

City of Appleton

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

Meeting Agenda - Final Board of Health

Wednesday, November 8, 2017

7:00 AM

Council Chambers, 6th Floor

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

17-1717 BOH Minutes 9-13-17

Attachments: 9-13-17.pdf

- 4. Public Hearings/Appearances
- 5. Action Items

<u>17-1716</u> Health in All Policies Ordinance

Attachments: HiAP Ordinance-Official Form.pdf

6. Information Items

<u>17-1712</u> August Monthly Report

Attachments: August Monthly Report.pdf

17-1707 Third Quarter Report 2017

Attachments: Third Quarter 2017 Report.pdf

Third Quarter Executive Summary.pdf

17-1708 Third Quarter Performance Review 2017

Attachments: Department Budget Review 3rd Qtr 2017.pdf

Summary Budget Review-3rd Qtr 2017.pdf

<u>17-1562</u> 2018 Budget

Attachments: 2018 Health Grants.pdf

2018 Health.pdf

<u>17-1662</u>	Octoberfest Inspection Summary
	Attachments: Octoberfest Summary.pdf
<u>17-1710</u>	140 Review Findings
	Attachments: 140 Review Letter.pdf
	DHS 140 Review Document.pdf
<u>17-1730</u>	H7N9 Influenza Update
	Attachments: H7N9 Influenza Article.pdf
<u>17-1709</u>	Noise Variance Approvals
	Attachments: Noise Variance Requests 11.8.17.pdf

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

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Meeting Minutes Board of Health

Wednesday, September 13, 2017

7:00 AM

Council Chambers, 6th Floor

- 1. Call meeting to order
- 2. Roll call of membership

Present: 6 - Nelson, Spears, Vogel, Mielke, Meltzer and Hanna

3. Approval of minutes from previous meeting

Nelson moved, seconded by Spears, that the Minutes be approved. Roll Call. Motion carried by the following vote:

Aye: 6 - Nelson, Spears, Vogel, Mielke, Meltzer and Hanna

- 4. Public Hearings/Appearances
- 5. Action Items
- 6. Information Items

Second Quarter 2017 Report

Attachments: Second Quarter 2017 Report.pdf

Executive Summary Second Quarter 2017.pdf

This Item was presented

Second Quarter 2017 Budget Performance Review

<u>Attachments:</u> Department Budget Review -2nd Quarter 2017.pdf

Summary Budget Review-2nd Quarter.pdf

This Item was presented

July Monthly Report

<u>Attachments:</u> <u>July Monthly Report.pdf</u>

This Item was presented

Updated Fee Schedule for Weights & Measures and Environmental Health

This Item was presented

VFC Site Visit Follow-Up Plan

Attachments: VFC Site Visit Follow-Up Plan.pdf

This Item was presented

Health in All Policies Ordinance-Green Tier Community

Attachments: HiAP Q&A.pdf

Social Determinants-HiAP.pdf

HiAP Ordinance.pdf

This Item was presented

Noise Variance Approvals

Attachments: Noise Variance Requests 9.13.17.pdf

This Item was presented

Other Business

Information was presented on Department's 140 Review and other current topics of interest.

7. Adjournment

Nelson moved, seconded by Meltzer, that the meeting be adjourned at 7:30 a.m. Roll Call. Motion carried by the following vote:

Aye: 6 - Nelson, Spears, Vogel, Mielke, Meltzer and Hanna

AN ORDINANCE CREATING ARTICLE V OF CHAPTER 7 OF THE MUNICIPAL CODE OF THE CITY OF APPLETON, RELATING TO HEALTH IN ALL POLICIES.

(Name of Committee Generated From – XX-XX-XX (Date))

The Common Council of the City of Appleton does ordain as follows:

<u>Section 1</u>: That Article V of Chapter 7 of the Municipal Code of the City of Appleton, relating to health in all policies, is hereby created to read as follows:

Art. V. HEALTH IN ALL POLICIES

Sec. 7-200. Findings.

- (a) Health starts where we live, learn, work and play, and everyday decisions within the City of Appleton can promote greater health and equity.
- (b) All Appleton residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, ethnic background or religion.
- (c) Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce overall economic and social insecurity.
- (d) In the city of Appleton, those at greatest risk for poor health outcomes are low-income residents, who have a shorter life expectancy than other city residents.
 - (e) Appleton residents are primarily affected by heart disease, cancer and stroke.
- (f) Recognizing the presence of critical health disparities in the community and the opportunity to intervene on health outcomes, the City has developed and defined public health broadly in the City Comprehensive Plan.
- (g) Health in All Policies is fundamentally about creating systems-level change both within City departments and in the community.
- (h) In developing strategies to address health disparities, it is important to recognize that at its heart, promoting equity is not just about providing more services.
 - (i) It is also about how services are developed, prioritized and delivered.
- (j) The Health in All Policies strategy guides the City of Appleton on how to address the social determinants of health, or the root causes of current health disparities in the development, prioritization and delivery of these services and policies.

Sec. 7-201. Definitions.

The definitions in this section apply throughout this ordinance unless the context

- (a) *Health in All Policies (HiAP)* is both a process and a goal.
 - (1) The goal of HiAP is to address inequities at the systems, policy and structural levels to eliminate the resulting health disparities.
 - (2) At the root of HiAP is an approach to improving health of all people by incorporating health considerations into collaborative decision-making across sectors, agencies, and departments. HiAP brings city departments and community groups together to identify ways in which all policies can take health outcomes into consideration. The HiAP process places health at the center of all work, and through discussion and compromise, gains stakeholder buy-in from all agencies, groups, and departments.
 - (3) Health in All Policies works to create a new policy and organizing framework within city government and beyond in the community. It emphasizes the consequences of public policies, plans, and programs on health determinants, and aims to improve health outcomes at all levels of government within the city and those agencies responsible for serving Appleton residents.
 - (4) Stakeholder engagement is essential for ensuring that Health in All Policies is responsive to community needs. Community-based knowledge provides important information about opportunities and barriers for health and insight into the ways in which policies may impede or promote health.
- (b) **Health** is not simply the absence of disease, but the state of complete physical, mental, cultural and social well-being. HiAP is based on the premise that good health is fundamental for a strong economy and vibrant society, and that health outcomes are largely dependent on the social determinants of health, which in turn are shaped by decisions made within the health sector and internally and externally outside of the health sector.
- (c) **Health equity** refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives, while respecting differences that include but are not limited to culture, language, race, gender, sexuality, economic status, citizenship, ability, age and religion.
 - (1) Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.
 - (2) These communities include, but are not limited to women, people of color, low-income individuals and families, individuals who have been incarcerated, individuals with disabilities, individuals with mental health conditions, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA)

communities, or combinations of these populations.

- (d) *Health disparities* are differences of presence of disease, health outcomes, or access to care among distinct segments of the populations, including differences that occur by race or ethnicity, gender identity, sexual orientation, education or income, immigration status, age, disability or functional impairment, or geographic location, or the combination of any of these factors.
- (e) *Health inequities* are health disparities resulting from factors that are systemic and avoidable and, therefore, considered unjust or unfair.
- (f) **Determinants of health equity include** the social, economic, geographic, political, institutional and physical environmental conditions that lead to the creation of a fair and just society.
- (g) **Social determinants of health** refer to everything outside of direct health care services, such as the condition in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. The social determinants of health include, but are not limited to:
 - (1) The availability of resources to meet our daily needs (e.g., safe housing, access to healthy and affordable food).
 - (2) Access to educational, economic, and job opportunities that lead to sustainable employment.
 - (3) Neighborhood safety and communities free of crime, violence, and social disorder (e.g., presence of trash and other forms of blight); and
 - (4) Accessible built environments that promote health and safety, including improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.
 - (5) Social norms and attitudes (e.g., discrimination and racism), socioeconomic conditions (e.g., concentrated poverty and the chronically stressful conditions that accompany it).
- (h) *Toxic stress* refers to prolonged and repeated exposure to multiple negative factors, especially in early childhood. Contributing factors include, but are not limited to, racial profiling, poor air quality, residential segregation and economic insecurity. Toxic stress has known physical and mental health impacts and contributes to a host of chronic conditions such as heart disease and diabetes. Toxic stress has also been shown to have negative intergenerational health effects. Toxic stress does not refer to individual stressful events, but rather the unrelieved accumulation of these events over one's life.

Sec. 7-203. Health in All Policies implementation.

To effectively implement and maintain Health in All Policies, the City shall:

- (a) Utilize health equity practices to City actions and endeavor to integrate these practices into the city's strategic, operational and business plans; management and reporting systems for accountability and performance; and budgets in order to eliminate inequities and create opportunities for all people and neighborhoods;
- (b) Use the Health in All Policies Strategy Document as a guide for implementing Health in All Policies in the City. The strategy document will outline the vision, mission and goals, and identify a timeline as well as process to reach these goals. The strategy document will be a living plan that is designed to grow over time as progress is made and the needs of the community and city change;
- (c) Establish the Interdepartmental Health in All Policies Team. The Interdepartmental Team will be comprised of representatives from departments within the City and are responsible for:
 - (1) Selecting health and health equity indicators for each department to track as a way of prioritizing goals and measuring progress aligned with existing City guiding documents including, but not limited to the Comprehensive Plan and Green Tier Charter;
 - (2) Attending regularly scheduled Interdepartmental Team meetings led by the Mayor's Office;
 - (3) Reporting to the Interdepartmental Team on progress and challenges from his or her respective department;
 - (4) Working with his or her respective department to integrate and track health equity indicators for his or her department;
 - (5) Committing to attending ongoing health equity training, such as health equity impact assessments; and
 - (6) Assisting with the writing of the Tri-Annual HiAP Report and provide a report to committees.
- (d) Design and publish a tri-annual report on the status of health and health equity in the city of Appleton and progress of HiAP implementation for the Common Council, City staff, community organizations, residents, businesses, and other governmental agencies within the city.
 - (1) Implementation will be measured based on health and health equity indicators selected by the Interdepartmental HiAP Team.
 - (2) In addition to reporting on indicators, the Tri-Annual Report will include any updates to the HiAP strategy document.
- (e) Develop and implement an ongoing community engagement plan to work directly with stakeholders throughout the process of the HiAP strategy development and implementation to ensure that perspectives are consistently understood, considered, and reflected in decisions.

The goal is to partner with stakeholders in each aspect of decision making in order to develop and implement collaborative solutions.

<u>Section 2</u>: Severability. If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this ordinance is for any reason held to be unconstitutional or invalid, such a decision shall not affect the validity of the remaining portions of this ordinance. The Common Council hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause or phrase of this ordinance irrespective of the unconstitutionality or invalidity of any section, subsection, subdivision, paragraph, sentence, clause or phrase.

Section 3: publication.	This	ordinance	becomes	effective	30	days	after	its	final	passage	and
Dated:											
Timothy M. Hanna, M	layor			Kami	 Lyn	ch, Ci	ty Cle	rk			



I. Preventing Disease

Immunization Clinics	Current Month	Year to Date	Last Year to Date
Persons Immunized	11	68	86
Immunizations administered	24	179	186

Communicable Disease Cases	Current Month	Year to Date	Last Year to Date
Gastroenteric			
Campylobacter	1	8	11
Giardiasis	2	6	8
Salmonellosis	0	5	5
Amebiasas	0	0	0
Balantidium Coli	0	0	0
Hook Worm	0	0	0
Shigellosis	1	2	1
Yersinia	0	0	1
Strongyloides	0	0	0
Cryptosporidiosis	3	7	6

0

Other Communicable Diseases	Current Month	Year to Date	Last Year to Date
Haemophilis Influenza	0	1	0
Blastomycosis	0	0	1
Hepatitis A	0	0	1
Hepatitis B	0	5	1
Hepatitis C	5	31	37
Streptococcus pneumoniae	0	4	4
Leprosy	0	0	0
Lead Toxicity	0	0	0
Legionellosis	0	1	0
<u>Lyme Disease</u>	1	9	6
Ehrlichiosis / Anaplasmosis	2	6	0
Malaria	0	1	0
Bacterial Meningitis	0	0	0
<u>Viral Meningitis</u>	0	0	0
Invasive Group A Strep	0	1	0
Rheumatic Fever	0	0	0
Tetanus	0	0	0
Toxic Shock	0	0	0
Typhoid	0	0	0
TB: Mycobacterium	1	1	0
TB: Atypical	0	7	7
Viral Encephalitis	0	0	0
Cat Scratch Disease (Bartonella species)	0	0	0
Streptococcus group B invasive disease	1	2	3
Vibrio Cholera	0	0	0
West Nile Virus	0	0	0
Kawasaki	0	0	0
Novel Influenza	0	0	0
Hospitalized Influenza	0	30	15
Babesiosis	0	0	0
Histoplamosis	0	1	0
VISA	0	2	0
Rocky Mountain Spotted Fever	1	1	0
Jamestown Canyon	<u>'</u> 1	1	0
Jamestown Carryon			<u> </u>

Vaccine Preventable	Current Month	Year to Date	Last Year to Date
Measles	0	0	0
Mumps	0	0	0
Pertussis	1	6	11
Rubella	0	0	0
Varicella	1	4	3

	Current Month Year to Date All Ages ≤18 All Ages ≤18		Year to	Date	Last Year to Date		
Sexually Transmitted Disease			All Ages	≤18			
Chlamydia	30	5	222	16	214	22	
Gonorrhea	4	0	34	1	25	1	
Partner/Referral Program	0	0	6	0	3	0	
HIV	2	0	6	0	1	0	
Other STD	0	0	0	0	0	0	
Syphilis	0	0	7	0	6	0	

	Current	Year to	Last Year
Licensed Establishments	Month	Date	to Date

PE & D, Retail Food, Hotel/Motel, Bed & Breakfast, Manufactured Home Community, Vending Machines, Swimming Pools, Tattoo & Body Piercing, Rec/Ed

