identified fall causes
 - c. Fall bingo
 - d. Medication assessments if pharmacist available
 - e. Scatter rug collection- mugs for rugs
 - f. Fall and fire prevention resource and material distribution
 - g. Q&A

4) Project Partners

1. De Pere Fire Rescue
 - a. Provide fall incident reports via ImageTrend
 - b. Collaborate on Stay at Home Assistance changes if needed and on fall event at De Pere Community Center
2. De Pere Community Center: partner for event space and event promotion
3. De Pere Hometown Pharmacy: potential medication assessment partner
4. Washington University School of Medicine in St. Louis: Fall bingo provider Fall Prevention Bingo | Program in Occupational Therapy Participation, Environment & Performance Lab (wustl.edu)
5. Brown County Prevention Coalition- Fall Prevention Partnership Committee: share county and city numbers with each other, provide resource referrals to partners in the group at event and on visits

5) Addressing Disparities

This project will address underserved populations by potentially identifying health disparities with relation to falls. We currently do not have any data related to this so do not know what disparities might exist in order to address them. This project would allow us to plot addresses where falls are occurring and compare to the CDC vulnerability index to assess any correlation with falls. We would also be able to compare our general rate of falls to the rate in specific groups by age, gender, and race to identify disparities. If identified, we could then plan our programming accordingly to raise awareness about and reduce these disparities.

RFP - Localizing Efforts to Address Falls (LEAF) (wufoo.com)**6) Project Evaluation**

We will gauge the success of this project in several ways:

1. Compare quality and quantity of baseline fall data to quality and quantity of fall data after 4 month collection period
2. Administer and analyze event evaluation form: rate effectiveness of education and resources provided
3. Compare 4 month data (city-specific baseline) to year end data to assess if there has been a reduction in falls in City of De Pere following the fall event and changed programming (this information will not be available at the time of the grant period end/report deadline)

7) Project Sustainability/Next Steps

Our hope would be to hold yearly fall education events within our jurisdiction after this initial project kickoff event to better serve our population and reach a wider group than we are able to do with our individualized Stay at Home Assistance Program. We would still continue that program as well with adjustments made as needed based on the data collected. We would continue as much data collection as possible after the 4 month intensive period. Minimally, we would continue to collect number of falls within city limits of De Pere so we can have data that is specific to our community. Ideally, we would continue to collect information on race, gender, age, and reason for fall but may need to scale back based on staff time constraints.



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: De Pere Health Department Communicable Disease reports from 11/2022 to 1/2023 and 2017 – 2022 case counts

Communicable Disease report for November 2022 through January 2023. Also included is a 6 year Communicable Disease report.

ATTACHMENTS:

- Novemeber 2022 to January 2023 CD Case Count (PDF)
- 2017 to 2022 yearly CD case counts (PDF)

November 1, 2022 - January 31, 2023 CONFIRMED AND PROBABLE



Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

Disease Incidents by Episode Date

Jurisdiction: De Pere

		2022	2023
Disease Group	Disease	Total	Total
Chlamydia Trachomatis Infection	Group Total:	12	6
Coronavirus	Group Total:	226	58
Cryptosporidiosis	Group Total:	1	0
Gonorrhea	Group Total:	2	2
Influenza- HOSPITALIZED	Group Total:	3	1
Invasive Streptococcal Disease (Groups A And B)	Group Total:	1	0
Kawasaki Disease	Group Total:	1	0
Mycobacterial Disease (Nontuberculous)	Group Total:	1	0
Pelvic Inflammatory Disease	Group Total:	1	0
Streptococcal Infection, Other Invasive	Group Total:	1	0
Streptococcus Pneumoniae Invasive Disease	Group Total:	1	0
Syphilis	Group Total:	1	0
Tuberculosis, Latent Infection (LTBI)	Group Total:	0	1
	Period Total:	251	68

Default Filters: 'State' EQUAL TO 'WI'



Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

Disease Incidents by Episode Date

Jurisdiction: De Pere

		2017	2018	2019	2020	2021	2022
Disease Group	Disease	Total	Total	Total	Total	Total	Total
Arboviral Disease	Group Total:	2	0	0	0	0	0
Campylobacteriosis (Campylobacter Infection)	Group Total:	9	5	6	1	7	3
Carbapenem-Resistant Enterobacteriaceae	Group Total:	0	0	1	0	0	0
Carbon Monoxide Poisoning	Group Total:	0	0	0	1	0	0
Chlamydia Trachomatis Infection	Group Total:	85	70	79	76	91	79
Coronavirus	Group Total:	0	0	0	2296	3194	3466
Cryptosporidiosis	Group Total:	4	4	0	0	2	1
Cyclosporiasis	Group Total:	1	3	0	0	2	0
Ehrlichiosis / Anaplasmosis	Group Total:	1	0	1	1	3	0
Giardiasis	Group Total:	6	5	3	1	2	0
Gonorrhea	Group Total:	11	5	9	16	21	9
Haemophilus Influenzae Invasive Disease	Group Total:	0	0	0	1	2	0
Hepatitis B	Group Total:	1	0	1	0	0	0
Hepatitis C	Group Total:	2	3	4	4	2	1
Influenza- HOSPITALIZED	Group Total:	11	17	7	12	1	6
Invasive Streptococcal Disease (Groups A And B)	Group Total:	3	3	7	3	3	1
Kawasaki Disease	Group Total:	0	0	0	0	0	1
Legionellosis	Group Total:	0	0	0	0	2	0
Lyme Disease	Group Total:	14	5	16	8	3	11
Meningitis, Other Bacterial	Group Total:	3	0	1	0	1	0
Mumps	Group Total:	0	0	0	1	0	0
Mycobacterial Disease (Nontuberculous)	Group Total:	3	2	4	0	5	6
Not Reportable	Group Total:	0	0	1	0	0	0
Pathogenic E.coli	Group Total:	3	10	10	5	9	2

Pelvic Inflammatory Disease	Group Total:	0	0	0	0	1	1
Pertussis (Whooping Cough)	Group Total:	1	3	0	0	0	0
Plesiomonas Infection	Group Total:	0	0	1	0	1	0
Salmonellosis	Group Total:	3	4	2	2	3	5
Shigellosis	Group Total:	6	1	0	0	0	0
Streptococcal Infection, Other Invasive	Group Total:	0	0	0	0	0	1
Streptococcus Pneumoniae Invasive Disease	Group Total:	1	0	3	1	1	1
Syphilis	Group Total:	2	5	0	1	1	5
Tuberculosis, Latent Infection (LTBI)	Group Total:	2	3	2	4	4	2
Varicella (Chickenpox)	Group Total:	0	0	0	0	2	0
Yersiniosis	Group Total:	1	1	1	0	2	0
	Period Total:	175	149	159	2434	3365	3601

Default Filters: 'State' EQUAL TO 'WI'



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: De Pere Health Department Outreach and Prevention Activities
from 11/2022 to 1/2023

ATTACHMENTS:

- DE PERE HEALTH DEPARTMENT COVID RESPONSE ACTIVITIES nov2022-jan 2023 (PDF)
- DE PERE HEALTH DEPARTMENT OUTREACH ACTIVITIES nov2022-jan 2023 (DOCX)

DE PERE HEALTH DEPARTMENT COVID RESPONSE ACTIVITIES – November 2022, - January 2023

DE PERE HEALTH DEPARTMENT COVID RESPONSE ACTIVITIES- November 2022			
Activity	Name	Date	Notes
Vaccine clinic for flu and COVID vaccines	Debbie A., Kelly, Sara, Danielle, Debbie, Jaimie, Mac, Marcia, Colleen	11/1/2022	
BCD COVID-19 Wednesday Webinar	Sara, Debbie A.	11/2/2022	
COVID-19 Vaccine Program Updates	Sara	11/8/2022	
WEDSS Help Call	Sara	11/14,	
COCA: 2022-2023 Seasonal Influenza Testing and Treatment During the COVID-19 Pandemic	Sara, Debbie A.	11/15,	
RN Meetings	Sara, Danielle, Debbie		
WALHDAB meeting with health officers of NE region	Debbie A.	11/1, 11/7, 11/15, 11/21	
Health Officer Connections Call with DHS	Debbie A.	11/3, 11/17	
Public health nurse and school nurse meeting	Sara, Danielle	11/3/2022	
Communicable Diseases Webinar for Health Care Providers	Danielle	11/4/2022	
CDC Response All-STLT update call re' COVID and Ebola	Debbie A.	11/14/2022	
Local Health officer COVID -19 call with Traci at the State	Sara	11/28/2022	

DE PERE HEALTH DEPARTMENT COVID RESPONSE ACTIVITIES -December 2022			
Job/Activity	Name	Date	Notes
Health Officer Connections Call with DHS	Debbie S.	12/1/2022	
Communicable Disease Webinar for Health Care Providers	Danielle, Debbie A.	12/2/2022	
NE Region WALHDAB meeting for health officers	Debbie A.	12/5/2022	
WALHDAB Tuesday Forum	Debbie A.	12/6/2022	
BCD COVID-19 Webinar	Debbie A., Danielle, Sara	12/7/2022	
PHN and School RN Meeting	Sara, Danielle	12/1/2022	
Vaccine Clinic	HD Staff	12/6, 12/20	
Nurse Meeting	Sara, Danielle, Debbie	12/7, 12/14, 12/21	
COVID-19 Update: Clinical Guidance and Patient Education for Bivalent COVID-19 Vaccines	Debbie S.	12/13/2022	

