Board of Health

Regular Meeting

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

Agenda

Monday, September 21, 2015 **5:15 PM** **Riverview Conference 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 21, 2015** at **5:15 PM** in the **Riverview Conference Room, 335 South Broadway Street, De Pere, WI 54115.**

I. Call to Order

1. Roll Call
2. Urban Bee Keeping
3. 2015-2017 Community Health Improvement Plan
4. TSPOT testing coordination with St. Norbert College
5. DRAFT 2016 Board of Health Budget
6. DRAFT 2016 Health Department Budget
7. YTD Communicable Disease Update
8. YTD Health Hazard Update
9. Sanitarian/Inspection Program Update
10. Department Outreach Activities
11. Public comment on matters not on the agenda
12. Future agenda items
13. Adjournment

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

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

Beyond Health

Healthiest Brown County

"Connecting Beyond Health Care"

Community Health Improvement Plan

2015-2017

A message from the CHIP Steering Committee

This plan is the result of the work of many community members and partner agencies helping to move our community *Beyond Health to Healthiest Brown County.* This Community Health Improvement Plan is the result of that work and represents a long-term plan for improving the health of the county in four priority areas. The success of this plan depends on the Brown County community as a whole to move to a culture that embraces personal and community health. This plan is a call to action.

We would like thank all the members who give their time to the CHIP Steering Committee, the participants who were engaged at the community health needs assessment data summit, and those that dedicate their time and talents on the four focus area sub-committees. Members on these selected priority focus areas have met over the course of months to establish the goals, objectives, and strategies described within this plan. We would also like to extend appreciation to the Bellin Health System and Hospital Sisters Health System- St. Vincent/St. Mary's Hospitals for their leadership on the four priority focus area sub-committees. We thank the Wisconsin Division of Public Health, Aurora BayCare Medical Center and the Brown County United Way for their support on the Steering Committee.

This document will serve as the framework for many community health initiatives between now and 2018. We invite all Brown County residents to play a part in this plan to improve the health of the community as we strive for the *Healthiest Brown County.*

Chua Xiong RN, BSN, MS
Health Officer/Director
Brown County Health Department

Chrystal Woller RN, BSN
Health Officer/Director
City of De Pere Health Department

CHIP Steering Committee Members:

Laura Hieb, Bellin Health
John Rocheleau, Bellin Health
Sharla Baenen, Bellin Health
Jody Wilmet, Bellin Health
Heidi Selberg, Hospital Sisters Health System
Jennifer Schnell, Aurora BayCare Medical Center
Elizabeth Scheelk, Wisconsin Division of Public Health
Howard Endow, Brown County United Way
Chua Xiong, Brown County Health Department
Chrystal Woller, City of De Pere Health Department

Summary of the Community Health Needs Assessment: November 2014

"Beyond Health" represents collaboration between Brown County Health Department, City of De Pere Health Department, Aurora BayCare Medical Center, Bellin Health System, St. Mary's and St. Vincent Hospitals (HSHS), WI Division of Public Health NE Regional Office and the Brown County United Way. This partnership was formed to improve the health of Brown County residents through conducting periodic community health needs assessments and leading community-wide action planning teams. In November 2014, the **CHIP Steering Committee** brought together community stakeholders to review and discuss community health data collected based on the health focus areas cited in Healthiest Wisconsin 2020. The community stakeholders provided their knowledge and expertise in these areas and assessed the community's needs and opportunities for growth. After these stakeholders were presented with the community health assessment data, they were given the opportunity to select priority needs for Brown County.

Four health priorities for Brown County were selected from the Healthiest Wisconsin 2020 health focus areas at the Community Health Needs Assessment Summit. They are:

- Alcohol misuse
- Oral health
- Mental health
- Adequate, appropriate, and safe nutrition

Finally, **"Beyond Health"** is also a partnership among individuals, families, and organizations dedicated to improving the health of Brown County. Four planning groups of diverse community members meet regularly to develop and implement a **Community Health Improvement Plan** outlined with goals and objectives for each of the four priority health needs. The Steering Committee has been and will continue to meet regularly to evaluate the progress of the implementation teams.

Community Health Needs Assessment Participants

Achieve Brown County: Adam Hardy
Aging and Disability Resource Center: Meredith Hansen, Janelle Watson
Aurora Baycare Medical Center: Amy Jerdee
Bay Area Community Council: Bob Woessner
BC Planning and Land Svcs Department: Dan Teaters
Bellin College: Kathie De Muth
Bellin Health: John Rocheleau, Christopher Elfner, Jody Wilmet, Laura Hieb, Laura Cormier, Sharla Baenen
Brown County Executive Office: Troy Streckenbach
Brown County Community Treatment Center: Tina Cazzola
Brown County Health Department: Chua Xiong, Deborah Armbruster, Judy Friederichs, Patti Smeester, Rob Gollman, Stacy Ross
Brown County Human Services: Mary Miceli-Wink
Brown County Oral Health Partnership: Carrie Stempski
Brown County United Way: Ashley VandenBoomen, Greg Maass, Howard Endow, Jill Sobieck, Sarah Inman
Catholic Charities: Celia LaTour
Center for Childhood Safety: Kimberly Hess
City of De Pere Board of Health: Mike Donovan, Patricia Finder-Stone
De Pere Health Department: Chrystal Woller, Erin Bongers
ElizK Insurance: Elizabeth Kostichka
Greater Green Bay Chamber: Grant Dvorak
Greater Green Bay YMCA: Sandy Atkins
Hospital Sisters Health Ssytem: Heidi Selberg, Patti Glaser-Martin, Elaine Doxtator
Libertas: Barbara Coniff
Live54218: Jen Van Den Elzen, John Dye, Melinda Morella
N.E.W. Community Clinic: Bonnie Kuhr, Catherine Therrien, Seth Moore, Jamie Campbell
N.E.W. Curative Rehabilitation: Steve McCarthy
Northeast Wisconsin Technical College: Scott Anderso
Prevea Health: Angela Raleigh
Schneider National: Christine Schneider
St. Norbert College
St. Nicholas Hospital: Mary Paluchniak
St. Vincent Hospital: Kaitlin Swanson, Caroline Glande Donna Boehm
State of Wisconsin- Division of Public Health: Elizabetl Scheelk
Unified School District of De Pere: Margie Hempel
UW-Green Bay: Leanne Zhu, Christine Vandenhouten, Thomas Erdman, Sarah Himmelheber
Brown County UW-Extension: Karen Early
West De Pere School District: Dawn Schaefer

The Purpose of a Community Health Improvement Plan

Wisconsin State Statute HS 140.04 requires local health departments to complete a community health assessment and use the gathered data to create and participate in a community health improvement plan every five years. The Affordable Care Act also requires non-profit health care systems to complete needs assessments every three years. All health systems can work collaboratively to meet the requirements of state and federal statutes. The Community Health Improvement Plan organizes the community health assessment data into a strategic plan to address the priority needs of the community by creating long-term goals and measurable outcomes (DHS, 2015). The local health department must also provide an annual report describing the progress and performance toward achieving the objectives that the local health department has identified as part of its community health assessment process [DHS 140.04(3)(c)].

The De Pere and Brown County Health Departments have created partnerships with individuals and organizations throughout the county. All of these stakeholders play a part in identifying Brown County's health needs. They prioritize the health conditions impacting local residents and any modifiable risk factors contributing to those conditions, identify community resources to address those risk factors, and develop and implement objectives to address the top health priorities.

The health focus areas of the Brown County CHIP are chosen from the 12 Healthiest Wisconsin 2020 health objectives. These four focus areas have been chosen based on data collected in the community health needs assessment. A committee for each focus area has chosen the priority goal for that area and established specific objectives with measurable outcomes that will be used to meet that goal over the next three years.

Healthiest Wisconsin 2020 Overview

What is Healthiest Wisconsin 2020?

Wisconsin State Statutes require the Department of Health Services to create a public health agenda for the entire state every ten years. This requirement is fulfilled by Healthiest Wisconsin 2020 and represents a form of statewide community health improvement planning. The motto of Healthiest Wisconsin 2020 is "Everyone living better, longer," a reflection of the broad goals of improving health at all stages of life and eliminating health disparities between populations. All objectives of HW2020 are tied in some way to these two goals.

Healthiest Wisconsin 2020 provides a guiding framework for communities to complete their own local health assessments and health improvement plans. It also serves as a call to action for everyone to act as partners dedicated to improving and protecting health throughout the state. It is outcomes driven and its proposed interventions are tested and based on best evidence.

Brown County has identified four Healthiest Wisconsin 2020 health focus areas as priority health improvement needs for the community. They are: alcohol misuse, mental health, oral health, and nutrition.

Healthiest Wisconsin 2020 Health Focus Areas:

- Alcohol and drug use
- Chronic disease prevention and management
- Communicable diseases
- Environmental and occupational health
- Healthy growth and development
- Injury and violence prevention
- Mental health
- Nutrition and healthy foods
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

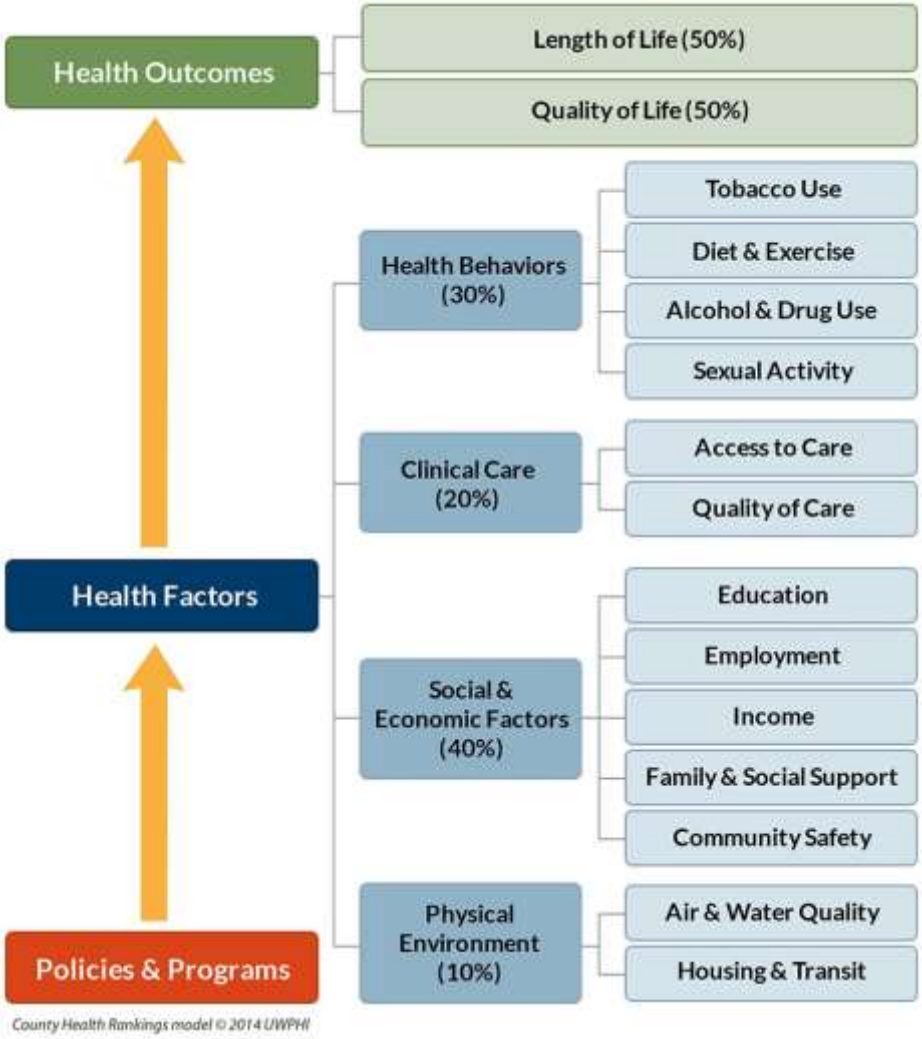
HW2020 Expected Health Outcomes:

- Reduced adverse health outcomes related to risky behaviors
- Reduced preventable illness and disability
- Reduced preventable death
- Policies and systems aligned for improved health
- Health disparities eliminated
- Health equity achieved
- Strengthened public health system

The Health of Brown County: County Health Rankings

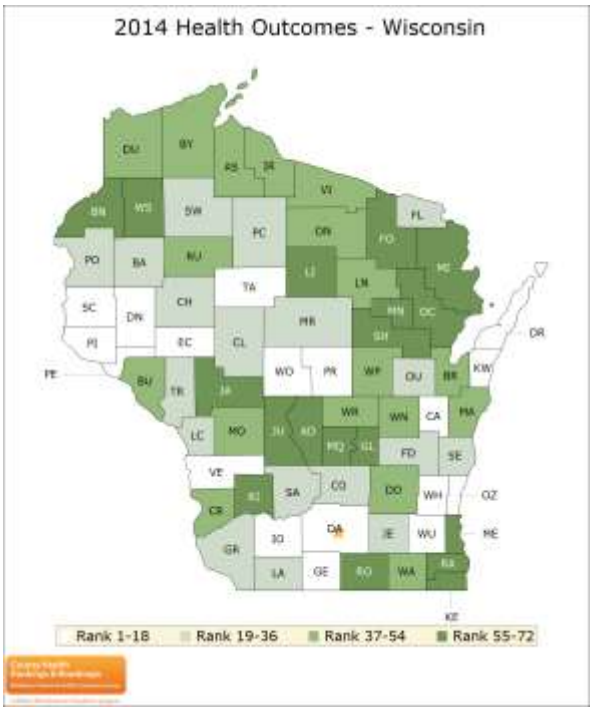
In 2010, the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute established the *County Health Rankings & Roadmaps* program, a collaborative effort to rank the health of counties in all 50 based on health outcomes (the county's present health) and health factors (the county's health in the future). The *County Health Rankings* are created based on a population health model that examines all the factors that contribute to the health of a community. This model demonstrates that many of these factors are found outside the doctor's office.

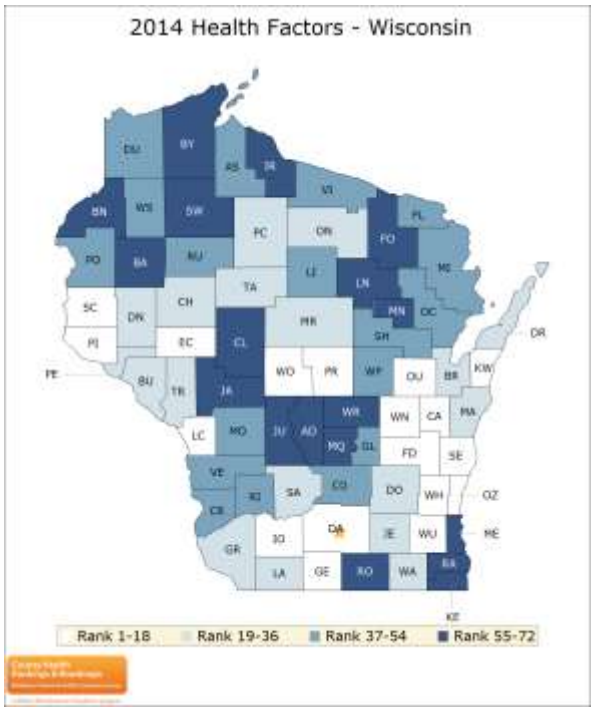
County Rankings Health Model:



In 2014, Brown County ranked #37 out of 72 in health outcomes. Brown County ranked #26 of out 72 in health factors.

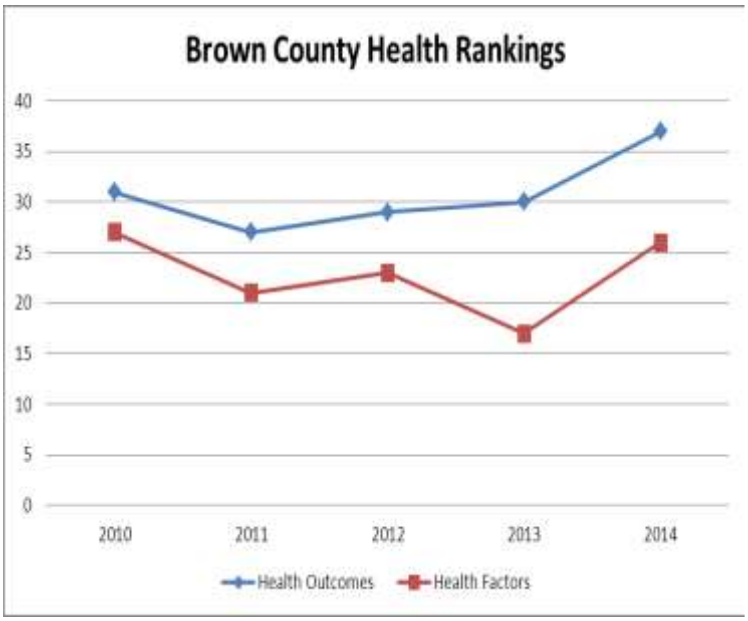
The 2014 health rankings show that Brown County needs improvement in the areas of adult obesity, alcohol-impaired driving deaths, self-reported physical health, and access to health care, especially primary care providers.





Brown County Health Rankings (Out of 72 counties in Wisconsin):

Year	2010	2011	2012	2013	2014
Health Outcomes	**31**	**27**	**29**	**30**	**37**
Mortality (Length of life)	17	15	14	12	12
Morbidity (Quality of life)	48	56	55	54	58
Health Factors	**27**	**21**	**23**	**17**	**26**
Health Behaviors	33	34	38	31	41
Clinical Care	13	19	22	13	18
Socio-economic factors	34	18	22	21	24
Physical Environment	64	60	66	21	21



*Lower numbers are more desirable for both health outcomes and health facto

2014 COUNTY HEALTH RANKINGS	Brown County	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Health Outcomes					**37**
Length of Life					12
Premature death	4,922	4,618-5,226	5,317	5,878	
Quality of Life					58
Poor or fair health	14%	12-17%	10%	12%	
Poor physical health days	3.9	3.1-4.7	2.5	3.2	
Poor mental health days	3.2	2.4-3.9	2.4	3.0	
Low birth weight	6.5%	6.2-6.9%	6.0%	7.0%	
Health Factors					**26**
Health Behaviors					41
Adult smoking	19%	15-23%	14%	18%	
Adult obesity	29%	25-34%	25%	29%	
Food environment index	8.3		8.7	8.3	
Physical inactivity	21%	17-24%	21%	22%	
Access to exercise opportunities	78%		85%	78%	
Excessive drinking	25%	21-30%	10%	24%	
Alcohol-impaired driving deaths	56%		14%	39%	
Sexually transmitted infections	456		123	431	
Teen births	31	30-33	20	29	
Clinical Care					18
Uninsured	11%	10-12%	11%	10%	
Primary care physicians	1,470:1		1,051:1	1,233:1	
Dentists	1,572:1		1,392:1	1,660:1	
Mental health providers	996:1		521:1	1,024:1	
Preventable hospital stays	40	37-43	46	55	
Diabetic screening	88%	83-92%	90%	90%	
Mammography screening	71%	66-76%	71%	70%	

2014 COUNTY HEALTH RANKINGS	Brown County	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Social & Economic Factors					24
High school graduation	86%			87%	
Some college	66%	64-68%	70%	65%	
Unemployment	6.3%		4.4%	6.9%	
Children in poverty	16%	13-18%	13%	18%	
Inadequate social support	14%	12-17%	14%	17%	
Children in single-parent households	30%	27-32%	20%	30%	
Violent crime	202		64	248	
Injury deaths	50	46-54	49	62	
Physical Environment					21
Air pollution - particulate matter	11.3		9.5	11.5	
Drinking water violations	0%		0%	6%	
Severe housing problems	14%	13-15%	9%	15%	
Driving alone to work	83%	82-83%	71%	80%	
Long commute - driving alone	15%	14-15%	15%	26%	

Health Outcomes	*Brown*	*WI*
Diabetes	9%	9%
HIV prevalence rate	78	107
Premature age-adjusted mortality	260	302
Infant mortality	6	7
Child mortality	46	54
* Cancer incidence	487	471
* Communicable disease	787	890
* Intentional injury hospitalizations	80	95
* Injury hospitalizations	744	832
* Fall fatalities 65+	86	111
* Alcohol-related hospitalizations	3	2

Health Behaviors	*Brown*	*WI*
Food insecurity	11%	13%
Limited access to healthy foods	6%	5%
Motor vehicle crash deaths	10	12
Drug poisoning deaths	8	10
* Smoking during pregnancy	12%	14%
* Motor vehicle crash occupancy rate	32	39
* On-road motor vehicle crash-related ER visits	597	585
Health Behaviors		
* Off-road motor vehicle crash-related ER visits	66	70
* Drug arrests	1,001	25,4
* Breastfeeding	20%	21%
Health Care		
Uninsured adults	14%	13%
Uninsured children	5%	4%
Health care costs (Medicare spending per enrollee)	$8,560	$8,3
Could not see doctor due to cost	8%	10%
Other primary care providers	1,234:1	1,41
* No recent dental visit	24%	24%
* Did not get needed health care	3%	2%
* Influenza immunizations 65+	24%	
* Childhood immunizations	74%	69%
* Dental utilization	20%	23%
* Local health department staffing	2	3
* Cervical cancer screening	82%	
* Colon cancer screening	70%	
* Cholesterol screening	83%	
* Coronary heart disease hospitalizations	3	3
* Cerebrovascular disease hospitalizations	2	2