Preinspections	3	26	23
Inspections	6	347	337
Reinspections	3	87	95
Complaints	0	16	18
Complaint Follow-ups	2	6	2
Consultations	59	418	336

Food Borne/Water Borne	Current Month	Year to Date	Last Year to Date
Number of Outbreaks	0	0	0
Number of Interviews	0	2	2
Number of symtomatic	0	1	2

	Current	Year to	Last Year
Laboratory/Field Tests	Month	Date	to Date

Swimming Pool Water Samples

Total number of pools sampled	26	164	158
Total number of pools resampled	0	1	3
Total positive HPC	0	1	2
Total positive coliform	0	0	1

II. Protecting the Environment

	Current	Year to	Last Year
	Current	rear to	Last rear
Environmental Investigations	Month	Date	to Date

Community water supplies, private water supplies, surface water pollution, standing water nuisance, animal nuisances, rabies control, insect control, rodent control, hazardous substance control, indoor/outdoor air pollution, noise, radiation, garbage/rubbish, private residence/housing, other business (non-licensed)

Complaints	10	34	29
Complaint Follow-ups	12	37	14
Consultations	50	170	152

III. Promoting Health

	Current	Year to	Last Year
Community Health Visits	Month	Date	to Date

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

Patient Home/Telephone Visits	82	880	942

IV. Protecting the Consumer

	Current	Year to	Last Year
Consumer Complaints	Month	Date	to Date

Weights and Measures, Product Labeling, and Trade Practices

Total number of consumer complaints	3	24	27
Total number found in violation	0	4	5

	Current	Year to	Last Year
Type of Establishments Inspected	Month	Date	to Date

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, and garden centers, industrial manufacturing plants, concrete and asphalt plants

Total number inspected	101	471	516

	Inspected			Number	Not in Co	mpliance
Equipment and Devices Examined	Current Month	Year to Date	Last Year to Date	Current Month	Year to Date	Last Year to Date
Scales and balances	10	443	463	0	8	22
Measures (includes gas pumps and fuel oil truck meters)	370	1,000	834	12	30	24
Weights	0	29	49	0	0	0
Total	380	1,472	1,346	12	38	46

Commodity Report	Current Month	Year to Date	Last Year to Date
Total units of product investigated	20,658	69,419	58,605
Random sample size	2,674	10,816	8,882
Total products/units found short weight	60	312	2,396
Total products/units found mislabeled	14	832	1,782

Price Scanning Inspections	Current Month	Year to Date	Last Year to Date
Number of inspections	10	100	112
Number of items scanned	350	3,376	3,610
Pricing errors found	5	87	104



I. Preventing Disease

Community Education Sessions	Quarter	Year to Date	Last Year to Date
Group Education Sessions	5	24	57
Number of Attendees	183	412	584

Immunization Clinics	Current Month	Quarter	Year to Date	Last Year to Date
Persons Immunized	18	36	86	103
Immunizations administered	52	102	231	224

	Current		Year to	Last Year
Vaccine Type/Number of Doses	Month	Quarter	Date	to Date
PCV13 (Prevnar)	1	4	8	6
DTP/HIB (See DTP and HIB)	0	0	0	0
DtaP (Diptheria, Tetanus, Acellular Pertussis)	1	2	3	6
Td (Tetanus diptheria)	1	6	8	7
MMR (Measles, Mumps, Rubella)	6	11	13	19
HIB (Haemophilus Influenzae b)	1	5	10	9
IPV (Inactivated Polio Vaccine)	3	6	12	4
HBV (Hepatitis B)	4	8	15	5
Flu (Influenza)	10	10	21	16
VZV (Varicella)	4	13	18	20
Heb B/Hib Comvax	0	0	0	0
Hep A	1	3	13	31
Dtap/IPV/Hep B	1	2	6	5
MCV4 (Meningococcal)	5	5	12	11
Tdap	5	9	16	19
Flu Nasal	0	0	0	13
HPV (Human Papillomavirus)	4	9	20	28
Rotavirus	1	1	3	3
Dtap/IPV	0	0	1	8
H1N1	0	0	0	0
Hep A/Hep B	1	1	1	9
MenB	3	3	6	5
Dtap-IPV / Hib	0	0	0	0

	Current		Year to	Last Year
Communicable Disease Cases	Month	Quarter	Date	to Date
Gastroenteric				
Campylobacter	3	5	11	12
Giardiasis	3	5	9	12
Salmonellosis	3	4	8	7
Amebiasis	0	0	0	0
Balantidium Coli	0	0	0	0
Hook Worm	0	0	0	0
Shigellosis	0	1	2	1
Yersinia	1	1	1	1
Strongyloides	0	0	0	0
Cryptosporidiosis	0	4	7	7
E. Coli	4	11	12	3
		•		

	Current	Current		Last Year	
Other Communicable Diseases	Month	Quarter	Date	to Date	
Haemophilis Influenza	0	0	1	0	
Blastomycosis	1	1	1	1	
Hep A	0	0	0	1	
	0	0	5	1	
Hep B	2	12	33	45	
Hep C	0	0	<u> </u>	45	
Streptococcus pneumoniae	0	0	0	0	
Leprosy	0	0	0	0	
Adult Lead Toxicity	-		1		
Legionellosis	0	0		0	
Lyme Disease	1	8	10	9	
Ehrlichiosis / Anaplasmosis	0	4	6	0	
Malaria	0	0	1	0	
Dengue Fever	0	0	0	0	
Bacterial Meningitis	0	0	0	0	
Viral Meningitis	0	0	0	0	
Invasive Group A Strep	0	0	1	1	
Rheumatic Fever	0	0	0	0	
<u>Tetanus</u>	0	0	0	0	
Toxic Shock	0	0	0	0	
Typhoid	0	0	0	0	
Mycobacterium Tuberculosis	0	1	1	0	
Mycobacterium - Atypical	3	4	10	7	
Viral Encephalitis	0	0	0	0	
Cat Scratch Disease (Bartonella species)	0	0	0	0	
Streptococcus group B invasive disease	0	1	2	3	
Vibrio Cholera	0	0	0	0	
West Nile Virus	0	0	0	0	
<u>Kawasaki</u>	0	0	0	0	
Novel Influenza	0	0	0	0	
Hospitalized Influenza	0	0	30	15	
Babesiosis	0	0	0	0	
Histoplamosis	0	1	1	0	
VISA	0	0	2	0	
Rocky Mountain Spotted Fever	0	0	0	0	
Jamestown Canyon	0	0	0	0	

	Current	Current		
Vaccine Preventable	Month	Quarter	Date	to Date
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	0	2	6	14
Rubella	0	0	0	0
Varicella	2	4	6	4

		Year to	Last Year	
Tuberculosis Prevention and Control	Quarter	Date	to Date	
Number of TB (Chemoprophylaxis Referrals)	8	21	13	
Number of TB Skin Tests	0	69	101	
Number of Referrals for TB Blood Test	1	1	0	
Number of TB positive tests	0	0	0	

	Current Month		Quarter		Year to Date		Last Year to Date	
Sexually Transmitted Disease	All Ages	≤18	All Ages	≤18	All Ages	≤18	All Ages	≤18
Chlamydia	30	2	82	9	252	18	238	24
Gonorrhea	5	0	10	0	39	1	33	2
Partner/Referral Program (Contacts)	0	0	2	0	6	0	3	0
HIV	0	0	4	0	6	0	1	0
Other STD	0	0	0	0	0	0	0	0
Syphilis	2	0	2	0	9	0	7	0

Planned Parenthood Contract	Quarter	Year to Date	Last Year to Date
Individuals served	29	81	112
Number of tests	68	195	256
Individuals treated	4	17	23

		Year to	Last Year
Lead	Quarter	Date	to Date
Elevations			
Initial Venous lead levels >19 ug/dl	1	1	0
Repeat Venous lead levels >19 ug/dl	0	0	2
Initial Venous lead levels 10 - 19 ug/dl	2	4	1
Repeat Venous lead levels 10 - 19 ug/dl	0	3	1
Capillary lead levels >10 ug/dl	5	7	5
Venous lead levels 5 - 9 ug/dl	3	11	15
Home Inspections	1	3	2
Education	6	14	12
Formal Enforcement Action	1	3	2

	Plan Reviews			Preinspections			
liannand Fatabliah manta		Year to	Last Year	•	Year to	Last Year	
Licensed Establishments	Quarter	Date	to Date	Quarter	Date	to Date	
Public Eating and Drinking	0	1	0	5	17	17	
Retail Food	0	0	0	1	4	8	
Hotel/Motel and Tourist Rooming House	0	0	0	1	1	0	
Bed and Breakfast	0	0	0	0	0	2	
Manufactured Home Communities	0	0	0	0	0	0	
Vending Machines	0	0	0	0	0	0	
Swimming Pools	0	1	0	2	3	0	
Tattoo and Body Piercing	0	0	0	1	3	1	
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	
Total	0	2	0	10	28	28	

		Inspections			Reinspections			
Licensed Establishments	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date		
Public Eating and Drinking	5	236	223	17	81	87		
Retail Food	6	80	71	1	13	18		
Hotel/Motel and Tourist Rooming House	0	6	6	0	0	0		
Bed and Breakfast	0	3	3	0	0	0		
Manufactured Home Communities	0	0	1	0	0	0		
Vending Machines	0	0	0	0	0	0		
Swimming Pools	1	20	17	0	0	0		
Tattoo and Body Piercing	0	6	6	0	0	0		
Temporary Restaurants	6	6	21	0	0	0		
Non-profit	86	86	89	2	2	2		
Rec/Ed Campground	1	1	1	0	0	0		
Campground	0	0	0	0	0	0		
Pigeon Permit	0	0	0	0	0	0		
Temporary Retail	0	0	4	0	0	0		
Special Organization Serving Meals	0	0	0	0	0	0		
Total	105	444	442	20	96	107		

	Complaints			Com	Complaint Followups			
Licensed Establishments	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date		
Public Eating and Drinking	6	14	19	4	6	2		
Retail Food	1	2	3	0	0	0		
Hotel/Motel and Tourist Rooming House	0	1	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	0	1	2	0	0	0		
Tattoo and Body Piercing	0	0	0	0	0	0		
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		
Total	7	18	24	4	6	2		

	C	Consultations			
		Year to	Last Year		
Licensed Establishments	Quarter	Date	to Date		
Public Eating and Drinking	78	229	177		
Retail Food	11	53	56		
Hotel/Motel and Tourist Rooming House	11	1	1		
Bed and Breakfast	1	5	1		
Manufactured Home Communities	0	3	0		
Vending Machines	0	0	1		
Swimming Pools	6	13	16		
Tattoo and Body Piercing	17	53	36		
Temporary Restaurants	8	14	33		
Non-profit	34	79	89		
Rec/Ed Campground	0	3	5		
Campground	0	0	0		
Pigeon Permit	4	5	0		
Temporary Retail	0	2	3		
Special Organization Serving Meals	0	0	0		
Total	160	460	418		

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	2	2
Number symtomatic	0	0	1	2

	Current	Current		Last Year
Laboratory/Field Tests	Month	Quarter	Date	to Date
WDATCP Random Sampling Program	0	0	60	60

Swimming Pool Water Samples

Total number of pools sampled	20	71	184	177
Total number of pools resampled	0	0	1	3
Total positive HPC	0	0	1	2
Total positive soliform	Λ	Λ	n	1

Rabies Specimens

Type of Animal Shipped

Dog	0	0	0	0
Cat	0	0	0	1
Bat	0	0	0	4
Raccoon	0	0	0	0
Ferret	0	0	0	0
Skunk	0	0	0	0
Other	0	0	0	0
Total shipped	0	0	0	5
Total positive results	0	0	0	0

II. Protecting the Environment

	Consultations			Complaints		
		Year to	Last Year		Year to	Last Year
Environmental Investigations	Quarter	Date	to Date	Quarter	Date	to Date
Comments and the second		-		0	0	0
Community water supplies			5		0	
School/Day Care		5	-	0		0
Private water supplies	0	0	0	0	0	0
Surface water pollution	0	1	1	0	0	0
Animal nuisances	8	14	21	0	0	2
Rabies control	5	22	16	0	0	0
Insect control	13	32	28	0	6	7
Rodent control	3	7	2	0	1	2
Hazardous substance control	3	7	11	0	1	1
Air pollution - Indoor	2	10	9	0	0	3
Air pollution - Outdoor	1	4	2	0	0	1
Noise	5	16	23	0	4	4
Radiation	1	4	7	0	2	0
Garbage/rubbish nuisance	0	2	0	0	3	1
Private residence/housing	14	27	14	0	0	3
Lead	5	18	17	0	1	2
Other Programs	9	26	17	0	0	0
Other Business	4	15	26	0	3	1
Mold	5	35	31	0	0	8
Totals	80	246	231	0	21	35

	Comp	Complaint Followu				
		Year to	Last Year			
Environmental Investigations	Quarter	Date	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	2			
Rabies control	0	0	0			
Insect control	2	7	2			
Rodent control	3	4	1			
Hazardous substance control	0	0	0			
Air pollution - Indoor	2	2	0			
Air pollution - Outdoor	0	0	2			
Noise	1	4	2			
Radiation	0	0	0			
Garbage/rubbish nuisance	2	6	1			
Private residence/housing	9	13	1			
Lead	0	0	3			
Other Programs	0	0	0			
Other Business	0	0	0			
Mold	3	4	2			
Totals	22	40	16			

III. Promoting Health

Type of Referrals to Public Health Nurse (PHN)	Quarter	Year to Date	Last Year to Date
-			
Family	2	4	3
Maternal/Child	241	673	661
Adult/Elderly	2	4	7
Total	245	681	671

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

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

MCH	47	138	112	0	214	181
Adult	25	66	58	0	109	180
Elderly	3	13	12	0	140	297
Total	75	217	182	0	463	658