DE PERE HEALTH DEPARTMENT COVID RESPONSE ACTIVITIES - January 2023

Activity	Name	Date	Notes
COVID Booster Clinic	HD Staff	1-10, 1-24-23	
Nurse Meeting	Sara, Danielle, Debbie, Debbie S	1-4, 1-11, 1-18, 1-24-23	
WALHDAB Tuesday forums	Debbie	1-17, 1-31-23	
Local Health Officer COVID-19 Call with DHS	Debbie	1-9, 1-23	
2023 Health Officer Connections Call	Debbie	1/12/2023	
Updates to COVID-19 Testing and Treatment for Current SARS-CoC-2 Variant	Debbie	1/24/2023	
DOA Understanding Your WI Grant Agreement	Danielle, Debbie	1/26/2023	

DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES– November 2022, - January 2023

DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES- November 2022			
Job/Activity	Name	Date	Notes
VFC/Tdap Monthly Clinic	Sara and Debbie	11/10/2022	
Library Picnic and Play	Sara	11/17/2022	
APIC Chapter meeting	Danielle	4-Nov	
APHA Annual Meeting	Danielle	11/6-11/9/2022	
Webinar on Strategies to Build and Sustain Community Falls Prevention Coalitions	Debbie A.	11/11/2022	
Beyond Health Strategy 2.1 Working Session	Sara	11/30/2022	

DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES -December 2022			
Job/Activity	Name	Date	Notes
Health Equity Coalition Education strategy	Debbie	12/5/2022	
BC Falls Prevention Steering Committee	Debbie	12/8/2022	
Monthly VFC Clinic	Debbie, Sara, Danielle	12/8,	
NE Region PH Nurse Manager Meeting	Sara	12/9/2022	
Library Picnic and Play	Sara	12/15/2022	
Car Seat Installation Clinic	Sara and Danielle	12/21/2022	

DE PERE HEALTH DEPARTMENT OUTREACH AND PREVENTION ACTIVITIES - January 2023			
Job/Activity	Name	Date	Notes
De Pere PHN and School RN Huddle	Sara, Danielle, Debbie	1/5/2023	In person at Syble Hopp
RV Planning Meeting	Sara, Danielle, Debbie, Debbie S, Kelly	1/11/2023	
2023 Planning Meeting	HD Staff	1/11/2023	
VFC Monthly Immunization Clinic	Danielle, Debbie	1/12,	
Picnic and Play	Sara	1/19/2023	
UWGB Nursing & Health Studies Annual Advisory Committee Meeting	Sara	1/20/2023	
Regional Trauma Advisory Committee	Debbie	1/18/2023	
Brown County Overdose Task Force Meeting	Danielle, Debbie	1/19/2023	
Grapevine Presentation on Brain Health	Danielle, Sara	1/25/2023	
Communicable Diseases Webinar for Health Care Providers	Danielle, Debbie		
Radon display boards at City Hall and Community center for Radon Action Month	Trista	January	



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: De Pere Health Department Trainings/Conferences from 11/2022 to 1/2023

ATTACHMENTS:

- DE PERE HEALTH DEPARTMENT TRAININGS nov2022-jan 2023 (DOCX)

**DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE–
November 2022, - January 2023**

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - NOVEMBER 2022			
Job/Activity	Name	Date	Notes
Grant writing basics workshop	Debbie A. and Sara	11/10/2022	
APHA Suicide Prevention webinar	Debbie A.	11/16/2022	
TB Conference	Sara and Danielle	11/16/2022	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - DECEMBER 2022			
Job/Activity	Name	Date	Notes
Chronic Disease Prevention Program Statewide Gathering	Debbie A.	12/12/2022	
Public relations and Media Relations for First Responders	Debbie, Sara, Danielle	12/13/2022	
CDC Response All-STLT Update Call	Sara	12/12/2022	
Looking Ahead: Insights, Challenges and Opportunities for the Future of Public Health	Debbie, Danielle, Sara	12/14/2022	
Regional EBOLA Discussion	Debbie, Danielle, Sara	12/14/2022	
CDC COCA Call: Ebola Clinical Presentation, Evaluation, and Infection Prevention	Sara, Debbie	12/20/2022	

DE PERE HEALTH DEPARTMENT TRAININGS/CONFERENCES/CE - JANUARY 2023			
Job/Activity	Name	Date	Notes
WEAVR Refresher Course	Sara	1/5/2023	
Empowering Frontline Providers to Increase Vaccine Confidence	Debbie	1/19/2023	
W&M Training: Webinar on NIST Handbook 130 Price Verification	Trista	1/3/2023	
W&M Annual Policy & Procedure Meeting	Trista	1/26/2023	



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: Report on COVID-19 response efforts and updates

ATTACHMENTS:

- BOH report February 2023 (PDF)

COVID-19 UPDATES
February 2023

COVID Public Health Emergency Ends May 11, 2023:

The federal government has stated that the Public Health Emergency for COVID will be ending on May 11, 2023. While it is not clear exactly what that will mean, there are some areas that we know will be affected.

