



City of Appleton

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

Meeting Agenda - Final Board of Health

Wednesday, December 13, 2017

7:00 AM

Council Chambers, 6th Floor

1. Call meeting to order

2. Roll call of membership

3. Approval of minutes from previous meeting

[17-1898](#) November BOH Meeting Minutes

Attachments: [11-8-17 Board of Health Minutes.pdf](#)

4. **Public Hearings/Apearances**

5. **Action Items**

[17-1716](#) Health in All Policies Ordinance

Attachments: [HiAP Ordinance-Official Form.pdf](#)

Legislative History

11/8/17	Board of Health	recommended for approval
11/15/17	Common Council	referred to the Board of Health

[17-1713](#) Health in All Policies

Attachments: [HiAP Q&A.pdf](#)
[Social Determinants-HiAP.pdf](#)

[17-1896](#) Health in All Policies-Letters of Support

Attachments: [HiAP Letters of Support.pdf](#)

[17-1894](#) McGuinness Irish Pub Noise Variance Request

Attachments: [McGuinness Irish Pub Noise Variance Request.pdf](#)
[McGuinness Irish Pub Map.pdf](#)

6. **Information Items**

[17-1929](#) October 2017 Monthly Report

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

[17-1931](#)

Board of Health Orientation

Attachments: [AHD BOH Orientation.pdf](#)[17-1930](#)

Public Health Accreditation

Attachments: [Public Health Accreditation.pdf](#)[17-1895](#)

Environmental and Weights & Measures Survey Results

Attachments: [Environmental Survey 2017.pdf](#)[Weights and Measures Survey 2017.pdf](#)[17-1897](#)

Noise Variance Approvals

Attachments: [Noise Variance Requests 12.13.17.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

100 North Appleton Street
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Meeting Minutes Board of Health

Wednesday, November 8, 2017

7:00 AM

Council Chambers, 6th Floor

1. Call meeting to order

The meeting was called to order by Dr. Nelson at 7:00 a.m.

2. Roll call of membership

Mayor Hanna arrived at 7:04 a.m.

Present: 5 - Nelson, Spears, Mielke, Meltzer and Hanna

Excused: 1 - Vogel

3. Approval of minutes from previous meeting

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

BOH Minutes 9-13-17

Attachments: [9-13-17.pdf](#)

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

Aye: 4 - Nelson, Spears, Mielke and Meltzer

Excused: 2 - Hanna and Vogel

4. Public Hearings/Appearances

5. Action Items

Health in All Policies Ordinance

Attachments: [HiAP Ordinance-Official Form.pdf](#)

**Spears moved, seconded by Meltzer, that this action item be approved. Roll
Call Motion carried by the following vote:**

Aye: 5 - Nelson, Spears, Mielke, Meltzer and Hanna

Excused: 1 - Vogel

6. Information Items

August Monthly Report

Attachments: [August Monthly Report.pdf](#)

This Item was presented

Third Quarter Report 2017

Attachments: [Third Quarter 2017 Report.pdf](#)
[Third Quarter Executive Summary.pdf](#)

This Item was presented

Third Quarter Performance Review 2017

Attachments: [Department Budget Review 3rd Qtr 2017.pdf](#)
[Summary Budget Review-3rd Qtr 2017.pdf](#)

This Item was presented

2018 Budget

Attachments: [2018 Health Grants.pdf](#)
[2018 Health.pdf](#)

This Item was presented

Octoberfest Inspection Summary

Attachments: [Octoberfest Summary.pdf](#)

This Item was presented

140 Review Findings

Attachments: [140 Review Letter.pdf](#)
[DHS 140 Review Document.pdf](#)

This Item was presented

H7N9 Influenza Update

Attachments: [H7N9 Influenza Article.pdf](#)

This Item was presented

Noise Variance Approvals

Attachments: [Noise Variance Requests 11.8.17.pdf](#)

This Item was presented

7. Adjournment

**Mielke moved, seconded by Nelson, that the meeting be adjourned at 7:23 a.m.
Roll Call Motion carried by the following vote:**

Aye: 5 - Nelson, Spears, Mielke, Meltzer and Hanna

Excused: 1 - Vogel

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:

Section 1: 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

clearly requires otherwise:

- (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.

Section 2: 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: This ordinance becomes effective 30 days after its final passage and publication.

Dated: _____

Timothy M. Hanna, Mayor
City Law: A17-0793

Kami Lynch, City Clerk



HEALTH IN ALL POLICIES

Creating a healthier, more vibrant and equitable Appleton

What is Health in All Policies?

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Why we need Health in All Policies:

Health in All Policies is a response to a variety of complex and often inextricably linked problems such as chronic illness epidemics, growing inequality and health inequities, rising healthcare costs, an aging population, climate change and related threats to our natural resources, and lack of efficient strategies for achieving governmental goals with shrinking resources. Addressing these complex problems requires innovative solutions, a new policy paradigm, and structures that break down siloed nature of government to advance trans-disciplinary and intersectional thinking.