**http://www.countyhealthrankings.org/app/wisconsin/2014/rankings/brown/county/brown/overall/snapshot*

Health Focus Areas: Alcohol Misuse

PRIORITY AREA: Alcohol Misuse
GOAL: Brown County will create a community-wide partnership among individuals, families, and organizations dedicated to impacting and reducing alcohol-related injury and disease and changing the culture around alcohol use in the De Pere and Brown County Communities.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	**Source**	**Frequency**
By December 31, 2015, the rate of binge drinking in Brown County will decrease from 25% to 24%.	CHR	Annual
By December 31, 2015, the number of annual alcohol-related traffic fatalities in Brown County will decrease from 3 to 2.	CHR	Annual
Long Term Indicators	**Source**	**Frequency**
By December 31, 2017, the incidence of binge drinking in Brown County in accordance with county health ranking will decrease from 25% to 20%.	CHR	Annual
By December 31, 2017, there will be zero alcohol-related traffic fatalities in Brown County.	CHR	Annual
By December 31, 2017, 75% of pediatric and primary care providers in Brown County will screen youth and adults for alcohol and drug abuse.	Healthcare systems	

OBJECTIVE #1: By December 31, 2017, local health systems will standardize the screening for alcohol, depression, and substance abuse from youth to adulthood as evidenced by the adoption of a universal minimum standard set of questions.

BACKGROUND ON STRATEGY

Source: SBIRT- Screening, Brief Intervention, and Referral to Treatment http://www.integration.samhsa.gov/clinical-practice/sbirt

Evidence Base: "Alcohol misuse: Screening and behavioral counseling interventions in primary care," recommendations from U.S. Preventive Services Task Force, Behavioral screening and intervention (BSI) at partner clinics lead to 20% decline in binge drinking (http://www.wiphl.org/index.jsp)

Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Review evidence-based practice research on pediatric AODA screening tool	10/31/15	Staff time Health system participation	*BCATF Goal Team #1*	Bring tool use recommendations forward to pilot	
Pilot youth screening with selected pediatric AODA tool	12/31/15	Health system participation Staff time Screening tool	*BCATF Goal Team #1*	Youth added to universal AODA screening process	
Engage youth and family practices to use piloted screening tool for adolescent AODA screening	12/31/15	Staff time Health system participation	*BCATF Goal Team #1*	Minimum standard set for youth AODA screening	
Create minimum standard set or select universal screening	12/31/15	Research time Staff time	*BCATF Goal Team #1*	Minimum standard set for	

tool for adult AODA screening				universal adult AODA screening	
Aggregate further youth data for Brown County focusing on school surveys and age of onset	3/30/16	Staff time School participation Access to data	BCATF Goal Team #1	Increased knowledge Completed assessment of youth risk	

OBJECTIVE #2: By December 31, 2017, a community-wide access platform will be created for all screened AODA patients with an established goal that improves access as measured by days from diagnosis to treatment.

BACKGROUND ON STRATEGY

Source: Strengthening Treatment Access and Retention Quality Improvement (STAR-QI) http://www.fammed.wisc.edu/research/external-funded/star-si, NIAT-x Process Improvement www.niatx.net

Evidence Base: AHRQ Clinical Guidelines for screening, diagnosis, and referral for substance abuse disorders recommend initiating treatment within 14 days of diagnosis (http://www.guideline.gov/content). NIAT-x helped 12 state-provider partnerships implement EBP to increase access to substance abuse treatment, per Robert Wood Johnson Foundation (http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2013/rwjf405144)

Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Assess levels of care using Brown County AODA manual and identify gaps	10/31/15	Staff time	BCATF Goal Team #2	Written needs assessment Increased knowledge	
Define current state of access and barriers to treatment	12/31/15	Research time Staff time Access to data	BCATF Goal Team #2	Increased knowledge Baseline assessment report	
Establish current baseline for "days to treatment" from diagnosis	3/30/16	Staff time Community participation	BCATF Goal Team #2	Universal baseline for 'days to treatment'	
Collaborate with mental health task force to begin planning "no wrong door" platform for co-occurring disorders	12/31/16	Staff time Coordination with mental health task force	BCATF Goal Team #2	Increased access to care Written plan of action for implementation	

OBJECTIVE #3: By December 31, 2015, the task force will begin to advocate for best practice policy regarding alcohol misuse in order to create a multi-faceted community approach to reducing binge drinking and driving while impaired.

BACKGROUND ON STRATEGY

Source: Community Trials Intervention to Reduce High Risk Drinking, http://www.pire.org/communitytrials/index.htm,
Evidence Base: Leads to reduction in heavy/binge drinking, alcohol-related assaults, drunk driving (National Registry of Evidence-based Programs and Practices)
Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Create a defined collaborative effort with Drug Alliance and Heroin Task Force to establish aligned vision	6/30/15	Staff time Coordination with Drug Alliance, Heroin Task Force	BCATF Goal Team #5	Common vision	
Review literature on best practice strategies to reduce binge drinking and driving while impaired	6/30/15	Staff/student time	BCATF Goal Team #3	Increased knowledge of best practices	
Define current post-arrest treatment requirements for OWI violations	10/31/15	Staff time	BCATF Goal Team #4	Increased knowledge	
Develop evidence based practice education to teach the community on achieving zero drinking and driving deaths	12/31/15	Staff time Community participation	BCATF Goal Team #4		
Assess ordinances and municipal judge penalties for alcohol-related violations for at least two jurisdictions	12/31/15	Staff/student time Some travel	BCATF Goal Team #3	Increased knowledge Written assessment of baseline	
Partner with legislators and the Tavern League to develop tactics for reducing drinking and driving	3/30/16	Staff time Local government involvement	BCATF Goal Team #4	Implementation of new strategy or policy that leads to reduced drunk driving	
Compare ordinances and penalties in assessed jurisdictions to neighboring jurisdictions	6/30/16	Staff time Some travel	BCATF Goal Team #3	Increased knowledge Written assessment	
Implement at least one evidence based strategy selected from feedback at community focus groups to reduce alcohol-related violations in at least one jurisdiction	12/31/16	Staff time Community participation Local government involvement	BCATF Goal Team #3	Implementation of new strategy or policy that leads to reduced binge drinking	
Advocate on implementing at least one evidence based strategy that decreases alcohol related traffic deaths at the county or state level	12/31/16	Staff time Community Participation	BCATF Goal Team #3	Implementation of new strategy that reduces alcohol impaired driving	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	**Healthiest Wisconsin 2020**	**Healthy People 2020**	**National Prevention Strategy**
1	Improve access to services for vulnerable people	Increase the number of primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI) (SA-10)	Identify alcohol and other drug abuse disorders early and provide brief intervention, referral, and treatment
2	Improve access to services for vulnerable people	Increase the proportion of persons who need alcohol abuse or dependence treatment and receive specialty treatment for abuse or dependence in the past year (SA-8.3)	Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk
3	Change underlying attitudes, knowledge, and policies	Decrease the rate of alcohol-impaired driving fatalities (SA-17)	Support state, tribal, local, and territorial implementation and enforcement of alcohol control policies

BCATF = Brown County Alcohol Task Force

Health Focus Areas: Mental Health

PRIORITY AREA: Mental Health

GOAL: Brown County will increase access to mental health services for all populations in the county by identifying gaps and disparities and creating a common platform that mental health providers, partner agencies, and stakeholders can access.

PERFORMANCE MEASURES How We Will Know We are Making a Difference		
Short Term Indicators	**Source**	**Frequency**
By December 31, 2015, the number of annual suicides in Brown County will decrease from 35 to 33.	DHS WISH	Annual
By December 31, 2015, the average number of poor mental health days per 30 days as reported by county residents will decrease from 3.2 to 3.0.	CHR	Annual
Long Term Indicators	**Source**	**Frequency**
By December 31, 2017, the number of annual suicides in Brown County will decrease from 35 to 30.	DHS WISH	Annual
By December 31, 2017, the average number of poor mental health days per 30 days as reported by county residents will decrease from 3.2 to 2.8.	CHR	Annual
By December 31, 2017, the rate of intentional injury hospitalizations will decrease from 80/100,000 to 70/100,000.	CHR	Annual

OBJECTIVE #1: By December 31, 2017, the task force will create a document accessible to all stakeholders that identifies the current state of mental health care in Brown County, including all available resources and services provided, gaps and disparities in care, needed programs, and ratio of specific mental health providers to population.

BACKGROUND ON STRATEGY

Source: Behavioral Health Treatment Needs Assessment Toolkit for States (SAMHSA)

Evidence Base: Increasing coordination of care by sharing information via electronic health information exchange and incorporating behavioral health into primary care is rated as scientifically supported by "What Works for Health: Policies and Programs to Improve Wisconsin's Health"

Policy Change (Y/N): No

ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**	**Progress Notes**
Investigate Greater Green Bay Community Foundation basic needs grant to fund ongoing Behavioral Health Council to coordinate resources	6/30/15	Staff time Grant funding Person to fill newly created coordinator position		Behavioral Health Council led by independent coordinator compiling resources	
Hold Community Mental Health mini-Summit to gather stakeholders' assessment of current state	6/30/16	Space to hold summit Coordination with partners Staff time		Coordination with partner agencies to create consensus on current state of mental health access as perceived by providers/information gathering	Target date could be as early as 12/31/2015 depending on grant funding and personnel
Use current data to identify disparities in care related to payer source (i.e., private insurance, medical assistance, self-pay)	12/31/15	Staff time Access to data Access to Medicaid claims		Identification of inadequate access to care related to payment status	
Use existing data to identify disparities in care related to gender, race, socio-economic status, age, and/or diagnosis	12/31/15	Access to data Existence of data Student assistance Research time		Data-supported identification of disparities in access in vulnerable populations	
Breakdown mental health provider: population ratio by specific specialties (psychiatrist, PMH-NP, counselor)	12/31/15	Access to NPI registry data Staff/student time		Clear understanding of current access state as defined by entity	
Create an on-line listing of mental health services/community events provided in Brown County (downloadable to PDF for a hard copy).	6/30/17	Staff/student time Input from partner agencies Inter-agency collaboration		Document accessible to partner agencies listing all current mental health treatment resources in Brown County	

OBJECTIVE #2: By December 31, 2017, the mental health task force will create a draft proposal for creating a community-wide "No Wrong Door" access platform for mental health treatment and connection between mental health providers. (The goal is to create the right access at the right time by having a comprehensive view and collaborative connections between all Brown County mental health service providers.)