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

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

MCH	2	5	18	0	53	60
Adult	6	19	42	0	7	5
Elderly	0	2	3	0	0	2
Total	8	26	63	0	60	67

		Year to	Last Year
Primary Health Problem	Quarter	Date	to Date
General Health Promotion	43	106	162
Prenatal	25	89	69
Postpartum	62	178	132
Infant and Child Health	82	225	151
Communicable Disease	66	311	398
Endocrine/Nutritional/Immunity Disorders	4	9	7
Nervous system and sense organs	0	0	1
Circulatory system	11	50	55
Respiratory system	7	11	14
Musculoskeletal system and Connective tissue	1	1	2
Other	15	36	29
Total	316	1016	1020

Adult/Elderly Clients By Referral Source	Quarter	Year to Date	Last Year to Date
Self	0	0	1
Case Finding	0	0	0
Physician (Unhospitalized)	1	3	5
Hospital	0	0	0
Social Service/Counseling	3	3	0
Community Agency	0	0	1
Other Public Health Agency	0	0	0
Licensed Home Health Agency	0	0	0
State Agency	0	0	0
Carried Over From Previous Year	0	20	21
Other	0	0	1
Total	4	26	29

Adult/Elderly Client Interventions	Quarter	Year to Date	Last Year to Date
Case Management	97	220	139
Consultation	2	3	3
Counseling	26	85	83
Delegated Functions	0	1	3
Disease and Health Event Investigation	0	2	5
Health Teaching	91	238	173
Referral and Follow Up	19	43	10
Screening	62	143	68
Total	297	735	484

Adult/Elderly Non-Client Contacts	Quarter	Year to Date	Last Year to Date
Adult child	1	2	3
Aging & Disability Resource	0	1	0
Citizen	2	13	10
Client	0	0	0
Community Agency	1	2	4
Employer	0	0	0
Faith Community	0	0	0
Friend	0	0	3
Hospital	0	0	0
Human Services	0	0	0
Mental Health Provider	0	0	0
Nurse	0	0	1
Other	0	0	0
Parent/Guardian	2	4	2
Primary Care Provider	0	0	0
Spouse	0	0	0
Total	6	22	23

Adult/Elderly Non-Client Contact Interventions	Quarter	Year to Date	Last Year to Date
Consultation	0	2	4
Counseling	0	0	2
Health Teaching	1	5	5
Referral and Follow Up	5	17	17
Total	6	24	28

IV. Protecting the Consumer

	Nur	nber Rec	eived	Number	of Violatio	ns Found
		Year to	Last Year		Year to	Last Year
Consumer Complaints	Quarter	Date	to Date	Quarter	Date	to Date
Foods	1	1	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	1	1	1	1	1	0
Gas station pumps	2	6	6	0	1	1
Gas station service console	0	2	3	0	0	0
Gas station price signage	0	2	2	0	1	0
Gas station gasoline quality	3	8	4	0	0	1
Scales: food	0	0	0	0	0	0
Scales: scrap metal	0	0	1	0	0	0
Scales: other	0	0	0	0	0	0
Scanning	1	3	6	0	0	2
Trade practices	0	3	3	0	1	0
Advertising	0	2	3	0	1	1
Going out of business sales	0	0	0	0	0	0
Temporary sales	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Totals	8	28	30	1	5	5

			Year to	Last Year
Type of Establishments Inspected	Month	Quarter	Date	to Date

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	30	181	501	607

	Inspected				Nu	mber Not i	n Complia	ince
	Current		Year to	Last Year	Current		Year to	Last Year
Equipment and Device Examined	Month	Quarter	Date	to Date	Month	Quarter	Date	to Date
Scales and Balances	8	41	451	474	1	1	9	22
Measures (gas pumps and fuel oil truck meters)	27	713	1,027	971	0	23	30	25
Weights	0	0	29	49	0	0	0	0
Total	35	754	1,507	1,494	1	24	39	47

	Current		Year to	Last Year
Commodity Report	Month	Quarter	Date	to Date
Total units of product investigated	5,975	34,966	75,394	78,569
Random sample size	798	4,628	11,614	10,531
Total products/units found short weight	115	210	427	2,856
Total products/units found mislabeled	75	98	907	2,177

Price Scanning Inspections	Current Month	Quarter	Year to Date	Last Year to Date
Number of Inspection	1	16	101	117
Number of items scanned	25	525	3,401	3,760
Pricing errors found	0	6	87	105

		Year to	Last Year
License Investigations	Quarter	Date	to Date
Closeout sales	0	0	2
Secondhand dealers	7	10	12
Commercial solicitation	10	26	36
Taxicab	0	7	10
Pet store	0	3	4
Fire wood	0	20	21

APPLETON HEALTH DEPARTMENT QUARTERLY REPORT July-September 2017

Executive Summary

The Health Department's day-to-day activities for the second quarter of 2017 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"

August 12, Weights and Measures Specialist, Kevin Grosskreutz, inspected the Appleton Downtown, Inc. Farm Market. Of the 121 vendors inspected, there were two with unapproved scales and four with labeling issues. The overall compliance was very high. Weights and Measures met with vendors in May for the annual vendor information meeting which provides information regarding recent changes in policies. The meeting, which is mandatory to participate in the Farm Market, provides a great foundation for high compliance throughout the Farm Market's summer duration.

Environmentalists Michelle Roberts, RS and Steve Kihl, RS, also had a busy summer working with the Farm Markets. They have had numerous consultations with vendors that were added to the markets after the annual spring training session was held. They also inspected the vendor booths at both Wednesday and Saturday markets.

September 30, City Sealer Eric Maggio conducted Weights and Measures inspections at the 2017 Octoberfest celebration. There were 27 vendors inspected for Weights and Measures compliance of product labeling and trade practice regulations. Booths selling various items such as prepacked retail food products, herbal soaps and honey products were inspected. These items must be fully labeled and sold either by weight or measure, depending on product type. There were three violations found. The City of Appleton holds 2 mandatory vendor training meetings which provide information relating to trade practices, product labeling, method of sale, and scale information prior to the event.

The Environmental Health section also provided inspections. This year, there were 98 food stand inspections and 7 reinspections conducted by the Appleton Health Department during License to Cruise and Octoberfest. Eight food stand inspections were conducted at License to Cruise. Ninety non-profit food stand inspections were conducted at Octoberfest. Of the 98 stands that were inspected this year, 80 food stands had *no violations* at the times of the inspection (81%). There were a total of 20 violations recorded at 15 food stands during Octoberfest and 4 violations found at 3 food stands at License to Cruise.

"Provides services to protect and promote the health and well-being of the citizen and consumer"

Public health nursing staff worked with World Relief Fox Valley and various partners in the Appleton community to welcome 12 refugees during the months of July, August and September of 2017.

The 6th Annual Breastfeeding Walk, hosted by the Breastfeeding Alliance Network of Northeast Wisconsin, took place on August 5. The walk started at First United Methodist Church in Appleton. Public health nurses Jess Moyle and Becky Lindberg recognized the Appleton Childcare Centers who achieved Breastfeeding Friendly designation, and there 118 participants at the walk.

"Communicates with the public on health and consumer related issues"

July 27, Health Office Kurt Eggebrecht presented to Medical College of Wisconsin medical students at the DePere campus. He spoke on how public health at the state and local level interface with medical providers during communicable disease investigations.

August 28, Public Health Nurse Kathleen Sprangers, RN, presented on Immunizations at ThedaCare Regional Medical Center—Appleton's Mommy and Me group. 13 moms and their babies were in attendance.

September 8, The University of Wisconsin Population Health Institute: School of Medicine and Public Health held an event at the UW Menasha campus titled "Community Health in the Fox Valley: How are Local Groups Sharing what they Know?" Health Officer Eggebrecht, who serves on the UW Population Health Advisory Board, assisted with program planning and speaker selection. The panel included local and state representatives.

"Provides services in a cost effective and efficient manner"

September 11, Appleton Health Department participated in the "140" On-Site Review with the State Department of Health. In addition to department staff, Board of Health members Vered Meltzer, Sally Mielke and Cathy Spears attended. Numerous other community key stakeholders also attended to provide examples of collaborative work. The Wisconsin State Legislature directs the State Department of Health Services to review local health departments every 5 years to determine required services for Level I, II and III local health departments. Chapter DHS 140 specifies the required services for each level. The required services include surveillance, investigation, control and prevention of communicable disease, other disease prevention, health promotion and human health hazard control. There are 86 local health departments in Wisconsin. Currently, 3 are Level I, 50 are Level II and 33 are Level III departments in Wisconsin. Appleton's review demonstrated a maintenance of Level III, the most comprehensive level of service.

"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"

The Environmental Health State license year runs from July 1 through June 30. This year, Environmental Supervisor Tim Mirkes, RS, made a courtesy contact with all 21 establishments on our late fee list, notifying them that they are delinquent in paying for the Health License by the deadline of June 30. After this date, establishments owe a late fee of \$95.00 on or before July 14 in order to remain open for business. Mirkes also made courtesy contacts to the 7 establishments that were on the Finance HOLD list. This year, no establishments were closed on July 15 for operating without a valid license.

On August 10, the City of Menasha Health Department and the City of Appleton Health Department worked together on a real world emergency. The freezers that hold vaccine in Menasha went down. Menasha acted by enacting their emergency plan. That plan included storing the vaccine at the Appleton Health Department. The event was noted by both health officers as successful, due in part to an exercise conducted the week prior. Preparedness Coordinator Daniel Kane wrote the After Action Report and submitted it to the state.

Daniel Kane also hosted a Public Health Preparedness Partnership meeting in Appleton on August 15. The meeting offered a chance to go over the new 5 year agreement with the CDC and the contract objectives associated with that grant. It was also a chance for Daniel to lay out his vision of a new public health emergency plan. It was met with full support by the group.

The Appleton Health Department Immunization Program completed the required Vaccines for Children Program Site Visit on August 22. No compliance issues were found during the audit.

August 28, several department directors, including Dean Gazza, Paula Vandehey, Ronald McDonald, Karen Harkness and Kurt Eggebrecht participated in The Legacy Community Alliance for Health Project: Health in all Policies. This initiative is sponsored and supported by The League of Wisconsin Municipalities, Wisconsin Counties Association, UW Extension, UW Population Health and Wisconsin Legacy Communities.

This quarter, Public Health Nurse Supervisor Sonja Jensen and Health Officer Kurt Eggebrecht assisted Colton Wiesner, a second year medical student from Medical College of Wisconsin, with the development of a physician survey on Lyme's Disease in Northeast Wisconsin. This survey has been sent throughout Northeast Wisconsin.

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

This quarter, staff participated in several training opportunities including:

August 8, Public health Nurses Sue Larson and Becky Lindberg attended the quarterly consultation with the State Refugee Program at Oshkosh West High School.

August 10 and 11, Public Health Nurse Supervisor Sonja Jensen, Environmental Health Supervisor Tim Mirkes and Health Officer Kurt Eggebrecht participated in the Incident Command System (ICS) 300 Level Course.

August 24, Public Health Nurse Jess Moyle attended the Wisconsin Breastfeeding Coalition Annual Summit in Marshfield, Wisconsin. The theme of the 2017 Summit was "Stronger Together".

September 5 and 6, Public Health Nurse Supervisor Sonja Jensen, Environmental Health Supervisor Tim Mirkes, City Sealer Eric Maggio and Health Officer Kurt Eggebrecht participated in the Incident Command System (ICS) 400 Level Course.

September 19, Emergency Preparedness Coordinator Daniel Kane participated in an ingestion exercise related to an emergency at Point Beach Nuclear Power Plant. The exercise presented a scenario in which the plant had somehow released nuclear radiation. Daniel coordinated with Calumet County Emergency Management on the scenario. Key factors that were looked at were evacuation routes, food contamination and general security of affected areas.

September 27, Public Health Nurse Supervisor Sonja Jensen attended the Northeast Region Wisconsin Immunization Registry user group meeting in Fond du Lac.

September 28, Public Health Nurse Supervisor Sonja Jensen attended the Wisconsin State Lab of Hygiene meeting in Kimberly.

This quarter, Public Health Emergency Preparedness Coordinator Daniel Kane became a member of the State "Public Health Emergency Preparedness Plans Workgroup". This workgroup's main focus is to update current emergency plans and documents used by public health agencies in emergencies. Daniel's goal is to have a public health emergency plan for the City of Appleton that is the most current, best aligned with State partners and contains today's best practices.

Encourages the individual to share the responsibility for their health and the health of their family"

August 28, an awards celebration was held at Green Gecko for moms and kids who participated in the Bike Bingo event sponsored by the Health Department this summer. This was a collaborative project with The Wisconsin Bike Federation. The goals were to educate on bike safety and to encourage moms with young children to participate in Saturday group rides. Local retailers donated gifts to those who complete the bingo card.

