



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
www.appleton.org

## Meeting Agenda - Final Board of Health

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Wednesday, February 12, 2020

7:00 AM

Council Chambers, 6th Floor

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1. Call meeting to order
2. Roll call of membership
3. Approval of minutes from previous meeting

[20-0171](#) January BOH Minutes

**Attachments:** [Jan 2020.pdf](#)

#### 4. Public Hearings/Apearances

#### 5. Action Items

[20-0172](#) Noise Variance Request - Unit - O-20 Sanitary Sewer CIPP Liner

**Attachments:** [2020-01-24 Noise Variance.pdf](#)

[19-1828](#) Noise Variance Request - Fox River House 2020

**Attachments:** [Noise Variance Request - Fox River House 2020.pdf](#)

[Fox River House - Bill Siebers.pdf](#)

**Legislative History**

12/11/19	Board of Health	recommended for approval
12/18/19	Common Council	referred to the Board of Health

[19-1703](#) WPHA Racial Equity Resolution

**Attachments:** [WPHA Racial Equity Resolution.pdf](#)

[CHR2019\\_WI.pdf](#)

[19-1184](#) Resolution #10-R-19 Beekeeping Permit Process Change

**Attachments:** [#10-R-19 Beekeeping Permit Process Changes.pdf](#)  
[Current - Residential Bee Keeping Permit Requirements.pdf](#)  
[Proposed - Residential Apiary Permit Requirements .pdf](#)  
[Current - Residential Apiary Permit Application .pdf](#)  
[Proposed - Residential Apiary Permit Application .pdf](#)

**Legislative History**

8/14/19	Board of Health	presented
11/13/19	Board of Health	held
1/8/20	Board of Health	held

[19-1454](#) Request to Clarify Bee Keeping Appeal Process

**Attachments:** [Beekeeping Permit Appeal Process Memo -updated 10.2.19.pdf](#)  
[Commerical Bee Keeping Permit Requirements.pdf](#)  
[Residential Bee Keeping Permit Requirements.pdf](#)

**Legislative History**

11/13/19	Board of Health	held
1/8/20	Board of Health	held

[19-1948](#) #18-R-19 Emotional Support Animals

**Attachments:** [#18-R-19 Emotional Support Animals.pdf](#)

**Legislative History**

1/8/20	Board of Health	presented
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**6. Information Items**[20-0179](#) Fourth Quarter 2019 Report

**Attachments:** [Fourth Quarter 2019 Report.pdf](#)  
[Fourth Quarter 2019 Executive Summary .pdf](#)

[20-0180](#) Fourth Quarter 2019 Budget Performance Review

**Attachments:** [Department Budget Review Fourth Quarter 2019.pdf](#)  
[Summary Budget Review Fourth Quarter 2019.pdf](#)

[20-0173](#) Environmental, Weight's & Measures 2019 Survey Results

**Attachments:** [Env, W&M 2019 Survey Results.pdf](#)

[20-0170](#) Noise Variance Approvals

***Attachments:*** [Noise Variance Requests 021220.pdf](#)

[20-0168](#) Coronavirus Update

[20-0169](#) Health Officer Update

## 7. Adjournment

*Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.*

*Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.*



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
www.appleton.org

## Meeting Minutes - Final Board of Health

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Wednesday, January 8, 2020

7:00 AM

Council Chambers, 6th Floor

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1. Call meeting to order

2. Roll call of membership

**Cathy Spears arrived at 7:04am**

**Present:** 6 - Hanna, Spears, Vogel, Nelson, Mielke and Fenton

3. Approval of minutes from previous meeting

[19-1949](#)

December BOH Minutes

**Attachments:** [December 2019 BOH Minutes.pdf](#)

**Mielke moved, seconded by Fenton, that the minutes be approved. Motion carried by the following vote:**

**Aye:** 6 - Hanna, Spears, Vogel, Nelson, Mielke and Fenton

4. **Public Hearings/Appearances**

5. **Action Items**

[19-1708](#)

Resolution #15-R-19 Youth Mental Health

**Attachments:** [#15-R-19 Youth Mental Health.pdf](#)

[Psychiatric News Article 091919.pdf](#)

[Jessica Anderson Email 10312019.pdf](#)

[Jessica Anderson Questions 11202019.pdf](#)

[WCASA Letter 11252019.pdf](#)

[Mark & Jane Issac Email 11272019.pdf](#)

[Additional related emails.pdf](#)

[Youth Mental Health Resolution - Amendment 1.8.2020.pdf](#)

*Motion made to amend resolution so that alleged violations are referred to the State for investigation and enforcement, the \$1,000 fine is eliminated, and deleted a reference to a City license for physical and/or mental health practice.*

**Hanna moved, seconded by Spears, that the Resolution #15-R-19 Youth Mental Health be amended. Motion carried by the following vote:**

**Aye:** 6 - Spears, Vogel, Nelson, Mielke, Hanna and Fenton

**Hanna moved, seconded by Spears, that the Resolution #15-R-19 Youth Mental Health be recommended for approval as amended. Motion carried by the following vote:**

**Aye:** 6 - Spears, Vogel, Nelson, Mielke, Hanna and Fenton

[19-1184](#)

Resolution #10-R-19 Beekeeping Permit Process Change

**Attachments:** [#10-R-19 Beekeeping Permit Process Changes.pdf](#)  
[Current - Residential Bee Keeping Permit Requirements.pdf](#)  
[Proposed - Residential Apiary Permit Requirements .pdf](#)  
[Current - Residential Apiary Permit Application .pdf](#)  
[Proposed - Residential Apiary Permit Application .pdf](#)

**This Action Item was held**

[19-1454](#)

Request to Clarify Bee Keeping Appeal Process

**Attachments:** [Beekeeping Permit Appeal Process Memo -updated 10.2.19.pdf](#)  
[Commerical Bee Keeping Permit Requirements.pdf](#)  
[Residential Bee Keeping Permit Requirements.pdf](#)

**This Action Item was held**

## **6. Information Items**

[19-1947](#)

#17-R-19 Racism as a Public Health Crisis Resolution

**Attachments:** [#17-R-19 Racism as a Public Health Crisis Resolution.pdf](#)

**This item was presented**

[19-1948](#)

#18-R-19 Emotional Support Animals

**Attachments:** [#18-R-19 Emotional Support Animals.pdf](#)

**This item was presented**

[19-1827](#)

October Monthly Report

**Attachments:** [October 2019 Monthly Report.pdf](#)

**This item was presented**

[19-1950](#)

November Monthly Report

**Attachments:** [November 2019 Monthly Report.pdf](#)

**This item was presented**

7. Adjournment

**Meilke moved, seconded by Vogel, that the meeting be ajourned. Motion carried by the following vote:**

**Aye:** 6 - Spears, Vogel, Nelson, Mielke, Hanna and Fenton



"...meeting community needs...enhancing quality of life."

**DEPARTMENT OF PUBLIC WORKS**

**Engineering Division**  
**100 North Appleton Street**  
**Appleton, WI 54911**  
**TEL (920) 832-6474**  
**FAX (920) 832-6489**

January 24, 2020

Health Officer  
City of Appleton Health Department  
100 N. Appleton Street  
Appleton, WI 54911

RE: Request for Noise Variance  
Unit O-20 Sanitary Sewer CIPP Liner

Dear Mr. Eggebrecht:

This letter is to request a noise variance for an upcoming Department of Public Works project in the City of Appleton. The project will consist of installing a cured-in-place pipe (CIPP), in the sanitary and storm sewer system, and take place on the following streets and/or easements:

1. Pierce Park – Prospect Ave. to Intersection of Pine St. & Lehman La.
2. Easement at Cherry Ct. – Cherry Ct. northwest 181' into the Ravine
3. Easement at Cherry Ct. – Cherry Ct. southwest 190' into the Ravine
4. Easement at Ravina Pl. – Ravina Pl. southwest 128' into the Ravine
5. Easement at Ravina Pl. – Memorial Dr. west 350' into the Ravine
6. River Rd. – River Rd. north 50' into the Ravine

Plans for this project will go out for bid in February or March. The contractor will be given a duration of June through August of 2020 to complete the project.


Depending on the size and length of the pipe, the CIPP process can impact the sewer service to a business or resident from 8 to 48 hours for this project. The residents may hear sounds, intermittent throughout the project, related to heavy equipment such as a crane, boilers, air compressor, truck traffic and deliveries of materials. When installation of the CIPP is taking place, the boilers may run constant through the night.

There is an odor that is emitted in this CIPP process. The odor is from styrene, which is a component of the resin that cures the line. Styrene has a very distinct odor, for example, like the smell of latexes, paint or polyester resins. The City has been using this method of CIPP for many years, so I do not anticipate any problems from the odor.

The residents will be notified of the project by a courtesy notice from the City and we will also require the contractor to send a notice out one week prior to the liner installation. Additional communication from the contractor will be made to the residents where sewer interruptions will occur.

Thank you and please do not hesitate to call me at 920.832.5915 if you have any questions.

Sincerely,



Chad M. Weyenberg, P.E.  
Project Engineer

c: Project File

**From:** Fox River House [mailto:[foxriverhouse@gmail.com](mailto:foxriverhouse@gmail.com)]  
**Sent:** Thursday, November 21, 2019 3:48 PM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** Variance to noise ordinance request

Kurt,

This email serves as a request for a variance to Appleton's noise ordinance for Fox River House, 211 South Walnut Street, Appleton, Wisconsin.

For the purposes of playing live music on our back patio in the summer months, we request a variance to Appleton's noise ordinance for the following times:

**May 29, 2020 through September 27, 2020**

Fridays 7:00pm to 10:00pm

Saturdays 4:00pm to 8:00pm **or** 6:00pm to 9:00pm (most will be 4pm to 8pm; no more than 3 will be 6:00pm to 9:00pm)

Contacts during these times will be:

Facebook message Fox River House

Or

Steve Olson (co-owner)  
920.450.7619

Tim Ceman (co-owner)  
920.205.0515

Thanks,  
Steve Olson



**From:** Kurt Eggebrecht <kurt.eggebrecht@appleton.org>  
**Sent:** Thursday, February 06, 2020 11:53 AM  
**To:** Britney K. Stobbe <Britney.Stobbe@Appleton.org>  
**Subject:** FW: REason why

For BOH/Fox River House

Kurt Eggebrecht  
Health officer  
Appleton Health Department  
920-832-6429

**From:** William Siebers <[siebersw@yahoo.com](mailto:siebersw@yahoo.com)>  
**Sent:** Thursday, February 6, 2020 5:11 AM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** REason why

Good morning Kurt. There seems to be some confusion. Hopefully I can explain myself better than I. I refer the noise variance back of Fox River House because I received a couple complaints last year regarding loud music at night coming from . . . It was ASSUMED that it was coming from FoX River House. I live a little over a mile away and I heard it at 9p. it was a Sunday night I recall. I never checked it out so I don't know if it was from Fox River house and I NEVER checked it out with you. Nevertheless, I wanted to have contact with the owners of Fox River House regarding their request and establish some kind of relationship. I was not able to do this prior to the initial vote on this. Even though the owners met with neighbors immediately surrounding the establishment and the neighbors were satisfied, I still wanted to meet with the owners. I found out that they aren't necessarily owners that are there a lot. However, in talking with the staff I learned the best way to communicate with them and I was assured that they are quick to respond. That satisfied me. I just want to make sure if there are problems resulting from music being played outside I can get them quickly addressed. Being that I am not in opposition of the noise variance I see no need to attend the Health Committee meeting and appreciate the committee's understanding of my refer back. Have a great day.

Attention: This message was sent from a source external to the City of Appleton. Please use caution when opening attachments or clicking links.

## 2018 RESOLUTION

### Racism is a Public Health Crisis

**WHEREAS**, race is a social construction with no biologic basis<sup>1</sup>; and

**WHEREAS**, racism is a social system with multiple dimensions: individual racism is internalized or interpersonal; and systemic racism is institutional or structural, and is a system of structuring opportunity and assigning value based on the social interpretation of how one looks, that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources <sup>2,3</sup>; and

**WHEREAS**, racism causes persistent racial discrimination in housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism is a social determinant of health<sup>1,4</sup>; and

**WHEREAS**, more than 100 studies have linked racism to worse health outcomes<sup>5</sup>; and

**WHEREAS**, in Wisconsin, the highest excess death rates exist for African American and Native Americans, at every stage in the life course <sup>6,7</sup>, and our infant mortality rate for infants of non-Hispanic black women is the highest in the nation <sup>8</sup>; and

**WHEREAS**, the American Public Health Association (APHA) launched a National Campaign Against Racism <sup>3</sup>; and

**WHEREAS**, Healthiest Wisconsin 2020 states that, “Wisconsin must address persistent disparities in health outcomes, and the social, economic, educational and environmental inequities that contribute to them” <sup>9</sup>; and

**WHEREAS**, the Wisconsin Public Health Association has adopted in 2010 the resolution “Achieving Health Equity” and in 2014 the resolution “Promoting a Health in all Policies (HIAP) Framework to Guide Policymaking” and in 2017 convened a Racial Equity Workgroup; and

**WHEREAS**, public health’s responsibilities to address racism include reshaping our discourse and agenda so that we all actively engage in racial justice work; and

**WHEREAS**, while there is no epidemiologic definition of “crisis”, the health impact of racism clearly rises to the definition proposed by Galea: “The problem must affect large numbers of people, it must threaten health over the long-term, and it must require the adoption of large-scale solutions”.<sup>10</sup>

**THEREFORE, BE IT RESOLVED** that the Wisconsin Public Health Association:

1. Asserts that racism is a public health crisis affecting our entire society

2. Conducts an assessment of internal policy and procedures to ensure racial equity is a core element of WPHA, led by the Board in collaboration with the Racial Equity Workgroup and other relevant parties, communicates results of assessment, and determines appropriate interval for reassessment
3. Works to create an equity and justice oriented organization,<sup>11</sup> with the Board and Committees identifying specific activities to increase diversity and to incorporate anti-racism principles across WPHA membership, leadership, staffing and contracting
4. Incorporates into the organizational workplan educational efforts to address and dismantle racism, expand members' understanding racism, and how racism affects individual and population health and provide tools to assist members to engage actively and authentically with communities of color
5. Advocates for relevant policies that improve health in communities of color, and supports local, state, and federal initiatives that advance social justice, while also encouraging individual member advocacy to dismantle systemic racism
6. Works to build alliances and partnerships with other organizations that are confronting racism and encourages other local, state and national entities to recognize racism as a public health crisis

Fiscal impact: The WPHA Board will consider in the organization's budget allocating adequate financial resources to accomplish these activities.

Adopted at the WPHA Business Meeting on May 22, 2018.