BACKGROUND ON STRATEGY
Source: N.E.W. Mental Health Connection, "No Wrong Door"
Evidence Base: NACCHO/ASTHO, "No Wrong Door: Assuring Services and Seamless Care"
Policy Change (Y/N): Yes

ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**	**Progress Notes**
Work with N.E.W. Mental Health Connection as model to establish similar platform in Brown County	12/31/16	Staff time Collaboration with N.E.W. Mental Health Connection		Independent coordination platform for establishing "No Wrong Door"	

Work with primary care providers to identify education needs and strengthen primary care as entry point to "Right Care, Right Person, Right Time" mental health treatment	12/31/16	Staff time Collaboration with primary care providers		Increased understanding of mental health referrals at primary care level Primary care strengthened as access point for mental health services	
Use mental health treatment resource manual to begin creating electronic infrastructure for inter-agency contact	12/31/17	Staff time Funding Research time N.E.W. Mental Health Connection assistance Access to adequate software		Creation of common platform for inter-agency referral and collaboration	
Investigate and implement "No Wrong Door" gatekeeper training for mental health agency frontline staff in order to successfully implement shared referral database	12/31/17	Staff time Training time Collaboration with mental health agencies Collaboration of N.E.W. Mental Health Connection		Mental health agency staff are successfully trained in "No Wrong Door" policy so that electronic shared referral database is used appropriately and client is directed to appropriate agency	

OBJECTIVE #3: By December 31, 2017, the mental health task force will complete an inventory of all mental health screening tools currently utilized across community settings and develop a common screening platform that is appropriate for each community setting (Schools, Crisis Center, Psychiatric Hospitals, Emergency Departments, primary care, mental health clinics, and other healthcare settings).

BACKGROUND ON STRATEGY

Source: *Behavioral Health Treatment Needs Assessment Toolkit for States (SAMHSA), Zero Suicide in Health and Behavioral Health Care (SAMSHA, SPRC, National Action Alliance for Suicide Prevention) Perfect Depression Care(Henry Ford Health System)*

Evidence Base: Although suicide is a statistically very rare event, even within psychiatric populations, improvement efforts *focused on the processes of care* in which patients and clinicians live and work can drive successful clinical quality improvement work.

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Complete an inventory of current depression screening tools used across settings.	12/31/15	Staff time to complete assessment		Comprehensive list of depression tools utilized across Brown County	
Complete an inventory of current suicide risk screening tools used across settings (consider	12/31/15	Staff time to complete assessment		Comprehensive list of suicide risk tools utilized across	

collaboration with the Brown County Coalition for Suicide Prevention on this activity).				Brown County	
Identify best practice depression screening tools and develop recommendations of tools for various community settings.	12/31/16	Staff time to complete assessment and develop recommendation		Best practice tools identified with recommendation for future implementation	
Identify best practice suicide risk screening tools and develop recommendations of tools for various community settings.	12/31/16	Staff time to complete assessment and develop recommendation		Best practice tools identified with recommendation for future implementation	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	Healthiest Wisconsin 2020	Healthy People 2020	National Prevention Strategy
1	Develop comprehensive data to track disparities	Increase the proportion of persons who have a specific source of ongoing care (AHS-5)	Standardize and collect data to better identify and address disparities
2	Assure access to high-quality health services for all	Increase the proportion of adults with mental health disorders who receive treatment (MHMD-9)	Reduce barriers to accessing clinical and community preventive service, especially among populations at greatest risk

Health Focus Area: Nutrition

PRIORITY AREA: Nutrition

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

PERFORMANCE MEASURES
How We Will Know We are Making a Difference

Short Term Indicators	Source	Frequency
By December 31, 2016, Brown County will increase the percent of healthy foods donated in food pantry food drives by 2% over 2014 performance.	Sample survey	Biennial
By December 31, 2016, a document summarizing food pantry models and best practices around the country will be accessible to committee members.	Sub-committee report	Annual
By June 1, 2015 a mechanism will be established and maintained to provide monthly opportunities to share updates and leverage resources.	Meeting minutes	Monthly
Long Term Indicators	**Source**	**Frequency**
By December 31, 2017, Brown County will increase the percent of healthy foods donated in food pantry food drives by 5% over 2014 performance.	Sample survey	Biennial
By October 31, 2017, a first draft county wide plan to align food pantry infrastructure to current and future needs will be created.	Sub-committee report	Annual
By December 31, 2017, at least two area food pantries will adopt best practices that prioritize healthy food selection in all food sourcing, including fresh and frozen.	Survey of food pantries	Annual

OBJECTIVE #1:
By December 31, 2017, Brown County will improve the food choices offered by food pantries by increasing the percentage of healthy food options and reducing the amount of low-nutrient foods, without reducing the total amount of food donated.

BACKGROUND ON STRATEGY
Source: Beyond Bread: Healthy Food Sourcing in Emergency Food Programs, http://www.whyhunger.org/uploads/beyondbread, Healthy Shelves: Promoting and Enhancing Good Nutrition in Food Pantries, http://foodsecurity.missouri.edu/healthy-shelves, Canvas Network: Developing Food Bank Nutrition Policy to Procure Healthful Foods.
Evidence Base: Minneapolis Healthy Food Shelf Network, http://www.minneapolismn.gov/health/living/foodshelf, "A Qualitative Study of Nutrition-Based Initiatives at Selected Food Banks in the Feeding America Network," Rudd Center for Food Policy and Obesity at Yale University
Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Continue public messaging campaign for "Food Drive Five"	12/31/17	Staff time Continued financial support		Continuation of message	
Assess extant literature regarding healthy food policies at food banks and food pantries	12/31/15	Staff/student time		Written assessment of food pantry nutrition policies	
Continue communication with food sourcing partners regarding prioritization of healthy food selection	12/31/17	Staff/student time Food pantry participation		Increased links to healthy food sourcing for food pantries	
Reach out to at least two area food pantries to provide education on food pantry healthy food policies	6/30/16	Staff time Travel time? Food pantry participation		Increased knowledge	
Determine how and when healthy food donations at future food drives will be measured (continue to use same sample?)	12/31/15	Staff time Access to data from food pantries		Increased knowledge of food donation breakdowns	
Select and implement at least one healthy food sourcing strategy from (Beyond Bread, Healthy Shelves, other evidence) source material in two area food pantries	12/31/17	Staff time Research time Food pantry participation		Implementation of evidence based healthy food sourcing strategy	

OBJECTIVE #2:
By December 31, 2017, Brown County will initiate a planning process to align food pantry infrastructure in the community to meet current and projected growth needs.

BACKGROUND ON STRATEGY
Source: Community Food Security Assessment Toolkit, http://www.ers.usda.gov/publications/efan-electronic-publications-from-the-food-assistance-nutrition-research-program, How to Run a Food Pantry, http://www.endhungerinamerica.org/publications/how-to-run-a-food-pantry/
Evidence Base: Charity Food Programs that Can End Hunger in America, Second Harvest Gleaners Food Bank of West Michigan; Soup Kitchen and Food Pantry Best Practices Guide, New York City Coalition Against Hunger
Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Utilize census tracts to identify current needs in relation to existing food pantry locations	12/31/15	Staff time Student time		Increased knowledge Needs assessment	
Conduct a literature review of food pantry infrastructure and best practices around the country	6/30/17	Staff time Student time		Increased knowledge Inventory of best practices	
Create inventory of current food pantry infrastructure and resources in Brown County	6/30/17	Staff time Student time Food pantry participation		Written inventory of baseline infrastructure and status	
Create and disseminate survey of current needs and opportunities to area food pantries	6/30/17	Food pantry participation Staff time		Opportunity for food pantries to have a voice Written assessment of needs and opportunities	
Investigate collaboration and pooling of resources among local pantries	12/31/17	Food pantry participation Staff time		More efficient allocation of resources	

OBJECTIVE #3:
By June 1, 2015 Brown County will identify and monitor community needs as they relate to non-emergency food security.

BACKGROUND ON STRATEGY
Good nutrition is essential for health beginning in the prenatal period and extending throughout life. Both the quantity and quality of consumption can impact health. Insufficient nutrition can harm growth and development while excessive consumption can lead to overweight, obesity, and numerous health complications.
Source/Evidence Base: What Works For Health, http://whatworksforhealth.wisc.edu/factor.php
Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Maintain a standing agenda item for discussion/information regarding non-emergency food	Ongoing 12/31/17	Coalition Members		A cumulative assessment of non-emergency	

security.				food security priorities in Brown County.	
Scan the literature and current trends in non-emergency food security to stay current on best practices.	Ongoing 12/31/17	Coalition Members		A cumulative assessment of non-emergency food security priorities in Brown County.	
Monitor non-emergency food infrastructure development, stabilization and best practice evolution.	Ongoing 12/31/17	Coalition Members		A prioritized list of non-emergency food security issues in Brown County.	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	**Healthiest Wisconsin 2020**	**Healthy People 2020**	**National Prevention Strategy**
1	Make healthy foods available for all, Increase access to healthy foods and support breastfeeding	Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older (NWS-17)	Increase access to healthy and affordable foods in communities
2	Identify resources to support partnerships, Build effective partnerships resulting from respect and empowerment	Reduce household food insecurity and in doing so reduce hunger (NWS-13)	Engage and empower people and communities to plan and implement prevention policies and programs, support research to identify effective strategies to eliminate disparities

Health Focus Areas: Oral Health

PRIORITY AREA: Oral Health

GOAL: To promote and improve oral health and assure access to effective and adequate oral health services for the benefit of all Brown County Citizens.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Long Term (Public Health) Indicators	**Source**	**Frequency**
1. Reduce the number of emergency department visits for oral health concerns	WHA Hospital data	quarterly
2. Reduce percent of adults with self-reported oral health problems	BRFS	As available
3. Increase number of third graders with dental sealants	WI COWS	As available
4. Increase percent of Badger Care enrollees who receive dental services during the year	WI COWS	As available
5. Reduce number of third graders with untreated dental decay	WI COWS	As available
Short Term (Locally collected) Indicators	**Source**	**Frequency**
1. Decrease the percentage of adults and children seeking care for dental concerns at Brown County Emergency departments. (Same as above)	WHA Hospital Data	Quarterly