How do we know that Health in All Policies works?

Public health professionals have known for a long time that we need to consider the environment and circumstances in which we live to help ensure optimal health. Appleton and other local, state and national governments worldwide have been using a Health in All Policies approach (even before it had a name) in order to devise creative solutions to seemingly intractable health problems. Public health worked with public works agencies to build sewage and sanitation systems that reduced infectious disease and simultaneously reduced rodent populations and prevented flooding. Public health also worked with transportation agencies to introduce seat belts, safer road designs, and other innovations that together have led to major declines in rates of automobile crash deaths. Health in All Policies applies the lessons learned from those experiences to today's key health challenges.

We're all so stressed out and busy already—why should other city departments and agencies get involved in health when that's the job of the Appleton Health Department?

Of course, the Health Department has a big role to play. But we've known for a long time that community environments have a huge impact on health—even more than the effect of medical care. In the Health Department, we don't have the expertise or authority to change those environments. We can only do this with all departments working together. We all have a role to play in creating healthy environments to solve some of our most pressing health problems. If we work together, we can find solutions that will be win-wins and move us all toward shared goals. For example, we know that building bike and pedestrian infrastructure creates more jobs, decreases air pollution and greenhouse gas emissions, and increases physical activity which improves both health and academic performance for students. And we know that “farm-to-fork” activities help to protect agricultural lands, support local economies, and increase healthy eating. Leadership and innovation aren't always easy, but we owe it to the people we serve to work together to find the best ways to solve complex problems, and Health in All Policies is one strategy that will help us do this.

Won't Health in All Policies be expensive? Why should other city departments and agencies spend their precious resources on issues outside their purview?

We can't afford *not* to use a Health in All Policies approach. These days, social and environmental problems are so complex that lasting solutions require everyone in government to work together. The consequences of city planning, sanitation, transportation, or food systems policies can include lifelong effects on the health of the whole communities. In part, siloed approaches got us into this problem in the first place, and the poorest communities have borne the brunt of this inefficient approach. We can do better. By investing the time and creativity now to consider how health will be impacted, we can prevent expensive problems from happening in the first place. It is not only in our best interest to consider how all policies affect health, but it is our job.

Aren't these health problems really just the result of people making bad decisions?

People in the United States have always believed in the idea of opportunity, but some people don't have many opportunities for health. It makes sense that it's easier to exercise if you have a safe park or playground nearby, or nice, well-lit sidewalks to walk on. Government does have a role in protecting and serving its people, especially when it's hard for people to do something by themselves. One way Appleton is already affording all people opportunities for health is by building safe places to play, like Erb Pool, inviting in new food sources, like Downtown Appleton farmers' markets and creating safer routes to work and school. Using a Health in All Policies approach gives all government agencies the opportunity to think big-picture about how their work will have lasting impacts, and to find the best possible solutions that serve everyone.



SOCIAL DETERMINANTS OF HEALTH AND EQUITY

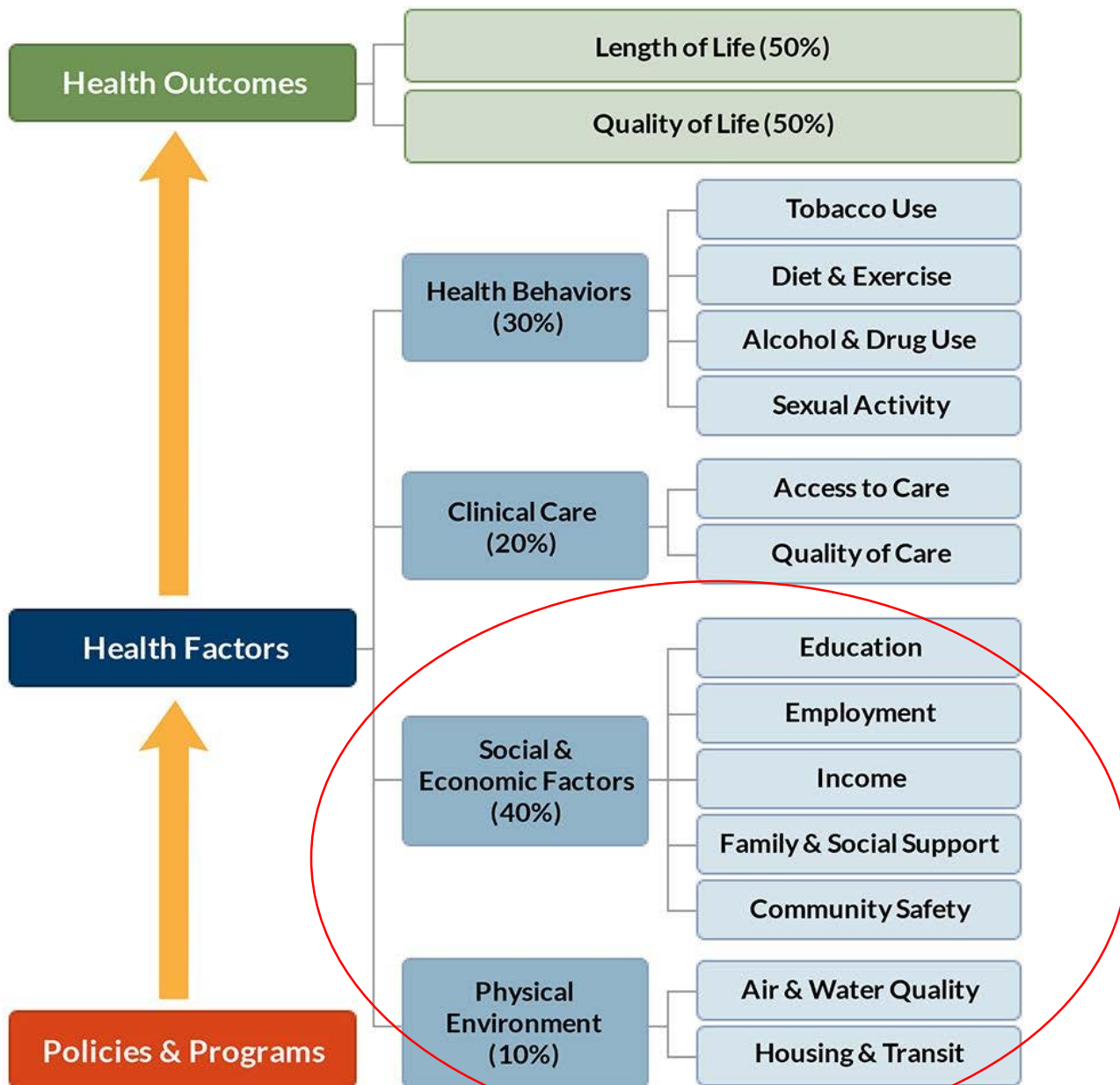
At its core, Health in All Policies represents an approach to addressing the social determinants of health, which are the key drivers of health outcomes and health inequities. It is founded in the recognition that public health practitioners must work with partners in the many realms that influence the social determinants of health, which are largely outside the purview of public health agencies.