Respectfully submitted,

Kurt Eggebrecht, M.Ed., MCHES Health Officer

HEALTH DEPARTMENT Third Quarter Review All Figures Through Sept. 30, 2017

Significant 2017 Events:

See 2017 Quarterly Reports

Performance Data:

	Administration 3rd Quarter									
Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017				
ADMIN	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	41	36	41	31	40				
Staff Assessments	Output #2: % completed on time	100%	100%	100%	100%	100%				
Collaboration with Health Care Partners	Health Care Output #3. # 01		137	151	108	140				
Prepare Annual Report	Output #4: Complete by 120th day of following year	4/24	4/30	4/21	4/21	4/25				

		Nursing	3rd Quart	er		
Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017
Client Benefits/Imp	acts					
TB Disease Resolved	Benefit #1: Three negative tests/ complete treatment/ + clinical status	1 resolved and 1 moved out of jurisdiction	moved 1 - in treatment (2 Total) 1 - in process 1 - in treatment 1 - in treatment 1 - in treatment 1 - resolved 1 - resolved 1		(2 Total) 1 -moved out of jurisdiction 1 - in treatment	100%
Occupational Health	Benefit #2: TB testing and training	100%	100% 100%		100%	100%
Strategic Outcome	s					
Epi-linked TB Cases	Outcome #1: # of cases	0	0	0	0	0
Increase Vaccine Coverage	Outcome #2: % school age children vaccinated	99.0%	99.7%	99%	In Process	99%
COM Regulations	Outcome #3: % of required participants	100%	100%	100%	100% 100%	
Work Process Out	puts					
Case Management of TB	Output #1: # of home visits	270	152	426	146	100
TB Skin Test	Output #2: # of TB skin tests	104	103	101	69	90

	Environm	ental 3	rd Quart	ter		
Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017
Client Benefits/Imp	acts					
Fair and Consistent Inspection	Benefit #1: Positive triennial survey results	98.5	100%	TBD	TBD	97%
Health Hazards	Benefit #2: Identified and corrected inspection reports	100%	100%	100%	100%	100%
Strategic Outcome	s					
Voluntary Compliance Improved	Outcome #1: # of critical violations	321	396	449	352	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
Work Process Outp	outs					
Annual Inspection & Follow-ups	Output #1: # of inspections	540	548	501	449	540
Annual Inspection & Follow-ups	Output #2: # of follow up inspections	109	112	114	96	120
Response to Complaints	Output #3: # of complaints/follow ups	145/63	105/43	26/26	60/46	135/75
Response to Complaints	Output #4: % completed within 3 days	99.0%	100%	100%	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	384	368	84	72	350

	Weights & Measures 3rd Quarter									
Program	Criteria	Actual 2014	Actual 2015	Actual 2016	Actual 2017	Target 2017				
Client Benefits/Impac	ets	-				-				
Reduce Price Scanning Errors	Benefit #1: % error trend reporting compliance (over charges)	98.8%	99.1%	98.8%	98.4%	99.0%				
Accurate Product Labeling	Benefit #2: Positive triennial consumer survey	100.0%	100.0%	10000.0%	In Process 4th Quarter	100.0%				
Accurate Measuring Devices	Benefit #3: % of devices that measure accurately	96 /% 94 2% 96 /%		96.7%	97.7%	95.0%				
Strategic Outcomes										
System of Price Control	Outcome #1: % error trend reporting compliance (undercharges)	98.3%	97.9%	98.4%	99.0%	98.0%				
Short Weight & Mislabeled Measured Sales	Outcome #2: % error trend reporting compliance	90.0%	95.8%	92.2%	88.5%	96.0%				
Public Confidence in System Integrity	Outcome #3: Triennial consumer survey response	99.6%	100.0%	100.0%	In Process 4th Quarter	99.0%				
Work Process Outpu	ts									
Price Scanning Inspection	Output #1: # of annual inspections	135	145	142	101	125				
Commodity Inspections	Output #2: # of inspections	12,903	13,431	12,956	11,614	12,000				
Device Inspections	Output #3: # of inspections	1,823	1,794	1,764	1,507	1,750				

83500 TEACHERA MIDYER HLT

City of Appleton Health Department Summary Budget to Actual Report For the Nine Months Ending September 30, 2017

1 10/27/17 10:21:05

Description	Year to Date Expense	Full Year Amended Budget	Percent of Amended Budget
Health Department Health Administration Public Health Nursing Environmental Health Weights & Measures	104,018 320,867 241,604 141,614	155,153 468,100 350,216 205,761	67.0 % 68.5 % 69.0 % 68.8 %
Total	808,103	1,179,230	68.5 %
Health Grants 2010 Tobacco Control Grant 2011 MCH Grant 2012 Primary Care Grant 2013 Prevention Grant 2014 Lead Grant 2015 Immunization 2016 Outrch for Med. Assist. 2017 WWCCP Grant 2018 Bioterrorism Grant 2019 TB Lookback Grant	0 31,402 0 7,902 4,860 26,731 0 0 50,166	0 42,760 0 0 9,935 27,487 0 0 99,437	.0 % 73.4 % .0 % .0 % 48.9 % 97.2 % .0 % .0 % 50.5 %
Total	121,061	179,619	67.4 %

CITY OF APPLETON 2018 BUDGET SPECIAL REVENUE FUNDS HEALTH GRANTS

MISSION STATEMENT

It is the mission of the Appleton Health Department to safeguard the environment, promote public health and protect the consumers in the community by providing high quality services responsive to the needs of the people.

DISCUSSION OF SIGNIFICANT 2017 EVENTS

Maternal/Child Health (MCH) Grant

This grant's objectives require a systems approach using the Life Course Model. Focus areas include: networks of early childhood services addressing family support, child development, mental health, safety and injury prevention, child death review team and fetal infant mortality review team implementation on a local level.

Prevention Grant

This grant supports the development, printing and placement of "points of decision prompts" throughout the entire network of City owned parking ramps. These signs of encouragement promote the use of stairs as a way to improve physical activity. Funds were also used to support staff participation in training.

Vaccine Improvement Plan Grant

These grant dollars support our goal of having more than 90% of Appleton children aged 19-35 months receive age appropriate immunizations. This grant also supports the Northeast Wisconsin Immunization Coalition, a regional effort which strives to increase immunization rates in the Fox Valley area.

Centers for Disease Control and Prevention (CDC) Lead Poisoning Prevention Grant

Department staff worked with the Community Development Block Grants Administrator to coordinate with the Appleton Housing Rehabilitation, Housing Partnership and Housing Authority to identify families whose pre-1950 homes are being rehabilitated. Our goal this year is ten pre-1950 housing units located in the City will be made lead safe. Nursing staff works with families to minimize and prevent lead poisoning of children through follow-up of cases of elevated blood lead and prevention education.

Bioterrorism/Public Health Preparedness Grant

This grant supports training to deal with the effects of bioterrorism. Appleton provides staff support for the Northeast Wisconsin Public Health Preparedness Partnership Consortium. Several area health departments contract with Appleton to provide shared service opportunities including Waushara, Marquette and Green Lake Counties and the City of Menasha.

CITY OF APPLETON 2018 BUDGET SPECIAL REVENUE FUNDS HEALTH GRANTS

MAJOR 2018 OBJECTIVES

Maternal Child Health (MCH) Grant

Provide maternal and child health program services to Appleton residents.

CDC Lead Poisoning Prevention Program Grant

Reduce the incidence of childhood blood lead poisoning through intervention and education.

Vaccine Improvement Plan Grant

Ensure that 91% of all two year olds served by the department will have completed their primary vaccine series.

Bioterrorism/Public Health Preparedness Grant

Provide plan development and training opportunities for public health staff and key community leaders and first responders.

DEPARTMENT BUDGET SUMMARY												
	Programs	Actual				Budget						%
Unit	Title		2015		2016		Adopted 2017 Amended 2017				2018	Change *
Р	rogram Revenues	\$	188,336	\$	189,765	\$	157,260	\$	179,144	\$	153,103	-2.64%
Р	rogram Expenses											
2011	MCH Grant		39,633		42,136		42,760		38,677		38,677	-9.55%
2013	Prevention Grant		7,139		7,300		-		7,902		-	N/A
2014	CDC Lead Grant		9,414		9,350		9,935		9,808		9,808	-1.28%
2015	Vaccine Improvement		27,273		27,259		27,487		32,854		27,531	0.16%
2018	Bioterrorism Grant		111,726		94,190		99,437		89,903		77,087	-22.48%
	Discontinued Programs		25		1,247		-		-		-	N/A
	TOTAL	\$	195,210	\$	181,482	\$	179,619	\$	179,144	\$	153,103	-14.76%
Expens	ses Comprised Of:											
Person	nel		167,919		148,644		150,287		127,810		109,211	-27.33%
Adminis	strative Expense		12,873		15,464		14,390		29,792		14,269	-0.84%
Supplie	s & Materials		8,266		10,237		8,156		9,389		22,422	174.91%
Purchas	sed Services		5,283		6,513		5,906		11,273		6,401	8.38%
Utilities			869		624		088		880		800	-9.09%
	& Maintenance		-		-		-		-		-	N/A
	Expenditures		-		-		-		-		-	N/A
Full Tir	me Equivalent Staff:											
Person	nel allocated to programs		1.66		1.46		1.54		1.29		1.29	

^{* %} change from prior year adopted budget Health Grants.xls

CITY OF APPLETON 2018 BUDGET SPECIAL REVENUE FUNDS

Health Grants - MCH Grant

Business Unit 2011

PROGRAM MISSION

The Maternal Child Health (MCH) grant program ensures universal access to MCH public health services for eligible Appleton residents.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 4: "Continually assess trends affecting the community and proactively respond", and #6: "Create opportunities and learn from successes and failures."

Objectives:

Work with community partners to build an integrated system that promotes optimal physical, social, emotional and developmental health of children, mothers, fathers and their families.

Participate in Outagamie County child death review teams and Fox Valley safe kids coalition to address prevention of injuries and death identified through reviews.

Major changes in Revenue, Expenditures or Programs:

In 2017, we began to align these grant funds to also support breastfeeding friendly environments.

		NCE INDICATO			
Client Benefits/Impacts	Actual 2015	Actual 2016	<u>Target 2017</u>	Projected 2017	<u>Target 2018</u>
Access to prenatal care # of women served	21	24	12	12	15
Strategic Outcomes					
Reduce # of deaths of children from birth t due to unsafe sleep environments # of infant / toddler deaths	o 1	0	0	0	(
Work Process Outputs					
# of clients served who receive ages and stages assessment and education Attend community meetings	23 100%	20 100%	24 100%		20 100%

CITY OF APPLETON 2018 BUDGET SPECIAL REVENUE FUNDS

Health Grants - MCH Grant

Business Unit 2011

PROGRAM BUDGET SUMMARY

	Actual				Budget						
Description		2015		2016	Adopted 2017		Amended 2017			2018	
Revenues 4225 Health Grants & Aids	\$	36,227	\$	47,595	\$	42,760	\$	38,677	\$	38,677	
	\$	36,227	\$	47,595	\$	42,760	\$	38,677	\$	38,677	
Expenses 6101 Regular Salaries 6108 Part-Time 6150 Fringes 6201 Training/Conferences 6202 Local Auto Expense 6324 Medical\Lab Supplies 6431 Interpreter Services	\$	5,056 26,921 4,995 758 284 444 1,175	\$	4,525 26,552 5,676 451 267 2,242 2,423	\$	4,954 25,206 4,047 2,135 300 4,060 2,058	\$	4,954 25,206 4,047 500 300 1,612 2,058	\$	5,029 25,454 3,752 560 300 1,082 2,500	
·	\$	39,633	\$	42,136	\$	42,760	\$	38,677	\$	38,677	

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

<u>None</u>

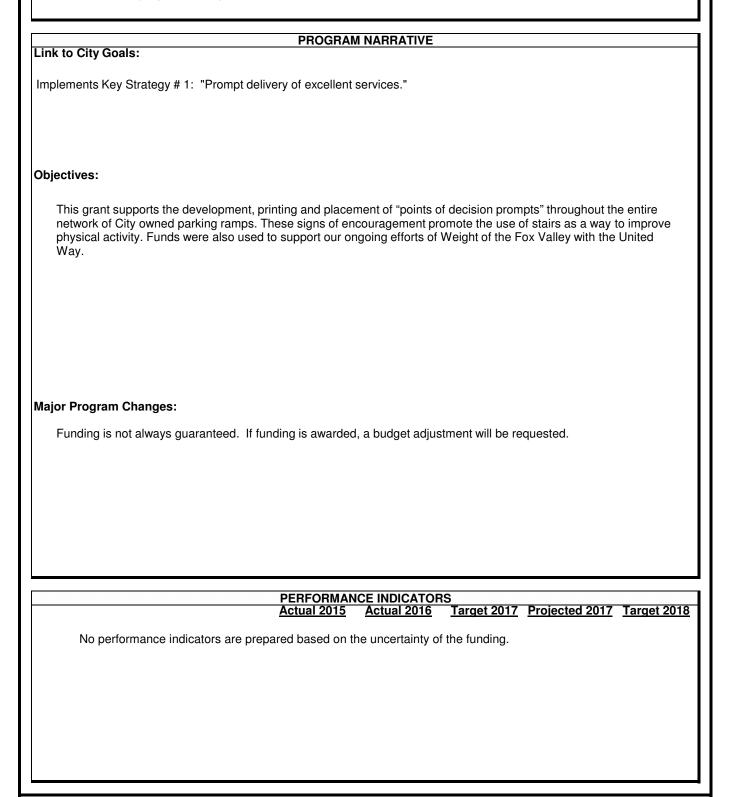
CITY OF APPLETON 2018 BUDGET SPECIAL REVENUE FUNDS

Health Grants - Prevention Grant

Business Unit 2013

PROGRAM MISSION

Provide accurate, meaningful public health data to the Board of Health and Common Council for effective needs assessment and program management and evaluation.



Health Grants - Prevention Grant

Business Unit 2013

PROGRAM BUDGET SUMMARY

	 Ac	tual		Budget						
Description	 2015			Adopted 2017			ended 2017		2018	
Revenues										
4225 Health Grants & Aids	\$ 7,139	\$	7,300	\$	-	\$	7,902	\$		-
	\$ 7,139	\$	7,300	\$	-	\$	7,902	\$		
Expenses										
6201 Training/Conferences	6,196		7,300		-		7,902			-
6404 Consulting Services	 943		-		-		-			-
	\$ 7,139	\$	7,300	\$	-	\$	7,902	\$		-

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

<u>None</u>

Health Grants - CDC Lead Grant

Business Unit 2014

PROGRAM MISSION

Provide lead poisoning prevention services to high-risk children in the City of Appleton.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 4: "Continually assess trends affecting the community and proactively respond", and #6: "Create opportunities and learn from successes and failures."

Objectives:

The Lead Poisoning Prevention Program is intended to:

Assure screening for elevated blood lead levels in children at risk for lead poisoning.

Decrease identified lead hazards in the environment.

Increase awareness of lead poisoning, prevention and control among community stakeholders.