2. Monitor number of referrals to NEW Clinic dental program by each ED (explore use of Epic for this purpose)(intermediate measure for #1 above)	Hospital data	Monthly
3. Increase the number of patients seeking care at the NEWCC dental clinic who have completed treatment. (both uninsured and BadgerCare, proximate measure for #2 above)	NEWCC Dental Clinic	Annually
4. Increase the number of BadgerCare recipients who received dental services (proximate measure for #4 above)	NEWCC Dental Clinic OHP	Annually
5. Increase the number of individuals receiving treatment for dental pain (proximate measure for #1 above)	NEWCC Dental Clinic; OHP	Quarterly
6. Increase number of 3rd grade students children who have been given dental sealants (proximate measure for #3 above)	OHP	
7. Head start sealants		
8. Increase number of primary care clinics screening patients for oral health needs via Basic Screening(measure is # of practices using BSS)	Bellin Health, Prevea, & Aurora Health Systems	Quarterly

OBJECTIVE #1: Reduce the number of emergency department visits for oral health concerns that could be addressed in a dental office

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Progress Notes
a. Develop and implement a community-wide protocol (antibiotics and pain management)for use in the emergency department for patients with dental pain --share with BDK for possible additional implementation	Year 1-2			
b. Develop and implement orientation program re NEW Dental program for ED staff	Year 1-2			
c. Provide education to existing Medicaid patients on the proper use of the emergency department for dental conditions	Year 1-2			
d. Evaluate the use of the oral health resource sheet and oral hygiene kits offered to the EDs	Year 1-2			
e. Explore feasibility of increasing capacity at NEW Dental Clinic, current site or east side location	Year 1-2			
f. Explore feasibility of providing dental hygiene services to uninsured patients via the NWTC Dental Hygiene program	Year 1-2			
g. Study the use of urgent care for dental conditions; determine what share of ED visits are occurring outside of “office hours”	Year 1-2			

OBJECTIVE #2: Develop strategies for groups where evidence has shown improved health outcomes with proper oral health care				
BACKGROUND ON STRATEGY **Evidence Base: yes** **Policy Change (Y/N): no**				
ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Progress Notes**
a. Review and Refresh strategies for women aged 18-44	Year 1-2			
b. Develop strategies for diabetic patients	Year 1-2			
c. Develop strategies for patients with cardiovascular disease	Year 1-2			

OBJECTIVE #3: Formalize collaboration among groups addressing oral health				
ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Progress Notes**
a. Explore opportunities for collaboration with MCW, e.g., incorporation of oral health in curriculum, research projects on diabetes and cardiovascular disease relationship to dental health	Year 1-2			
b. Identify at least one opportunity for collaboration among OHP , NEW Clinic and Oral Health Community Action Team	Year 1-2			
c. Explore opportunities to collaborate with BDK (Brown/Door/Kewaunee Dental Society)	Year 1-2			

OBJECTIVE #4: Incorporate BSS screening questions within primary care practices				
BACKGROUND ON STRATEGY **Source: ACOG position paper** **Evidence Base: ACOG position paper** **Policy Change (Y/N): y**				
ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Progress Notes**
a. Determine extent to which BSS screening is used in primary care and OB Care practices in Brown County	Year 1-2			
b. Advocate for broader use of BSS	Year 1-2			
c. Evaluate the usefulness of resource materials provided to practices	Year 1-2			

OBJECTIVE #5: Influence public policy to support oral health initiatives				
ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Progress Notes**
a. Advocate to have Medicaid cover 2 cleanings per year	Year 2-3			
b. Advocate to have Medicaid cover dental clinic dispensing fluoride	Year 2-3			
c. Advocate for SNAP benefits to allow purchase of oral hygiene supplies	Year 2-3			
d. Advocate for dental care to be an essential health benefit for adults as well as children	Year 2-3			
e. Advocate for oral health questions to be included in the nurse licensing exam (pursue year 1-2)	Year 2-3			
f. Advocate for oral health questions to be included in the licensing exam for other health professionals (e.g. MD, DO, NP, PA)	Year 2-3			
g. Support efforts by local dental health professionals to secure dental student rotations in Green Bay (pursue year 1-2 depending on need and requests)	Year 2-3			

Activity: Explore feasibility of community wide campaign to promote dental wellness	***Target Date***	***Resources Required***	***Lead Person/ Organization***	***Progress Notes***
a. Identify proper structure for such a community wide initiative	*Year 3+*			
b. Engage community partners and their current activities	*Year 3+*			
c. Develop plan and strategy	*Year 3+*			
d. Determine needed resources	*Year 3+*			

(As resource becomes available)

Activity: Develop and implement a comprehensive oral health education program for health care professionals	***Target Date***	***Resources Required***	***Lead Person/ Organization***	***Progress Notes***
a. Determine if there has been any increase in oral health content in health professionals curricula subsequent to prior survey				
b. Develop a series of brief oral health related education modules for non-dental providers (University of Manitoba)				
c. Determine venue and strategies for engaging various groups of non-dental health care providers (physicians, nurses, other) , including engaging BDK in process				
d. Explore process for securing continuing education credit for health professionals who complete the training				

How to Become Involved

You can make a difference in the Brown County Community by joining one of the four health priority committees.

To learn more, call the Brown County Health Department at (920) 448-6400 *or* call the City of De Pere Health Department at (920) 339-4054. Visit us online at www.co.brown.wi.us\health (Brown County Health Department) *or* www.de-pere.org (City of De Pere Health Department).

Acknowledgements

This plan draws heavily on the work of the Healthy Wisconsin Leadership Institute's Action Plan Template. The Healthy Wisconsin Leadership Institute is a continuing education and training resource supported jointly by the University Of Wisconsin School Of Medicine and Public Health and the Medical College of Wisconsin. Consultation on this tool was provided by members of the CHIPP Infrastructure Improvement Project Operations Group and Lauren Shirey, Senior Program Manager, Assessment and Planning for Accreditation Preparation, National Association of County and City Health Officials (NACCHO).

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Priority Focus Area Subcommittees:

Alcohol Misuse:

- Tom Arndt
- Sharla Baenen, RN
- Tina Baeten
- Bill Bongle
- Dan Braaten
- Jedd Bradley
- Barbara Coniff
- Father Paul Demuth
- Becki Detaege
- Cathy Devalk-Holl
- Tom Doughman
- Pat Finder-Stone
- Chua Xiong, RN
- Laura Hieb, RN *(Coalition Leader)*
- Scott Katzka
- Kristine Kovacic
- Bonnie Kuhr, RN
- Michele LaFond
- Randall Lawton
- Janet Lloyd
- Tyler Luedke
- Mary Miceli-Wink
- Mike Panosh
- Pat Phillips
- John Plageman
- Pat Ryan
- Heidi Selberg
- Jim Sweeney
- Dan Terrio
- Erin Tisch
- Ann VanLanen
- Chrystal Woller, RN
- Bob Woessner
- Terri Zahorik

Oral Health:

- Scott Anderson
- Debbie Armbruster, RN
- Lisa Harmann
- Bonnie Kuhr, RN
- Stacy Ross, RN
- Ann Van Lanen
- Jody Wilmet, RN
- Heidi Selberg *(Coalition Leader)*
- Christine Vandenhouten, RN, Ph.D.
- Carrie Stempski
- Erin Bongers, RN
- Catherine Therrien
- Elaine Doxtator, RN
- Bonnie Parrott, RN
- Susan Ourada, RN
- Janelle Walton

Mental Health:

- Ian Agar
- Patti Arendt
- Sharla Baenen, RN *(Coalition Leader)*
- Erin Bongers, RN
- Dona Jane Brasch
- Becki Detage
- Sarah Inman
- Megan Jensen
- Cheryl Weber
- Bob Johnson
- Margaret Kubek
- Kelly Long
- Tana Koss
- Bonnie Kuhr, RN
- Jill Krejcie
- Dr. Timothy Lineberry
- Pam Baranczyk
- Rose Smits
- Lois Mischler
- Gifty Okeyere
- Bonnie Parrott
- Andrea Sandberg
- Heidi Selberg
- Jeff Stumbras
- Theresa Weise
- Jeremy Muraski
- Tracy Vandeloo

Nutrition:

- Jamie Campbell, RD
- Karen Early, RD
- Meredith Hansen, CSW
- Carl Bobis
- Stephanie Lazzari
- Laura Grovogel
- Ashley Ponschok
- Sarah Himmelheber, Ph.D
- Ellen Moore, RN
- Lynne Nelson
- Leanne Zhu, Ph.D
- Regina Young, RD
- Nicci Beeck
- John Rocheleau *(Coalition Leader)*
- Rose Jensen
- Becky Delain
- Tim Meyer
- Karen Goebel
- Steve Reinders

References

Agency for Healthcare Research and Quality (2014). *Guideline summary: Screening, diagnosis, and referral for substance use disorders.* Retrieved from http://www.guideline.gov/content

American College of Obstetricians and Gynecologists (2013).Committee opinion: oral health care during pregnancy and through the lifespan. Retrieved from http://www.acog.org/~/media/Committee%20Opinions/Committee%20on%20Health%20Care%20for%20Underserved%20Women/co569.pdf?dmc=1&ts=20130724T0816301062

American Dental Association (2004). *State and community models for improving access to dental care for the underserved.* Retrieved from http://www.ada.org/~/media/ADA/Advocacy/Files/topics_access_whitepaper_execsumm.ashx

Arnold, J. (2004). *Charity food programs that can end hunger in America.* Second Harvest Gleaners Food Bank of West Michigan, Inc. Retrieved from http://www.endhungerinamerica.org/wp-content/uploads/2010/03/wnwnelca.pdf

Beyond Health: Healthiest Brown County (2014). *Brown County/De Pere community health needs assessment summit* [PowerPoint slides].