#### References:

1. García JJ, Sharif MZ. *Black Lives Matter: A Commentary on Race and Racism*. AmJ Public Health. 2015;105: e27–e30. doi:10.2105/AJPH.2015.302706
2. Jones CP. *Confronting Institutionalized Racism*. Phylon. 2002;50(1/2):7--22.
3. American Public Health Association. Racism and Health. Available at: <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>. Accessed February 20, 2018.
4. Flynn, A., Holmberg, S., Warren, D., and Wong, F. *REWRITE the Racial Rules: Building an Inclusive American Economy*. Roosevelt Institute, 2016.
5. Institute of Medicine. *Unequal Treatment*. <https://www.nap.edu/read/10260/chapter/2#7>. Accessed 3/2/2018.
6. Hatchell K, Handrick L, Pollock EA and Timberlake K. Health of Wisconsin Report Card-2016. University of Wisconsin Population Health Institute, 2016.
7. Healthiest Wisconsin 2020 Baseline and Health Disparities Report. <http://www.dhs.wisconsin.gov/hw2020/>. Accessed 2/23/2018.
8. Mathews,TJ., Ely,D., and Driscoll, A. *State Variations in Infant Mortality by Race and Hispanic Origin of Mother, 2013–2015*. NCHS Data Brief. No. 295, January 2018
9. Wisconsin Department of Health Services, Division of Public Health, Office of Policy and Practice Alignment. *Healthiest Wisconsin 2020: Everyone Living Better, Longer. A State Health Plan to Improve Health Across the Life Span, and Eliminate Health Disparities and Achieve Health Equity*. P-00187. July 2010.

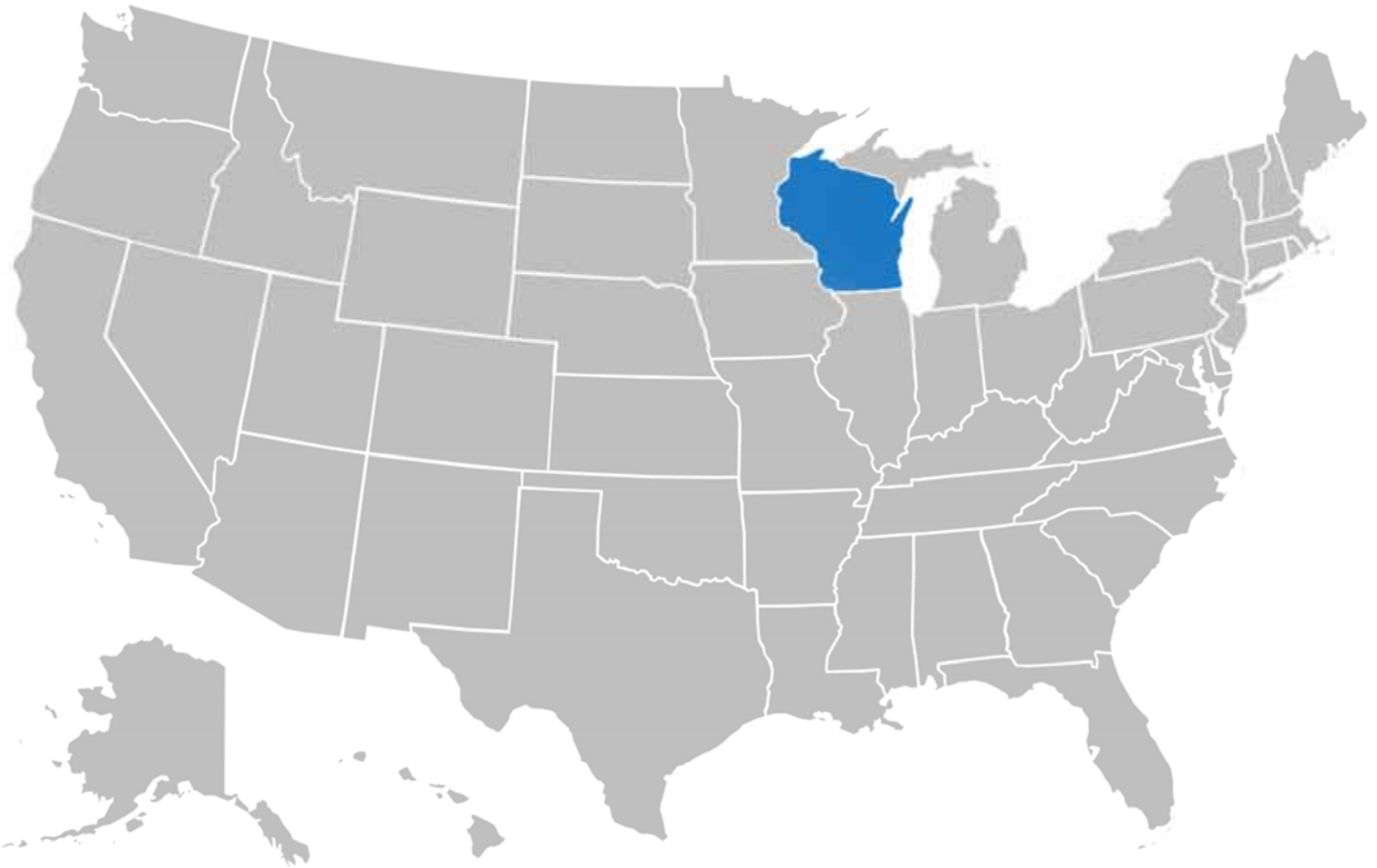
10. Galea, Sandro. *Crying "Crisis"*. Dean's Note. Boston University School of Public Health. <https://www.bu.edu.sph/2017/04/23/crying-crisis/>. Accessed 4.13.2018.
11. Jackson, B. W (2006). Theory and practice of multicultural organization development. In Jones, B. B. & Brazzel, M. (Eds.), *The NTL Handbook of Organization Development and Change* (pps. 139-154). San Francisco, CA, Pfeiffer.

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# Wisconsin



## 2019 County Health Rankings Report

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.



Support provided by

Robert Wood Johnson Foundation

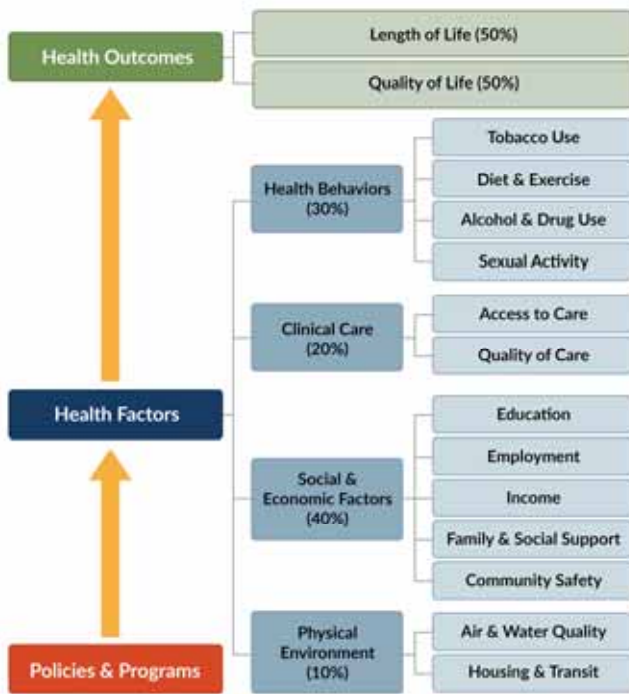


The County Health Rankings & Roadmaps (CHR&R) brings actionable data, evidence, guidance, and stories to communities to make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation (based on the model below), CHR&R illustrates what we know when it comes to what is keeping people healthy or making them sick and shows what we can do to create healthier places to live, learn, work, and play.

### What are the County Health Rankings?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

Communities use the Rankings to garner support for local health improvement initiatives among government agencies, health care providers, community organizations, business leaders, policymakers, and the public.



### Moving with Data to Action

The Take Action to Improve Health section of our website, [countyhealthrankings.org](http://countyhealthrankings.org), helps communities join together to look at the many factors influencing health, select strategies that work, and make changes that will have a lasting impact. Take Action to Improve Health is a hub of information to help any community member or leader who wants to improve their community’s health and equity. You will find:

- What Works for Health, a searchable menu of evidence-informed policies and programs that can make a difference locally;
- The Action Center, your home for step-by-step guidance and tools to help you move with data to action;
- Action Learning Guides, self-directed learning on specific topics with a blend of guidance, tools, and hands-on practice and reflection activities;
- The Partner Center, information to help you identify the right partners and explore tips to engage them;
- Peer Learning, a virtual, interactive place to learn with and from others about what works in communities; and
- Action Learning Coaches, located across the nation, who are available to provide real-time guidance to local communities interested in learning how to accelerate their efforts to improve health and advance equity.

The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.



## Opportunities for Health Vary by Place and Race

Our country has achieved significant health improvements over the past century. We have benefited from progress in automobile safety, better workplace standards, good schools and medical clinics, and reductions in smoking and infectious diseases. But when you look closer, there are significant differences in health outcomes according to where we live, how much money we make, or how we are treated. The data show that, in counties everywhere, not everyone has benefited in the same way from these health improvements. There are fewer opportunities and resources for better health among groups that have been historically marginalized, including people of color, people living in poverty, people with physical or mental disabilities, LGBTQ persons, and women.

## Differences in Opportunity Have Been Created, and Can Be Undone

Differences in opportunity do not arise on their own or because of the actions of individuals alone. Often, they are the result of policies and practices at many levels that have created deep-rooted barriers to good health, such as unfair bank lending practices, school funding based on local property taxes, and discriminatory policing and prison sentencing. The collective effect is that a fair and just opportunity to live a long and healthy life does not exist for everyone. Now is the time to change how things are done.

## Measure What Matters

Achieving health equity means reducing and ultimately eliminating unjust and avoidable differences in health and in the conditions and resources needed for optimal health. This report provides data on differences in health and opportunities in Wisconsin that can help identify where action is needed to achieve greater equity and offers information on how to move with data to action.

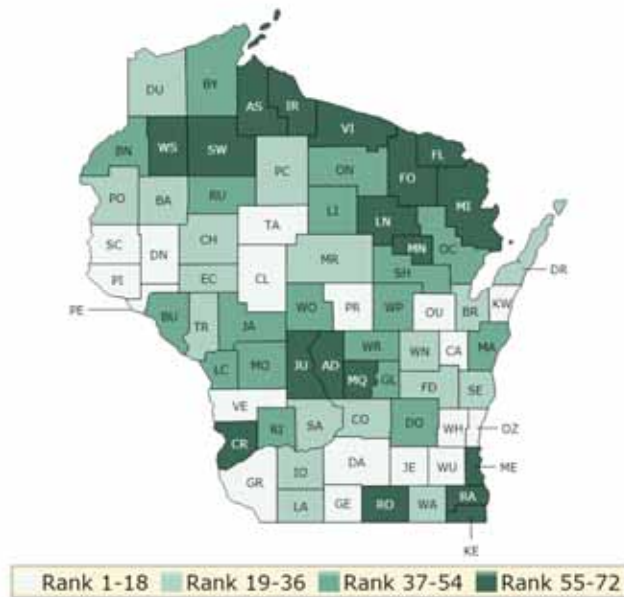
Specifically, this report will help illuminate:

1. Differences in health outcomes within the state by place and racial/ethnic groups
2. Differences in health factors within the state by place and racial/ethnic groups
3. What communities can do to create opportunity and health for all

## Differences in Health Outcomes within States by Place and Racial/Ethnic Groups

### How Do Counties Rank for Health Outcomes?

Health outcomes in the County Health Rankings represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight newborns. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org)



The green map above shows the distribution of Wisconsin’s **health outcomes**, based on an equal weighting of length and quality of life. The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 10 at the end of this report.

### How Do Health Outcomes Vary by Race/Ethnicity?

Length and quality of life vary not only based on where we live, but also by our racial/ethnic background. In Wisconsin, there are differences by race/ethnicity in length and quality of life that are masked when we only look at differences by place. The table below presents the five underlying measures that make up the Health Outcomes rank. Explore the table to see how health differs between the healthiest and the least healthy counties in Wisconsin, and among racial/ethnic groups.

#### Differences in Health Outcome Measures among Counties and for Racial/Ethnic Groups in Wisconsin

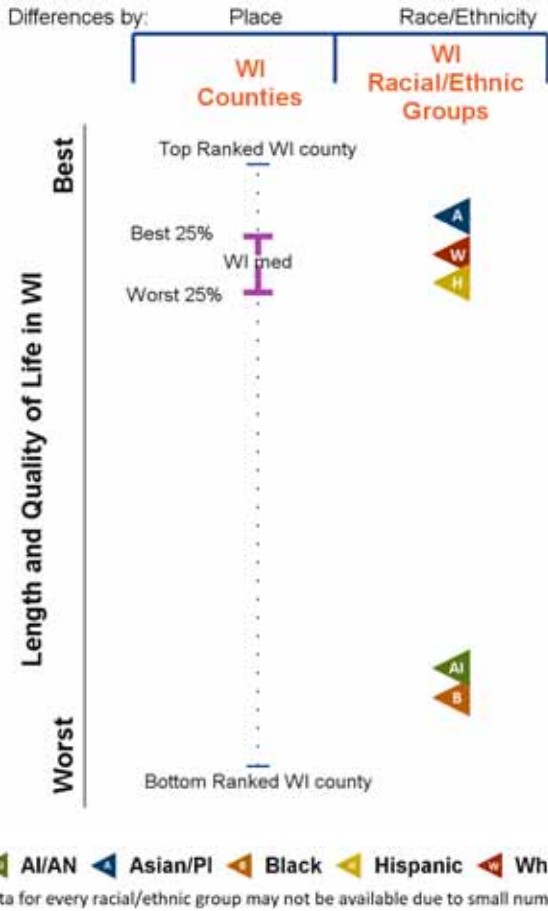
	Healthiest WI County	Least Healthy WI County	AI/AN	Asian/PI	Black	Hispanic	White
<b>Premature Death</b> (years lost/100,000)	4,300	16,300	13,200	4,100	13,200	4,600	5,800
<b>Poor or Fair Health</b> (%)	11%	32%	21%	9%	27%	21%	14%
<b>Poor Physical Health Days</b> (avg)	2.8	6.3	4.8	4.6	4.2	4.0	3.5
<b>Poor Mental Health Days</b> (avg)	3.1	5.8	8.7	2.6	3.8	4.3	3.7
<b>Low Birthweight</b> (%)	6%	8%	7%	8%	14%	7%	6%

American Indian/Alaskan Native (AI/AN), Asian/Pacific Islander (Asian/PI)

N/A = Not available. Data for all racial/ethnic groups may not be available due to small numbers



### Health Outcomes in Wisconsin



The graphic to the left compares measures of length and quality of life by place (Health Outcomes ranks) and by race/ethnicity. To learn more about this composite measure, see the technical notes on page 14.

Taken as a whole, measures of length and quality of life in Wisconsin indicate:

- American Indians/Alaskan Natives are most similar in health to those living in the least healthy quartile of counties.
- Asians/Pacific Islanders are most similar in health to those living in the healthiest quartile of counties.
- Blacks are most similar in health to those living in the least healthy quartile of counties.
- Hispanics are most similar in health to those living in the middle 50% of counties.
- Whites are most similar in health to those living in the middle 50% of counties.

(Quartiles refer to the map on page 4.)

