Board of Health

Regular Meeting

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

Agenda

Monday, September 25, 2017 | 5:15 PM | De Pere City Hall Riverview Room

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Board of Health** of the City of De Pere will be held on **September 25, 2017** at **5:15 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

I. Call to Order

1. Roll Call
2. Action items
    1. Approval of 5-15-2017 Minutes
    2. Review of noise level analysis done 6-1-2017 at 345 Main Ave.
    3. Sanitarian Update
    4. Emergency Preparedness Grant Update
    5. Staffing Updates
    6. DRAFT 2018 Board of Health Budget
    7. DRAFT 2018 Health Department Budget
    8. TSPOT Agreement Renewal with St. Norbert College
    9. STI Testing Agreement with St. Norbert College
    10. Update on Relationship with Brown County Public Health Division and De Pere Health Department
    11. Update on Vaccine for Children State Funded Program Status
    12. Reminders
    13. Public Comment on Matters not on the Agenda
    14. Future Agenda Items
    15. 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

Generated 8/31/2017 3:35 PM

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Approval of 5-15-2017 Minutes**

ATTACHMENTS:

- 05-15-17 BOH Minutes (DOCX)

BOARD OF HEALTH MEETING
CITY OF DE PERE, WISCONSIN – May 15, 2017

The Board of Health of the City of De Pere, Wisconsin met in regular session in the Riverview Conference room at City Hall, on Monday, March 20th at 5:15 p.m.

Roll call was taken and the following members were present: Dr. Michael McHenry, Pat Finder-Stone, Ryan Jennings, Dennis Hibray, Casey Nelson, Deborah Armbruster, Dale Schmit, Erin Bongers and Julie Switzer. Also present was Ron Manning, a De Pere citizen. Dr. Richard Erdman arrived at 5:25pm.

1. Election of President and Vice President

Ryan Jennings made a motion, seconded by Pat Finder-Stone to nominate Dennis Hibray as the Board of Health President. Upon vote, motion passed unanimously. Dr. Michael McHenry made a motion, seconded by Ryan Jennings to nominate Pat Finder-Stone as the Board of Health Vice President. Upon vote, motion passed unanimously.

2. Approval of March 20, 2017 Meeting Minutes

Dr. Michael McHenry made a motion, seconded by Pat Finder-Stone to approve the minutes of the March 20, 2017 Board of Health Meeting. Upon vote, motion passed unanimously.

3. Update of City Noise Ordinance

The City of De Pere will be undergoing revisions to the zoning ordinances, as well as the noise ordinances, which will require a noise consultation. The cost is estimated to be $8,000 and because the Board of Health made the recommendation, the money will come out of the Health Department Budget. The monies will be set aside in the 2018 Budget and then the RFP will be done. Pat Finder-Stone made a motion, seconded by Ryan Jennings to open the meeting to public comment. Upon vote, motion passed unanimously. Ron Manning, a De Pere citizen, handed out a packet entitled "Request to Include Indoor Noise Limits in Chapter 146." His apartment and small business shares a common wall with the Green Room and he has issues with the late night noise coming through his walls. He feels the City of De Pere ordinance addresses outdoor noise much clearer than indoor noise and that this noise prevents him from comfortably enjoying his residence and from using his commercial space. He would like sound readings taken on the source side of the common wall. This property is zoned commercial, therefore commercial noise limits are what apply. Detective Tom Shrank is initiating contact with Mr. Manning and his wife to try and mediate this situation. Debra Armbruster would encourage Mr. Manning to call the police and document his complaints while they are occurring. Mr. Manning stated that they have called the police several times, but by ordinance the noise level would probably not be exceeding the ordinance because of the way the ordinance is written. Music unpredictably escalates, so it is difficult to have the police come at the exact moment that the noise is at its loudest. Ryan Jennings made a motion, seconded by Pat Finder-Stone to go back to closed session. Upon vote, motion passed unanimously. Ryan Jennings made a motion, seconded by Dr. Michael McHenry requesting Dale to work with the residential property owner to establish a time to record the decibel readings. These readings would be taken in Mr. Manning's apartment as well as in the Green Room. Dennis Hibray suggested that the department wait on the decision to spend $8,000 on the noise consultation until more information is gathered.

4. Staffing Update

The Office Assistant will be retiring on July 7th, 2017. The position is currently 32 hours per week with Tuesday's off. Because of the amount of community activities that the department is involved in, and because it is not ideal to close the doors of the department during working hours, Debra would like this position increased at least 4 hours more per week, and ideally would like 8 hours more per week. The department is continually adding more services, including mass clinics at the De Pere Schools, Parent Café's, Car Seat Installations and Lactation Consulting. Pat Finder-Stone made a motion, seconded by Casey Nelson to consider increasing the Office Assistant Hours from 32 hours to 40 hours per week, upon Debra fitting this into the budget. Upon vote, motion passed unanimously.

5. Consider Revisions to Sec. 106-4(b) Regarding Agent Status for State Licensing

This is just a process because DATCP needed to change some wording when they changed from DHS. Dr. Michael McHenry made a motion, seconded by Ryan Jennings to accept and place on file. Upon vote, motion passed unanimously.

6. Report on Department Activities

- Brown County and De Pere HD purchased a Port-A-Count (Fit testing for N95 masks) machine and the nurses are trained on how to use it. They will fit test the Health Department and the Fire Department.
- Erin Bongers and Sara Lornson attended the National Preparedness Conference in Atlanta on a scholarship.
- Sara has gone to a weeklong training to become car seat certified, and completed her lactation consultant certification.
- Erin is also working on injury prevention for the elderly with the Fire Department.
- Communicable Disease reports will be generated for every Board of Health meeting with a 5 year comparison done once a year.
- The Health Department MCH grant requires that benchmark reports are done to make sure that 2 year olds are meeting their immunization status. Currently the department is doing telephone calls, which is very time consuming. There is an opportunity to work with Televox, which is a division of Pfizer to make robo calls for this purpose. The system is free and would save time and phone calls. There is a standard agreement that the city attorney has looked at and requested that the board of health should also look at it to see if they have any issues with this system. There is nothing branded with the Pfizer name on it. The board of health's position was that robo calls would not be as effective as a personal call from the health department, and also had concerns that it is a specific drug company that is promoting this system.
- Debra will not be able to attend the September 18th Board of Health meeting so Dale Schmit will run this meeting.