Grantmakers in Health (2012). *Returning the mouth to the body: Integrating oral health and primary care* (Issue Brief No. 40). Retrieved from http://www.gih.org/files/FileDownloads/Returning_the_Mouth_to_the_Body_no40_September_2012.pdf

Handforth, B., Hennink, M., & Schwartz, M. (2013). A qualitative study of nutrition-based initiatives at selected food banks in the Feed America network. *Journal of the Academy of Nutrition and Dietetics, 113*(3), 411-415. doi: 10.1016/j.jand.2012.11.001

Kaiser Family Foundation Commission on Medicaid and the Uninsured (2012). *Oral health and low-income nonelderly adults: A review of coverage and access* (Policy Brief). Retrieved from http://kff.org/medicaid/issue-brief/access-to-affordable-dental-care-gaps-for/

Mauer, B., Betts, C., & Marsh, L. (2015). *No wrong door: Assuring services and seamless care.* [PowerPoint slides]. Retrieved from http://www.astho.org/Programs/Access/Primary-Care/Webinars/No-Wrong-Door--Assuring-Services-and-Seamless-Care/

McKelvey, B. (2014). *Healthy shelves: Promoting and enhancing good nutrition in food pantries.* University of Missouri Interdisciplinary Center for Food Security. Retrieved from http://foodsecurity.missouri.edu/healthy-shelves/

Minneapolis Health Department (2015). *Healthy food shelves: Supporting food shelves' efforts to provide healthy food to people in need.* Retrieved from http://www.minneapolismn.gov/health/living/foodshelf

Mouradian, W., Hueber, C., & DePaola, D. (2004). Addressing health disparities through dental-medical collaborations, part III: Leadership for the public good. *Journal of Dental Education, 68*(5), 505-512.

National Prevention Council (2011). *National Prevention Strategy*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

National Registry of Evidence Based Programs and Practices (2014). *Intervention summary: Community trials intervention to reduce high-risk drinking.* Retrieved from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=9

New York City Coalition against Hunger (2010). *Soup kitchen and food pantry best practices guide.* Retrieved from https://nyccah.org/files/NYCCAH_bestpracticesguide_2010.pdf

N.E.W. Mental Health Connection (2014). *No wrong door.* Retrieved from http://newmentalhealthconnection.org/initiatives/no-wrong-door

Office of Disease Prevention and Health Promotion (2015). 2020 topics and objectives. Retrieved from https://www.healthypeople.gov/2020/topics-objectives

Pacific Institute for Research and Evaluation Prevention Research Center (nd.). *Community trials intervention to reduce high-risk drinking.* Retrieved from http://www.pire.org/communitytrials/index.htm

Powers, J., & Snow, T. (2015). *Beyond bread: Healthy food sourcing in emergency food programs.* Retrieved from http://www.whyhunger.org/getInfo/showArticle?articleId=3674

Robert Wood Johnson Foundation (2013). *NIATx: The network for improvement of addiction treatment establishes itself.* Retrieved from http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2013/rwjf405144

Substance Abuse and Mental Health Services Administration (nd.). *SBIRT: Screening, brief intervention, and referral to treatment.* Retrieved from http://www.integration.samhsa.gov/clinical-practice/sbirt

Substance Abuse and Mental Health Services Administration (2013). *Behavioral health treatment needs assessment toolkit for states.* Retrieved from http://store.samhsa.gov/shin/content/SMA13-4757/SMA13-4757.pdf

Thomas, J. (2014). *How to run a food pantry.* End Hunger in America. Retrieved from http://www.endhungerinamerica.org/publications/how-to-run-a-food-pantry/

University of Wisconsin Department of Family Medicine (2015). *Strengthening treatment access and retention-Quality improvement (STAR-QI).* Retrieved from http://www.fammed.wisc.edu/research/external-funded/star-si

University of Wisconsin-Madision: CHESS/NIATx (2015). *The NIATx model.* Retrieved from http://www.niatx.net/Content/ContentPage.aspx?PNID=1&NID=8

University of Wisconsin Population Health Institute (2014). *Brown County, Wisconsin: County health rankings & roadmaps.* Retrieved from http://www.countyhealthrankings.org/app/wisconsin/2014/rankings/brown/county/outcomes/overall/snapshot\

U.S. Preventive Services Task Force (2014). *Alcohol misuse: Screening and behavioral counseling interventions in primary care.* Retrieved from http://www.uspreventiveservicestaskforce.org/Page/Document/ClinicalSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care

What Works for Health: Programs and Policies to Improve Wisconsin's Health (2014). *Electronic health information exchange.* University of Wisconsin Population Health Institute. Retrieved from http://whatworksforhealth.wisc.edu/program.php?t1=22&t2=17&t3=40&id=578

Wisconsin Department of Health Services (2013). *A user's guide to Healthiest Wisconsin 2020: Everyone living better, longer.* Retrieved from https://www.dhs.wisconsin.gov/publications/p0/p00557.pdf

Wisconsin Department of Health Services (nd.). *County oral health Wisconsin surveillance system (COWSS): Brown County.* Retrieved from https://www.dhs.wisconsin.gov/publications/p0/p00345b-2012-brown.pdf

Wisconsin Initiative to Promote Healthy Lifestyles (2014). *What is behavioral screening intervention (BSI)?* Retrieved from http://www.wiphl.org/what

Wis. Stat. § 251.05(3) (2015). Retrieved from http://docs.legis.wisconsin.gov/statutes/statutes/251/05

Wisconsin State Statutes & Administrative Rules http://legis.wisconsin.gov/rsb/Statutes.html

http://legis.wisconsin.gov/rsb/code.htm

SAVE THE DATE

Beyond Health Poverty Training session

Featuring Terie Dreussi-Smith, consultant, speaker and author of Bridges out of Poverty and Bridges to Health and Healthcare

Friday, October 30
8:30 a.m.-3:30 p.m.
Lambeau Field Legends Room

Beyond Health Poverty Training session

The purpose of the training is to give our action planning team members an overview of the challenges faced by those living in poverty in order for them to develop more effective health promotion strategies. We also hope that this will provoke a dialog about poverty and whether the concepts advanced by the speaker raise any additional questions.

Beyond Health is collaboration between Brown County Health Department, City of De Pere Health Department, Aurora BayCare Medical Center, Bellin Health System, HSHS St. Vincent and HSHS St. Mary's Hospitals, Wisconsin Division of Public Health Northeast Regional Office and the Brown County United Way. Beyond Health was formed to improve the health of Brown County residents through periodic community health needs assessments and community-wide action planning teams.

Beyond Health
Healthiest Brown County
"Connecting Beyond Health Care"

Please share this invitation with others who may be interested.

City of De Pere Health Department

Policy and Procedure Title: **TSPOT Testing Coordination with St Norbert College**

Effective Date: 10/01/2015
Date Reviewed/Revised:
Authorized By: Chrystal Woller, BSN, Health Officer / Director

Health Officer/Director Date 9/8/15

PURPOSE STATEMENT:
To purpose of this procedure is to assure consistency when coordinating T-SPOT testing/billing services with St Norbert College Health Services (SNC).

POLICY:
St. Norbert College frequently admits international students throughout the school year. The international students originate from countries where Tuberculosis (TB) is prevalent. In these scenarios, the students may have had BCG vaccination and/or exposure to Tuberculosis putting them at higher risk for latent TB infection.

Interferon-Gamma Release Assays (IGRAs) can be used in place of (but not in addition to) TST in all situations in which CDC recommends TST as an aid in diagnosing *M. tuberculosis* infection, with preferences and special considerations. Populations in which IGRAs are preferred for testing:

- Persons who have received BCG (either as a vaccine or for cancer therapy)
- Persons from groups that historically have poor rates of return for TST reading

The De Pere Health Department holds a contract with Oxford Lab to conduct IGRA (TSPOT) testing. Due to the international students coming to the City of De Pere, the health department and St Norbert College Health Services have coordinated resources to allow for the utilization of the health department's pricing to allow testing to be made available for students at high risk.

PROCEDURE:

1. One TSPOT test box will be kept at both the health department and St Norbert College Health Services.
2. ***Direct bill*** lab forms will be available at SNC for completion when it is determined that TSPOT testing is needed. SNC nursing staff will complete the form to include ***De Pere Health Department information*** under "Customer Information" and include ***SNC Medical Advisor's National Provider Identification (NPI)*** number.
3. SNC will conduct the venous draw according to agency procedures and under SNC's Medical Advisor standing orders.
4. SNC will package and ship specimens according to Oxford Lab TSPOT kit directions.
5. De Pere Health Department will allow SNC access to online results only for the clients with the SNC associated NPI number.
6. Upon receiving a replacement test box, the Health Department will notify SNC for pick up and placement onsite at SNC.
7. The health department will be billed for SNC submitted tests at $52.75/test. The health department will pay the Oxford lab invoice and simultaneously invoice SNC for reimbursement.

REFERENCES:
Centers for Disease Control and Prevention. *Interferon-Gamma Release Assays (IGRAs) - Blood Tests for TB Infection Fact Sheet. Accessed online at:* http://www.cdc.gov/tb/publications/factsheets/testing/igra.htm on 7/21/2015

Public Health Essential Service:

X	1 Monitor /Solve		6 Enforce
X	2 Diagnose & Investigate	X	7 Link
	3 Inform/Educate		8 Assure Competent Workforce
X	4 Mobilize		9 Evaluate
X	5 Develop Policy & Plans		10 Research

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.

2016 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.

2015 Performance Measurement Data (July 2014 – June 2015):

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 approved progress updates and the agency's policy/procedures May 18th, 2015.

2) Recommend at least 1 health policy to the City Council for consideration/adoption.
    a. Result: The Board of Health approved and recommended a resolution to have the City Council consider revising the revocable occupancy permit language as it related to smoking and sidewalk cafés.

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 2016 Board of Health program cost is $1,922. 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.

2016 Program Objectives:

1) Develop policy and provide leadership that emphasizes public health needs and that advocates for equitable distribution of public health resources.
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.
3) Assure measures are taken to provide an environment in which individuals can be healthy.

2016 Budget Significant Expenditure Changes:

1) Training funds is allocated 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
2016 General Fund
Adopted Budget

EXPENDITURES

BOARD OF HEALTH

Account Number PERSONAL SERVICES

			Account Title	2014 Year End Actual	2015 Adopted Budget	2015 6 mos Actual	2015 Year End Estimate	2016 Dept Head Proposed	2016 / 2015 Budget % Of Change
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	20	22	0.00%
100	54110	190	Training	0	400	58	400	400	0.00%
			Subtotal	**1,520**	**1,922**	**818**	**1,920**	**1,922**	**0.00%**
			TOTAL	**$ 1,520**	**$ 1,922**	**$ 818**	**$ 1,920**	**$ 1,922**	**0.00%**

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 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. 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 web site, 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 and grant funding as it is available. Kits are provided to city residents at a nominal fee (free upon receipt of grants) 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.

2016 Performance Measures:

- Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 85% 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.

- 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.
- 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 specified re-inspections will document that violations are corrected within thirty days.
  c. Establishment complaint investigation will be initiated within 72 hours of receipt.

2015 Performance Measurement Data (July 2014 – June 2015):

1) Conduct personalized reminder/recall activities for children that are behind schedule monthly provide to achieve an 85% 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 82% by 24 months of age. 91% of children have been documented to be up to date, but not by the 24 month benchmark (often referred to as "late up-to-date")
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 100% of disease reports within 72 hours. With the average time being 9.76 hours.
3) Conduct education and follow-up to assure 100% of the critical violations identified are corrected within the stated timeframe.
   a. Result: Data is not available. De Pere Health Department began routine inspections in July 2015. Data collection from inspection services has been initiated as of 7/1/2015.