AI/AN - American Indian/Alaskan Native/Native American  
 Asian/PI - Asian/Pacific Islander

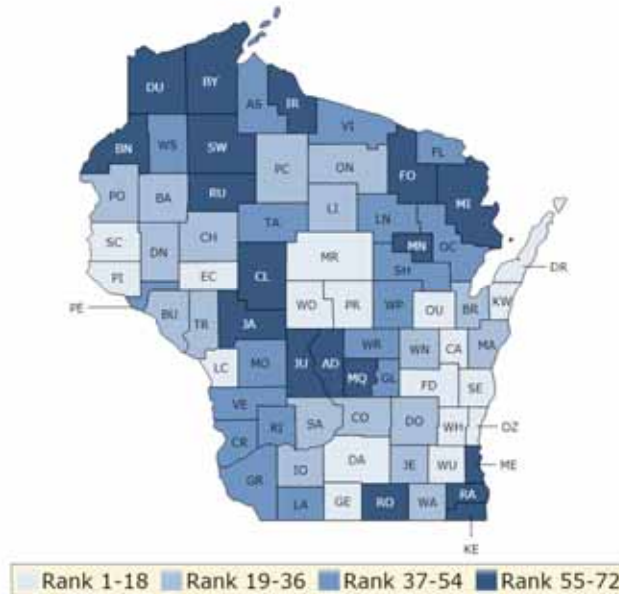
Across the US, values for measures of length and quality of life for Native American, Black, and Hispanic residents are regularly worse than for Whites and Asians. For example, even in the healthiest counties in the US, Black and American Indian premature death rates are about 1.4 times higher than White rates. Not only are these differences unjust and avoidable, they will also negatively impact our changing nation’s future prosperity.



## Differences in Health Factors within States by Place and Racial/Ethnic Groups

### How Do Counties Rank for Health Factors?

Health factors in the County Health Rankings represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).



The blue map above shows the distribution of Wisconsin’s **health factors** based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org). The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 10.

### What are the Factors That Drive Health and Health Equity and How Does Housing Play a Role?

Health is influenced by a range of factors. Social and economic factors, like connected and supportive communities, good schools, stable jobs, and safe neighborhoods, are foundational to achieving long and healthy lives. These social and economic factors also interact with other important drivers of health and health equity. For example, housing that is unaffordable or unstable can either result from poverty or exacerbate it. When our homes are near high performing schools and good jobs, it’s easier to get a quality education and earn a living wage. When people live near grocery stores where fresh food is available or close to green spaces and parks, eating healthy and being active is easier. When things like lead, mold, smoke, and other toxins are inside our homes, they can make us sick. And when so much of a paycheck goes toward the rent or mortgage, it makes it hard to afford to go to the doctor, cover the utility bills, or maintain reliable transportation to work or school.

### How Do Opportunities for Stable and Affordable Housing Vary in Wisconsin?

Housing is central to people’s opportunities for living long and well. Nationwide, housing costs far exceed affordability given local incomes in many communities. As a result, people have no choice but to spend too much on housing, leaving little left for other necessities. Here, we focus on stable and affordable housing as an essential element of healthy communities. We also explore the connection between housing and children in poverty to illuminate the fact that these issues are made even more difficult when family budgets are the tightest.

## In 2017, in Wisconsin, more than 180,000 children lived in poverty

<p><b>49% of Wisconsin’s children in poverty were living in a household that spends more than ½ of its income on housing costs</b></p> 	<p style="text-align: center; color: #c0504d;"><i>Leaving little left over for other essentials like...</i></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Healthy Food</p> </div> <div style="text-align: center;">  <p>Transportation</p> </div> <div style="text-align: center;">  <p>Medical Care</p> </div> </div>
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### What can work to create and preserve stable and affordable housing that can improve economic and social well-being and connect residents to opportunity?

A comprehensive, strategic approach that looks across a community and multiple sectors is needed to create and preserve stable, affordable housing in our communities. The way forward requires policies, programs, and systems changes that respond to the specific needs of each community, promote inclusive and connected neighborhoods, reduce displacement, and enable opportunity for better health for all people. This includes efforts to:

**Make communities more inclusive and connected, such as:**

- Inclusive zoning
- Civic engagement in public governance and in community development decisions
- Fair housing laws and enforcement
- Youth leadership programs
- Access to living wage jobs, quality health care, grocery stores, green spaces and parks, and public transportation systems

**Facilitate access to resources needed to secure affordable housing, particularly for low- to middle-income families, such as:**

- Housing choice vouchers for low- and very low-income households
- Housing trust funds

**Address capital resources needed to create and preserve affordable housing, particularly for low- to middle-income families, such as:**

- Acquisition, management, and financing of land for affordable housing, like land banks or land trusts
- Tax credits, block grants, and other government subsidies or revenues to advance affordable housing development
- Zoning changes that reduce the cost of housing production

For more information about evidence-informed strategies that can address priorities in your community, visit What Works for Health at [countyhealthrankings.org/whatworks](http://countyhealthrankings.org/whatworks)

This report explores statewide data. To dive deeper into your county data, visit [Use the Data at countyhealthrankings.org](http://countyhealthrankings.org)

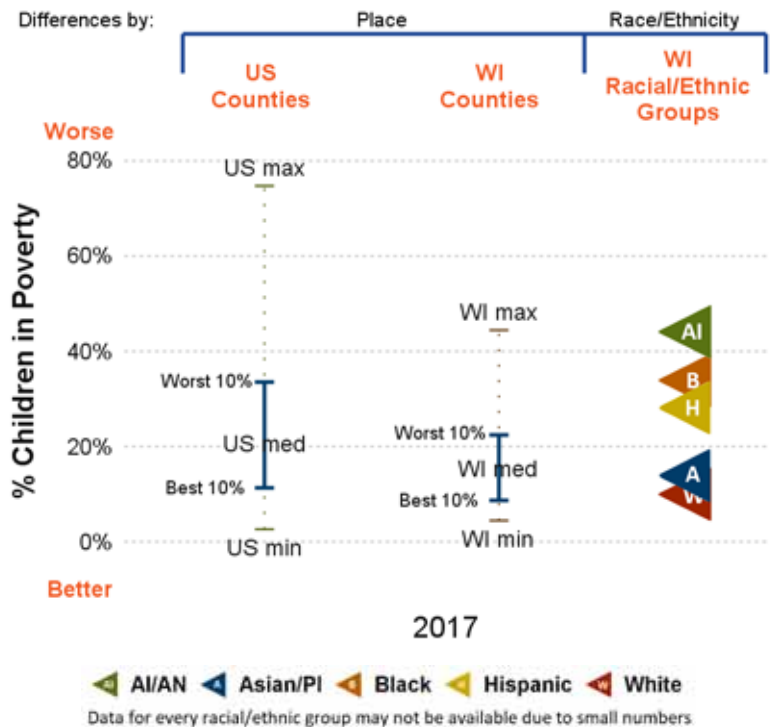
*Consider these questions as you look at the data graphics throughout this report:*

- What differences do you see among counties in your state?
- What differences do you see by racial/ethnic groups in your state?
- How do counties in your state compare to all U.S. counties?
- What patterns do you see? For example, do some racial/ethnic groups fare better or worse across measures?

### CHILDREN IN POVERTY

Poverty limits opportunities for quality housing, safe neighborhoods, healthy food, living wage jobs, and quality education. As poverty and related stress increase, health worsens.

- In Wisconsin, 15% of children are living in poverty.
- Children in poverty among Wisconsin counties range from 5% to 44%.
- Child poverty rates among racial/ethnic groups in Wisconsin range from 10% to 44%.

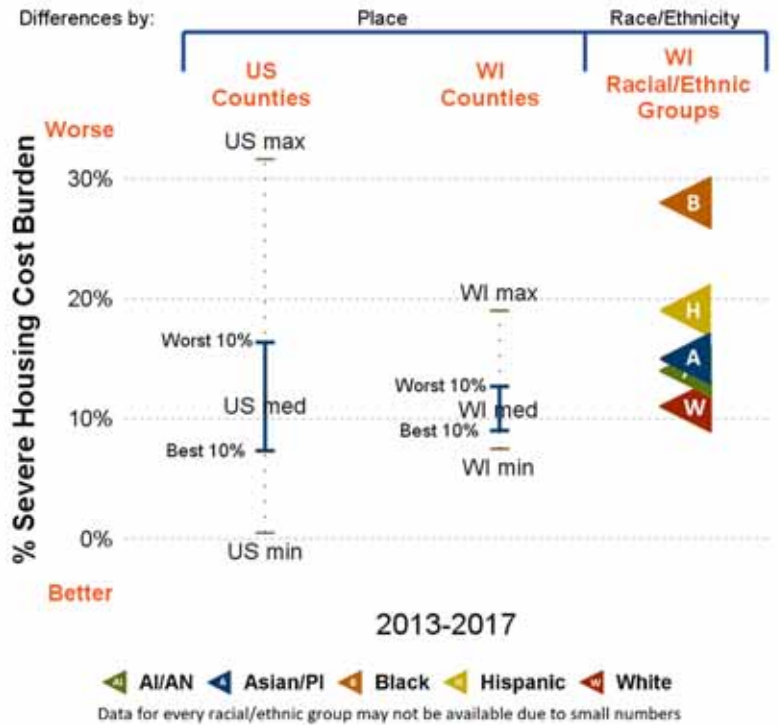


US and state values and the state minimum and maximum can be found in the table on page 12  
 American Indian/Alaskan Native/Native American (AI/AN)      Asian/Pacific Islander (Asian/PI)

### SEVERE HOUSING COST BURDEN

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs.

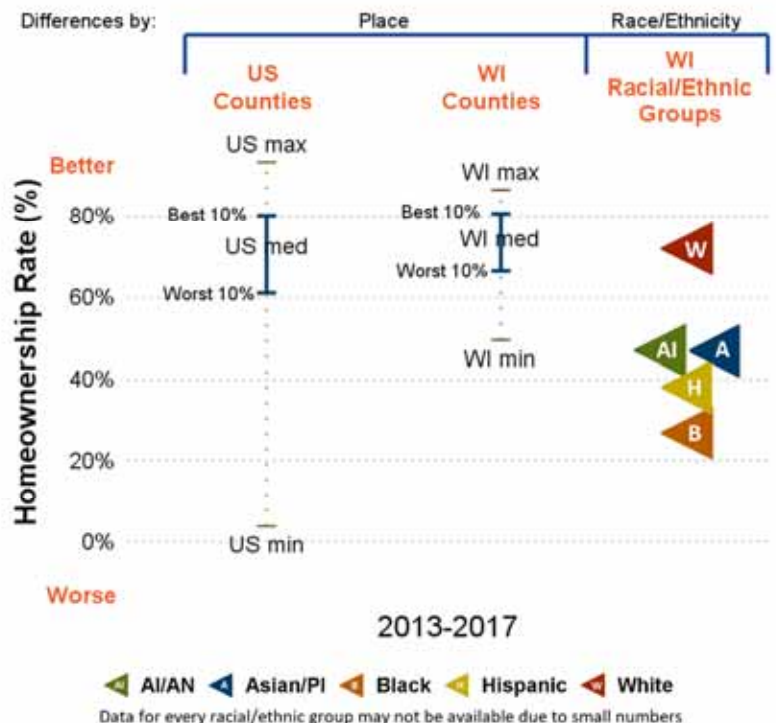
- In Wisconsin, 13% of households spend more than half of their income on housing costs.
- Across Wisconsin counties, severe housing cost burden ranges from 7% to 19% of households.
- Severe housing cost burden ranges from 11% to 28% among households headed by different racial/ethnic groups in Wisconsin.



### HOMEOWNERSHIP

Homeownership has historically been a springboard for families to enter the middle class. Owning a home over time can help build savings for education or for other opportunities important to health and future family wealth. High levels of homeownership are associated with more stable housing and more tightly knit communities.

- In Wisconsin, 67% of households own their home.
- Homeownership rates among Wisconsin counties range from 50% to 87% of households.
- Homeownership rates among racial/ethnic groups in Wisconsin range from 27% to 72%.



## 2019 County Health Rankings for the 72 Ranked Counties in Wisconsin

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	67	70	Florence	66	44	Marathon	19	14	Rusk	44	60
Ashland	64	51	Fond du Lac	29	15	Marinette	55	58	Sauk	24	31
Barron	21	24	Forest	69	69	Marquette	61	62	Sawyer	70	68
Bayfield	49	55	Grant	14	46	Menominee	72	72	Shawano	41	40
Brown	31	36	Green	10	12	Milwaukee	71	71	Sheboygan	27	10
Buffalo	40	29	Green Lake	53	47	Monroe	48	41	St. Croix	3	7
Burnett	47	67	Iowa	25	20	Oconto	52	49	Taylor	6	42
Calumet	5	5	Iron	62	56	Oneida	39	21	Trempealeau	35	19
Chippewa	22	23	Jackson	54	59	Outagamie	16	8	Vernon	13	48
Clark	18	61	Jefferson	15	22	Ozaukee	1	1	Vilas	68	52
Columbia	28	32	Juneau	58	65	Pepin	7	43	Walworth	36	25
Crawford	56	50	Kenosha	60	66	Pierce	8	16	Washburn	57	39
Dane	12	3	Kewaunee	11	11	Polk	34	26	Washington	2	4
Dodge	37	34	La Crosse	38	6	Portage	9	17	Waukesha	4	2
Door	20	9	Lafayette	32	37	Price	30	35	Waupaca	50	38
Douglas	26	57	Langlade	63	54	Racine	65	63	Waushara	46	53
Dunn	17	28	Lincoln	51	33	Richland	42	45	Winnebago	23	30
Eau Claire	33	13	Manitowoc	43	27	Rock	59	64	Wood	45	18



### Stay Up-To-Date with County Health Rankings & Roadmaps

For the latest updates on our Rankings, community support, RWJF Culture of Health Prize communities, and more visit [countyhealthrankings.org/news](http://countyhealthrankings.org/news). You can see what we're featuring on our webinar series, what communities are doing to improve health, and how you can get involved!