7. Sanitarian Program Update – Agent Contract

The agent contract evaluation will be in June. This is done every 3 years to make sure that department records and policies and procedures are up to date. Dr. Michael McHenry made a motion, seconded by Ryan Jennings to accept and place on file. Upon vote, motion passed unanimously.

8. Public Comment on matters not on the agenda

NA

9. Future Agenda Items

NA

10. Adjournment

Upon motion by Pat Finder-Stone, seconded by Dennis Hibray, the Board of Health unanimously adjourned at 6:55pm.

Respectfully Submitted,
Julie Switzer
Health Department Office Assistant

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Review of noise level analysis done 6-1-2017 at 345 Main Ave.**

ATTACHMENTS:

- Noise Level Analysis Chart (PDF)

6/1/17 9pm - 10:45 Noise Ordinance

NOISE LEVEL ANALYSIS CHART

(10pm-6am) Nighttime (comm) 58 dB

Analyzer & Serial Number: **Sound Pro BBFo70005**

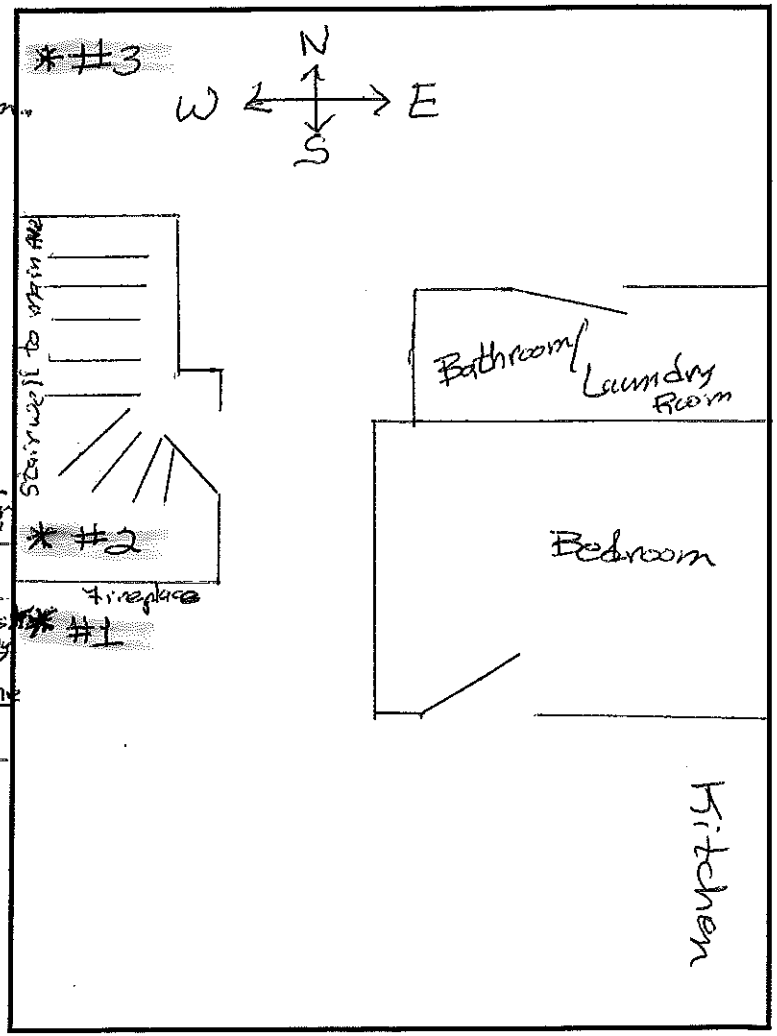
Project Site: 353 Main Avenue, DeFere [The Green Room]

Comments: Meter Location: 345 Main Avenue, DeFere Property Line. By Fireplace, Steps, + LivingRoom.
Noise: Amplified sound from piano bar sing-along. Instrument + Singing.
See Diagram for reading locations (*).
9pm - 10:45pm

Date/Time	Calibrated By	Calibration Date	Reading (In dB)	Location #	Song
6/1/17 9:25pm	Dale Schmit	6/1/17	9:25pm 55	1	Summer Lovin'
9:35pm			9:35pm 56	2	Piano Man
9:40pm			9:40pm 59	3	Don't Ask me Why
9:50pm			9:50pm 57	3	Sweet Caroline
10:35pm			10:35pm 55	3	?

Diagram of Testing Site

Identify test locations by number to correlate w/test data.



Noise reading range: Low 36
High 64 (Due to Music, Traffic (Semi) + Outside Noise)

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Sanitarian Update**

Sanitarian report
Discussion regarding Agent Contract review process

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Emergency Preparedness Grant Update**

ATTACHMENTS:

- Memo for Emergency Preparedness proposal (DOC)

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

Memo

To: Honorable Mayor Michael Walsh
Members of the Common Council
Members of Board of Health

From: Deborah Armbruster, Health Officer/Director

Date: 8/23/17

Re: Emergency Preparedness for the City of De Pere

The Health Department would like to respectfully request permission to reallocate our Public Health Emergency Preparedness (PHEP) grant funds. Currently we contract with Brown County Health and Human Services Public Health Division to provide a public health preparedness coordinator to ensure that local public health preparedness grant objectives are met and to enhance the preparedness capacity for our community served by the De Pere Health Department.

I propose that we bring emergency preparedness coordination here within the Health Department. This would provide the city with an in-house preparedness program that would benefit all city departments and ultimately the community at large. This emergency preparedness coordinator would facilitate reviving the Emergency Management Team for the city and work closely with Fire Chief Matzke, the Emergency Management Director for the City of De Pere and Police Chief Beiderwieden, the Emergency Management Coordinator. We would continue to contract (using our preparedness grant) with Brown County's Health and Human Services, Public Health Division for high level oversite preparedness coordination providing Brown County, Northeast Regional and State updates along with being a resource for grant objectives.