Significant Program Achievements:

This last budget year, the health department hired full-time Sanitarian/City Sealer. This program protects the health and safety of De Pere residents and visitors through regulatory activities in restaurants and retail food establishments, public swimming pools, lodging establishments and tattoo/body piercing establishments. Additionally, the health department has increased capacity to investigate nuisance complaints, housing sanitation complaints, rodent and insect infestations, lead based paint hazards, human or animal rabies exposures, and other environmental hazards.

In addition, the health department completed the state mandated community health needs assessment and health improvement plan in conjunction with health systems and various community partners.

Finally, the health department continues to make progress with the agency's strategic plan initiatives. Health Department leadership has been invited to sit on the Medical College's Community Partner Council. This council assists with planning and shaping the development of the "Physician in the Community" Course at SNC. In addition, council members instruct course material and serve as (or liaise to) an Advisor/Mentor to a medical student.

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 proposed 2016 Health Department program cost is $508,200. 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.

2016 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.

2016 Budget Significant Expenditure Changes:

1) Salaries increased by $16,815 to reflect:
    a. Projected step increases for those employees not at their maximum as well as the projected cost of living increase.
2) FICA increased by $1,340 to reflect overall increase for planned staffing.
3) Health, Dental, DIB, and Life & Workers Comp Ins increases $6,560 to reflect the recommended increase due to insurance market changes.

4) Seminars and Conferences: WPHA/WALHDAB Conference $450; Regional and State WALHDAB meetings $150; Public Health Nursing Conference $100; 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: Decreased by $10,000 reflects the movement of these funds to the police department budget. The police department requests services for taking in stray domesticated animals (cats/dogs). In turn, the police department also receives and pays the invoices for these Humane Society fees. The remaining $4,000 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) Memberships/Subscriptions: Increased $103 to accommodate current membership rates. 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.
7) Medical supplies: Increases by $525 to accommodate anticipated quarterly public pool water testing expenses.
8) MCH Grant (expenditure/revenue) increases by $2,337 (projected) to reflect an increase in the grant award. Both expense and revenue align concurrently.
9) Immunization Outreach Grant (expenditure/revenue) increases by $1,165 (projected) to reflect an increase in the grant award. Both expense and revenue align concurrently.
10) Prevention Grant (expenditure/revenue) increases by $2,141 (projected) to reflect an increase in the grant award. Both expense and revenue align concurrently.

			City of De Pere						
			2016 General Fund						
			Adopted Budget						
REVENUES				2014	2015	2015	2015	2016	2016/ 2015
				Year End	Adopted	6 mos	Year End	Dept Head	Budget
			Account Title	Actual	Budget	Actual	Estimate	Proposed	% Of Change
Account Number			TAXES						
100	41110		General Property	$ 7,755,743	$ 7,903,917	$ 7,932,685	$ 7,903,917		0.00%
100	41130		Mobile Home Fees	5,724	7,100	3,366	7,100		0.00%
100	41150		Payments in Lieu of Taxes	1,248	2,500	1,274	2,500		0.00%
100	41210		Public Accommodations	7,474	6,500	2,695	6,500		0.00%
100	41220		Retained Sales Tax	120	120	60	120		0.00%
100	41310		From Municipal Water Utility	456,797	510,000	235,000	470,000		0.00%
100	41320		Housing Authority	28,376	28,000	28,492	28,500		0.00%
100	41800		Interest Penalties & Taxes	1,157	1,100	457	1,100		0.00%
100	41810		Interest Penalties Specials & Deeds	11,629	30,000	7,337	15,000		0.00%
			Subtotal	**8,268,268**	**8,489,237**	**8,211,366**	**8,434,737**	**-**	**0.00%**
			INTERGOVERNMENTAL REVENUE						
100	43220		Mass Transit Federal Aid	0	0	0	0		0.00%
100	43410		State Shared Revenue	1,166,170	1,165,267	0	1,165,267		0.00%
100	43411		State Shared Revenue - Expenditure Restraint	176,846	192,197	0	192,197		0.00%
100	43420		State Fire Insurance	75,346	66,000	73,394	73,394		0.00%
100	43430		Other State Shared Taxes - Exempt Computer Aid	151,821	154,361	0	154,361		0.00%
100	43500		State Grants	4,788	0	0	0		0.00%
100	43505		Law Enforcement	12,253	0	10,999	0		0.00%
100	43507		K-9 Expenses and Donations	250	0	(33)	250		0.00%
100	43510		Rescue EMS Act 102	7,388	0	0	0		0.00%
100	43520		State Aid For Police Training	5,440	5,200	0			0.00%
100	43530		State Aid For Connecting Highways	72,732	73,022	36,612	73,022		0.00%
100	43531		General Transportation Aids	888,799	903,997	451,124	903,997		0.00%
100	43532		Mass Transit State Aid	294,790	294,790	147,395	294,790		0.00%
100	43540		State Recycling Grants	97,793	97,000	97,820			0.00%
100	43550		ACT 102 Ambulance Grant	0	0	0	0		0.00%
100	43551		Health Matching Grant	54,666	55,251	32,546	70,981	57,620	4.29%
100	43590		State Misc Grants	0	3,500	0	3,467	3,600	2.86%
100	43605		Payment in Lieu of Tax - DNR	0	0	0	0		0.00%
			Subtotal	**3,009,082**	**3,010,585**	**849,857**	**2,931,726**	**61,220**	**-97.97%**
			LICENSES AND PERMITS						
100	44105		Liquor and Malt Beverage Licenses	32,251	38,500	31,385	38,500		0.00%
100	44110		Operator's Licenses	29,955	15,400	7,617	15,400		0.00%
100	44115		Cigarette Licenses	2,300	2,310	1,900			0.00%

			City of De Pere						
			2016 General Fund						
			Adopted Budget						
REVENUES				2014	2015	2015	2015	2016	2016/ 2015
				Year End	Adopted	6 mos	Year End	Dept Head	Budget
			Account Title	Actual	Budget	Actual	Estimate	Proposed	% Of Change
100	44120		Food & Beverage Licenses-DHFS	55	55,000	45,153	56,438	56,000	1.82%
100	44121		Food & Beverage Licenses-DATCP	-	13,200	12,960	14,896	13,900	5.30%
100	44125		Cable Television Franchise License	165,408	165,000	41,778	165,000		0.00%
100	44130		Trailer Park	100	100	0	100		0.00%
100	44140		Other Permits And Fees	5,360	5,280	4,175	5,280		0.00%
100	44210		Dog License	3,312	4,950	3,972	4,950		0.00%
100	44220		Bicycle License	0	0	0	0		0.00%
100	44230		Electrician License	0	0	0	0		0.00%
100	44300		Building Permits	93,651	110,000	59,975			0.00%
100	44303		Flood Plain/Zoning Letters	1,200	770	85			0.00%
100	44305		Construction	630	565	(1,752)			0.00%
100	44307		Sanitary Sewer Excavation	4,935	4,510	2,600			0.00%
100	44330		HVAC Permits	37,310	29,700	25,407			0.00%
100	44340		Conditional Use Permits	0	0	0			0.00%
100	44350		Building Inspection Fees	0	0	0			0.00%
100	44910		Electrical Permits	30,515	33,000	17,383			0.00%
100	44920		Bid Deposits & Refunds	0	0	0			0.00%
100	44920		Plumbing Permits	27,953	28,600	10,746			0.00%
100	48902		Zoning Permits And Fees	3,345	3,300	2,075			0.00%
100	48903		CSM Reviews	5,760	3,300	3,420			0.00%
100	48906		Excavation Permits	17,855	17,000	7,815			0.00%
			Subtotal	**461,895**	**530,485**	**276,694**	**300,564**	**69,900**	**-86.82%**
			FINES AND FORFEITURES						
100	45100		City Share Of Fines And Forfeitures	0	0	(197)	0		0.00%
100	45110		Court Penalties And Costs	155,929	157,500	82,368			0.00%
100	45120		Crime Prevention/Policing Share	0	0	(20)			0.00%
100	45130		Parking Violations	33,744	42,000	20,472			0.00%
100	45190		Other Law-Ordinance Violations	0	0	0			0.00%
			Subtotal	**189,673**	**199,500**	**102,623**	**-**	**-**	**0.00%**
			PUBLIC CHARGES FOR SERVICE						
100	46100		General Government	430	1,000	0	1,000		0.00%
100	46101		Clerk-Passports/Solicitors	4,170	3,080	2,435	4,000		0.00%
100	46110		Letters of No Specials	20,460	21,919	12,315	22,000		0.00%
100	46120		License Publication Fees	(1,672)	2,200	2,631	2,800		0.00%
100	46204		DMV Registration	0	0	2,768			0.00%
100	46205		Police CVR Fees	341	0	(2,567)			0.00%

			City of De Pere						
			2016 General Fund						
			Adopted Budget						
REVENUES				2014	2015	2015	2015	2016	2016/ 2015
				Year End	Adopted	6 mos	Year End	Dept Head	Budget
			Account Title	Actual	Budget	Actual	Estimate	Proposed	% Of Change
100	46206		CVR Registrations	601	880	127			0.00%
100	46207		Police Alarm Monitoring	12,375	12,100	1,925			0.00%
100	46208		Police Department Fees	1,227	3,300	526			0.00%
100	46210		Background Checks	543	4,400	142			0.00%
100	46220		Police Finger Prints	732	1,650	240			0.00%
100	46225		Fire Hazmat	195	550	551			0.00%
100	46298		Ambulance Fees	682,978	822,193	375,133			0.00%
100	46340		Street Department Revenue	111,957	53,000	11,806			0.00%
100	46345		Garbage & Recycling Fees	0	0	0			0.00%
100	46350		Snow Removal Charges	3,888	6,600	2,254			0.00%
100	46360		Parking Permits	0	0	0			0.00%
100	46370		Parking Meters	0	0	0			0.00%
100	46406		Weed & Nuisance Control	(7,144)	600	0			0.00%
100	46421		Recycling Containers	5,623	1,100	2,355			0.00%
100	46500		Health	0	0	0			0.00%
100	46501		Public Health Revenue	6,774	8,800	1,904	6,800	8,800	0.00%
100	46510		Weights & Measures Fees	8,273	16,500	17,718	17,718	17,000	3.03%
100	46521		Animal Control	46	0	135			0.00%
100	46700		Recreation Programs	840	103,835	42,201			0.00%
100	46720		Pay Phones	0	0	0			0.00%
100	46721		Recreation	89,238	0	0			0.00%
100	48722		Concessions/Recreation	19,214	0	6,415			0.00%
100	46723		Swimming	101,677	140,557	58,084			0.00%
100	46724		Forestry	5,723	9,292	3,943			0.00%
100	46725		Community Center	273,651	265,445	140,709			0.00%
100	46727		Programs-Financial Assistance	0	0	2,301			0.00%
100	46733		Golf Lessons	0	0	0			0.00%
100	46747		Athletic Facility Fees	61,748	66,847	7,167			0.00%
100	46747	010	Daily Boat Fees	0	0	20,618			0.00%
100	46747	020	Season Boat Fees	0	0	1,292			0.00%
100	46800		Payment In Lieu Of Parkland	0	0	0			0.00%
100	46850		Miscellaneous Fee Increases	0	0	0			0.00%
100	47306		Ambulance Fees From Townships	151,204	160,000	83,658			0.00%
100	47401		Engineering Fees	668,333	725,167	362,584	725,167		0.00%
100	48901		Copies Maps Blueprints	548	1,100	33	1,100		0.00%
100	48908		Building Permits & Voter Report (Clerk)	0	500	0	500		0.00%
100	48909		Sundry	20	550	0	550		0.00%
100	48910		Retiree Insurance Admin Fee	2,940	5,500	789	5,500		0.00%
			Subtotal	**2,226,933**	**2,438,665**	**1,162,192**	**787,135**	**25,800**	**-98.94%**