## 2019 County Health Rankings for Wisconsin: Measures and National/State Results

Measure	Description	US	WI	WI Minimum	WI Maximum
<b>HEALTH OUTCOMES</b>					
Premature death	Years of potential life lost before age 75 per 100,000 population	6900	6,300	4,100	16,300
Poor or fair health	% of adults reporting fair or poor health	16%	15%	10%	32%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.6	2.8	6.3
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.8	3.8	3.1	5.8
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7%	4%	10%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	% of adults who are current smokers	17%	17%	12%	33%
Adult obesity	% of adults that report a BMI ≥ 30	29%	31%	24%	38%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.7	8.8	6.6	9.2
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	22%	20%	15%	28%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	84%	86%	11%	98%
Excessive drinking	% of adults reporting binge or heavy drinking	18%	26%	20%	29%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	29%	36%	11%	67%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	497.3	466.0	89.6	1,122.5
Teen births	# of births per 1,000 female population ages 15-19	25	18	4	64
<b>CLINICAL CARE</b>					
Uninsured	% of population under age 65 without health insurance	10%	6%	4%	18%
Primary care physicians	Ratio of population to primary care physicians	1,330:1	1,250:1	10,030:1	600:1
Dentists	Ratio of population to dentists	1,460:1	1,470:1	9,990:1	580:1
Mental health providers	Ratio of population to mental health providers	440:1	530:1	6,580:1	260:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,520	3,971	1,892	6,381
Mammography screening	% of female Medicare enrollees ages 65-74 that receive mammography screening	41%	50%	33%	62%
Flu vaccinations	% of Medicare enrollees who receive an influenza vaccination	45%	52%	25%	63%
<b>SOCIAL AND ECONOMIC FACTORS</b>					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	89%	77%	98%
Some college	% of adults ages 25-44 with some post-secondary education	65%	69%	42%	84%
Unemployment	% of population aged 16 and older unemployed but seeking work	4.4%	3.3%	2.4%	6.2%
Children in poverty	% of children under age 18 in poverty	18%	15%	5%	44%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	4.3	3.5	5.7
Children in single-parent households	% of children that live in a household headed by a single parent	33%	31%	18%	68%
Social associations	# of membership associations per 10,000 population	9.3	11.6	7.7	21.7
Violent crime	# of reported violent crime offenses per 100,000 population	386	298	0	1,020
Injury deaths	# of deaths due to injury per 100,000 population	67	77	47	151
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.6	8.6	6.2	11.7
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	N/A	N/A	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	18%	15%	10%	22%
Driving alone to work	% of workforce that drives alone to work	76%	81%	73%	91%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	35%	27%	13%	44%

## 2019 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Source	Years of Data
<b>HEALTH OUTCOMES</b>			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2015-2017
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2016
	Poor physical health days	Behavioral Risk Factor Surveillance System	2016
	Poor mental health days	Behavioral Risk Factor Surveillance System	2016
	Low birthweight	National Center for Health Statistics – Natality files	2011-2017
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2016
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2015
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2015 & 2016
	Physical inactivity	CDC Diabetes Interactive Atlas	2015
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & U.S. Census Files	2010 & 2018
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2016
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2013-2017
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2016
	Teen births	National Center for Health Statistics – Natality files	2011-2017
<b>CLINICAL CARE</b>			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2016
	Primary care physicians	Area Health Resource File/American Medical Association	2016
	Dentists	Area Health Resource File/National Provider Identification file	2017
	Mental health providers	CMS, National Provider Identification file	2018
Quality of Care	Preventable hospital stays	Mapping Medicare Disparities Tool	2016
	Mammography screening	Mapping Medicare Disparities Tool	2016
	Flu vaccinations	Mapping Medicare Disparities Tool	2016
<b>SOCIAL AND ECONOMIC FACTORS</b>			
Education	High school graduation	State-specific sources & ED Facts	Varies
	Some college	American Community Survey	2013-2017
Employment	Unemployment	Bureau of Labor Statistics	2017
Income	Children in poverty	Small Area Income and Poverty Estimates	2017
	Income inequality	American Community Survey	2013-2017
Family and Social Support	Children in single-parent households	American Community Survey	2013-2017
	Social associations	County Business Patterns	2016
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2014 & 2016
	Injury deaths	CDC WONDER mortality data	2013-2017
<b>PHYSICAL ENVIRONMENT</b>			
Air and Water Quality	Air pollution – particulate matter*	Environmental Public Health Tracking Network	2014
	Drinking water violations	Safe Drinking Water Information System	2017
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2011-2015
	Driving alone to work	American Community Survey	2013-2017
	Long commute – driving alone	American Community Survey	2013-2017

\*Not available for AK and HI.



## 2019 County Health Rankings: Additional Measure Sources and Years of Data

	Measure	Source	Years of Data
<b>HEALTH OUTCOMES</b>			
Length of Life	Life expectancy	National Center for Health Statistics - Mortality Files	2015-2017
	Premature age-adjusted mortality	CDC WONDER mortality data	2015-2017
	Child mortality	CDC WONDER mortality data	2014-2017
	Infant mortality	CDC WONDER mortality data	2011-2017
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2016
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2016
	Diabetes prevalence	CDC Diabetes Interactive Atlas	2015
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2015
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
Diet and Exercise	Food insecurity	Map the Meal Gap	2016
	Limited access to healthy foods	USDA Food Environment Atlas	2015
Alcohol and Drug Use	Drug overdose deaths	CDC WONDER mortality data	2015-2017
	Motor vehicle crash deaths	CDC WONDER mortality data	2011-2017
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2016
<b>CLINICAL CARE</b>			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2016
	Uninsured children	Small Area Health Insurance Estimates	2016
	Other primary care providers	CMS, National Provider Identification File	2018
<b>SOCIAL &amp; ECONOMIC FACTORS</b>			
Education	Disconnected youth	American Community Survey	2013-2017
Income	Median household income	Small Area Income and Poverty Estimates	2017
	Children eligible for free or reduced price lunch	National Center for Education Statistics	2016-2017
Family and Social Support	Residential segregation - black/white	American Community Survey	2013-2017
	Residential segregation - non-white/white	American Community Survey	2013-2017
Community Safety	Homicides	CDC WONDER mortality data	2011-2017
	Firearm fatalities	CDC WONDER mortality data	2013-2017
<b>PHYSICAL ENVIRONMENT</b>			
Housing and Transit	Homeownership	American Community Survey	2013-2017
	Severe housing cost burden	American Community Survey	2013-2017
<b>DEMOGRAPHICS</b>			
All	Population	Census Population Estimates	2017
	% below 18 years of age	Census Population Estimates	2017
	% 65 and older	Census Population Estimates	2017
	% Non-Hispanic African American	Census Population Estimates	2017
	% American Indian and Alaskan Native	Census Population Estimates	2017
	% Asian	Census Population Estimates	2017
	% Native Hawaiian/Other Pacific Islander	Census Population Estimates	2017
	% Hispanic	Census Population Estimates	2017
	% Non-Hispanic white	Census Population Estimates	2017
	% not proficient in English	American Community Survey	2013-2017
	% Females	Census Population Estimates	2017
	% Rural	Census Population Estimates	2010

## Technical Notes and Glossary of Terms

### What is health equity? What are health disparities? And how do they relate?

**Health equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

**Health disparities** are differences in health or in the key determinants of health such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

*Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation. May 2017*

### How do we define racial/ethnic groups?

In our analyses by race/ethnicity we define each category as follows:

- Hispanic includes those who identify themselves as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin.
- American Indian/Alaskan Native includes people who identify themselves as American Indian or Alaskan Native and do not identify as Hispanic. This group is sometimes referred to as Native American in the report.
- Asian/Pacific Islander includes people who identify themselves as Asian or Pacific Islander and do not identify as Hispanic.
- Black includes people who identify themselves as black/African American and do not identify as Hispanic.
- White includes people who identify themselves as white and do not identify as Hispanic.

All racial/ethnic categories are exclusive so that one person fits into only one category. Our analyses do not include people reporting more than one race, as this category was not measured uniformly across our data sources.

We recognize that “race” is a social category, meaning the way society may identify individuals based on their cultural ancestry, not a way of characterizing individuals based on biology or genetics. A strong and growing body of empirical research provides support for the notion that genetic factors are not responsible for racial differences in health factors and very rarely for health outcomes.

### How did we compare county ranks and racial/ethnic groups for length and quality of life?

Data are from the same data sources and years listed in the table on page 14. The mean and standard deviation for each health outcome measure (premature death, poor or fair health, poor physical health days, poor mental health days, and low birthweight) are calculated for all ranked counties within a state. This mean and standard deviation are then used as the metrics to calculate z-scores, a way to put all measures on the same scale, for values by race/ethnicity within the state. The z-scores are weighted using CHR&R measure weights for health outcomes to calculate a health outcomes z-score for each race/ethnicity. This z-score is then compared to the health outcome z-scores for all ranked counties within a state; the identified-score calculated for the racial/ethnic groups is compared to the quartile cut-off values for counties with states. You can learn more about calculating z-scores on our website under [Rankings Methods](#).

### How did we select evidence-informed approaches?

Evidence-informed approaches included in this report represent those backed by strategies that have demonstrated consistently favorable results in robust studies or reflect recommendations by experts based on early research. To learn more about evidence analysis methods and evidence-informed strategies that can make a difference to improving health and decreasing disparities, visit [What Works for Health](#).

### Technical Notes:

- In this report, we use the terms disparities, differences, and gaps interchangeably.
- We follow basic design principles for cartography in displaying color spectrums with less intensity for lower values and increasing color intensity for higher values. We do not intend to elicit implicit biases that “darker is bad”.
- In our graphics of state and U.S. counties we report the median of county values, our preferred measure of central tendency for counties. This value can differ from the state or U.S. overall values.

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## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

**Resolution #10-R-19**  
**Changing Beekeeping Permit Process**

*Submitted By: Alderperson Meltzer District 2 & Alderperson Schultz District 9*  
*Date: August 7, 2019*

*Referred to: Board of Health*

WHEREAS the health of bees and the health of our community is interdependent, and beekeeping is a necessary part of restoring collapsing bee populations that we rely on; and

WHEREAS Appleton has recently attained Bee City USA status; and

WHEREAS Appleton residents have provided feedback over the years since residential beekeeping was approved indicating that our regulations are extreme compared to surrounding communities, there are obstacles to accessing beekeeping in Appleton, and there are no incentives to remain in Appleton rather than move to our surrounding communities if one wants to keep bees at their residence;

THEREFORE be it resolved, that the City of Appleton make the following changes to our beekeeping permit requirements:

1. Change the permit cycle to November - November to align with timeline of purchasing bees and setting up hives
2. Remove notification and neighbor veto
3. Bring permit fees into alignment with other Wisconsin communities
4. Replace the calculation for hives per acre with a set number of hives per lot
5. Remove excessive detail from flyaway barrier requirements
6. Allow keeping Top Bar hives in addition to Removable Frame hives and recommend hives face SE direction if possible

RESIDENTIAL BEEKEEPING PERMIT REQUIREMENTS  
(Ref. 3-52 Appleton Municipal Code)  
November 11, 2015

DEFINITIONS:

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony including, but not limited to, stinging or attacking humans or animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from March 1 through the last day of February the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers residing at or owning said property.

Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application form may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) NEIGHBORHOOD APPROVAL REQUIRED.

1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

- (c) INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. Public Institutional District. A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.
2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than the following numbers of hives on the property:
  - a. A maximum of two (2) hives may be maintained on a lot one half (1/2) acre or smaller.
  - b. A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.
  - c. A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.
  - d. A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.
6. Frames. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.
7. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.
8. Flyway Barrier. For all hives located within thirty (30) feet of a property line, a 6-foot high closed fence, closed hedge, building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.
9. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.



10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of fifty (50) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.
- (b) If a permit holder no longer intends to maintain and/or manage their apiary, the

permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

- (b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.
- (c) Queens shall be selected from stock bred for gentleness and non-swarmling characteristics.
- (d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

- (a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.
- (b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.

RESIDENTIAL BEEKEEPING PERMIT REQUIREMENTS  
(Ref. 3-52 Appleton Municipal Code)  
November 11, 2015

DEFINITIONS:

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony ~~including, but not limited to, stinging or attacking humans or~~ animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from ~~March-November~~ 1 through the last day of ~~February~~ ~~October~~ the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers residing at or owning said

property. Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application form may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) ~~NEIGHBORHOOD APPROVAL REQUIRED.~~

~~1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.~~

~~2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.~~

~~3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.~~

(be) INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. Public Institutional District. A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.

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Commented [BKS1]: This section deleted

2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than ~~the following numbers of five (5)~~ hives on the property:
  - a. ~~A maximum of two (2) hives may be maintained on a lot one-half (1/2) acre or smaller.~~
  - b. ~~A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.~~
  - c. ~~A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.~~
  - d. ~~A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.~~
    - a. for each permitted hive one nucleus colony may be kept for requeening.
    - b. To maximize successful rescues of a swam or a relocated colon, a beekeeper may keep such a colony, upon notification to the health department, until a permanent location can be found.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
5. ~~Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.~~
56. Frames. To facilitate inspection for disease, all honeycombs must be readily removeable and replaceable. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.
67. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.
78. Flyway Barrier. For all hives located within ~~thirty (30)~~ twenty-five (25) feet of a property line, a ~~6-foot high closed fence, closed hedge, building, or other solid~~ flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.
89. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.

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10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of ~~fty (50)~~ twenty-five (25) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.

(b) If a permit holder no longer intends to maintain and/or manage their apiary, the permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

(b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.

~~(c) Queens shall be selected from stock bred for gentleness and non-swarming characteristics.~~

(d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

(a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.

(b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.

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**HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911**  
**Telephone: 920-832-6429 Fax: 920-832-5853**  
**RESIDENTIAL APIARY PERMIT APPLICATION**  
**Effective Date December 1, 2017**

PLEASE PRINT

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

**Applicant Information:** \_\_\_\_\_ **Apiary Information:** \_\_\_\_\_

Name: \_\_\_\_\_ Number of Hives: \_\_\_\_\_

Address: \_\_\_\_\_ Location of Hive or Hives: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Person in Charge of Apiary: \_\_\_\_\_

<u>Activity Code</u>	<u>Permit Description</u>	<u>Fee</u>
141	Preinspection Fee: New Apiary	\$145.00
142	Apiary Permit (Separate Permit Required for each apiary on a Property)	\$59.00
NOTE:	The Preinspection Fee Is Non-Refundable	<u>Total Amount Due</u> \$ _____

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. Provide documentation of training as a Beekeeper.

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO ..... CITY OF APPLETON  
 SUBMIT APPLICATION AND FEE TO ..... APPLETON HEALTH DEPT.  
 100 N APPLETON ST  
 APPLETON WI 54911-4799

OFFICE USE

Date letter sent to property owners within 400 feet of center of proposed apiary \_\_\_\_\_

Written Objections Received (attach) \_\_\_\_\_ Written Objection Deadline \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Apiary Start Date \_\_\_\_\_

Establishment Number (COA#) \_\_\_\_\_ Account # 12530-4305 Receipt # \_\_\_\_\_

License Year March 1, \_\_\_\_\_ Expires February \_\_\_\_\_, \_\_\_\_\_ Assigned Inspector \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Account Name: \_\_\_\_\_







**HEALTH DEPARTMENT - 100 N Appleton St, Appleton WI 54911**  
**Telephone: 920-832-6429 Fax: 920-832-5853**  
**RESIDENTIAL APIARY PERMIT APPLICATION**  
**Effective Date December 1, 2017**

PLEASE PRINT

Date of Application: \_\_\_\_\_ Anticipated Start Date \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

**Apiary Information:**

Number of Hives: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Hive or Hives: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Person in Charge of Apiary: \_\_\_\_\_

**Activity Code**

**Permit Description**

**Fee**

141 Preinspection Fee: New Apiary 145-\$30

142 Apiary Permit (Separate Permit Required for each apiary on a Property) 59 \$10

NOTE: The Preinspection Fee Is Non-Refundable Total Amount Due \$

Provide a sketch of the property and the location where the hive or hives will be kept. Include hive distances from property lines, neighboring dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment. Indicate watering location. Indicate flyway barrier location, material and height. **Upon renewal, if no changes have been made, use original sketch on file.** Provide documentation of training as a Beekeeper.