Link lead poisoned children and families to appropriate medical, housing and support services.

Major changes in Revenue, Expenditures or Programs:

No major changes.

	PERFORMAN	CE INDICATOR	S		
Client Benefits/Impacts	Actual 2015	Actual 2016	Target 2017	Projected 2017	Target 2018
Treatment for elevated blood levels Children with elevated blood lead levels (EBLs) will show a progressive decline in blood lead levels in the 12 months following home visit	100%	100%	100%	100%	100%
Strategic Outcomes					
Decrease the incidence of elevated blood lead levels (EBLs) # of EBLs >19 # of EBLs 10 -19	1 3	2 5	3 4		3 4
Work Process Outputs					
Children with EBLs will be contacted with tes results, recommendations for further screening and information on lead hazard reduction # of environmental inspections/	st				
educational sessions	15	19	25	25	25

Health Grants - CDC Lead Grant

Business Unit 2014

PROGRAM BUDGET SUMMARY

		Ac	tual		Budget							
Description	2015			2016		Adopted 2017		ended 2017		2018		
Revenues												
4225 Health Grants & Aids	\$	9,175	\$	8,415	\$	9,935	\$	9,808	\$	9,808		
	\$	9,175	\$	8,415	\$	9,935	\$	9,808	\$	9,808		
Expenses												
6101 Regular Salaries 6108 Part-Time	\$	7,987	\$	6,624	\$	8,490	\$	8,381	\$	8,381 -		
6150 Fringes		1,280		1,083		1,445		1,427		1,427		
6201 Training & Conferences		147		40		´ -		, -		, -		
6320 Printing & Reproduction		-		26		-		-		-		
6324 Medical / Lab Supplies		-		1,441		-		-				
6431 Interpreter Services		-		136		-		-				
	\$	9,414	\$	9,350	\$	9,935	\$	9,808	\$	9,808		

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

<u>None</u>

Health Grants - Vaccine Improvement Grant

Business Unit 2015

PROGRAM MISSION

Provide immunization to children from the ages of 2 months to 18 years, without barriers, in order to prevent disease. In addition, these resources are used to provide outreach and education.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 4: "Continually assess trends affecting the community and proactively respond", and #6: "Create opportunities and learn from successes and failures."

Objectives:

The department's immunization program is expected to administer vaccines primarily to children from 2 months through 18 years of age and assist in developing the immunization infrastructure necessary to raise immunization levels and prevent vaccine preventable diseases such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus influenza B, varicella, rotavirus, hepatitis B, hepatitis A and bacterial meningitis.

Major changes in Revenue, Expenditures or Programs:

In 2017, we received an additional \$5,323 for HPV vaccines and public awareness.

	PERFORMAN	CE INDICATOR	S		
Client Benefits/Impacts	Actual 2015	Actual 2016	Target 2017	Projected 2017	Target 2018
Immunization rate @ 24 months of age % @ 24 months immunized	81%	81%	80%	80%	90%
Strategic Outcomes					
Minimize the incidence of vaccine prevent in children 1 - 18 years of age	able disease				
# of cases	5	15	18	18	18
# cases statewide	243	394	450		450
Work Process Outputs					
Internal case audit by 2/15 # of tracking contacts	2/15/2015 1,572	2/15/2016 1,469	2/15/2017 1,500	_,	2/15/2018 1,500

Health Grants - Vaccine Improvement Grant

Business Unit 2015

PROGRAM BUDGET SUMMARY

		Ac	tual		Budget							
Description	2015			2016		opted 2017	Amended 2017			2018		
Revenues												
4225 Health Grants & Aids	\$	24,041	\$	31,018	\$	27,487	\$	32,854	\$	27,531		
	\$	24,041	\$	31,018	\$	27,487	\$	32,854	\$	27,531		
Expenses												
6101 Regular Salaries	\$	14,660	\$	19,212	\$	19,393	\$	19,393	\$	19,687		
6150 Fringes		2,348		3,141		2,950		2,950		2,727		
6201 Training & Conferences		-		220		100		100		300		
6324 Medical / Lab Supplies		7,623		1,278		1,696		1,696		1,416		
6324 Interdepartmental Charges		-		-		-		5,323		-		
6430 Health Services		151		131		300		300		250		
6431 Interpreter Services		2,491		3,277		3,048		3,092		3,151		
•	\$	27,273	\$	27,259	\$	27,487	\$	32,854	\$	27,531		

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

<u>None</u>

Health Grants - Bioterrorism Grant

Business Unit 2018

PROGRAM MISSION

Provide a regional approach to all hazard emergency preparedness. Appleton provides staff support to the NEW (Northeast Wisconsin) Public Health Preparedness Partnership, comprised of Appleton and four area health departments.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 2: "Encourage active community participation and involvement."

Objectives:

To prepare and train for public health emergencies which may result from terrorist activity or naturally occurring events such as an influenza pandemic.

Prepare response plans which integrate and complement local emergency operations plans (EOP) or emergency support functions (ESF).

Establish and maintain 24/7 response capacity.

Encourage and support a regional response to communicable disease prevention, response and recovery.

Major changes in Revenue, Expenditures or Programs:

In an effort to pursue collaborative and cooperative agreements to meet the needs of the community, we maintained agreements with several communities. The grant period is from July 2017 - June 2018. We have received contracts from Marquette (\$6,000), Waushara (\$6,000), and Green Lake (\$6,000) counties and the City of Menasha (\$6,000). It is also assumed these contracts will be renewed in July 2018, provided there is no change in State and Federal funding. Revenue decreased in 2016 due to Winnebago and Manitowoc Counties not renewing their contracts. A new Preparedness Coordinator was hired in early 2017; due to the decrease in contracts, the position was reduced from full-time to .75 FTE.

In addition, the department received a one-time increase in funding in 2017 (\$1,500) for Ebola planning and response, (\$7,635) for PHEP conference and training and (\$3,681) for our main preparedness grant. These were used to offset the cost of salary, fringe benefits, supplies and training during 2017.

PERFORMANCE INDICATORS												
Actual 2015	Actual 2016	Target 2017	Projected 2017	Target 2018								
12	12	13	13	12								
5	5	6	6	5								
100%	100%	100%	100%	100%								
	Actual 2015 12 5	Actual 2015 Actual 2016 12 12 5 5	Actual 2015 Actual 2016 Target 2017 12 12 13 5 5 6	Actual 2015 Actual 2016 Target 2017 Projected 2017 12 12 13 13 5 5 6 6								

Health Grants - Bioterrorism Grant

Business Unit 2018 - Subledger 1506

PROGRAM BUDGET SUMMARY

		Ac	tual		Budget						
Description		2015		2016	Ad	opted 2017	Am	ended 2017		2018	
Revenues											
4225 Health Grants & Aids	\$	59.569	\$	70,190	\$	53,078	\$	65,903	\$	53,087	
4801 Charges for Serv Nontax	•	52,160		24,000	•	24,000	•	24,000	•	24,000	
G	\$	111,729	\$	94,190	\$	77,078	\$	89,903	\$	77,087	
Expenses											
6101 Regular Salaries	\$	76,663	\$	57,337	\$	58,514	\$	56,919	\$	37,216	
6150 Fringes	·	28,006		24,494		25,288	•	4,533	·	5,538	
6201 Training\Conferences		4,961		6,716		10,000		19,135		10,489	
6202 Local Auto Expense		-		-		935		935		1,500	
6206 Parking Permits		462		470		420		420		420	
6301 Office Supplies		65		-		500		500		700	
6316 Miscellaneous Supplies		-		-		1,500		1,500		1,500	
6320 Printing & Reproduction		200		-		600		600		600	
6324 Medical / Lab Supplies		-		-		300		3,981		3,324	
6327 Miscellaneous Equipment		-		4,050		-		-		14,500	
6401 Accounting\Audit		500		500		500		500		500	
6413 Utilities		869		623		880		880		800	
	\$	111,726	\$	94,190	\$	99,437	\$	89,903	\$	77,087	

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

None

Description	2015 Actual	2016 Actual	2017 YTD Actual	2017 Adopted Budget	2017 Amended Budget	2018 Requested Budget	2018 Adopted Budget
REVENUES							
Intergovernmental Revenues Charges for Services	136,176 52,160	165,765 24,000	168,658 22,500	133,260 24,000	133,260 24,000	137,632 24,000	129,103 24,000
TOTAL REVENUES	188,336	189,765	191,158	157,260	157,260	161,632	153,103
EXPENSES BY LINE ITEM							
Regular Salaries	92,345	78,745	48,371	91,351	91,351	70,551	70,313
Part-Time	26,921	26,552	20,365	25,206	25,206	25,454	25,454
Vacation Pay	12,023	8,953	3,024	0	23,200	23,131	0
Fringes	36,630	34,395	12,987	33,730	33,730	13,561	13,444
ringes		34,393	12,907	33,730		13,301	13,111
Salaries & Fringe Benefits	167,919	148,645	84,747	150,287	150,287	109,566	109,211
Training & Conferences	12,274	14,936	14,436	12,235	12,235	19,100	11,349
Local Auto Expense	72	58	535	1,235	1,235	1,800	1,800
Parking Permits	462	470	535	420	420	420	420
Office Supplies	65	0	0	500	500	200	700
Office Supplies							
Administrative Expense	12,873	15,464	15,506	14,390	14,390	21,520	14,269
Miscellaneous Supplies	0	0	4,940	1,500	1,500	1,500	1,500
Printing & Reproduction	200	26	0	600	600	600	600
Medical & Lab Supplies	8,066	4,960	6,694	6,056	6,056	5,600	5,822
Miscellaneous Equipment	0	5,251	0	0	0	15,689	14,500
MIDGEITANGOAD EQUIPMENT							
Supplies & Materials	8,266	10,237	11,634	8,156	8,156	23,389	22,422
Accounting/Audit	500	500	0	500	500	500	500
Consulting Services	943	0	0	0	0	0	0
Other Interfund Charges	0	0	3,744	0	0	0	0
Health Services	175	177	0	300	300	250	250
Interpreter Services	3,665	5,836	3,860	5,106	5,106	5,607	5,651
Purchased Services	5,283	6,513	7,604	5,906	5,906	6,357	6,401
Telephone	219	221	298	440	440	300	300
Cellular Telephone	650	402	342	440	440	500	500
ociiuiui ioiopiione							
Utilities	869	623	640	880	880	800	800
Repair & Maintenance	0	0	0	0	0	0	0
Capital Expenditures	0	0	0	0	0	0	0
TOTAL EXPENSES	195,210	181,482	120,131	179,619	179,619	161,632	153,103

CITY OF APPLETON 2018 BUDGET

HEALTH GRANTS

SPECIAL REVENUE FUNDS

SCHEDULE OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE (DEFICIT)

Revenues	2015 Actual	2016 Actual	2017 Budget	2017 Projected	2018 Budget	
Intergovernmental Charges for Service Total Revenues	\$ 136,176 52,160 188,336	\$ 165,765 24,000 189,765	\$ 133,260 24,000 157,260	\$ 155,144 24,000 179,144	\$ 129,103 24,000 153,103	
Expenses						
Program Costs Total Expenses	195,210 195,210	181,482 181,482	179,619 179,619	173,706 173,706	153,103 153,103	
Revenues over (under) Expenses	(6,874)	8,283	(22,359)	5,438	-	
Fund Balance - Beginning	(6,847)	(13,721)	(5,438)	(5,438)		
Fund Balance - Ending	\$ (13,721)	\$ (5,438)	\$ (27,797)	\$ -	\$ -	

SPECIAL REVENUE FUNDS NOTES

CITY OF APPLETON 2018 BUDGET

CITY OF APPLETON 2018 BUDGET
HEALTH DEPARTMENT
Public Health Officer: Kurt D. Eggebrecht

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

MISSION STATEMENT

The mission of the Appleton Health Department is to safeguard the environment, promote public health, and protect consumers in the community by providing high quality services responsive to the needs of the people. Our belief is that prevention is the most effective public health strategy.

DISCUSSION OF SIGNIFICANT 2017 EVENTS

In 2017, staff responded to several emerging health issues in the community. Zika virus education was a focus as it impacts pregnancy and contributes to birth defects. We also responded to new pertussis (whooping cough) cases. The department also continued to provide directly observed therapy to residents who have active or latent TB.

The department's public health preparedness staff continued to provide technical and staff support to several communities including Green Lake, Marquette, Waushara counties and the City of Menasha for these shared services. Working together brings value through regional planning and response capacity.

Staff continues to collaborate with representatives from local hospital-based health care providers including; Aurora, Children's Hospital of the Fox Valley, Ministry Health Care, and Thedacare, as well as Fox Valley health departments including those in Calumet, Outagamie and Winnebago counties and the City of Menasha. This collaboration has led to the use of the behavioral risk factor surveillance survey to track trends in lifestyle related to illness. In 2017, we addressed both the hospital and health department requirements of the Affordable Care Act. Together, we collaborated on comprehensive community health needs assessments and in 2018 we will summarize these results and identify strategies for improvement and implementation plans.

The East Central Weights and Measures Consortium, administered by the Appleton Health Department, continues to provide contracted services in the Cities of Berlin, Kaukauna, New London, Ripon and Waupaca and the Villages of Ashwaubenon, Kimberly and Little Chute. In 2017, we increased the number of service days to reflect the growing number of businesses in these communities.

Staff recognize their role as a collaborative one within the community. Staff participates in more than three dozen different agency boards, community and professional organizations. This cooperation is critical to identify and address local and Statewide health and environmental issues. Special emphasis in 2017 has been on our most vulnerable populations including the homeless and victims of abuse. For example, department staff supported the successful Butterfly Festival held in June which raised more than \$75,000 for Parent Connections which provides child abuse prevention services.

By the end of the year we anticipate that our department will have welcomed 75 new refugees to Appleton. Public health nurses reviewed medical records and made arrangements for a medical home. Additional public health services were provided as determined necessary. The department received compensation for the initial screening and referral through a State contract.