			City of De Pere						
			2016 General Fund						
			Adopted Budget						
REVENUES				2014	2015	2015	2015	2016	2016/ 2015
				Year End	Adopted	6 mos	Year End	Dept Head	Budget
			Account Title	Actual	Budget	Actual	Estimate	Proposed	% Of Change
			INTERGOVERNMENTAL CHARGES FOR SERVICE						
100	47311		Crossing Guard Hours	17,535	17,800	1,878			0.00%
100	47320		Payment for Liason Officer	150,734	160,000	80,000			0.00%
100	47402		Data Processing Charges	12,706	13,000	0			0.00%
100	47405		TID 5 Admin Allocation	5,300	5,300	2,650			0.00%
100	47406		TID 6/7/8/9/10 Admin Allocation	116,600	116,600	58,300			0.00%
100	47415		Equipment Rental	26,400	26,400	13,200			0.00%
100	48482		Space Rentals	47,117	33,083	14,496			0.00%
100	48208		Brown County Nutritionist	36,812	38,382	19,272			0.00%
			Subtotal	**413,204**	**410,565**	**189,796**	**-**	**-**	**0.00%**
			MISCELLANEOUS REVENUES						
100	48100		Interest On Investments	17,548	100,000	38,826			0.00%
100	48110		Notes Receivable Interest	49,608	0	0			0.00%
100	48111		Land Contract Interest	0	0	0			0.00%
100	48113		Interest On Personal Property Taxes	0	0	0			0.00%
100	48200		Rents & Leases	0	0	0			0.00%
100	48201		Farm Leases	9,170	8,700	6,802			0.00%
100	48202		Brown County Fairgrounds	2,481	1,000	907			0.00%
100	48203		Residental Lease	18,567	21,000	6,101			0.00%
100	48300		Property Sales	2,685	1,500	0			0.00%
100	48301		Refuse Garbage Equipment & Property	6,586	15,000	2,064			0.00%
100	48305		Real Property	1,000	50,000	35,808			0.00%
100	48309		Other	974	0	(28)			0.00%
100	48310		Note Receivable Principal	0	0	0			0.00%
100	48311		Land Contract Principal	0	0	0			0.00%
100	48500		Donations	2,477	0	0			0.00%
100	48510		Police Programs	0	0	1			0.00%
100	48515		Park and Rec		0	532			0.00%
100	48520		Fire & Rescue	1,057	700	(240)			0.00%
			Subtotal	**112,153**	**197,900**	**90,773**	**-**	**-**	**0.00%**
			OTHER FINANCING SOURCES						
100	49100		Proceeds From Long Term Notes	0	0	0			0.00%
100	49130		Installment Contracts	0	0	0			0.00%
100	49140		State Trust Fund Loans	0	0	0			0.00%
100	49200		Transfer From Special Fund	268,500	268,500	134,250			0.00%
100	49222		Transfer From TID #5	0	0	0			0.00%
100	49223		Transfer From TID #7	0	0	0			0.00%
100	49240		Transfer From Capital Projects Fund	680,000	780,000	390,000			0.00%
100	49260		Transfer From Enterprise Fund (Water Utility)	0	0	0			0.00%
100	49261		Transfer From Enterprise Fund (Wastewater)	0	0	0			0.00%
100	49271		Transfer From Parkland Dedication Fund	0	0	0			0.00%
			Subtotal	**948,500**	**1,048,500**	**524,250**	**0**	**-**	**0.00%**
			TOTAL GENERAL FUND REVENUES	**15,629,708**	**16,325,437**	**11,407,551**	**12,454,162**	**156,920**	**-99.04%**

			City of De Pere						
			2016 General Fund						
			Adopted Budget						
REVENUES				2014	2015	2015	2015	2016	2016/ 2015
				Year End	Adopted	6 mos	Year End	Dept Head	Budget
			Account Title	Actual	Budget	Actual	Estimate	Proposed	% Of Change
100	49300		Fund Balances Applied	0	0	0	0	0	0.00%
			TOTAL GENERAL FUND REVENUES	$ 15,629,708	$ 16,325,437	$ 11,407,551	$ 12,454,162	$ 156,920	-99.04%

City of De Pere
2016 General Fund
Adopted Budget

EXPENDITURES

Human Services

HEALTH AND HUMAN SERVICES

Account Number			Account Title	2014 Year End Actual	2015 Adopted Budget	2015 6 mos Actual	2015 Year End Estimate	2016 Dept Head Proposed	2016 / 2015 Budget % Of Change
			PERSONAL SERVICES						
100	54100	110	Salaries	$ 165,448	$ 227,675	$ 110,963	$ 221,926	$ 244,490	7.39%
100	54100	120	Hourly Wages	34,823	34,962	16,750	33,500	35,661	2.00%
100	54100	125	Overtime Wages	0	0	0			0.00%
100	54100	150	FICA	14,095	20,092	9,534	19,068	21,432	6.67%
100	54100	151	Retirement	13,735	17,859	7,756	15,512	18,490	3.53%
100	54100	152	Health, Dental, DIB, Life & Wks Cmp Ins	68,247	97,209	41,422	82,844	103,769	6.75%
			Subtotal	**296,348**	**397,797**	**186,425**	**372,850**	**423,842**	**6.55%**
			CONTRACTUAL SERVICES						
100	54100	210	Telephone	1,694	1,700	854	1,708	1,700	0.00%
100	54100	211	Postage	0	0	0	0	0	0.00%
100	54100	212	Seminars and Conferences	1,091	1,500	218	1,500	1,500	0.00%
100	54100	215	Consulting	16,060	14,000	10,600	14,000	4,000	-71.43%
100	54100	218	Cell/Radio	483	480	206	480	480	0.00%
100	54100	240	Equipment Maintenance	36	900	105	900	900	0.00%
			Subtotal	**19,364**	**18,580**	**11,983**	**18,588**	**8,580**	**-53.82%**
			SUPPLIES AND EXPENSE						
100	54100	310	Office Supplies	1,367	2,000	1,092	2,000	2,000	0.00%
100	54100	320	Memberships/Subscriptions	513	530	0	530	633	19.43%
100	54100	324	Medical Supplies	7,640	8,000	1,266	8,000	8,525	6.56%
100	54100	330	Mileage Reimbursement	1,775	2,200	487	2,200	2,200	0.00%
100	54100	331	Transportation	404	1,200	326	1,200	1,200	0.00%

City of De Pere
2016 General Fund
Adopted Budget

EXPENDITURES

Human Services

HEALTH AND HUMAN SERVICES

			Account Title	2014 Year End Actual	2015 Adopted Budget	2015 6 mos Actual	2015 Year End Estimate	2016 Dept Head Proposed	2016 / 2015 Budget % Of Change
100	54100	351	MCH Grant	567	8,363	358	11,362	10,700	27.94%
100	54100	352	Radon Grant	0	2,500	1,025	2,500	2,500	0.00%
100	54100	353	MA Outreach			0	0	0	0.00%
100	54100	354	Childhood Lead Grant	438	1,962	7	1,962	1,962	0.00%
100	54100	355	Immunization Outreach Grant	1,006	6,843	88	8,008	8,008	17.02%
100	54100	356	Tobacco Cessation	0	0	0	0	0	0.00%
100	54100	357	Child w/spec needs Grant	0	0	0	11,525	0	0.00%
100	54100	358	Preparedness Grant	24,909	34,124	-1,708	35,624	34,450	0.96%
100	54100	359	Prevention Grant	1,400	1,459	9,580	3,467	3,600	146.74%
			Subtotal	**40,019**	**69,181**	**12,521**	**88,378**	**75,778**	**9.54%**
			CAPITAL OUTLAY						
100	54100	810	Capital Equipment	0	0	0			0.00%
			Subtotal	**0**	**0**	**0**	**0**	**0**	**0.00%**
			TOTAL	**$ 355,731**	**$ 485,558**	**$ 210,929**	**$ 479,816**	**$ 508,200**	**4.66%**

BOH Communicable Disease Report YTD 2015

**includes all suspect, probable and confirmed reports received*

Disease Name	Number of Incidents
Blastomycosis (suspect)	1
Campylobacter	4
Chlamydia	45
Cryptosporidiosis	1
E-Coli	3
Ehrlichiosis/Anaplasmosis	1
Giardiasis	1
Gonorrhea	2
Haemophilus Influenza, Invasive Disease	1
Hepatitis A	1
Hepatitis B	2
Hepatitis C	1
Influenza Associated Hospitalization	10
Legionellosis	1
Lyme Disease	2
Measles (suspect)	1
Mumps (suspect)	2
Mycobacterial Disease (Non-TB)	1
Parapertussis	1

Run date: 9/11/2015

Pertussis (Whooping Cough)	0
Salmonellosis	4
Shigellosis	1
Streptococcal Disease (Invasive Group A)	2
Streptococcal Disease (Invasive Group B)	2
Streptococcus Pneumoniae, Invasive Disease	1
Syphilis Reactor	0
Tuberculosis, Latent Infection (LTBI)	3
Varicella	2

Run date: 9/11/2015