Name of Applicant (Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_

MAKE CHECK OR MONEY ORDER PAYABLE TO ..... CITY OF APPLETON  
 SUBMIT APPLICATION AND FEE TO ..... APPLETON HEALTH DEPT.  
 100 N APPLETON ST  
 APPLETON WI 54911-4799

**OFFICE USE**

Date letter sent to property owners within 400 feet of center of proposed apiary \_\_\_\_\_

Written Objections Received (attach) \_\_\_\_\_ Written Objection Deadline \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

Apiary Start Date \_\_\_\_\_

Establishment Number (COA#) \_\_\_\_\_ Account # 12530-4305 Receipt # \_\_\_\_\_

License Year March 1, \_\_\_\_\_ Expires February \_\_\_\_\_, \_\_\_\_\_ Assigned Inspector \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Account Name: \_\_\_\_\_





## LEGAL SERVICES DEPARTMENT

### Office of the City Attorney

100 North Appleton Street

Appleton, WI 54911

Phone: 920/832-6423

Fax: 920/832-5962

**TO:** Board of Health

**FROM:** Amanda Abshire, Assistant City Attorney

**DATE:** October 2, 2019

**RE:** Request for Clarification in the Beekeeping Permit Process

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Our office recently discovered inconsistent language related to the process for hearing objections to beekeeping permits. Certain portions of the policy seem to indicate that the Board of Health makes the final determination when an objection is received — whereas other portions within the same document suggest that the Common Council makes the final determination. I have attached the relevant documents as well as summarized the process below. Staff is seeking clarification regarding the appeal process so that the language in the policy is consistent.

- **Beekeeping Permit Requirements (aka: “rooftop beekeeping”)**
  - Upon receipt of a written objection from a property owner within a 200 feet radius, the application shall be placed on the Agenda for the Board of Health (“the Board”) to be reviewed at the next regular meeting.
  - Sec. 2(a)4. details that the Board shall make a recommendation to the Common Council regarding the approval of a permit after providing the applicant and objector an opportunity to be heard. Thus, there appears to be an expectation that because the Board’s determination is merely a recommendation, the matter will be heard again by the Common Council.
  - Sec. 6 indicates that the Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter—suggesting finality in the Board’s decision. The same section then indicates that the decision of the Board is subject to review by certiorari by the court of record. This language again suggests that the determination of Board is final and thereby only appealable to the court – not subject to a hearing before the Common Council.

While the sections referenced above seem to be inconsistent, it is worth noting that the residential beekeeping permit requirements are clear in that the Board of Health makes the final determination. There is no mention regarding a recommendation, but rather, the expectation that they are making a final determination regarding the appeal. The appeal process for residential beekeeping is summarized below:

---

James P. Walsh  
*City Attorney*

Christopher R. Behrens  
*Deputy City Attorney*

Amanda Abshire  
*Assistant City Attorney*

Darrin M. Glad  
*Assistant City Attorney*

- **Residential Beekeeping Permit Requirements**

- Upon receipt of a written objection from a property owner within a 400 feet radius, the application shall be placed on the Agenda for the Board of Health (“the Board”) to be reviewed at the next regular meeting.
- Sec. 2(b)3. indicates that the Board shall allow the applicant and objector an opportunity to be heard on the permit. Thereafter, the Board may affirm, modify or set aside the order. The Board’s decision is subject to review by certiorari by a court of record.
- Sec. 7 reiterates that the Board of Health hears the appeal and makes the final determination – subject to review by certiorari by a court of record.

**REQUEST FROM STAFF:** Staff is seeking clarification in the appeal process: should the respective Board make a....

- ❖ recommendation to the Common Council regarding the application OR
- ❖ final determination regarding the application

Once the process is clarified, staff will draft the appropriate changes to the rules and regulations.

Thank you for your consideration. As always, please do not hesitate to reach out to me with any questions and/or concerns.

**BEEKEEPING PERMIT REQUIREMENTS**  
(Ref. 3-52 Appleton Municipal Code)

**DEFINITIONS:**

**APIARY** means the assembly of one or more colonies of bees at a single location on a property.

**BEEKEEPING** means intentionally creating, fostering or maintaining a colony of honeybees.

**BEEKEEPER** means a person who owns or has charge of one or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

**BEEKEEPING EQUIPMENT** means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

**COLONY** means an aggregate of honeybees in a hive consisting principally of workers, but having, one queen and at times many drones, including brood, combs, honey and the receptacle inhabited by the bees.

**HONEY BEE** means all life stages of the common domestic honeybee, *Apis mellifera* species.

**URBAN FARM** means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

**1. GENERALLY.**

No person shall keep honeybees in the city without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one-year from July 1 through June 30, and may be renewed annually, except that a permit initially issued during the period beginning March 1 and ending on June 30 expires on June 30 the following year.

**2. APPLICATION FOR PERMIT**

Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Department and shall contain such information which the Department may prescribe and require and shall be accompanied by payment of the applicable fee.

(a). NEIGHBORHOOD APPROVAL REQUIRED.

Before a permit is issued for the keeping of bees, the following process shall be followed:

1. **Written permission from the property owner is required if the permit applicant doesn't own the property where bees will be kept.**
2. When a permit is applied for, all property owners within a circular area having a radius of 200 feet, centered on the premises for which a permit has been requested, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
3. Property owners shall have 14 working days to file a written objection to the Health Officer if they object to the granting of a permit.
4. Upon receipt of a written objection, the matter shall be placed on the Agenda for the Board of Health to be reviewed at the next regular meeting. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board shall make a recommendation to the Common Council regarding approval of said permit.

(b). INSPECTION OF APIARY

Prior to populating the hive or hives, an inspection shall be conducted to ensure compliance with all of the following provisions:

1. Up to five (5) honeybee hives may be maintained by a permit holder within areas zoned P-I, Public Institutional District and **Central Business District (CBD)**; or, a permit holder may maintain three (3) honeybee hives per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
2. All colonies shall be kept in hives with removable frames, which shall be maintained in sound and usable condition.
3. Each apiary shall have the owner's name and address legibly displayed in a prominent place in the apiary. All hives shall be permanently marked with the owners name and address, if located off the property under control of the hive owner.
4. A 6-foot high closed fence, or closed hedge, a building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the hives and the rear and side property lines for all hives located within 30 feet of the property line. A flyway barrier is not needed if the bee hive

or hives are kept at least 10 feet off the ground. *Health Officer discretion will be used regarding the need for physical barriers.*

5. A continuous supply of water shall be located on the property where hives are kept, be located near the hive or hives, and be located within the enclosures and flyway barriers. The water source shall be designed to allow bees to access water by landing on a hard surface. This provision is not required during the winter.
6. All hives and related structures that form the apiary shall be located a minimum of 30 feet from the front property line and 10 feet from all other property lines. Hives may not be located in the front yard of any lot.
7. Hives shall be located a minimum of 50 feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission for closer hive placement.

### 3. APIARY MAINTENANCE

- a. Hives shall be actively maintained. Hives not under active human management and maintenance shall be dismantled or removed by the most recent permit holder.
- b. In any instance in which a colony exhibits aggressive or swarming behavior, it shall be the duty of the beekeeper to destroy or re-queen the hive. Queens shall be selected from stock bred for gentleness and non-swarming characteristics. Aggressive behavior is any instance in which unusual characteristics such as stinging or attacking humans or animals without provocation occurs.
- c. The provisions of Sections 3-15 (a), Appleton Municipal Code, do not apply to beekeeping.

### 4. RIGHT OF ENTRY.

- a. The Health Officer, or his or her designee, may enter upon any property required to hold a permit in this section at all reasonable times to inspect the premises, obtain photographs or take any other action deemed necessary to properly enforce the provisions of this section.
- b. If the Health Officer, or his or her designee, finds any hive kept in violation of these requirements, he or she may order the violation corrected within 30 days. If the permit holder fails to correct the violation within 30 days, the hive in violation may be destroyed and/or removed from the municipality by the Health Officer, or his or her designee, and the cost



thereof shall be charged back to the property owner as a special charge pursuant to Wis. Stat. § 66.0627.

#### 5. SUSPENSION OR REVOCATION OF PERMIT

The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

#### 6. APPEALS

Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved at the March 2, 2011 Board of Health meeting.

Approved at the March 2, 2011 Common Council meeting.

Amended 3-29-13 to include the 3-20-13 Council approval of beehives at urban farms

Amended 5-10-17 to include BOH approval of beehives on rooftops in CBD

Approved by Common Council on 5-17-17

RESIDENTIAL BEEKEEPING PERMIT REQUIREMENTS  
(Ref. 3-52 Appleton Municipal Code)  
November 11, 2015

DEFINITIONS:

ACRE means a unit of measure equal to 4,840 sq. yds. or 43,560 sq. ft.

AGGRESSIVE BEHAVIOR is any instance in which unusual characteristics are displayed by a honeybee or colony including, but not limited to, stinging or attacking humans or animals without provocation.

APIARY means the assembly of one or more colonies of bees at a single location on a property.

BEEKEEPER means a person who owns or has charge of one (1) or more colonies of bees and has demonstrated to the Health Officer that he or she has obtained formal education or sufficient practical experience to act as a beekeeper.

BEEKEEPING EQUIPMENT means all items used in the operation of an apiary, such as hive bodies, supers, frames, top and bottom boards and extractors.

COLONY means an aggregate of honeybees in a hive consisting principally of workers, but having one queen and at times drones, including brood, combs and honey.

HEALTH DEPARTMENT means the City of Appleton's Health Department.

HIVE means the receptacle inhabited by a colony that is manufactured for that purpose.

HONEYBEE means all life stages of the common domestic honeybee, *Apis mellifera* species, including the queen and drones.

LOT means a tract of land, designated by metes and bounds, land survey, minor land division or plat, and recorded in the office of the county register of deeds

PERMIT means the written approval given by the Health Department to a property owner who occupies the premises and who is also a beekeeper pursuant to the definition herein.

PERMIT HOLDER means a beekeeper and who has received a permit from the Health Department allowing for an apiary on his or her property.

PROPERTY means a parcel of land identified by the City of Appleton as a lot in any state of development, ownership and occupation.

PROPERTY OWNER means a person, individual firm, association, syndicate or partnership that appears on the recorded deed of the lot.

URBAN FARM means the land or rooftops that are managed and maintained by an individual, group of individuals, organization or business for growing, harvesting, washing and packaging of fruits, vegetables, flowers and other plant and herb products with the primary purpose of growing food for sale and/or distribution.

1. **GENERALLY.** No person shall keep honeybees in the City of Appleton without being a beekeeper and obtaining a permit issued by the Health Department. A permit shall be valid for a period of one (1) year from March 1 through the last day of February the following year, and may be renewed annually. Only one (1) permit shall be granted per property regardless of the number of beekeepers residing at or owning said property.

Should multiple beekeepers request permits and be eligible for permits for a property, the permit shall be issued on a first-come, first-served basis.

2. **APPLICATION FOR PERMIT.** Application for a permit required in this section shall be made to the Health Department upon a form furnished by the Health Department and shall contain such information which the Health Department may prescribe and require and shall be accompanied by payment of the applicable fees. The Application form may be updated and/or amended as deemed necessary by the Health Department. No prior approval of a permit guarantees future approval. The Health Department reserves the right to require permit holders to reapply if the application is updated and/or amended, and refusal to reapply may result in the termination of a permit.

(a) GENERAL REQUIREMENTS.

1. The applicant must complete the required form by the Health Department, and provide to the Health Department the non-refundable application fee.
2. The permit applicant must provide proof of formal education and/or sufficient practical experience to act as a beekeeper.
3. The permit applicant must provide proof of property ownership for the property where the proposed apiary will be located.
4. The permit application must provide proof of occupancy of the property where the proposed apiary will be located.

(b) NEIGHBORHOOD APPROVAL REQUIRED.

1. When a permit is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the proposed hive(s) will be placed, shall be notified of the application by the Health Officer. Notification shall be by first-class U.S. mail.
2. Property owners located within the circular radius of four hundred (400) feet of the proposed apiary objecting to the permit must file a written objection to the permit by contacting the City Health Officer at the Appleton Health Department within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
3. Upon receipt of a written objection, the application shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be issued. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

- (c) INSPECTION OF APIARY. Prior to populating the apiary, an inspection of the apiary by the City Health Officer or his or her designee shall be conducted to ensure compliance with all of the following provisions:

1. Public Institutional District. A maximum of five (5) hives may be maintained within areas zoned P-I, Public Institutional District.
2. Urban Farm. A maximum of three (3) hives may be maintained by a permit holder per acre up to a maximum of twenty-five (25) hives within an area approved as an urban farm.
3. Residential Zone. No residentially zoned property shall have more than the following numbers of hives on the property:
  - a. A maximum of two (2) hives may be maintained on a lot one half (1/2) acre or smaller.
  - b. A maximum of three (3) hives may be maintained on a lot larger than one half (1/2) acre but smaller than three quarters (3/4) acre.
  - c. A maximum of four (4) hives may be maintained on a lot larger than three quarters (3/4) but smaller than one (1) acre.
  - d. A maximum of five (5) hives may be maintained on a lot one (1) acre or larger.
4. Occupation. Apiaries in residentially zoned areas must be located on the lot occupied by the permit holder.
5. Vacant/Unoccupied Lot. No apiary may be placed on vacant or unoccupied lots.
6. Frames. All colonies shall be kept in hives with removable frames, which shall be continuously maintained in sound and usable condition by the permit holder.
7. Identification. Each apiary shall, at all times, have the permit holder's name, address and phone number permanently and legibly displayed in a prominent place on an external portion of each hive.
8. Flyway Barrier. For all hives located within thirty (30) feet of a property line, a 6-foot high closed fence, closed hedge, building, or other solid flyway barrier, or other type of barrier which the Health Officer determines to be of sufficient height, shall be located between the rear and/or side property lines and the hive(s). A flyway barrier is not needed if the hive(s) are kept at least ten (10) feet off the ground. Flyway barriers, if required shall meet the requirements of the building code.
9. Water Supply. A continuous supply of water shall be located on the property where the apiary is located, and placed near the hive(s) and within the enclosures or flyway barriers. The water source shall be designed to allow the honeybees' access to water by landing on a hard surface available to the honeybees so long as they remain active outside of the hive.

10. Placement.

- a. All beekeeping equipment must be located a minimum of thirty (30) feet from the front property line and ten (10) feet from all other property lines.
- b. Hives may not be located in the front yard of any lot. Should there be multiple street frontages to a property or no front yard clearly indicated on the property records for a property, the placement of the apiary shall be at the discretion of the City Health Officer.
- c. Apiaries must be located a minimum of fifty (50) feet from dwellings, porches, gazebos, decks, swimming pools, permanently affixed play equipment and any other habitable area on any adjoining lots unless the owner of the adjoining property has provided written permission to the Health Department for closer placement.