For the 2016-2017 grant year, we received $34,450 in preparedness grant dollars. We paid $21,781.44 for the contract services from Brown County Public Health. I have discussed the possibility of high level oversite preparedness coordination with the Health Officer for Brown County who has agreed to consider this negotiation. I would then like to increase Sara Lornson's hours to 32 hours per week and job responsibilities to include emergency preparedness. In doing so I would not be increasing our budget expenditures but rather utilizing the monies already provided for in the grant for increased services for the city.

Thank you for your consideration of this request. I would be happy to discuss the benefits of this proposal with you.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Staffing Updates**

ATTACHMENTS:

- Memo of Staffing Updates (DOC)

Memo

To: Board of Health

From: Debbie Armbruster

Date: 8-31-2017

Re: **Staffing Updates**

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1. Office Assistant position – Potential hire is in process of finalizing employment requirements, start date to be determined. This position will continue to be 32 hours per week. Work hours will be Monday, Wednesday and Friday 8-4:30pm, Tuesday and Thursday 8-12noon.

2. Public Health Nurse – the 24 hour per week nurse will increase her hours to 32 hours per week (Monday through Thursday) starting 1-1-2018.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **DRAFT 2018 Board of Health Budget**

ATTACHMENTS:

- #15 Board of Health (DOCX)
- Copy of #1 GENERAL GOVERNMENT - BOH (PDF)

Board of Health

Program Full Time Equivalents: 0

Program Mission:

To act as a policy forming body for health department staff in efforts to protect and promote the health of City of De Pere residents.

List of Program Service(s) Descriptions:

1) Medical Advisor: Provides medical orders and advisement to the Health Officer and staff.
2) Fiscal Approval: Approve annual budget that meets the public health needs of the community at an amount acceptable to the community.
3) Policy Development: Review local policies and standards for public health services provided by health department staff.

Important Outputs:

1) Approval of Health Department Policy and Procedures: Activity funded by property tax. Policy and procedures provide for consistent services provided to the community.
2) Approval of Annual Budget: Activity funded by property tax. The annual budget provides for the operation of health department services. This allows the community to have input into the funding utilized to support public health programming.
3) Advisement to Health Officer and staff: Activity funded by property tax. Required by state statute. Provides standing orders for medical services provided and program guidance for services to meet the community's needs.

Expected Outcomes:

1) Maintain or increase the health of community members by assuring the provision of public health services according to Wisconsin State Statute, standing orders and established department policy and procedures.
2) Maintain or increase the number of public health services provided to the community at the lowest possible cost.

2018 Performance Measures:

1) Assure annual review of health department strategic plan and updates to the agency's policy and procedures by May of each year.
2) Recommend at least 1 health policy to the City Council for consideration/adoption.

2017 Performance Measurement Data (July 2016 – June 2017):

1) Assure annual review of health department strategic plan and updates to the agency's policy and procedures by May of each year.
   a. Result: The board of health reviewed the agency's policy/procedures on 3/20/2017.

2) Recommend at least 1 health policy to the City Council for consideration/adoption.
   a. Result: The Board of Health has been in discussion regarding concerns raised over the city's current noise ordinance specifically with regards to commercial establishments and residential properties sharing property lines. Having the noise ordinance updated has been suggested. This issue will continue to be addressed in future meetings.

Significant Program Achievements:

The Board of Health has been very supportive of the agency's strategic plan and assisting with community connections to achieve success with the components of the plan. In addition, the Board of Health has been actively engaged and attending regional WALHDAB meetings to stay abreast of public health policy/program initiatives that are occurring regionally and across the State.

Existing Program Standards Including Importance to Community:

1) Conduct at least quarterly meetings of the Board of Health.
   a. Community Importance.
      i. Provides opportunity for required actions of the board.
      ii. Allows opportunity for community involvement.
      iii. Required by state statute for all local health departments.

Costs and Benefits of Program and Services:

The adopted 2018 Board of Health program cost is $1,822. The program benefits the community by allowing for resident involvement of board members in the policy development and public health programming. In addition, the Board supports health department programming that promotes healthy lifestyles and protects health through health education, policy development and valued services.

2018 Program Objectives:

1) Develop policy and provide leadership that emphasizes public health needs and that advocates for equitable distribution of public health resources and/or environmental changes improving health and quality of life.
2) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status and community health needs.

2018 Budget Significant Expenditure Changes:

1) Training decreased $100 and represents amounts for board members to attend annual Wisconsin Association of Local Health Department and Boards (WALHDAB) Annual Conference and bi-monthly regional meetings.

City of De Pere
2018 General Fund
Adopted Budget

EXPENDITURES

BOARD OF HEALTH

Account Number			Account Title	2016 Year End Actual	2017 Adopted Budget	2017 6 mos Actual	2017 Year End Estimate	2018 Dept Head Proposed	2018 / 2017 Budget % Of Change
			PERSONAL SERVICES						
100	54110	124	Hourly Wages Board of Health	$ 1,500	$ 1,500	$ 750	$ 1,500	$ 1,500	0.00%
100	54110	150	FICA	20	22	10	22	22	0.00%
100	54110	190	Training	200	400	30	200	300	-25.00%
			Subtotal	**1,720**	**1,922**	**790**	**1,722**	**1,822**	**-5.20%**
			TOTAL	**$ 1,720**	**$ 1,922**	**$ 790**	**$ 1,722**	**$ 1,822**	**-5.20%**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **DRAFT 2018 Health Department Budget**

ATTACHMENTS:

- #14 Health Human Services (DOCX)
- #1 GENERAL GOVERNMENT - Health (XLSX)

Health & Human Services

Program Full Time Equivalents: 4.4

Program Mission:

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

List of Program Service(s) Descriptions:

1) Public Health Nursing –Promote and protect the health of populations using knowledge from nursing, social, and public health sciences. Apply nursing and public health principles to assess, develop, implement, and evaluate care plans and health programs related to health promotion, disease prevention, and health protection services for individuals, families, and the community.
2) Public Health Sanitarian – Provide environmental health services to ensure the health and safety of the community. Provide weights and measures inspection services as required of municipalities by state statute.