Staff serve in a leadership role on the tri-county Weight of the Fox Valley project. In 2017, we collaborated with local health care systems to utilize electronic medical records to better identify the health impact on our community as we strive to achieve and maintain healthy weights at every age.

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

MAJOR 2018 OBJECTIVES

In 2018, we anticipate receiving more new refugees to Appleton. Our public health role will continue to be assisting in the initial health review of medical records, find medical homes for these families and respond to public health services as necessary. We anticipate welcoming individuals and families through this process and continue to support them by collaborating with Fox Cities based agencies to meet their unique social and health needs.

The Weight of the Fox Valley project will continue to be an area of focus. The Health Department staff serves in a leadership role and supports the vision of a community that achieves and maintains a healthy weight at every age. Unhealthy weight contributes to five of the ten leading causes of death in Appleton, including heart disease, type 2 diabetes, cancer and stroke. More than three in ten children and adolescents, and more than two of every three adults, are clinically at risk of premature illness due to this condition. In 2018 and beyond, our department will collaborate with community partners to implement community intervention strategies to slow this trend.

As a department, we place a high value on our collaborative partnerships throughout the region and will continue to strengthen these existing relationships. Examples of these partnerships where department staff provide a leadership role includes the East Central Weights and Measures Consortium, Northeast Wisconsin Immunization Coalition, Lactation Coalition, Fox Valley Healthcare Coalition, Northeast Wisconsin Public Health Preparedness Partnership and Fox Valley Community Health Improvement Coalition to name a few.

Public health preparedness issues will continue to be a priority for the department. This planning will take an all hazards approach, meaning this response planning can be applied to a variety of public health challenges the City may face. Re-emerging communicable diseases like TB, vaccine preventable illnesses such as measles, pertussis and mumps and sexually transmitted diseases such as syphilis will remain a priority for the department. We will continue to strengthen our disease surveillance and communication with local health care partners. Emerging illnesses like zika virus have resulted in an awareness of the need for a global surveillance and planning effort locally.

Public Health accreditation is a voluntary program that measures the degree to which state, local, tribal, and territorial health departments meet nationally recognized standards and measures. The standards are set by a Public Health Accreditation Board (PHAB), a non-profit accrediting body for national public health accreditation. Their mission is to promote and protect the health of the public by advancing the quality and performance of all health departments in the United States. In 2018, our department will work towards maintaining the status of accreditation-ready in the event this becomes a mandatory requirement in the future.

DEPARTMENT BUDGET SUMMARY												
Programs		Act	tual			Budget						
Unit Title		2015		2016	Ad	opted 2017	An	nended 2017		2018	Change *	
Program Revenues	\$	359,764	\$	285,035	\$	287,741	\$	287,741	\$	287,900	0.06%	
Program Expenses												
12510 Administration		131,602		154,404		154,509		155,153		158,037	2.28%	
12520 Nursing		504,589		485,813		465,614		468,100		477,800	2.62%	
12530 Environmental Health		323,656		345,608		348,727		350,216		359,812	3.18%	
12540 Weights & Measures		189,339		189,842		204,116		205,761		204,668	0.27%	
TOTAL	\$	1,149,186	\$	1,175,667	\$	1,172,966	\$	1,179,230	\$	1,200,317	2.33%	
Expenses Comprised Of:												
Personnel		1,070,767		1,086,079		1,078,451		1,084,715		1,110,049	2.93%	
Administrative Expense		15,149		15,655		17,165		17,165		17,350	1.08%	
Supplies & Materials		13,017		11,586		14,950		14,950		13,850	-7.36%	
Purchased Services		29,663		40,419		34,300		34,300		34,300	0.00%	
Utilities		5,327		5,207		5,920		5,920		5,880	-0.68%	
Repair & Maintenance		15,263		16,721		22,180		22,180		18,888	-14.84%	
Capital Expenditures		-		-		-		-		-	N/A	
Full Time Equivalent Staff:												
Personnel allocated to programs		12.55		12.25		11.95		11.95		11.95		

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Administration Business Unit 12510

PROGRAM MISSION

Through management activities, enforcement, and collaboration, the Health Officer assures public health services to the City of Appleton.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 1: "Prompt delivery of excellent services."

Objectives:

Provide long range planning, policy development, fiscal supervision, personnel management and general clerical support to program areas.

Enforce local and state laws regarding public health and consumer issues.

Collaborate with community health care providers and agencies to improve the public's health and well-being.

Major Changes in Revenue, Expenditures or Programs:

No major changes

	PERFORMAN	CE INDICATOR	S		
	Actual 2015	Actual 2016	Target 2017	Projected 2017	Target 2018
Client Benefits/Impacts					-
Trained staff					
% of staff adequately trained	100%	100%	100%	100%	100%
Safe workplace					
# unresolved safety issues	0	0	0	0	0
Strategic Outcomes					
Full service health dept. *					
Level III identification:					
# of outstanding issues	0	0	0	0	0
Work Process Outputs					
Training					
Hours of training per employee	36	41	40	40	40
Staff assessments					
% done within 10 days of due date	100%	100%	100%	100%	100%
Collaboration with health care providers					
# meetings	137	151	140	140	140
Prepare annual report					
Completed by 120th day of					
following year	4/30/2015	4/21/2016	4/25/2017	4/25/2017	4/25/2018

^{*}Each health department in the State is evaluated annually for quality standards and level of service provided. Level III is the highest level of service/quality.

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Administration Business Unit 12510

PROGRAM BUDGET SUMMARY

	 Ac	tual					Budget	
Description	 2015		2016	Ac	dopted 2017	Am	ended 2017	2018
Revenues 4801 Charges for Serv Nontax	\$ _	\$	_	\$	40	\$	40	\$ 40
Total Revenue	\$ _	\$	-	\$	40	\$	40	\$ 40
Expenses								
6101 Regular Salaries	\$ 94,159	\$	111,099	\$	110,074	\$	110,635	\$ 112,840
6150 Fringes	27,325		33,889		32,950		33,033	34,762
6201 Training\Conferences	1,678		1,013		1,500		1,500	1,300
6206 Parking Permits	1,032		768		780		780	780
6301 Office Supplies	1,436		1,326		1,500		1,500	1,500
6303 Memberships & Licenses	1,733		1,733		2,000		2,000	2,000
6305 Awards & Recognition	210		66		195		195	195
6307 Food & Provisions	241		279		260		260	260
6316 Miscellaneous Supplies	328		453		500		500	500
6320 Printing & Reproduction	2,409		2,392		2,500		2,500	2,500
6327 Miscellaneous Equipment	-		431		700		700	200
6413 Utilities	1,051		955		1,300		1,300	1,200
6418 Equip Repairs & Maint.	 -		-		250		250	-
Total Expense	\$ 131,602	\$	154,404	\$	154,509	\$	155,153	\$ 158,037

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

<u>None</u>

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Public Health Nursing Business Unit 12520

PROGRAM MISSION

The nursing program prevents disease and promotes health through epidemiology, collaboration, consultation, assessment, intervention and case management to citizens and health care providers of Appleton.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 4: "Continually assess trends affecting the community and proactively respond", #6: "Create opportunities and learn from successes and failures."

Objectives:

Prevent the occurrence and spread of disease in the community through disease investigation, intervention, and partner notification; immunization against vaccine preventable diseases; investigation of elevated childhood blood lead levels; data collection; coordination with other area providers and the State; and public education.

Promote citizen health through assessment, intervention, case management and education for high risk families and adults.

Major Changes in Revenue, Expenditures or Programs:

Case management of TB client's home visits increased in 2017 due to an active case of TB.

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		CE INDICATOR		D	T 1 0040
	<u>Actual 2015</u>	<u>Actual 2016</u>	<u>Target 2017</u>	Projected 2017	<u>Target 2018</u>
Client Benefits/Impacts					
TB disease resolved					
3 negative tests, completion of treatment,					
improved clinical status	66%	50%	100%	100%	100%
Occupational health initiatives					
Annual tuberculosis (TB) training and					
testing Police, Fire, and Health	100%	100%	100%	100%	100%
Strategic Outcomes					
Minimize epidemiologically linked TB cases					
# of cases based on data review	0	0	0	0	0
Increased vaccine coverage					
% of school aged children vaccinated	99.0%	99.0%	99.0%	99.0%	99.0%
City of Appleton meets OSHA regulations					
% of required participants	100%	100%	100%	100%	100%
Work Process Outputs					
Case management of TB clients					
# of home visits	152	426	100	100	100
TB skin tests: Police, Fire, and Health					
# of TB skin tests	103	101	90	90	90

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Public Health Nursing

Business Unit 12520

PROGRAM BUDGET SUMMARY

		Ac	tual		Budget					
Description		2015		2016	Ad	lopted 2017	Am	ended 2017		2018
Revenues										
4225 Health Grants & Aids	\$	11,281	\$	18,993	\$	11,500	\$	11,500	\$	11,500
4801 Charges for Serv Nontax		469		372		500		500		500
5035 Other Reimbursements		78,973		6,721		-		-		
Total Revenue	\$	90,723	\$	26,086	\$	12,000	\$	12,000	\$	12,000
Expenses										
6101 Regular Salaries	\$	348,445	\$	316,868	\$	311,582	\$	313,746	\$	319,491
6108 Part-Time	·	12,532	•	15,748		10,631	•	10,631	•	10,844
6150 Fringes		107,271		104,665		100,521		100,843		104,265
6201 Training\Conferences		769		998		1,000		1,000		900
6202 Local Auto Expense		2,082		3,094		3,000		3,000		3,000
6206 Parking Permits		2,772		3,264		2,940		2,940		3,360
6302 Subscriptions		80		85		80		80		80
6303 Memberships & Licenses		-		150		160		160		160
6324 Medical\Lab Supplies		6,959		6,311		7,500		7,500		7,500
6413 Utilities		1,386		1,564		1,500		1,500		1,500
6430 Health Services		12,500		12,500		12,500		12,500		12,500
6431 Interpreter Services		9,793		20,566		14,000		14,000		14,000
6432 Lab. Services		-		-		200		200		200
Total Expense	\$	504,589	\$	485,813	\$	465,614	\$	468,100	\$	477,800

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

None

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Environmental Health Business Unit 12530

PROGRAM MISSION

The Environmental Health program ensures safe food handling practices and protects the health and safety of Appleton residents and visitors through annual licensed establishment inspections, nuisance complaint investigations and communicable disease epidemiology.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 4: "Continually assess trends affecting the community and proactively respond", #6: "Create opportunities and learn from successes and failures."

Prevent the occurrence and spread of disease in the community through regulatory activities in public eating/drinking establishments, retail food establishments, recreational facilities and body art establishments.

Assess, consult and correct human health hazards including those associated with lead paint, solid waste, housing sanitation, potential rabies exposure and vector control.

Provide public education and act as a referral mechanism to other State and local agencies for information on environmental and safety hazards.

Major Changes in Revenue, Expenditures or Programs:

The # of education sessions will decrease in 2018 due to Wisconsin DATCP decision, which no longer mandates education or collection of permit fees for non-profit organizations.

Due to new State ruling, non-profit food vendors from organizations that have three or fewer events per year are now exempt from license requirements. As a result of this new ruling we will experience a reduction in revenues. In addition the educational component that was provided in the past can no longer be required resulting in a reduction of education sessions provided to non-profit food vendors.

	PERFORMAN	CE INDICATOR	S		
	Actual 2015	<u>Actual 2016</u>	Target 2017	Projected 2017	Target 2018
Client Benefits/Impacts					
Fair and consistent inspection process					
Positive triennial survey results	100%	100%	97%	97%	100%
Health hazards identified and corrected					
Inspection reports	100%	100%	100%	100%	100%
Strategic Outcomes					
Voluntary compliance improved					
# critical violations on					
inspection report	400	435	375	375	400
Minimize human cases of rabies					
# of cases	0	0	0	0	0
Minimize food-borne outbreaks					
# outbreaks related to special events	0	0	0	0	0
# of food establishment outbreaks	0	0	0	0	0
Work Process Outputs					
Annual inspections and follow ups					
# of inspections	548	512	540	540	540
# follow up inspections	113	114	120	120	120
Response to complaints					
# of complaints/follow ups	106/43	74/26	135/75	135/75	100/50
Initial response within 3 business days	99%	100%	99%	99%	99%
Immediate response for animal bite complain	nts				
% response within 4 hours	100%	100%	100%	100%	100%
Education session for non-profit vendors					
# of vendors participating	364	86	350	70	50

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Environmental Health Business Unit 12530

PROGRAM BUDGET SUMMARY

		Ac	tual		Budget					
Description		2015		2016	Ac	dopted 2017	Ame	ended 2017		2018
Revenues										
4305 Health	\$	145,302	\$	138,999	\$	149,661	\$	149,661	\$	148,500
Total Revenue	\$	145,302	\$	138,999	\$	149,661	\$	149,661	\$	148,500
Expenses										
6101 Regular Salaries	\$	226,241	\$	234,939	\$	234,769	\$	236,065	\$	240,677
6105 Overtime	,	- ,	•	-	•	500	Ť	500	•	-
6150 Fringes		79,986		94,468		93,037		93,230		98,899
6201 Training\Conferences		281		234		500		500		400
6206 Parking Permits		1,044		1,080		1,080		1,080		1,080
6302 Subscriptions		-		-		50		50		50
6303 Memberships & Licenses		110		260		230		230		230
6304 Postage\Freight		-		-		50		50		50
6316 Miscellaneous Supplies		624		396		800		800		700
6324 Medical\Lab Supplies		249		257		300		300		350
6327 Miscellaneous Equipment		24		76		300		300		250
6413 Utilities		2,364		2,212		2,480		2,480		2,480
6418 Equip Repairs & Maint.		544		-		600		600		600
6425 CEA Equip. Rental		4,819		4,333		6,431		6,431		6,446
6431 Interpreter Services		-		222		100		100		100
6432 Lab. Services		7,370		7,131		7,500		7,500		7,500
Total Expense	\$	323,656	\$	345,608	\$	348,727	\$	350,216	\$	359,812

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

None

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Weights & Measures Business Unit 12540

PROGRAM MISSION

The program educates, consults and inspects local businesses to ensure the delivery of full quantity and fair, equitable trade practices between the Appleton business community and the consumer.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategy # 2: "Encourage active community participation and involvement."