3. PERMIT RENEWAL.

- (a) Permits shall be renewed (re-applied for) each year on a form furnished by the Health Department unless written notice of discontinued operation is received by the Health Department.
- (b) When a permit renewal is applied for, all property owners within a circular area having a radius of four hundred (400) feet, centered on the location where the hive(s) are placed, shall be notified of the application renewal by the Health Officer. Notification shall be by first-class U.S. mail.
- (c) Property owners located within the circular radius of four hundred (400) feet of the apiary objecting to the permit renewal must file a written objection to the permit renewal by contacting the Health Department or City Health Officer within fourteen (14) business days of the date the notice was mailed or postmarked. Each objection must contain the objector's name, address, phone number, and reason for the objection to the permit.
- (d) Upon receipt of a written objection, the application for renewal shall be denied by the Health Officer. The applicant may appeal to the Board of Health per APPEALS Section seven (7) below. The Board of Health shall allow the applicant and objector an opportunity to be heard on why the permit should or should not be renewed. The Board may affirm, modify or set aside the order of the Health Officer after a hearing on the matter. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

4. APIARY MAINTENANCE.

- (a) Beekeeping equipment shall be actively maintained and managed at all times by the permit holder.
- (b) If a permit holder no longer intends to maintain and/or manage their apiary, the

permit holder must immediately notify the Health Department and remove or dismantle the hive(s). Failure to immediately remove the hives will be grounds for the Health Department to cause the removal of the hive(s) and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627

- (b) In any instance where the City Health Officer reasonably believes a colony exhibits aggressive behavior, it shall be the duty of the permit holder to immediately destroy or re-queen the hive.
- (c) Queens shall be selected from stock bred for gentleness and non-swarming characteristics.
- (d) The provisions of Sec. 3-15(a), Appleton Municipal Code, do not apply to beekeeping.

5. **RIGHT OF ENTRY.**

- (a) The Health Officer or his or her designee may enter upon any permit holder's property at any time to inspect the apiary, beekeeping equipment and/or honeybees, and may take photographs and/or videos of the apiary, beekeeping equipment and/or honeybees as he or she deems necessary, or take any other action deemed necessary to properly enforce the provisions of this section.
- (b) If the Health Officer or his or her designee finds any apiary kept in violation of any portion of this section, he or she may order the violation corrected within thirty (30) days unless the violation appears to put the honeybee's or people in immediate harm or danger, in which case the Health Officer or his or her designee may order the immediate correction of the violation. If the permit holder fails to correct the violation pursuant to the order of the Health Officer, the hive(s) in violation may be destroyed and/or removed from the municipality by the Health Officer or his or her designee and the cost thereof shall be charged back to the permit holder as a special charge pursuant to Wis. Stat. § 66.0627.

6. **SUSPENSION OR REVOCATION OF PERMIT.** The Health Officer may suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

7. **APPEALS.** Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Board of Health within thirty (30) days of denial, suspension or revocation of a permit or issuance of the order. The Board of Health shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Board of Health shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Board of Health shall be subject to review by certiorari by a court of record.

Approved by City Council November 2015.

**#18-R-19**  
**Emotional Support Animals**

*Date: December 18, 2019*

*Submitted By: Alderperson Meltzer – District 2*

*Referred To: Board of Health*

WHEREAS An emotional support animal is a type of assistance animal that alleviates a symptom or effect of a person's disability; an emotional support animal is not a pet and is generally not restricted by species; and an emotional support animal differs from a service animal; and

WHEREAS Appleton's municipal code is restrictive by species, making living in our city unwelcoming and inaccessible to individuals who have an emotional support animal that is not typically kept as a pet;

THEREFORE be it Resolved that the City of Appleton will amend Section 3-52 of our municipal code, to allow residents to keep any animal that is officially trained and registered as an emotional support animal by a designated Emotional Support Animal registry deemed reputable by the Health Department.



**I. Preventing Disease**

<b>Community Education Sessions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Group Education Sessions	4	24	20
Number of Attendees	81	488	626

<b>Immunization Clinics</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Persons Immunized	15	45	141	122
Immunizations administered	30	91	331	267

<b>Vaccine Type/Number of Doses</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">DtaP (Diphtheria, Tetanus, Acellular Pertussis)</a>	2	11	7
<a href="#">Dtap/IPV</a>	3	7	3
<a href="#">Dtap/IPV/Hep B</a>	4	5	7
<a href="#">Flu (Influenza)</a>	31	50	37
<a href="#">Flu Nasal</a>	2	2	0
<a href="#">HBV (Hepatitis B)</a>	1	5	2
<a href="#">Heb B/Hib Comvax</a>	0	0	0
<a href="#">Hep A</a>	9	24	13
<a href="#">Hep A/Hep B</a>	0	1	8
<a href="#">HIB (Haemophilus Influenzae b)</a>	1	5	9
<a href="#">HPV (Human Papillomavirus)</a>	4	21	23
<a href="#">IPV (Inactivated Polio Vaccine)</a>	4	11	5
<a href="#">MCV4 (Meningococcal)</a>	4	14	8
<a href="#">MenB</a>	3	8	0
<a href="#">MMR (Measles, Mumps, Rubella)</a>	12	45	16
<a href="#">PCV13 (Pevnar)</a>	0	6	11
<a href="#">Rotavirus</a>	0	1	4
<a href="#">Td (Tetanus diphtheria)</a>	3	18	7
<a href="#">Tdap</a>	0	14	11
<a href="#">VZV (Varicella)</a>	15	45	19

<b>Communicable Disease Cases</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Gastroenteric**

<a href="#">Campylobacter</a>	0	0	15	20
<a href="#">Cryptosporidiosis</a>	0	1	10	9
<a href="#">Cyclosporiasis</a>	0	0	6	6
<a href="#">E. Coli (STEC)</a>	0	2	18	58
<a href="#">E. Coli (Other)</a>	5	13	50	0
<a href="#">Giardiasis</a>	0	1	12	5
<a href="#">Hemolytic Uremic Syndrome</a>	0	0	0	1
<a href="#">Listeriosis</a>	0	0	0	0
<a href="#">Salmonellosis</a>	0	0	18	16
<a href="#">Shigellosis</a>	0	1	4	3
<a href="#">Vibriosis</a>	0	0	2	2
<a href="#">Yersinia</a>	0	0	0	1



<b>Other Communicable Diseases</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Acute Flaccid Myelitis</a>	0	0	0	1
<a href="#">Babesiosis</a>	0	0	1	2
<a href="#">Bacterial Meningitis</a>	0	0	0	1
<a href="#">Blastomycosis</a>	0	0	0	0
<a href="#">Burkholderia Pseudomallei</a>	0	0	0	0
<a href="#">Carbon Monoxide Poisoning</a>	0	2	10	4
<a href="#">Dengue Fever</a>	0	0	0	0
<a href="#">Ehrlichiosis / Anaplasmosis</a>	0	1	5	2
<a href="#">Haemophilis Influenza</a>	0	0	1	0
<a href="#">Hep A</a>	0	3	3	0
<a href="#">Hep B</a>	0	0	4	4
<a href="#">Hep C</a>	4	14	50	47
<a href="#">Histoplasmosis</a>	0	0	1	1
<a href="#">Hospitalized Influenza</a>	5	5	35	59
<a href="#">Invasive Group A Strep</a>	0	0	0	1
<a href="#">Invasive Strep, Other</a>	0	0	0	9
<a href="#">Jamestown Canyon</a>	0	0	0	0
<a href="#">Kawasaki</a>	0	0	0	2
<a href="#">Legionellosis</a>	0	0	1	1
<a href="#">Leprosy</a>	0	0	0	0
<a href="#">Lyme Disease</a>	1	3	22	15
<a href="#">Malaria</a>	0	4	0	0
<a href="#">Neisseria Meningitidis, Invasive Disease</a>	0	0	0	1
<a href="#">Novel Influenza</a>	0	0	0	0
<a href="#">Rocky Mountain Spotted Fever</a>	0	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	0	0	15	8
<a href="#">Streptococcus pneumoniae</a>	1	2	2	4
<a href="#">TB, Latent Infection</a>	5	5	35	23
<a href="#">TB: Atypical</a>	1	4	8	2
<a href="#">TB: Mycobacterium</a>	0	0	2	0
<a href="#">Viral Meningitis</a>	0	0	0	0
<a href="#">VISA</a>	0	0	0	0
<a href="#">West Nile Virus</a>	0	0	0	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0	0
<a href="#">Mumps</a>	0	0	0	0
<a href="#">Pertussis</a>	1	1	4	8
<a href="#">Rubella</a>	0	0	0	0
<a href="#">Varicella</a>	0	4	9	9

<b>Tuberculosis Prevention and Control</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Number of TB (Chemoprophylaxis Referrals)	5	26	15
Number of TB Skin Tests	1	70	170
Number of Referrals for TB Blood Test	0	20	27
Number of TB positive tests	0	0	0

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Quarter</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	29	1	95	4	321	27	346	48
<a href="#">Gonorrhea</a>	9	0	30	1	61	3	50	5
<a href="#">HIV</a>	0	0	0	0	3	0	3	0
Other STD	0	0	0	0	0	0	0	0
Partner/Referral Program (Contacts)	0	0	0	0	1	0	1	0
<a href="#">Syphilis</a>	3	0	6	0	8	0	6	0

<b>Planned Parenthood Contract</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Individuals served	11	47	65
Number of tests	28	101	157
Individuals treated	3	14	14

<b>Lead</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
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**Elevations**

Initial Venous lead levels >19 ug/dl	0	0	0
Repeat Venous lead levels >19 ug/dl	0	0	0
Initial Venous lead levels 10 - 19 ug/dl	0	1	1
Repeat Venous lead levels 10 - 19 ug/dl	0	0	0
Capillary lead levels >10 ug/dl	2	5	3
Capillary lead levels 5 - 9 ug/dl	8	26	0
Venous lead levels 5 - 9 ug/dl	2	9	16
Home Inspections	0	1	4
Education	1	8	7
Formal Enforcement Action	0	1	3

<b>Licensed Establishments</b>	<b>Plan Reviews</b>			<b>Preinspections</b>		
	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Public Eating and Drinking	2	3	0	8	53	27
Retail Food	0	0	4	1	9	13
Hotel/Motel and Tourist Rooming House	0	0	0	0	1	0
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	0	0	0	0	0	0
Tattoo and Body Piercing	0	0	0	0	3	4
Temporary Restaurants	0	0	0	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	0	1	0	1	3
Chicken Keeping	0	1	0	0	4	8
Total	2	4	5	9	71	55

<b>Licensed Establishments</b>	<b>Inspections</b>			<b>Reinspections</b>		
	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Public Eating and Drinking	65	223	285	8	31	83
Retail Food	33	78	88	0	3	13
Hotel/Motel and Tourist Rooming House	1	3	7	0	0	0
Bed and Breakfast	0	2	3	0	0	0
Manufactured Home Communities	0	0	1	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	1	13	18	0	1	0
Tattoo and Body Piercing	0	7	11	0	0	0
Temporary Restaurants	0	15	18	0	1	0
Non-profit	0	55	58	0	6	8
Rec/Ed Campground	0	0	1	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	1	8	6	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	4	2	0	0	0
Chicken Keeping	0	1	8	0	0	0
Total	101	409	506	8	42	104

Licensed Establishments	Complaints			Complaint Followups		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	5	24	26	1	6	6
Retail Food	2	7	2	0	2	0
Hotel/Motel and Tourist Rooming House	0	0	0	0	0	0
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	4	5	4	0	0	0
Tattoo and Body Piercing	0	0	0	0	0	0
Temporary Restaurants	0	0	1	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	0	0	0	0	0
Chicken Keeping	0	1	0	0	0	0
Total	11	37	33	1	8	6

Licensed Establishments	Consultations		
	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	71	255	264
Retail Food	13	37	67
Hotel/Motel and Tourist Rooming House	0	6	1
Bed and Breakfast	0	0	1
Manufactured Home Communities	0	2	1
Vending Machines	0	1	0
Swimming Pools	1	5	6
Tattoo and Body Piercing	1	20	43
Temporary Restaurants	1	34	31
Non-profit	2	37	47
Rec/Ed Campground	0	1	0
Campground	0	0	0
Pigeon Permit	0	0	0
Temporary Retail	3	5	2
Special Organization Serving Meals	0	0	0
Apiary	0	6	8
Chicken Keeping	2	18	34
Total	94	427	505

Food Borne-Water Borne Disease	Current Month	Quarter	Year to Date	Last Year to Date
Number of Outbreaks	0	0	0	0
Number of Interviews	0	0	0	3
Number symptomatic	0	0	0	3

Laboratory/Field Tests	Current Month	Quarter	Year to Date	Last Year to Date
WDATCP Random Sampling Program	0	30	30	0

#### Swimming Pool Water Samples

Total number of pools sampled	19	55	237	229
Total number of pools resampled	2	3	3	6
Total positive HPC	2	3	3	0
Total positive coliform	2	2	2	6

**Rabies Specimens**

Type of Animal Shipped

Dog	0	1	0
Cat	0	0	1
Bat	1	10	2
Raccoon	0	0	0
Ferret	0	0	0
Skunk	0	0	0
Other	0	0	0
Total shipped	1	11	3
Total positive results	0	0	0

**II. Protecting the Environment**

Environmental Investigations	Consultations			Complaints		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Community water supplies	0	0	0	0	0	0
School/Day Care	2	3	1	0	0	0
Private water supplies	0	1	1	0	0	0
Surface water pollution	0	0	2	0	0	0
Animal nuisances	2	6	15	0	0	0
Rabies control	10	33	23	0	1	0
Insect control	6	17	25	1	4	3
Rodent control	2	3	4	2	3	1
Hazardous substance control	1	4	10	0	0	1
Air pollution - Indoor	1	8	12	1	3	0
Air pollution - Outdoor	0	0	1	0	0	0
Noise	1	8	14	1	1	1
Radiation	0	3	1	0	0	0
Garbage/rubbish nuisance	0	0	3	0	0	1
Private residence/housing	3	3	14	3	4	3
Lead	1	7	1	0	0	0
Other Programs	5	27	11	0	0	0
Other Business	3	7	29	0	0	0
Mold	11	29	40	4	6	1
Totals	48	159	207	12	22	11

Environmental Investigations	Complaint Followups		
	Quarter	Year to Date	Last Year to Date
Community Water Supplies	0	0	0
School/Day Care	0	0	0
Private water supplies	0	0	0
Surface water pollution	0	0	0
Animal nuisances	0	0	0
Rabies control	0	0	0
Insect control	0	2	5
Rodent control	1	2	2
Hazardous substance control	0	0	0
Air pollution - Indoor	0	0	0
Air pollution - Outdoor	0	0	0
Noise	3	3	1
Radiation	0	0	0
Garbage/rubbish nuisance	0	0	1
Private residence/housing	0	0	4
Lead	0	0	0
Other Programs	0	0	0
Other Business	0	0	0
Mold	1	1	1
Totals	5	8	14

### III. Promoting Health

Type of Referrals to Public Health Nurse (PHN)	Quarter	Year to Date	Last Year to Date
Family	1	1	3
Maternal/Child	229	920	926
Adult/Elderly	1	5	7
Total	231	926	936

Community Health Visits	Admissions			Revisits		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	31	134	145	144	393	359
Adult	13	86	64	107	266	126
Elderly	0	7	5	4	18	118
Total	44	227	214	255	677	603

Community Health Visits	Discharges			Phone Calls as Visit		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

MCH	0	2	7	8	77	74
Adult	0	14	7	2	9	13
Elderly	0	3	5	0	2	4
Total	0	19	19	10	88	91

Primary Health Problem	Quarter	Year to Date	Last Year to Date
General Health Promotion	29	136	148
Prenatal	28	86	87
Postpartum	69	204	217
Infant and Child Health	89	251	233
Communicable Disease	99	227	134
Endocrine/Nutritional/Immunity Disorders	0	3	10
Nervous system and sense organs	0	0	0
Circulatory system	10	38	64
Respiratory system	4	7	18
Musculoskeletal system and Connective tissue	0	0	7
Other	11	31	50
Total	339	983	968