Important Outputs:

1) Maternal child health programming/services – Activity funded by property tax and grant funding. Maternal child health programming is *required by state statute*. Services include, but are not limited to: community planning for coordination of service delivery, education to groups and individuals regarding development and health issues, linking individuals to essential community resources and gap filling services to include home visitation. Through the Community Partnership for children, visits are offered to all families at the time of their child's birth to provide early intervention health education, referral and follow-up as needed to increase healthy outcomes, promote school readiness and assure a positive trajectory along the life course. Public Health Nurse home visits are completed based on medical provider referral, self-referral or based on nursing staff evaluation of risk factors identified at the time of birth.
2) Community Health Assessment/Improvement Planning-Time and effort is funded by tax levy and is *required by state statute*. Together with community partners, conduct assessment of leading health data indicators, choose priorities to focus efforts on and develop evidence-based community strategies to achieve measurable outcomes.
3) Injury prevention education/assurance: to include but not limited to child passenger safety – Activities funded by grant funding and property tax. *The assurance of injury prevention programming required by state statute*. Strengthen

community infrastructure to provide a cross-section of services based on current data. For child passenger safety: an inspection and education are provided for families of children less than eight years of age to ensure child safety while transported in a motor vehicle. Benefit to the residents is to ensure the safety of individual children and prevent injuries and fatalities.

4) Childhood and Adult Immunizations – Activity funded by grant funding, Wisconsin Immunization Program, fee for service revenue, and property tax. Childhood immunization programming is *required by state statute*. Vaccines are available at no charge for all children through 18 years of age who do not have insurance coverage for immunizations through the Wisconsin Immunization Program or who are Medicaid eligible. Vaccine can also be provided to adults depending on the type of vaccine and eligibility. If an adult is not eligible, private pay vaccine may be available. Increased vaccination of residents (children and adults) prevents the spread of vaccine preventable diseases. The health department also assures population health by monitoring vaccine compliance for children less than 24 months of age. Families are encouraged by several methods to complete the initial vaccination series. Completion of the initial vaccine series prevents the spread of vaccine preventable diseases.
5) Blood Pressure Screenings – Activity funded by property tax. Blood pressure screenings are provided bi-weekly at the De Pere Community Center and by appointment as needed. Resident benefit from this free screening service at a convenient location.
6) Communicable Disease Investigation and Follow-up – Activity funded by property tax. Communicable disease programming is *required by state statute*. There are over 80 diseases that are required to be reported to local health departments by statute. Various levels of investigation and follow-up are required for each of the diseases or outbreak by the local health department to prevent the spread in our community. This output also includes tuberculosis control and prevention. Tuberculosis (TB) skin testing is available to the general public for a minimal fee. Local health departments are required by state statute to provide distribution of treatment for latent TB infection and follow-up for any active TB Infections to prevent the spread in the community.
7) Employee Health-Activity funded by property tax. Mandatory education is provided to all employees identified to be at risk for exposure to blood borne pathogens. TB skin testing is provided to those who are high risk. Influenza vaccine is provided to city employees yearly. Wellness coaching is a voluntary program. Providing this service internally versus contracting with an outside vendor saves tax dollars.
8) Public Health Preparedness – Activity funded by grant dollars. Programs and planning are completed each year to meet the requirements of the Department of Health Services Contract. This program benefits the community by ensuring the health department's ability to respond to urgent public health matters.
9) Resident Complaint Investigation and Resolution -- Activity funded by property tax. Human health hazards investigation and resolution *required by state statute and city ordinances*. Resident concerns/issues are received and follow-up is completed in a timely manner.

10) Weights and Measure Inspections – Activity funded by program revenue. State statute requires municipalities to permit and inspect all businesses for compliance with weights and measures equipment ensuring consumer protection for weights and measures devices.
11) Establishment Licensing and Inspections (Department of Health Services and Department of Agriculture and Consumer Protection) – Activity funded by program revenue. An agent contract is in place to provide licensing and inspections for all restaurants, temporary restaurants, hotel/motels, campgrounds, swimming pools, spas, tattoo & body piercing, school kitchens, recreational education camp establishments and temporary/permanent retail establishments. This program provides the community with establishments that are compliant with the Wisconsin state code ensuring the health and safety of those who patronize them.
12) Rabies Control – Activity funded by property tax. Follow-up is completed on all reported animal bites and exposures as *required by state statute and city ordinance* for the victim of the bite and the animal who bit. Benefit to the community is the prevention of rabies infection.
13) Childhood Lead Poisoning Prevention – Activity funded by property tax and grant funding. Blood lead levels of children are monitored and follow-up is provided to all families of children with elevated levels as *required by state statute*. Public education on lead also provided.
14) Public Health Education – Activity funded by property tax and grant funding. Education is provided to residents in a variety of ways including direct mailings to households, monthly De Pere Journal articles, city-wide newsletter contributions, up-to-date website, channel 4 contributions, educational presentations in the community, press releases, media interviews and individual education.
15) Radon Testing Program- Activity is funded by program revenue. Kits are provided to city residents at a nominal fee to allow residents access to test kits, education, and appropriate follow-up on test results that are obtained.

Expected Outcomes:

1) Avert vaccine preventable disease by assuring vaccine coverage rates are maintained and/or increased in select population cohorts.
2) Conduct surveillance, investigation and institute public health control measures for all suspect, probable and confirmed cases of communicable disease within the City of De Pere.
3) Prevent illness through the assurance of establishment compliance with food safety, environmental and hygiene standards.

2018 Performance Measures:

1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 86% city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 4 Pneumococcal and 1 varicella for De Pere children turning 24 months.
2) Health Department nursing staff will initiate the investigation of 100% of suspect, probable and confirmed cases of illness and disease within 72 hours in accordance with state statute.
3) Conduct education and follow-up to assure that food establishments are compliant with the state/local laws.
   a. At least one inspection will be conducted per establishment annually.
   b. 95% of the establishments' specified re-inspections will document that priority violations are corrected within the stated timeframe on the inspection report.
   c. Establishment complaint investigation will be initiated within 72 hours of receipt.