Objectives:

Provide consumer protection through complaint investigation, measurement and weighing device testing, price scanning device testing, product check weighing and label verification.

Monitor business methods to prevent fraudulent advertising and trade practices.

Provide investigative services for the City Clerk's Office in licensing and regulating "going out of business" sales, commercial solicitors, salvage dealers and taxi cab/limousine service firms.

Major Changes in Revenue, Expenditures or Programs:

Increase in contracted service days due to business growth in some communities and a decrease in one community due to business closings. The total number of days has a net increase of 5 days.

	Actual 2015	Actual 2016	Target 2017	Projected 2017	Target 2018
Client Benefits/Impacts					
Reduce price scanning errors					
Error trend reporting compliance	99.1%	98.8%	99.0%	99.0%	100.0%
Accurate informative labeling					
Positive consumer					
survey responses	100.0%	100.0%	100.0%	100.0%	100.0%
Accurate measuring devices					
% of devices that measure accurately	94.2%	96.7%	95.0%	95.0%	96.0%
Strategic Outcomes					
Improved system of price control					
Error trend reporting compliance	97.9%	98.4%	98.0%	98.0%	98.0%
Reduced short weight and measure sales					
Error trend reporting compliance	95.8%	92.2%	96.0%	96.0%	96.0%
Confidence of businesses in system integrity	/				
Positive consumer					
survey responses	100.0%	100.0%	99.0%	99.0%	99.0%
Work Process Outputs					
Price scanning inspections					
# of annual and reinspections	145	142	125	125	130
Commodity inspections					
# of inspections	13,431	12,956	12,000	12,000	13,000
Device inspections					
# of inspections	1,794	1,764	1,750	1,750	1,775

CITY OF APPLETON 2018 BUDGET HEALTH DEPARTMENT

Weights & Measures

Business Unit 12540

PROGRAM BUDGET SUMMARY

		Ac	tual		Budget					
Description		2015		2016	Ac	dopted 2017	Am	ended 2017		2018
Revenues										
4312 Weights & Measures	\$	55,699	\$	51,748	\$	58,000	\$	58,000	\$	59,050
4801 Charges for Serv Nontax	*	68,040	*	68,202	*	68,040	•	68,040	*	68,310
Total Revenue	\$	123,739	\$	119,950	\$	126,040	\$	126,040	\$	127,360
Expenses										
6101 Regular Salaries	\$	114,316	\$	111,376	\$	110,292	\$	111,724	\$	133,724
6108 Part Time	Ψ	11,037	Ψ	11,347	Ψ	21,936	Ψ	21,936	Ψ	100,724
6150 Fringes		49,453		51,681		52,159		52,372		54,547
6201 Training\Conferences		763		451		800		800		700
6206 Parking Permits		768		704		840		840		1,080
6302 Subscriptions		-		-		50		50		-
6303 Memberships & Licenses		150		150		150		150		225
6316 Miscellaneous Supplies		329		363		350		350		350
6327 Miscellaneous Equipment		2,096		906		2,000		2,000		1,500
6413 Utilities		526		476		640		640		700
6418 Equip Repairs & Maint.		240		292		600		600		600
6425 CEA Equip. Rental		9,661		12,096		14,299		14,299		11,242
Total Expense	_\$_	189,339	\$	189,842	\$	204,116	\$	205,761	\$	204,668

DETAILED SUMMARY OF 2018 PROPOSED EXPENDITURES > \$15,000

<u>Charges for Service - Nontax</u> Charges for sealer's services	# of Days	Charge
@ \$414 per day		
New London	17	\$ 7,038
Waupaca	22	9,108
Kaukauna	21	8,694
Kimberly	5	2,070
Little Chute	14	5,796
Ashwaubenon	55	22,770
Ripon	18	7,452
Berlin	13	5,382
	165	\$ 68,310

POD_HTI_TIM		Reveilue allu	Expense Summe	ату			13.33.40
Description	2015 Actual	2016 Actual	2017 YTD Actual	2017 Adopted Budget	2017 Amended Budget	2018 Requested Budget	2018 Adopted Budget
REVENUES							
Intergovernmental Revenues	11,281	18,993	10,589	11,500	11,500	11,500	11,500
Licenses Charges for Services	201,001 68,509	190,747 68,574	140,705 53,117	207,661 68,580	207,661 68,580	207,550 70,680	207,550 68,850
Other Revenues	78,973	6,721	1,429	08,380	00,500	0	08,830
TOTAL REVENUES	359,764	285,035	205,840	287,741	287,741	289,730	287,900
EXPENSES BY LINE ITEM							
Regular Salaries	692,437	678,872	473,370	766,717	772,170	806,294	806,294
Overtime	0	0	0	500	500	34,875	0
Part-Time	23,569	27,095	6,872	32,567	32,567	10,844	10,844
Other Compensation	447	244	630	0	0	0	438
Sick Pay	922	105	3,042	0	0	0	0
Vacation Pay Fringes	89,356 264,036	95,061 284,702	71,203 188,561	0 278,667	0 279,478	0 258,361	0 292,473
Salaries & Fringe Benefits	1,070,767	1,086,079	743,678	1,078,451	1,084,715	1,110,374	1,110,049
-							
Training & Conferences Local Auto Expense	3,491 2,082	2,695 3,094	1,796 1,700	3,800 3,000	3,800 3,000	3,800 3,000	3,300 3,000
Parking Permits	5,616	5,816	6,180	5,640	5,640	6,300	6,300
Office Supplies	1,436	1,327	407	1,500	1,500	1,500	1,500
Subscriptions	80	85	0	180	180	130	130
Memberships & Licenses	1,993	2,293	1,220	2,540	2,540	2,615	2,615
Postage & Freight	0	0	0	50	50	50	50
Awards & Recognition	210	66	80	195	195	195	195
Food & Provisions	241	279	14	260	260	260	260
Administrative Expense	15,149	15,655	11,397	17,165	17,165	17,850	17,350
Miscellaneous Supplies	1,281	1,212	736	1,650	1,650	1,550	1,550
Printing & Reproduction	2,409	2,392	1,414	2,500	2,500	2,500	2,500
Medical & Lab Supplies	7,208	6,569	6,237	7,800	7,800	7,850	7,850
Miscellaneous Equipment	2,119	1,413	3,031	3,000	3,000	2,450	1,950
Supplies & Materials	13,017	11,586	11,418	14,950	14,950	14,350	13,850
Health Services	12,500	12,500	12,500	12,500	12,500	12,500	12,500
Interpreter Services	9,793	20,788	9,165	14,100	14,100	14,100	14,100
Lab Fees	7,370	7,131	0	7,700	7,700	7,700	7,700
Purchased Services	29,663	40,419	21,665	34,300	34,300	34,300	34,300
Waste Disposal/Collection	232	495			0	500	500
Telephone	1,291						1,450
Cellular Telephone	3,804	3,410	2,626	4,760	4,760	3,930	3,930
Utilities	5,327		4,692		5,920		
Equipment Repair & Maintenanc	783	293	548	1,450	1,450	1,450	1,200
CEA Equipment Rental		16,428					
Repair & Maintenance		16,721					
Capital Expenditures	0	0	0	0	0	0	0
TOTAL EVDENCES		1 175 667					
TOTAL EXPENSES	1,149,186	1,175,667	808,876	1,1/2,966	1,1/9,230	1,204,934	1,200,317

CITY OF APPLETON, HEALTH DEPARTMENT Weights and Measures Inspection Summary September 30, 2017

TOTAL BOOTHS INSPECTED FOR WEIGHTS & MEASURES – 27 BOOTHS FOUND WITH VIOLATIONS 2

Total Super Lot of Misc Packaged Foods in Compliance

2,774

Herbesque Soaps had 59 Soap masks removed from sale. Packages stated a net weight of 2.5 oz but most weighed in at 1.25 oz.

Booth operators were very easy to deal with and appreciated City of Appleton Health Departments help with keeping the booths open and in compliance.

Eric Maggio

Chief Sealer of Weights & Measures

CITY OF APPLETON, HEALTH DEPARTMENT
Weights and Measures Inspection Report
September 30, 2017
Octoberfest

REPORT OF HEALTH INSPECTIONS AT OCTOBERFEST 2017 AND LICENSE TO CRUISE 2017

This year, there were 98 foodstand inspections and 7 re-inspections conducted by the Health Department during License to Cruise and Octoberfest. Eight foodstand inspections were conducted at License to Cruise. Ninety (90) non-profit foodstand inspections were conducted at Octoberfest.

Of the 98 stands that were inspected this year, 80 foodstands had *no violations* at the time of the inspection (81%). There were a total of 20 violations recorded at 15 foodstands during Octoberfest and 4 violations found at 3 foodstands at License to Cruise.

For comparison, in 2016 there were 97 foodstand inspections and 3 re-inspections conducted during License to Cruise and Octoberfest. Seventy four (74) foodstands had no violations at the time of the inspection (76%). There were a total of 13 violations recorded at 11 foodstands during Octoberfest and 5 violations found at 4 foodstands at License to Cruise.

Of the points that are checked during an inspection, some items are critical and some are non-critical, but all have a potential impact on the health and safety of the general public. A breakdown of violations found at this year's events are listed below.

There were:

- 3 notices of non-compliance with hand washing (lack of hand wash facilities or soap and toweling, improper facilities, inadequate hand washing frequency).
- 13 notices of non-compliance with hot food storage temperatures (<135 degrees).
- 2 notices of non-compliance with cold food storage temperatures (>41 degrees).
- 1 notice of inadequate spare utensils on hand.
- 1 notice of non-compliance with food thermometers
- 1 notice of non-compliance with bare hand contact with food
- 1 notices of foodstand construction/lack of screening
- 2 notices of miscellaneous violations.

One Non-profit group was required to discard a pan of refried beans that had been temperature abused

This year, the Octoberfest Board held a vendor-training meeting for new organizations participating in the event and anyone else wishing to attend. All other vendors were required to take an on-line test upon signing up for the event.

Scott Walker Governor



GREEN BAY/NORTHEASTERN REGIONAL OFFICE 200 N JEFFERSON ST SUITE 511 GREEN BAY WI 54301-5123

Linda Seemeyer Secretary

State of Wisconsin Department of Health Services

Fax: 920-448-5265 TTY: 711 or 800-947-3529

October 5, 2017

Doug Nelson Appleton Board of Health Chair 100 N. Appleton Street Appleton, WI 54911

Dear Mr. Nelson:

The Department of Health Services (DHS) congratulates the Appleton Health Department for demonstrating the infrastructure and program capacity to be certified as a Level III Health Department. As authorized by state statute and defined in Administrative Rule DHS Chapter 140.07, the department shall direct a process to determine compliance with state statutes and establish the level of services being provided. The Appleton Health Department presented to DHS evidence of providing 14 programs or services which address at least 7 focus areas identified in the state health plan: Healthiest Wisconsin 2020:Everyone Living Better, Longer. Formulas used by DHS to distribute grant funds provide for additional funds to Level III Health Departments.

I am happy to report the Appleton Health Department provided all services required by statute and rule.

I want to acknowledge the work of the Appleton Health Department staff. Kurt Eggebrecht, health officer, did an excellent job of providing quality evidence of meeting statutes and rules. I also appreciate the support of the Appleton Board of Health for maintaining a strong public health department. I am sure that with ongoing support, the Appleton Health Department will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

Karen McKeown, RN, MSN

State Health Officer and Administrator

cc: Kurt Eggebrecht, Appleton Health Officer Timothy Hanna, Appleton Mayor Christopher W. Croatt, Appleton Common Council President Christopher Culotta, DPH Northeast Regional Director

Department of Health Services 140 Review

Level II and III Program or Service Decision Guide

health departments (LHDs). This tool provides guidance to LHDs for selecting programs or services to submit as evidence during the Wisconsin Admin. Code §§ <u>DHS 140.05(1)(b)</u> and <u>DHS 140.06(1)(b)</u> outline program or service requirements of Level II and III local Department of Health Services (DHS) 140 Review process. For the program or service being considered, compare the evidence available with the guide below to identify which evidence to include or ask about including and which to avoid.

Submit as a Level II/III Program or Service

The Program or Service:

- IS above and beyond minimum required Level I services.
- IS based on an assessed need in the community.
 - IS led and resourced by the LHD as shown through funding and staff time.
 - IS evidence-based.
- IS a regular and ongoing LHD program or service, as shown through Board of Health and community partner involvement.
- IS evaluated and evaluation data is available.
 - DOES align with the most recent public health agenda as specified in Wis. Stat. § 251.20(3).



Discuss with Regional Office staff before submitting

The Program or Service:

- IS NOT based on an assessed need in the community, but the LHD can describe how the need for the program or service was identified.
 - IS NOT solely a program or service of a single LHD, but the LHD can describe how it is responsible for program function at the local level.
- IS NOT led or resourced by the LHD, but the LHD can describe a significant role outside of leadership or funding.
 - IS NOT supported by partner engagement, but LHD can describe how the program or service is sustained.
 - WAS provided as evidence for 3B or 5C in Level I Tool.*





The Program or Service:

- DOES NOT go above and beyond minimum required Level I services (such as communicable disease or vaccine for children).
- DOES NOT demonstrate more than a one-time event (such as a health fair).
- DOES NOT demonstrate more than individual-level interventions, such as foot care clinics or blood pressure checks.
 - DOES NOT show LHD as leader, key participant, facilitator, or funder of program or
- service.
 DOES NOT
 describe how
 program or service
 is improving
 community health.