<b>Adult/Elderly Clients By Referral Source</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Self	0	0	1
Case Finding	0	1	1
Physician (Unhospitalized)	0	1	1
Hospital	0	1	0
Social Service/Counseling	0	1	1
Community Agency	0	0	2
Other Public Health Agency	1	1	0
Licensed Home Health Agency	0	0	0
State Agency	0	0	0
Carried Over From Previous Year	0	12	19
Other	0	0	0
<b>Total</b>	<b>1</b>	<b>17</b>	<b>25</b>

<b>Client Interventions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Case Management	91	314	328
Consultation	32	55	53
Counseling	26	129	169
Delegated Functions	0	1	2
Disease and Health Event Investigation	0	2	1
Health Teaching	90	344	316
Referral and Follow Up	13	72	86
Screening	78	225	227
<b>Total</b>	<b>330</b>	<b>1142</b>	<b>1182</b>

<b>Non-Client Contacts</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Adult child	0	1	0
Aging & Disability Resource	3	3	1
Citizen	6	12	22
Client	0	2	0
Community Agency	1	3	6
Employer	0	2	0
Faith Community	0	1	0
Friend	1	4	0
Hospital	1	2	0
Human Services	0	1	1
Mental Health Provider	0	0	0
Nurse	0	1	0
Other	1	2	0
Parent/Guardian	2	4	5
Primary Care Provider	0	1	0
Spouse	0	1	0
<b>Total</b>	<b>15</b>	<b>40</b>	<b>35</b>

<b>Non-Client Contact Interventions</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Consultation	7	16	5
Counseling	0	2	3
Health Teaching	4	7	6
Referral and Follow Up	6	22	25
<b>Total</b>	<b>17</b>	<b>47</b>	<b>39</b>

**IV. Protecting the Consumer**

Consumer Complaints	Number Received			Number of Violations Found		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Foods	1	2	1	0	0	0
Liquid foods	0	0	0	0	0	0
Non-food Products	0	0	0	0	0	0
Heating Oil and LP gas	0	0	0	0	0	0
Firewood	0	0	0	0	0	0
Gas station pumps	5	14	13	1	3	3
Gas station service console	1	7	1	0	0	0
Gas station price signage	0	6	1	0	2	0
Gas station gasoline quality	0	3	2	0	0	0
Scales: food	0	0	1	0	0	0
Scales: scrap metal	0	1	0	0	0	0
Scales: other	0	0	0	0	0	0
Scanning	2	5	13	0	0	2
Trade practices	0	4	5	0	1	1
Advertising	0	0	3	0	0	1
Going out of business sales	0	1	0	0	1	0
Temporary sales	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Totals	9	43	40	1	7	7

Type of Establishments Inspected	Current Month	Quarter	Year to Date	Last Year to Date
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Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	47	115	648	627
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Equipment and Device Examined	0				Number Not in Compliance			
	Current Month	Quarter	Year to Date	Last Year to Date	Current Month	Quarter	Year to Date	Last Year to Date
Scales and Balances	36	146	568	609	0	1	14	3
Measures (Includes gas pumps and fuel oil tru	3	83	1,056	1,008	0	3	40	35
Weights	1	1	25	14	0	0	0	0
Total	40	230	1,649	1,631	0	4	54	38

Commodity Report	Current Month	Quarter	Year to Date	Last Year to Date
Total units of product investigated	6,107	33,830	162,981	131,856
Random sample size	1,025	5,011	19,225	20,716
Total products/units found short weight	36	313	1,210	1,267
Total products/units found mislabeled	271	607	1,985	723

Price Scanning Inspections	Month	Quarter	Year to Date	Last Year to Date
Number of Inspection	12	24	144	141
Number of items scanned	350	700	4,775	4,602
Pricing errors found	0	6	103	130

License Investigations	Quarter	Year to Date	Last Year to Date
Closeout sales	0	1	0
Secondhand dealers	17	32	25
Commercial solicitation	1	20	32
Taxicab	0	5	10
Pet store	0	3	4
Fire wood	0	20	20



# APPLETON HEALTH DEPARTMENT QUARTERLY REPORT October 1 - December 31, 2019

## Executive Summary

*The Health Department's day-to-day activities for the third quarter of 2019 are enumerated in the attached report. The Department continues to work toward fulfilling the goals of our Department, keeping in mind the belief statements that support and enhance our mission statement.*

***“Plays a vital role assessing and assuring the health needs and trade practices in the community”***

City Sealer Eric Maggio and Health Officer Kurt Eggebrecht met with the nine contracted Consortium municipalities of Ashwaubenon, Berlin, Fox Crossing, Kaukauna, Kimberly, Little Chute, New London, Ripon and Waupaca. The yearly meetings provide a chance to have face-to-face meetings about the program, provide next year's budget projections, and answer any questions about the work during the year. The municipalities all value the partnership of sharing services.

***“Provides services to protect and promote the health and well-being of the citizen and consumer”***

Health Officer Kurt Eggebrecht and Emergency Management Coordinator Cassidy Walsh participated in the Fox Valley Healthcare Emergency Readiness Coalition's (FVHERC) Closed Point of Dispensing (POD) exercise on December 11<sup>th</sup>. This exercise introduced a biological attack scenario that escalated in the Fox Valley area. The purpose of the exercise was to identify the need to vaccinate staff and their family members within the healthcare agency in order to keep daily operations going in a time of crisis. The exercise developed into great discussion on future collaboration with both hospitals in Appleton. The next step will be to escalate into a hands-on drill utilizing the City of Appleton Health Department Closed POD plans.

Cassidy Walsh organized preparedness training gap assessment meetings with all the department directors and deputy directors. These meetings allowed each department to meet one on one with Cassidy, describe the roles of their departments in the city, and identify training needs and opportunities to better prepare staff in each department. These



meetings were conducted on October 24<sup>th</sup>, 25<sup>th</sup>, 29<sup>th</sup>, and November 5<sup>th</sup>, 12<sup>th</sup>, and 19<sup>th</sup>. This was a great opportunity to create an emergency training plan for the city for the next couple years.

November 14<sup>th</sup>, Environmentalist Michelle Roberts and Ryan Mathew conducted swab sampling at three licensed establishments as part of DATCP's Listeria monitoring program. All samples tested negative for Listeria.

***“Communicates with the public on health and consumer related issues”***

Public Health Nurse Val Davis created a display to promote Childhood Lead Poisoning Prevention. This educational display was available for the community to view at the Appleton Public Library for the entire month of October.

October 17<sup>th</sup>, Becky Lindberg, RN and Krista Waterstradt, RN gave two presentations to 44 First Grade students at Foster Elementary. This interactive presentation focused on handwashing and “germs”.

November 12<sup>th</sup>, Krista Waterstradt, RN and Val Davis, RN presented on the topic of communicable disease to 20 YMCA child care teachers at YMCA-Fox West.

***“Provides services in a cost effective and efficient manner”***

Health department nursing staff provided 253 doses of influenza vaccine to City of Appleton elected officials, employees, their spouses, partners and children nine years of age and older.

In 2019, there were 32 new lead cases with an initial lead capillary level of 5 µg/dL or greater in children residing within the city limits of Appleton. Of these cases, 28 were 5-9 µg/dL and 4 were 10 µg/dL or above. There was 100% follow up on all 32 cases via mail and/or phone (14 cases had additional phone outreach). Of the 28 cases 5-9 µg/dL, 23 had a follow up venous test done and 3 are “In process” for a repeat test and 2 have not responded back to our outreach efforts. No cases 5-9 µg/dL had a home visit, but home visits were offered. Of the four (10+ µg/dL) cases, all four had follow-up venous testing done (100%). 1 case of 10+ had a home visit and an environmental investigation done. The other 3 cases had follow-up venous tests below 5 µg/dL.

In addition to case management of lead elevated children, primary prevention services are offered. There is outreach done to all City of Appleton families of 6-month-old children who live in a home built prior to 1950. This outreach offers these families a home visit to help identify lead hazards and includes information about lead sources. On average, this reaches about 20 families per month.

***“Develops and evaluates departmental programs, policies and procedures based on community needs and collaborate with community agencies and providers to assess those needs and ensure high quality services”***

Public Health Nurses Becky Lindberg, Sonja Jensen and Susan Larson participated in a discussion with staff from Mosaic Family Health and World Relief Fox Valley on October 18. The topic focused on how the three agencies could best work together to provide optimal refugee health services.

Emergency Management Coordinator Cassidy Walsh hosted a Public Health Preparedness Partnership meeting in Appleton on October 11<sup>th</sup>. The meeting offered a chance to go over the contract deliverables associated with the preparedness grant. The group explored new tools to utilize when engaging the public on preparedness matters. It was also a chance for Cassidy to lay out her vision of focusing and enhancing the PHEP plans on an individual basis. It was met with full support by the group. The new meeting schedule will now be group meetings quarterly and individual meetings in the months between.

This quarter, Common Council approved ordinance language that prohibits the possession of vaping and e-cigarette related products. Given that more than 30% of high school students in Appleton use these products, we wanted to provide an alternative to citations that would lead to greater understanding of the dangers of these products. In Depth is a program from the American Lung Association that teaches youth about how the tobacco industry hires lobbyists and marketing specialists to target this product directly to their age groups in order to make a profit.

Health Officer Kurt Eggebrecht has facilitated discussions with Lawrence University students to teach this class to those who receive citations. If students participate, the citation from a police officer is waived. The Appleton Area School District has supported this social justice approach to reduce the epidemic of use. Nicotine consumption at a young age impacts brain development and impairs learning. The Community Foundation is supporting this pilot project to determine effectiveness.

***“Professional staff works together as a cohesive team by cooperating, communicating and supporting each other to achieve departmental and individual goals”***

Public Health Nurse Jena McNeil completed the Thrive Leadership Academy, which culminated in a graduation ceremony on December 2.

October 7<sup>th</sup>, Ryan Mathew was hired to fill the vacant Environmentalist position. As part of his orientation and training, Ryan has completed his required 25 joint inspections with Steve, Michelle and Wisconsin Department of Agriculture, Trade and Consumer Protection (WI DATCP) staff along with required online FDA courses. Ryan is now able to do independent inspections in the field. Ryan is a great addition to our staff.

In December, Steve Kihl began working with DATCP staff on his initial standardization. This process involves doing 8 side by side inspections with a State “Standard” to ensure consistency in the inspection and report writing processes. Steve will then become our agency Standard and go through the same process with Michelle and Ryan. This assures that all inspections are upholding the current food codes.

This quarter staff participated in a variety of trainings including:

October 2<sup>nd</sup>, Public Health Nurse Jena McNiel and Public Health Nursing Supervisor Sonja Jensen participated in the Imagine Fox Cities Community Summit in Kimberly. The overarching aim of Imagine Fox Cities is, “To advance the Well-Being of Our Place and the Well-Being of Our People”.

October 2<sup>nd</sup>, Britney Stobbe, Val Davis, and Cassidy Walsh attended a training at the Fox Valley Technical College. The focus was the new Inventory Management and Tracking System (IMATS).

October 7<sup>th</sup>-9<sup>th</sup>, Weights and Measures Specialist Todd Schmidt represented Appleton by attending the annual WWMA fall conference in Stevens Point, WI. The conference was administered by the Wisconsin Weights and Measures Association and the National Conference for Weights and Measures. A variety of topics were discussed during this year’s training. At the conclusion of the conference, Todd was sworn in as Vice President of Wisconsin Weights and Measures Association. He will serve on the board in various roles for the next 4 years.

October 9<sup>th</sup>-10<sup>th</sup>, Public Health Nurse Julie Erickson attended the Wisconsin Public Health Employee Orientation Session in Rothschild. This training was held at the Central Wisconsin Convention and Expo Center and was sponsored by the Wisconsin Department of Health Services.

October 10<sup>th</sup>, Steve and Michelle attended the Lead Risk Assessor Refresher class. This is a required recertification training provided by WI DHS – Lead and Asbestos Section. The certification is required for individuals performing lead risk assessments in homes of children found to be lead poisoned.

October 10<sup>th</sup>, Public Health Nurses Jess Moyle, Krista Waterstradt and Val Davis attended the First Breath Regional Session in Green Bay.

October 16<sup>th</sup>-18<sup>th</sup>, Cassidy Walsh attended the Debris Management course put on by Wisconsin Emergency Management. The 24-hour course highlighted the several phases and challenges with debris removal after a disaster, and the importance of having a debris removal plan. Outagamie County is in the works of creating a debris removal plan. The City of Appleton Public Works staff and Cassidy plan to be highly involved in that planning process when the county moves forward.

October 29<sup>th</sup>, Public Health Nurses Becky Lindberg and Jess Moyle attended the Employee Friendly Workplace Launch at Werner Electric Supply in Appleton. This event was sponsored by the Fox Cities Chamber. Becky and Jess are able to provide advice to companies interested in breast feeding options at the workplace.

November 6<sup>th</sup>, Environmentalist Ryan Mathew attended the Rabies Control Training sponsored by WI DATCP. The training covered rabies exposure response protocols along with specimen shipping requirements.

November 6<sup>th</sup>-7<sup>th</sup>, Public Health Nurses Jena McNiell, Jess Moyle, Julie Erickson, Krista Waterstradt, Val Davis and Sonja Jensen attended the Northeast Region Tuberculosis Summit at Liberty Hall in Kimberly. Jena McNiell and Sonja Jensen were on the planning committee for this educational event.

November 16<sup>th</sup>, Public Health Nurses Becky Lindberg and Susan Larson and Public Health Nursing Supervisor Sonja Jensen attended the Joint Fox Valley Refugee Resettlement Meeting at Miron Construction in Neenah. The meeting included a presentation on the H.E.A.R.T. (Healing Environment and Restorative Therapy) model of care in working with survivors of torture.

November 16<sup>th</sup>-17<sup>th</sup>, Emergency Management Coordinator Cassidy attended Wisconsin Emergency Management (WEM) 101 in Madison. This was a course that covered the multitude of programs within WEM, introduced the WEM staff that manage the programs, discussed the WEM certification process, and highlighted emergency service programs across the state of Wisconsin. This course was largely a great networking opportunity for new emergency management directors/coordinators.

November 7<sup>th</sup>, Environmental Health Supervisor Steve Kihl attended the New Supervisor Orientation.

December 16<sup>th</sup>, Environmentalists Ryan Mathews and Michelle Roberts attended Hazard Analysis and Critical Control Point (HACCP) Verification Training sponsored by WI DATCP. Certain food processes require an approved HACCP Plan. This training covered detailed inspection criteria to evaluate in an establishment with a required HACCP Plan.