2017 Performance Measurement Data (July 2016 – June 2017):

1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 83% city-wide immunization rate of 4 DtaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B and 1 varicella for De Pere children turning 24 months.
   a. Result: The immunization rate for this age group is at 83% by 24 months of age.
2) Health Department nursing staff will initiate the investigation of 100% of reported suspect, probable and confirmed cases of illness and disease within 72 hours in accordance with state statute.
   a. Result: Health department staff investigated 96% of disease reports within 72 hours. With the average time being 6.85 hours (July 2015 to June 2016-7.85 hours). (Weekends accounted for the investigation delay in the 4% that were investigated greater than 72 hours.)
3) Conduct education and follow-up to assure 95% of the establishment's critical violations identified are corrected within the stated timeframe.
   a. Result: DATCP establishments have been inspected at least one time in the 2016-2017 license year.
   b. Result: 97.5% of the establishments that had critical /priority violations made corrections within the stated timeframe.
   c. Result: Investigations for establishment complaints were initiated within 72 hours.

Significant Program Achievements:

This last budget year, the health department continued to focus on innovative health promotion programs within the City, while coordinating/connecting with broader health initiatives within the county and state. The Urban Orchard initiative of which the health department is the chair added (2) orchards in 2017. This project is cited as a promising practice to increase the access to healthy food options and links with a community health priority within the health improvement plan. One orchard was planted at the east side of Voyageur Park. The city hall employees led by the health department have consented to be responsible for the maintenance of this orchard. This orchard was planted by the students of De Pere High School Agriculture club. The second orchard was planted by our parks department at the De Pere Community Center grounds. We continue to be a part of the "VERB-it's what you do" program which works to increase physical activity through tracking and incentives for tweens and their friends.

There have been (2) additions to the public health nursing services: (1) Lactation counseling and (2) working with families of Children and Youth with Special Health Care Needs. One of our nurses completed the lactation counseling training and became certified as a counselor. She provides her services both over the telephone and through home visitation. We have had numerous requests for such services once mom and baby are home and guidance is needed for successful breastfeeding experiences. Referrals are received from the Woman, Infant and Child program (WIC), lactation counselors from the hospitals, health providers and from moms themselves. Families of children with special health care needs require help both finding and coordinating services for their child's needs. We are now working as part of a team with Family Services, health care providers and the Regional Center for Children with Special Health Care Needs to coordinate care for these children.

Finally, the health department continues to serve as a resource for local businesses for food and weights/measures licensing and inspection. The Health Inspector works diligently to assure that rules and regulations are followed while being very accessible to business owners to assist with questions and/or concerns that may arise throughout the license year. The health inspector is involved in the monitoring of all special events being held within the city as well. This year has seen an increase of new establishments within the city limits which has added to the workload of the health inspector.

Existing Program Standards Including Importance to Community:

The health department's 10 essential services are the model program standards set forth by the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention (CDC) for local public health departments. These essential services protect and promote the health of the community thus creating a healthier place to live, work and play. The standards are outlined below:

1) Monitor health status to identify and solve community health problems (i.e. Community Health Improvement Plan, maintain, advocate for and utilize vaccine and disease registries).
   a. Allows for a common set of measures for the community to prioritize the health issues that will be addresses through strategic planning and action, to allocate and align resources and to monitor population-based health status improvement over time.
2) Diagnose and investigate health problems and health hazards in the community (i.e. investigations of disease outbreaks, coordinate activities for fee exempt Wisconsin State Lab of Hygiene testing in accordance with standing orders and state recommendations).
   a. Allows for trending illness/disease, identification of changes or patterns and investigation of underlying causes or factors. Ready access to this information can curtail an outbreak if a common source is identified.
3) Inform, educate, and empower people about health issues (i.e. health education and health promotion partnerships with schools, churches, and work-sites. This could include media/social media outlets).
   a. Allows residents make better informed healthy choices throughout their lives. Health promotion activities give individuals groups and communities greater control over conditions affecting their health.
4) Mobilize community partnerships and action to identify and solve health problems (i.e. coalition activities associated with the community health improvement plan. The three health issues that the partnerships are working on currently include: alcohol, nutrition (and physical activity) and oral health).
   a. Allows for the sharing of resources and accountability in undertaking community health improvement. Relationships among private, public and non-profit institutions allow for networking, coordination, cooperation and collaboration achieving a common purpose).
5) Develop policies and plans that support individual and community health efforts (i.e. health department policies and plans as well as community policies and plans. This could include, but is not limited to: ordinances, codes, smoke-free policies, health department strategic plan, emergency preparedness plans and community health improvement plan).
   a. Allows for an effective governmental presence at the local level. The development of policy to protect the health of the public assures public health practice aligns with the needs of the community.
6) Enforce laws and regulations that protect health and ensure safety (i.e. restaurant/hotel/tattoo inspections, health hazard enforcement, isolation /quarantine, school immunization requirements, communicable disease reporting/follow-up, etc.).
   a. Protects the health and ensures safety for the residents and visitors.
7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable (i.e. working with community partners in identifying populations with barriers to personal health services, knowing community resources and linking people to needed resources and providing “gap filling” services (as appropriate). Some gap filling services provided include: care coordination for children and youth with special health care needs, immunizations, home visitation, and car seat education/installation.

a. Allows for those with identified barriers, access needed community programming and health services.

8) Assure competent public and personal health care workforce (i.e. workforce certifications, licenses and education required by law/policy guidelines needed to provide public health services, provide mentoring opportunities for students/new graduates)
   a. Allows for a competent workforce. The complexity of promoting health and preventing disease in a diverse society requires the public health workforce to continually learn and apply this new knowledge. Emerging needs are continuously changing and with that competencies and trainings will forever be evolving.

9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services (i.e. at least every 3-5 years the local health department evaluates the accessibility and effectiveness of population-based health services collaboratively on a local level and state level (Community Health Improvement Plan and Healthiest Wisconsin 2020). At this time, documented progress towards goals are reviewed and discussed and revised as needed. Informal satisfaction surveys have also been implemented to improve upon gap filling personal health services provided within the local health department).
   a. Evaluation of the accessibility/quality of services delivered allows for re-allocation of resources and re-shaping programs as needed within the health department and within the community.

10) Research for new insights and innovative solutions to health problems (i.e. linkages with UW systems that conduct research and obtain best practice and evidence-based recommendations for programming, monitor and research best practice information from other agencies and organizations on a local, state and federal level).
   a. Innovation and the implementation of research-based programming within the health department or within the community, strengthens public health practice and ultimately benefits the health of the community.