P-01837 For more information on the DHS 140 Review process, contact a Division of Public Health Regional Director. *If an individual activity from a Level II or III program or service is submitted for 3B or 5C, the broader program or service may still be acceptable. Discuss with regional office staff.



This document was supported by Grant Number, BO1 OT009070, funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.

Department of Health Services 140 Review

Assure a Strong Public Health System

Department of Health
Services (DHS) 140
reviews verify a
minimum level of
services is provided or
arranged for by local
health departments
(LHD).

DHS 140 reviews also promote the National Public Health Performance

All Local Health



The operations of all LHDs must be formally reviewed by DHS.

Statutory Requirement

Code ch. DHS 140,
which outlines that a
formal review must
occur under the
authority of Wis. Stat. §

A DHS 140 review is conducted at least every five years.

Review Team Coordinates with LHD

A review team composed of staff from the Division of Public Health (DPH), Office of Policy and Practice Alignment (OPPA), and other bureaus/offices, coordinates the timeline for the DHS 140 Review with the LHD.





Onsite Visit Conducted



After the LHD has submitted evidence, the review team conducts an onsite visit to further discuss LHD operations.

LHD operations.

LHD staff, Board of Health members, and other LHD partners often attend the onsite

Review Team Recommendations

After the onsite visit, the review team provides written recommendations for the operations of the LHD to the state health officer.

The review team also highlights strengths of the LHD.



Certificate of Designation



Based on the review team's recommendation, the state health officer determines whether the LHD satisfies the statutory requirements of a level I, II, or III LHD.

Motivation

The DHS 140 review process provides motivation to review policies and procedures, reorganize resource materials, and update agreements.



Learning Experience



opportunity for staff
and board members
to learn from each
other about the
function and
success of the LHD.

Quality

mprovement

DHS 140 reviews identify areas of opportunity and also support LHDs seeking accreditation. Improving the quality of services provided assures a strong public health system.



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UNIVERSITY OF WISCONSIN-MADISON NEWS

H7N9 influenza is both lethal and transmissible in animal model for flu

October 19, 2017 | By Kelly April Tyrrell | For news media 🕀

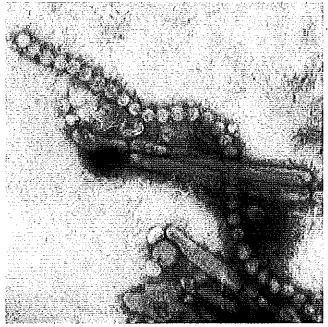
In 2013, an influenza virus that had never before been detected began circulating among poultry in China. It caused several waves of human infection and in late 2016, the number of people to become sick from the H7N9 virus suddenly started to rise. As of late July 2017, nearly 1,600 people had tested positive for avian H7N9. Nearly 40 percent of those infected had died.

In early 2017, Yoshihiro Kawaoka (https://www.vetmed.wisc.edu/people/kawaokay/), professor of pathobiological sciences at the University of Wisconsin—Madison School of Veterinary Medicine, received a sample of H7N9 virus isolated from a patient in China who had died of the flu. He and his research team subsequently began work to characterize and understand it. The first of those results are published today (Oct. 19, 2017) in Cell Host & Microbe (http://www.cell.com/cell-host-microbe/home).

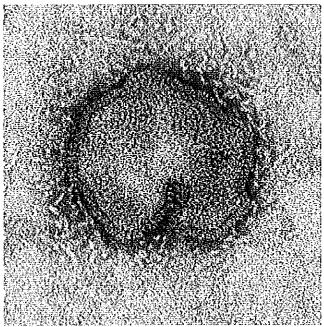
For the first time, Kawaoka says, his team has identified an influenza virus strain that is both transmissible between ferrets (the best animal model proxy for human influenza infections) and lethal, both in the animal originally infected and in otherwise healthy ferrets in close contact with these infected animals.

"This is the first case of a highly pathogenic avian virus that transmits between ferrets and kills them," Kawaoka says. "That's not good for public health."

Electron Micrograph Images of H7N9 Virus from China

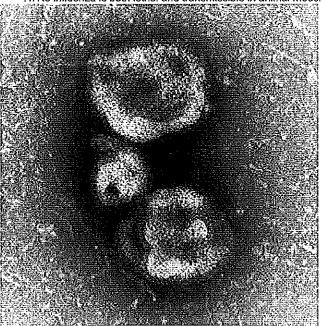


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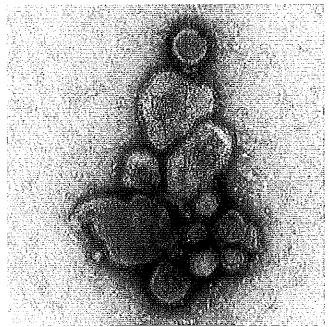


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H7N9 influenza is both lethal and transmissible in animal model for flu



(https://news.wisc.edu/content/uploads/2017/10/H7N9_c_lg.jpg)



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Everyone in the influenza field knew it was only a matter of time before the virus became pathogenic in chickens, which is to say that it became capable of causing disease, but Kawaoka says it took several years. It was initially hard to detect because, unlike some other influenza viruses such as H5N2 — which is highly lethal in chickens and caused significant outbreaks (http://news.wisc.edu/helping-in-the-fight-against-avian-flu/) on poultry farms across the U.S. and elsewhere in 2015 — H7N9 was not killing the chickens it infected.

Instead, it remained silent, passing unknown from chicken to chicken and, occasionally, infecting humans that came into contact with the birds.

Influenza viruses are well known for their propensity to adapt. With each new infection of a host, small changes take place within the genomes of influenza viruses. Sometimes these mutations occur in key regions and lead to significant alterations to the original virus, rendering it capable of infecting new hosts, making hosts sick, causing greater illness, and becoming resistant to the drugs typically used to treat them.



Yoshihiro Kawaoka

Kawaoka and his team observed this within the sample isolated from the deceased patient, who while alive had been treated with the common flu drug Tamiflu. Using a technique to read the genetic identity of the virus population that had infected the patient, Kawaoka's team learned the virus had started to mutate: The sample contained a population of H7N9 virus that was sensitive to Tamiflu and a population that was resistant.

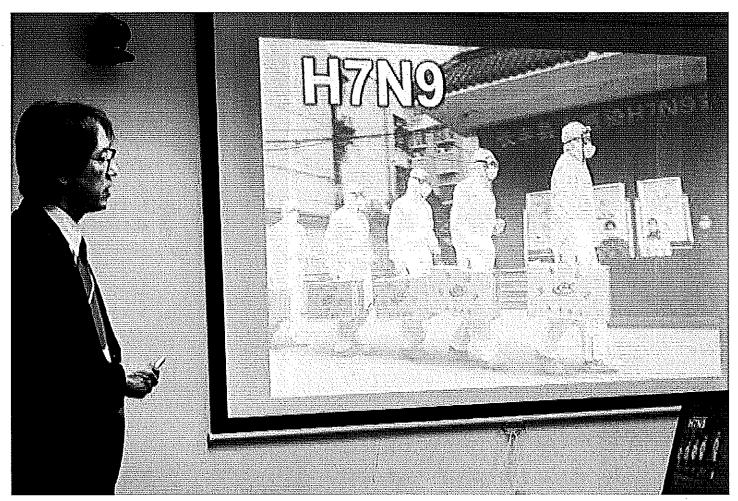
So the team created two viruses virtually identical to those isolated from the patient, one sensitive to Tamiflu and the other bearing the mutation that conferred resistance to the drug. Comparing this to a low-pathogenic version of the H7N9 virus that Kawaoka and others had previously studied, the research team assessed how well each virus grows in human respiratory cells, where most influenza viruses take up residence in the body. They found that each grew efficiently, though the resistant strain was less effective than the other two.

The team also found that each virus infects and causes illness, to varying degrees, in several animal models for influenza — mice, ferrets and macaques.

To test whether the virus was transmissible between mammals, the researchers set up experiments in which ferrets were housed alone in individual cages separated by a barrier that allowed respiratory droplets to pass from one cage to the next. In each pair, one ferret was deliberately infected with the virus while the other was placed into the cage healthy.

Each of the three virus types were transmitted from infected ferrets to the previously uninfected animals. Two of three ferrets infected with the nonresistant strain of H7N9 — the strain currently circulating in China — died, as did the animals to which they passed the virus.

"Without additional mutations, the virus transmitted and killed ferrets," says Kawaoka, noting that further alterations to the virus may not be necessary to make it a potential public health threat, though human-to-human transmission has thus far remained limited.



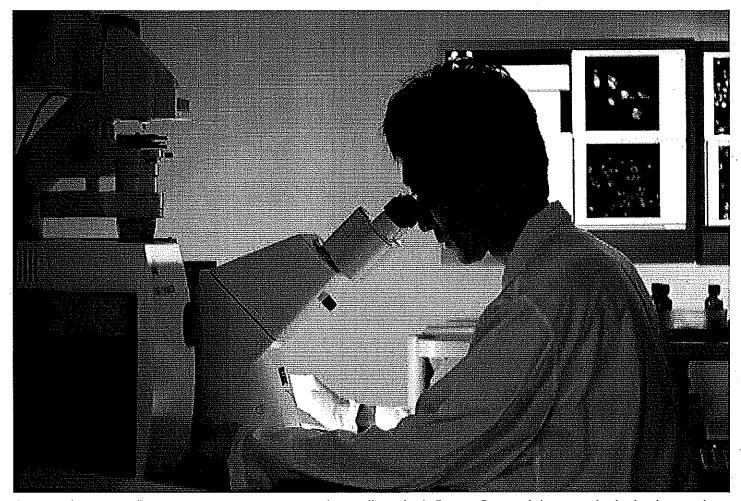
Kawaoka gives a slide presentation to a group of media representatives touring the Influenza Research Institute (IRI) at UW-Madison in February 2017. The high-security research facility was closed down for annual decontamination, cleaning and maintenance. PHOTO: JEFF MILLER

The team also confirmed the drug-resistant H7N9 did not respond to oseltamivir, the active agent in Tamiflu. It did respond to another drug called a protease inhibitor, but Kawaoka says it is a drug currently approved only in Japan and only for use in pandemic situations.

"I don't want to cause alarm," Kawaoka says, but "it's only a matter of time before the resistant virus acquires a mutation that allows it to grow well, (rendering it) more likely to be lethal at the same time it is resistant."

However, Kawaoka and his team are currently unable to better understand what mutations may enable this transition, at least in the United States, where a moratorium on work that might cause a pathogen to take on a new function not currently known in nature has been in place for several years.

"We can't do the experiments to find out why," Kawaoka says. "We really need to understand why H7N9 is lethal and transmissible, and what is different in this one resistant H7N9. If we knew that, because there are multiple viruses circulating, we could narrow down efforts to those that are lethal and transmissible."



A researcher uses a fluorescence microscope to analyze cells at the Influenza Research Institute. In the background, a computer monitor displays cellular imagery. PHOTO: JEFF MILLER

He recently published a commentary in the Proceedings of the National Academy of Sciences (http://www.pnas.org/), co-authored with two colleagues who are also experts in influenza, in which they explain the challenges this moratorium creates for understanding the potential of viruses like H7N9 to become pandemic.

"Results from (gain-of-function) studies would almost certainly help in understanding the pandemic potential of influenza viruses and produce public health benefits, such as the prioritization and development of pre-pandemic vaccines and antiviral drugs," the authors write. Fundamental (gain-of-function) research on transmissibility, host-range restriction, drug resistance, immunogenicity, pathogenicity, and replicative ability would also benefit global public health."

The H7N9 virus is likely to continue to mutate as it infects humans, resulting in adaptations that enhance the viruses' pathogenicity or ability to pass from person to person, Kawaoka adds. In other words, nature is already performing its own gain-of-function experiments, with potentially serious consequences.

It has, however, become a bit easier recently to detect when poultry are infected with H7N9, thereby allowing people to limit their exposure. That's because the virus has begun to kill birds in China, too. But unlike in the U.S., where farmers cull their flocks to limit the spread of infectious disease, China relies on vaccines. This worries Kawaoka, given how well the virus has been shown to grow.

For now, he says: "We should improve our surveillance."

THE STUDY WAS FUNDED BY THE JAPAN AGENCY FOR MEDICAL RESEARCH AND DEVELOPMENT, INCLUDING THE LEADING ADVANCED PROJECTS FOR MEDICAL INNOVATION, THE JAPAN INITIATIVE FOR GLOBAL RESEARCH NETWORK ON INFECTIOUS DISEASE, THE E-ASIA JOINT RESEARCH PROGRAM, AND THE RESEARCH PROGRAM ON EMERGING AND RE-EMERGING INFECTIOUS DISEASES; THE MINISTRY OF EDUCATION, CULTURE, SCIENCE, SPORTS, AND TECHNOLOGY OF JAPAN; AND THE U.S. NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES CENTER FOR RESEARCH ON INFLUENZA PATHOGENESIS (CRIP, HHSN272201400008C). KAWAOKA AND ANOTHER CO-AUTHOR, GABRIELE NEUMANN, ARE ALSO CO-FOUNDERS OF THE COMPANY FLUGEN.

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

Garden Concert 2601 N Morrison St. Sept 17, 3:00pm-4:30pm

Neighborhood Party 1432 W Lawrence St. Sept 23, 6:00pm-10:00pm

Bazaar After Dark E. Wisconsin Ave. between Oneida and Drew Streets Sept 27, 5:00pm-10:00pm

Miles for Myeloma 2500 E Capital Drive, Corner of E. Winslow Ave and N. Roemer Rd Oct 7, 7:30am-12:00pm

Light Up Night Houdini Plaza Nov 10, 4:00pm-7:00pm

Also approved exception to Appleton Municipal Code section 3-116, allowing horse-drawn wagon rides at this event

Turkey Trot Radisson Paper Valley Nov 23, 6:30am-Completion of Event