Respectfully submitted,

Kurt Eggebrecht, M.Ed., MCHES  
Health Officer

**HEALTH DEPARTMENT**  
**Fourth Quarter Review**  
**All Figures Through December 31, 2020**

**Significant 2018 Events:**

See 2018 Quarterly Reports

**Performance Data:**

<b>Administration 4th Quarter</b>						
Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>ADMIN</b>	Client Benefit					
Train Staff	Benefit #1: Training request/ reviewed/ approved	100%	100%	100%	100%	100%
Safe Work	Benefit #2: # unresolved safety issues	0	0	0	0	0
Level III Health Dept	Outcome #1: # of unresolved issues	0	0	0	0	0
Internal Advancement	Outcome #2: % vacancies filled from within	100%	100%	100%	100%	100%
Training	Output #1: Hours of training/employee	36	41	48	49	40
Staff Assessments	Output #2: % completed on time	100%	100%	100%	100%	100%
Collaboration with Health Care Partners	Output #3: # of meetings	137	151	147	138	140
Prepare Annual Report	Output #4: Complete by 120th day of following year	4/30	4/21	4/18	4/13	4/25

## Nursing 4th Quarter

Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>Client Benefits/Impacts</b>						
TB Disease Resolved	Benefit #1: Three negative tests/ complete treatment/ + clinical status	(2 Total) 1 - resolved 1 - in treatment	(2 Total) 1 - moved out of jurisdiction 1 - in treatment	1-resolved	2-in treatment	100%
Occupational Health	Benefit #2: TB testing and training	100%	100%	100%	100%	100%
<b>Strategic Outcomes</b>						
Epi-linked TB Cases	Outcome #1: # of cases	0	0	0	0	0
Increase Vaccine Coverage	Outcome #2: % school age children vaccinated	99%	99%	99%	99%	99%
COM Regulations	Outcome #3: % of required participants	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Work Process Outputs</b>						
Case Management of TB	Output #1: # of home visits	426	90	47	224	100
TB Skin Test	Output #2: # of TB skin tests	101	72	172	70	75

## Environmental 4th Quarter

Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>Client Benefits/Impacts</b>						
Fair and Consistent Inspection	Benefit #1: Positive triennial survey results	100	100%	100%	95.2%	100%
Health Hazards	Benefit #2: Identified and corrected inspection reports	100%	100%	100%	100%	100%
<b>Strategic Outcomes</b>						
Voluntary Compliance Improved	Outcome #1: # of critical violations	396	371	402	586	375
Human Cases of Rabies	Outcome #2: # of cases	0	0	0	0	0
Foodborne Outbreaks	Outcome #3: # of outbreaks related to special events	0	0	0	0	0
Foodborne Outbreaks	Outcome #4: # of food establishment linked outbreaks	0	0	0	0	0
<b>Work Process Outputs</b>						
Annual Inspection & Follow-ups	Output #1: # of inspections	501	515	506	409	540
Annual Inspection & Follow-ups	Output #2: # of follow up inspections	114	102	104	36	120
Response to Complaints	Output #3: # of complaints/follow ups	26/26	78/58	68/20	71/23	135/75
Response to Complaints	Output #4: % completed within 3 days	100.0%	100%	97%	100%	99%
Animal Bite Complaints	Output #5: % response within 4 hours	100%	100%	100%	100%	100%
Education Sessions for Non-profits	Output #6: # of vendors participating	84	84	60	41	25

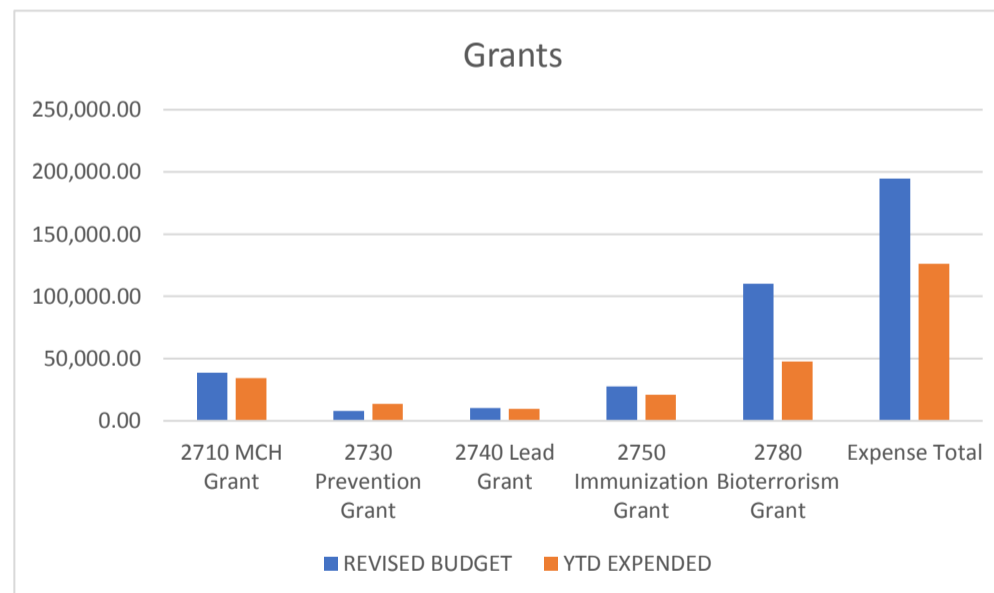
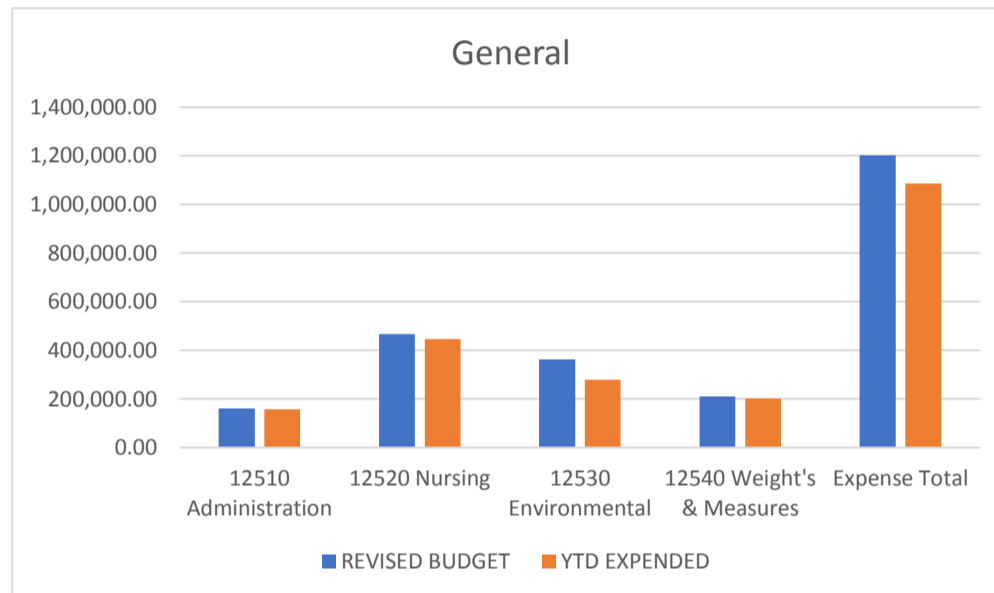
## Weights & Measures 4th Quarter

Program	Criteria	Actual 2017	Actual 2018	Actual 2019	Actual 2020	Target 2020
<b>Client Benefits/Impacts</b>						
Reduce Price Scanning Errors	Benefit #1: % error trend reporting compliance (over charges)	99.1%	98.5%	98.7%	98.8%	100.0%
Accurate Product Labeling	Benefit #2: Positive triennial consumer survey	100.0%	88%	100%	100.0%	100.0%
Accurate Measuring Devices	Benefit #3: % of devices that measure accurately	94.2%	97.4%	97.7%	96.7%	96.0%
<b>Strategic Outcomes</b>						
System of Price Control	Outcome #1: % error trend reporting compliance (undercharges)	97.9%	99.1%	98.5%	99.1%	98.0%
Short Weight & Mislabeled Measured Sales	Outcome #2: % error trend reporting compliance	95.8%	97.9%	98.5%	98.0%	96.0%
Public Confidence in System Integrity	Outcome #3: Triennial consumer survey response	100.0%	88.0%	98.2%	92.0%	99.0%
<b>Work Process Outputs</b>						
Price Scanning Inspection	Output #1: # of annual inspections	145	125	141	144	130
Commodity Inspections	Output #2: # of inspections	13,431	17,887	20,678	19,225	15,000
Device Inspections	Output #3: # of inspections	1,794	1,787	1,631	1,649	1,775



ACCOUNT DESCRIPTION	ORIGINAL APPROD	REVISED BUDGET	YTD EXPENDED	AVAILABLE BUDGET	% USED
12510 Administration	161,806.00	161,806.00	157,363.53	4,442.47	97.3%
12520 Nursing	466,524.00	466,524.00	446,300.05	20,223.95	95.7%
12530 Environmental	362,623.00	362,623.00	279,294.04	83,328.96	77.0%
12540 Weight's & Measures	211,174.00	211,174.00	202,848.28	8,325.72	96.1%
Expense Total	1,202,127.00	1,202,127.00	1,085,805.90	116,321.10	90.3%

ACCOUNT DESCRIPTION	ORIGINAL APPROD	REVISED BUDGET	YTD EXPENDED	AVAILABLE BUDGET	% USED
2710 MCH Grant	38,732.00	38,732.00	34,436.80	4,295.20	88.9%
2730 Prevention Grant	7,902.00	7,902.00	13,520.82	-5,618.82	171.1%
2740 Lead Grant	10,317.00	10,317.00	9,593.67	723.33	93.0%
2750 Immunization Grant	27,531.00	27,531.00	21,144.09	6,386.91	76.8%
2780 Bioterrorism Grant	110,204.00	110,204.00	47,552.51	62,651.49	43.1%
Expense Total	194,686.00	194,686.00	126,247.89	68,438.11	64.8%



## ENVIRONMENTAL SURVEY 2019

Total # surveys sent out	160	Completed surveys returned	26
surveys returned as undeliverable		Percent returned	16.25%
Surveys (assumed) received by operators	160		

SURVEY QUESTION	Very Satisfied	Satisfied	Somewhat Dissatisfied	Dissatisfied	totals	% Satisfied
How satisfied are you that the inspector identified him/herself and the purpose of their visit?	17	5	1	1	24	91.67%
Was courteous and professional?	20	2	2		24	91.67%
Went over the inspection report thoroughly?	18	5	0		23	100.00%
Gave recommendations for correction of violations/errors?	18	5	1		24	95.83%
How satisfied are you that the inspection process used methods that fairly evaluated your business?	17	6	1		24	95.83%
How satisfied are you that the Environmental Health Inspection Program ensures good sanitation and food handling practices?	20	3	2		25	92.00%
How satisfied are you that we are inspecting often enough to ensure good sanitation and food handling practices?	21	4	0		25	100.00%
<b>RESPONSE TOTALS</b>	<b>131</b>	<b>30</b>	<b>7</b>	<b>1</b>	<b>169</b>	<b>95.27%</b>

### ENTER WRITTEN COMMENTS BELOW (comments are typed exactly as written)

#### 5. In your opinion, what, if anything, can be done to improve the inspection process to better ensure good sanitation and food handling practices?

Maybe call ahead/as we are very busy. Could also come at more of a convenient time.
Scheduled inspections as we are not always free when inspector may need us.
My opinion is this is spot on!
No changes needed.
What if a sheet of requirements re: employee hygiene written by the Health Dept was available to every new hire? It would be a great "back-up" to the employer. This is the <u>law</u> .
It is very professional

New inspectors
Continue providing helpful feedback on what I can do to ensure health code compliance. I appreciate the suggestions I've received in the past.
<b>6. If you rated any of the above items as “somewhat dissatisfied” or “dissatisfied” please use the space below to briefly explain the reasons for your dissatisfaction.</b>
None/our inspector is great to work with!
I almost did for question #1. I never know if you see your inspector looking around (first) - are you supposed to interupt them or wait for them to find you?
Rude health inspector, year after year
<b>7. What additional suggestions, if any, do you have for improving the quality of this inspection program or our services to your business?</b>
Could be quicker. Doesn't take long to temp food/look at organization and storage of food.
No
Keep our inspector, great work and knowledge!
Say you struggle w/a certain employee to cover their mouth, wash hands - whatever, its just a struggle to get them to comply...could the food establishment have the inspector put their name (employee) on the report in a note to show employee they mean business?
I understand this may not be possible because of county lines but we have restaurants in Calumet and Outagamie and sometimes the inconsistency between inspectors can be at time frustrating.
<b>Other comments</b>
We did not have an inspector come to our location as far as I know.

## WEIGHTS & MEASURES SURVEY 2019

Total # surveys sent out	85	Completed surveys returned	8
unopened surveys returned as undeliverable		Percent returned	9.41%
Surveys (assumed) received by operators	85		

SURVEY QUESTION	Very Satisfied	Satisfied	Very Dissatisfied	Dissatisfied	Does Not Apply	totals	% satisfied
How satisfied are you that the inspector identified him/herself and the purpose of their visit?	5	1	1			7	85.71%
Was courteous and professional?	5	1		1		7	85.71%
Went over the inspection report thoroughly?	5	2				7	100.00%
Gave recommendations for correction of violations/errors?	5	1	1			7	85.71%
How satisfied are you that the inspection process used methods that fairly evaluated your business?	5	1	1			7	85.71%
How satisfied are you that the inspection process fairly and accurately assesses the following for your business? Scales, pumps, meters and/or measures	5		1		1	7	83.33%
Price scanning and/or price control systems?	4	2			1	7	100.00%
Weighing and measuring of bulk products & packaged goods?	5	1			1	7	100.00%
Product labeling, signage and method of sale compliance?	4	1			2	7	100.00%
How satisfied are you that the W & M program ensures fairness between the business and the consumer?	5	2				7	100.00%
How satisfied are you that we are inspecting often enough to ensure fairness between the business and the consumer?	5	4	1			10	90.00%
<b>TOTALS</b>	<b>53</b>	<b>16</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>80</b>	<b>92.00%</b>

**ENTER WRITTEN COMMENTS BELOW (comments are typed exactly as written)**

<b>5. In your opinion, What, if anything, can be done to improve the inspection process to better ensure fairness between the business and the consumer?</b>
No
I think that the current method is working out quite well.
Good sir good job.

**6. If you rated any of the above items as somewhat dissatisfied or dissatisfied, please use the space below to briefly explain the reasons for your dissatisfaction.**

N/A

N/A

**7. What additional suggestions, if any, do you have for improving the quality of this program or our services to your business?**

No inspection has been done in over a year.

The inspector & scale people work well together. Annual inspection is set up w/ our scale people.

N/A

**Other comments**

**The following noise variance requests have been approved by Health Officer, Kurt Eggebrecht:**

*Annual Appleton Car Show  
Pierce Park  
July 19<sup>th</sup>, 6:00am-4:00pm*

*The Mission Church Worship Service  
Pierce Park  
June 7<sup>th</sup>, 10am-12pm*

*The Mission Church Picnic in the Park  
Pierce Park  
June 2<sup>nd</sup>, 6:30pm-8pm*

*Snowdrop Apple Creek 50K  
Apple Creek YMCA  
April 25<sup>th</sup>, 6am-2:30pm*

*Missing and Murdered Indigenous Women and Girls Vigil  
Houdini Plaza  
February 14<sup>th</sup>, 5pm-8pm*