Costs and Benefits of Program and Services:

The adopted 2018 Health Department program cost is $519,148. Clinical and community preventive services provide important health benefits at a reasonable cost. Some preventive services are cost saving; others are cost-effective (i.e. every dollar spent on immunizations is projected to save $18.40. Every dollar spent on community prevention is cited to save $5.60~Robert Wood Johnson Foundation). Investing early and wisely in both clinical and community preventive services is essential if we are to successfully address the leading causes of death and disability, namely, chronic diseases and their risk factors. Essential services ensure the public's safety. The investment in primary prevention programming and services, decreases chronic disease and increases the quality of life for those who live, work and play in the City of De Pere.

2018 Program Goals:

1) Increase vaccination rates toward the long-term goal of 90% for all children completing primary vaccination series by two years of age.
2) Monitor, prevent, suppress and control communicable diseases in accordance with federal and state recommendations/guidelines.
3) Conduct timely inspections of licensed establishments to decrease environmental public health risks.

2018 Budget Significant Expenditure Changes:

1) Salaries increased $107,382 due to a reallocation of personnel between hourly wages and salaries and an additional 8 hours per week for Preparedness Grant. This nurse will have a significant role in the City of De Pere's emergency management team.
2) Hourly wages decreased $104,810 due to the reallocation of personnel and now represents the office assistant position.
3) Health, Dental, DIB, Life & Wks Cmp Ins increased $7,518 due to increased insurance election.
4) Seminars and Conferences: WPHA/WALHDAB Conference $450; Regional and State WALHDAB meetings $150; Public Health Nursing Conference $100; WALC conference $200 (required new conference), Environmental Health Conferences $400; Dept. of Agriculture and Family Services Food Conferences $100; and required state conference for Weights and Measures program $300.
5) Consulting: This will cover the 10% Administration fees that are due to the State of Wisconsin as part of the agent contract to cover *Sanitarian Inspection Program* support.
6) Cell/Radio decreased $80 due to decreased election of cellular reimbursement.
7) Memberships/Subscriptions: Wisconsin Public Health Association $200, Wisconsin Association of Local Health Departments and Boards (WALHDAB) $363, Wisconsin Environmental Health Association $40, and Wisconsin Association of Weights and Measures $30, Wisconsin Certified Lactation Counselors Association (WALC) $25.
8) Medical Supplies decreased $525 due to cost trends.
9) Transportation increased $300 due to increased maintenance for an aging truck.
10) Preparedness grant increased $1,933 due to increased grant funding.

City of De Pere
2018 General Fund
Adopted Budget

EXPENDITURES

HEALTH AND HUMAN SERVICES

Account Number			Account Title	2016 Year End Actual	2017 Adopted Budget	2017 6 mos Actual	2017 Year End Estimate	2018 Dept Head Proposed	2018 / 2017 Budget % Of Change
			PERSONAL SERVICES						
100	54100	110	Salaries	$ 233,946	$ 149,905	$ 123,747	$ 247,494	$ 257,287	71.63%
100	54100	120	Hourly Wages	36,068	134,960	17,521	32,000	30,150	-77.66%
100	54100	125	Overtime Wages	0	0	0	0	0	0.00%
100	54100	126	Seasonal Labor	0	0	0	0	0	0.00%
100	54100	150	FICA	17,848	21,792	9,964	21,381	21,989	0.90%
100	54100	151	Retirement	16,987	19,371	8,346	19,006	19,258	-0.58%
100	54100	152	Health, Dental, DIB, Life & Wks Cmp Ins	101,293	105,245	41,806		112,763	7.14%
100	54100	190	Training	30	0	0			0.00%
			Subtotal	**406,172**	**431,273**	**201,384**	**319,881**	**441,447**	**2.36%**
			CONTRACTUAL SERVICES						
100	54100	210	Telephone	1,679	1,700	854	1,710	1,710	0.59%
100	54100	211	Postage	0	0	0	0	0	0.00%
100	54100	212	Seminars and Conferences	1,800	1,500	697	1,500	1,700	13.33%
100	54100	215	Consulting	1,239	4,000	0			0.00%
100	54100	218	Cell/Radio	250	480	200	400	400	-16.67%
100	54100	240	Equipment Maintenance	600	900	140	900	900	0.00%
			Subtotal	**5,567**	**8,580**	**1,891**	**4,510**	**4,710**	**-45.10%**

City of De Pere
2018 General Fund
Adopted Budget

EXPENDITURES

HEALTH AND HUMAN SERVICES

			Account Title	2016 Year End Actual	2017 Adopted Budget	2017 6 mos Actual	2017 Year End Estimate	2018 Dept Head Proposed	2018 / 2017 Budget % Of Change
			SUPPLIES AND EXPENSE						
100	54100	310	Office Supplies	1,803	2,000	955	2,000	2,000	0.00%
100	54100	320	Memberships/Subscriptions	440	633	125	633	658	3.95%
100	54100	324	Medical Supplies	7,298	8,525	775	8,000	8,000	-6.16%
100	54100	330	Mileage Reimbursement	2,059	2,200	916	2,200	2,200	0.00%
100	54100	331	Transportation	456	1,200	755	1,510	1,500	25.00%
100	54100	351	MCH Grant	1,899	11,000	2,466	11,000	11,000	0.00%
100	54100	352	Radon Grant	0	0	0	0	0	0.00%
100	54100	353	MA Outreach	0	0	0	0	0	0.00%
100	54100	354	Childhood Lead Grant	151	1,700	0	1,700	1,700	0.00%
100	54100	355	Immunization Outreach Grant	1,054	8,000	1,260	8,000	8,000	0.00%
100	54100	356	Tobacco Cessation	0	0	0	0	0	0.00%
100	54100	357	EBOLA Grant	710	0	0	0	0	0.00%
100	54100	358	Preparedness Grant	29,840	32,000	14,849	34,450	33,933	6.04%
100	54100	359	Prevention Grant	3,213	4,000	594	4,000	4,000	0.00%
			Subtotal	**48,922**	**71,258**	**22,695**	**73,493**	**72,991**	**2.43%**
			CAPITAL OUTLAY						
100	54100	810	Capital Equipment	0	0	0	0	0	0.00%
			Subtotal	**0**	**0**	**0**	**0**	**0**	**0.00%**
			TOTAL	**$ 460,661**	**$ 511,111**	**$ 225,970**	**$ 397,884**	**$ 519,148**	**1.57%**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **TSPOT Agreement Renewal with St. Norbert College**

ATTACHMENTS:

- Business Associate Agreement DP Health dept SNC TSPOT (DOCX)

BUSINESS ASSOCIATE AGREEMENT- St. Norbert College Health and Wellness Services

This Business Associate Agreement, ("BAA"), effective on _____ is entered into by and between the St. Norbert College Health and Wellness Services (the "Covered Entity") and the City of De Pere Health Department (the "Business Associate").