1. Testing:
 - a. Test kits may no longer be free.
 - i. Insurances should cover them but there may be cost sharing and in network restrictions.
 - ii. The state of WI continues to offer free test kits for residents. Residents may request them monthly at <https://sayyescovidhometest.org/en>
 - iii. Kits will be available until 5/31/23
 - b. PCR Testing
 - i. Currently free at various provider sites
 - ii. Private insurance should cover this but may have a cost sharing component. They may require a prescription (that is not clear yet).
 - c. Medicare:
 - i. Will have cost sharing for this.
 - d. Uninsured:
 - i. Will not have access for free testing except through state while available.
2. Treatment:
 - a. Paxlovid will remain free until the federal stockpile is gone.
 - i. There are not funds currently available for purchase of more.
 - ii. Uninsured residents will not have access to free treatment at that point.
 - b. Once the Paxlovid supply is depleted, insurance may require a co-pay, or in network access.
 - c. Access to treatment may be more difficult. Currently people can get treated online after a home test. It is unclear what will happen when the state can no longer offer that service.
3. Telehealth:
 - a. Flexibilities as to what can be treated and what drugs prescribed will be gone when the emergency ends
 - b. These were in place to assist people in accessing care.

4. Vaccine:

- a. Vaccine will become commercialized.
 - i. Some providers, such as Public Health, will continue to offer vaccine free of charge until the state/federal supply is exhausted. This is anticipated to be this summer
 - ii. Once this supply is depleted, the cost of the vaccine is expected to be in the \$80 - \$120 range (per dose).
 - iii. Insurances are expected to cover this vaccine but may have cost sharing and provider restrictions.
- b. Boosters:
 - i. There is discussion that the vaccine will become a yearly booster similar to how Influenza is. This may begin this fall.
 - ii. If more variants occur of things change this could change all plans
- c. Liability:
 - i. The pharmacist are currently protected under this act. It is unclear if the end of the emergency will have implications in this area.

5. De Pere Public Health Implications:

- a. Clinics:
 - i. We will continue to offer monthly vaccine clinics as long as we have access to vaccine and demand continues
 - ii. Once the vaccine is no longer available we will be unable to provide vaccine for adults as we have no financial resources to purchase vaccine
 - 1. We may be able to offer vaccine for children that meet VFC guidelines, the state is looking into this
- b. Testing:
 - i. We will no longer have access to free test kits to assist our Long-Term Care Facilities if an outbreak occurs after 6/15/23
- c. Funding:
 - i. Our grants are stable and should not be affected .
 - ii. Grants are intended to assist in assessment and planning for future pandemics as well as getting services back to normal.
 - iii. They support our clinic work and will continue to do so through 2024 (depending on access to vaccine).

Summary Of Current Response:

Clinics:

- As stated earlier, we continue to offer COVID clinics at the Community Center
- Demand has steadily decreased, however we continue to see a few people in all age groups 6 months and up
- It is anticipated all vaccines will move to the Bivalent dose, including primary series. This may be as soon as March.
- We are decreasing our clinics to monthly starting in March.

Disease:

- Most people are testing at home and not reporting the results to the Health Department.
- The most recent wastewater sampling shows De Pere is **in HIGH** disease incident.
- We continue to get calls from schools, Long Term Care and the public with questions, however this is much less than in the past.
- We continue to follow the CDC and WI DHS recommendations for all COVID matters.

Education:

- The Health Department continues to offer factual information via phone, social media and written brochures.
- While the PH Emergency is ending, COVID continues to be present in our community and a risk especially to the elderly, immunocompromised individuals and those with underlying health conditions.



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: Report on the status of the recreation vehicle renovation and plans for use

The Mobile Clinic/Incident Command vehicle is back from CSG Premier who renovated the vehicle for us. We are now in the process of supplying it with what all three departments (Health, Fire and Police) need for their various functions. We intend to have it open for the Council and Board of Health to see by March when hopefully the weather is a bit warmer.



City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: February 13, 2023

DEPARTMENT: Health Department

FROM: Deborah Armbruster

SUBJECT: Next In Person Wisconsin Association for Local Health Departments and Boards of Health ("WALHDAB") meeting

Next In-Person Wisconsin Association for Local Health Departments and Boards of Health (WALHDAB) meeting is Thursday March 23rd in Appleton. Let Debbie know if you are interested in attending.