A. The purpose of this Agreement is to comply with the Standards for Privacy of Individually Identifiable Health Information ("protected health information") published on December 28, 2000 by the Secretary of the U.S. Department of Health and Services ("HHS") to amend 45 C.F.R. Part 160 and Part 164 (the "Privacy Regulation") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA".)

B. Business Associate (BA) has requested access to such protected health information described in the attached Agreement Between the City of De Pere and Saint Norbert College, Inc. Regarding Testing Collaboration dated _____ ("the STI testing Agreement") and held by Covered Entity (CE) with the condition that BA agrees to abide by the requirements set forth in the Privacy Regulation.

C. This BAA defines the terms and conditions to which protected health information that is provided by, created or received by, the BA from or on behalf of the CE will be handled.

NOW, THEREFORE, in consideration of the terms and mutual covenants and agreements hereinafter addressed the parties agree as follows:

1. Services. The CE provides services for the BA that involve the use and disclosure of protected health information described in the STI testing Agreement. Except as otherwise specified herein, the BA may make any and all uses of protected health information necessary to perform its obligations as set forth in the Agreement. Additionally, BA may disclose protected information for the purposes authorized by this Agreement only (a) to its employees, subcontractors and agents, in accordance with Section 2 (b), or (d) as directed by the CE.

2. Responsibilities of BA. With regard to its use and/or disclosure of protected health information, the BA herby agrees to the following:

   a. Use and/or disclose the protected information only as permitted or required by this Agreement or as otherwise required by law;

   b. Report to the designated privacy officer of the CE, in writing, any use and/or disclosure of the protected health information that is not permitted or required by this Agreement of which BA becomes aware within fifteen (15) days of the BA's discovery of such unauthorized use and/or disclosure;

   c. Use commercially reasonable efforts to maintain the security of the protected health information and to prevent unauthorized use and/or disclosure of such protected health information;

   d. Require all of its employees, representatives, subcontractors or agents that receive or use or have access to protected health information under this Agreement to agree in writing to adhere to the same restrictions and conditions on the use and/or disclosure of

protected health information that apply herein, including the obligation to return or destroy the protected health information as provided under (h) of this section.

e. Make available all records, books, agreements, policies and procedures relating to the use and/or disclosure of protected health information to the Secretary of HHS for purposes of determining the CE's compliance with the Privacy Regulation, subject to attorney-client and other applicable legal privileges;

f. Upon written request, make available during normal business hours at BA' s offices all records, books, agreements, policies and procedures relating to the use and/or disclosure of protected health information to the CE within thirty (30) days for the purposes of enabling the CE to determine the BA's compliance with the terms of the Agreement;

g. Within forty five (45) days of receiving a written request from the CE, provide to the CE such information as is requested by the CE to permit the CE to respond to a request by the subject individual for amendment and accounting purposes of the disclosures of the individual's protected health information in accordance with 45 C.F.R. §164.526 and §164.528;

h. Return to the CE or destroy, as requested by the CE, within thirty (30) days of the termination of this Agreement, the protected health information in BA' s possession and retain no copies or back-up tapes.

3. Responsibilities of the CE. With respect to the use and/or disclosure of protected health information by the BA, the CE herby agrees:

a. To inform the BA of any changes in the form of notices of privacy practices that the CE provides to individuals pursuant to 45 C.F.R. §164.520 and provide the BA a copy of the notice currently in use;

b. To inform the BA of any changes in, or withdrawal of, the consent or authorization provided to the CE by individuals whose protected health information may be used and/or disclosed by BA under this Agreement pursuant to 45 C.F.R. §164.526 and §164.508; and

c. To notify the BA, in writing and in a timely manner restrictions on the use and/or disclosure of protected health information agreed to be the CE as provided for in 45 C.F.R. §164.522.

4. Mutual Representation and Warranty. Each party represents and warrants to the other party that all of its employees, agents, representatives and members of its workforce, whose services may be used to fulfill obligations under their Agreement, are or shall be appropriately informed of the terms of this Agreement and are under legal obligation to fully comply with all provisions of this Agreement.

5. Term and Termination.

a. Term. The term of this Agreement shall be co-terminus with the STI Testing Agreement and shall continue in effect until all obligations of the parties have been met, unless terminated as provided herein or by mutual agreement of the parties.

b. Termination. As provided for under 45 C.F.R. §164.504(e)(2)(iii), the CE may immediately terminate this BAA and any related Agreement if it determines that the BA has breached a material provision of this Agreement. Alternatively, the CE may choose to: (i) provide the BA with thirty (30) days written notice of the existence of an alleged material breach; and (ii) afford BA an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to cure in the manner set forth in this paragraph is grounds for the immediate termination of the Agreement. If termination is not feasible, the CE shall report the breach to the Secretary of HHS. This Agreement will automatically terminate without any further action of the parties upon termination or expiration of the Service Agreement.

6. Survival. The respective rights and obligations of BA and CE under the provisions of Sections 2(h) and 8 shall survive the termination of this agreement indefinitely.

7. Amendment. This BAA may not be modified or amended, except in as agreed to by each party.

8. No Third Party Beneficiaries. Nothing expressed or implied in this BAA is intended to confer, nor anything herein shall confer, upon any person other than the parties hereto any rights, remedies, obligations, or liabilities whatsoever.

9. Notices. Any notices to be given hereunder shall be made via U.S. mail or courier, or hand delivery to the other party's address given below as follows:

Covered Entity:
St. Norbert College Health and Wellness Services
100 Grant St.
De Pere, WI 54115

Business Associate:
De Pere Health Department
335 S. Broadway Street
De Pere, WI 54114

IN WITNESS WHEREOF, the parties hereto sign this BAA on this _____ day of _____, 2017.

IN PRESENCE OF:

Business Associate
By: _____
Name: _____
Title: _____
Date: _____

_____
Witness

Covered Entity
By: _____
Name: _____
Title: _____
Date: _____

_____
Witness

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 25, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**STI Testing Agreement with St. Norbert College**

ATTACHMENTS:

- AGREEMENT BETWEEN THE CITY OF DE PERE AND ST. NORBERT COLLEGE (DOCX)

AGREEMENT BETWEEN THE CITY OF DE PERE
AND SAINT NORBERT COLLEGE, INC.
REGARDING STATE LAB OF HYGIENE TESTING COLLABORATION

This Agreement is entered into this ____ day of _____, 2017 by and between the City of De Pere, a Wisconsin Municipal Corporation ("City") and Saint Norbert College, Inc., a Wisconsin Corporation ("College").

WHEREAS, the City Health Department is responsible for monitoring communicable diseases including sexually transmitted infections ("STIs") and communicable disease investigation to include contact investigation within the City to preserve the public health, safety and welfare; and

WHEREAS, the College is a residential college whose age-demographic is considered high-risk for the transmission of STIs leading to the need for evaluation, follow-up and contact investigation; and

WHEREAS, the City Health Department receives fee-exempt Wisconsin State Laboratory of Hygiene ("WSLH") services as a local public health department for disease outbreak investigations and surveillance.

WHEREAS, the City authorizes the College to utilize the City's fee-exempt status to allow STI testing of College students at high-risk for STIs.

WHEREAS, the WSLH will test, securely report positive results to both the College and the City Health Department in accordance with state law and report negative test results only to the College as the medical provider; and

WHERAS, the laboratory results will be communicated to the patient by the College and thereafter, if results are positive, the College will manage treatment and follow-up according to the Centers for Disease Control recommendations and the City will coordinate contact investigation according to state law.

WHEREAS, the City Board of Health has reviewed this matter and recommends approval thereof.

NOW THEREFORE, upon the mutual promises and obligations, together with such other consideration, the receipt and sufficiency of which are hereby acknowledged, the City and the College agree as follows:

1. Fee-exempt WSLH testing supplies and laboratory requisition forms will be ordered by the College and will be kept at the College Health and Wellness Services ("College Health Services").

2. College Health Services will: screen patients for eligibility and provide diagnostic testing, patient education and anticipatory guidance, patient treatment services, disease intervention, testing and treatment services for partners who also are enrolled at the College and program quality assurance.

3. College Health Services will provide screening and diagnostic tests for the following STIs utilizing the City's fee-exempt status:

    a. Chlamydia
    b. Gonorrhea

4. College Health services will screen patients for eligibility for fee-exempt STI testing utilizing the following state approved criteria:

    a. Patients with risk factors identified by the clinician and who are independently uninsured or where the confidentiality of results are jeopardized by carrier of insurance.
    b. Patients requesting STI testing without identified risk factors placing them at increased relative risk of infection will not be eligible for fee-exempt tests.

5. College Health Services shall collect, package and ship such specimens as it determines are necessary according to WSLH directions.

6. City shall enter into such Business Associate Agreement with College Health Services as is attached and incorporated herein by reference as Exhibit B for purposes of access to protected health information under the Health Insurance Portability and accountability Act (HIPAA).

7. To the fullest extent permitted by law but subject to any applicable statutory damage limitation, College shall indemnify and hold harmless the City, City's officers, directors, and employees from and against any and all costs, losses, and damages caused by the negligent acts or omissions of City or City's officers, directors, or employees, in the performance of City's duties under this agreement.

8. Either party may terminate this Agreement with a 30-day written notice thereof to the other party. If either party terminates the Business Associate Agreement with the other party, this Agreement shall automatically terminate.

9. This Agreement shall extend for a period of one year from the date first written above and shall automatically renew for one-year periods unless terminated earlier.

10. Notices required or permitted under this Agreement shall be sent via US Mail to the following:

If to the City:
Health Director
335 S. Broadway Street
De Pere, WI 54115

If to the College:
Health & Wellness Services Director
Routing Number: 31-2A
100 Grant St
De Pere, WI 54115

11. This Agreement contains the entire understanding of the parties. Any amendment to the terms thereof shall be in writing and signed by the parties.

12. This Agreement shall be administered, interpreted and enforced under the laws of the State of Wisconsin. If any part of this Agreement is found to be in conflict with applicable laws, such part shall be inoperative, null and void insofar as it is in conflict with said laws, but the remainder of this Agreement shall be in full force and effect.

13. Each party represents that it has the authority to enter into this Agreement and all necessary procedures have been followed to authorize the Agreement. Each person signing this Agreement represents and warrants that he or she has been duly authorized to do so.

14. This Agreement is not assignable by either part without the written consent of both parties.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement as of the day and year first above written.

CITY OF DE PERE

_____
Michael J. Walsh, Mayor

_____
Shana L. Ledvina, Clerk-Treasurer

SAINT NORBERT COLLEGE, INC.

_____
Print Name: _____
Title: _____

_____
Print Name: _____
Title: _____

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 25, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Update on Relationship with Brown County Public Health Division and De Pere Health Department**

Update requested on the working relationship with Brown County Public Health and De Pere Health in lieu of the Brown County Public Health and Human Services merge and with change in leadership.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Update on Vaccine for Children State Funded Program Status**

Update on the status of the Vaccine for Children Program in terms of their budget and its effects on the local health departments.

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE: **September 25, 2017**

DEPARTMENT: **Health Department**

FROM: **Deborah Armbruster**

SUBJECT: **Reminders**

Community Health Assessment for Brown County scheduled for October 17, 2017 at Lambeau field.
Annual WALHDAB meeting scheduled for May 22-24 in Green Bay at the KI Center.
Memberships active for Wisconsin Association for Local Health Departments and Boards of Health (WALHDAB) and the National Association for Local Boards of Health (NALBOH).

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 25, 2017**
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:	**September 25, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Future Agenda Items**

City of De Pere, Wisconsin

Request For Board of Health Action

MEETING DATE:	**September 25, 2017**
DEPARTMENT:	**Health Department**
FROM:	**Deborah Armbruster**
SUBJECT:	**Adjournment**