Health is influenced by the interaction of many factors including:

- Genetics, biology, individual behavior;
- Access and barriers to health care; and
- Social, economic, service, and physical (natural and built) environments.

While clinical care is vitally important, only a small portion (20%) of overall health and longevity can be attributed to clinical care. Social, physical, and economic environments and conditions, collectively referred to as the “social determinants of health”, have a far greater impact on how long and how well people live than medical care. The interaction between health, social factors, and environmental factors is complex.

What Shapes Health?





November 14, 2017

Common Council
City of Appleton
100 N. Appleton Street
Appleton, WI 54911

Dear Council Members,

On behalf of ThedaCare health system, I am writing to express our support for the Health in All Policies approach under consideration by the Common Council.

We look to the City of Appleton as a partner in improving health in the community. We do so because more than 80% of what creates health has little to do with what happens inside our hospital and clinic walls. Health is created in our homes, workplaces, schools, places of worship, recreational spaces, city streets, and more. It happens every day in places that you help create. Having access to well-lit streets encourages walking. Having streets marked for biking increases biking to work. Community policing reduces violence in communities. Proper sanitation prevents disease outbreaks. Transportation keeps the elderly from isolation and depression. The list goes on and this ordinance will further engage key stakeholders and those within our community that don't have voice to work together.

As partners in community health, we encourage you to go the next step in your already strong progression of health improvement efforts. We encourage you to adopt a Health in All Policies Ordinance. Doing so will break down more barriers and identify opportunities to help stem the tide of chronic disease, lessen health inequality and inequity, impact environmental conditions and encourage optimal health for Appleton citizens. The potential benefits are innumerable! This vote will help solidify Appleton's reputation as a forward-thinking, responsible, collaborative community with the health and well-being of its citizens the primary goal.

Appleton is an amazing place to call home because our community leaders do "the right thing" for their citizens. A Health in All Policy approach is one of those "right things."

Thank you for your leadership.



Paula Morgen
Director of Community Health

November 14, 2017

RE: Resolution 17-1716, Health in All Policies Ordinance

Dear City of Appleton Common Council,

East Central WI Regional Planning Commission (ECWRPC) expresses our support for the City of Appleton's Health in All Policies Ordinance. With the rise of chronic disease and health disparities, ECWRPC recognizes the importance of including health considerations into the decision-making process to ensure all policies improve the health outcomes for every community member. As the Metropolitan Planning Organization for Appleton (Fox Cities) and Oshkosh, the Commission continues to incorporate health and equity into transportation and land use planning.

The City of Appleton has taken various steps to incorporate health into its comprehensive plan, adopted a Trails Master Plan, created a large multi-modal network, and has a wonderful parks system to enhance the overall health and quality of life for the community. One recent example is with the College Avenue Corridor; ECWRPC worked with the City of Appleton, Outagamie County, the towns of Grand Chute and Greenville, and other related partners on the Federal Highway Administration's Health in Transportation Corridor Planning Framework (the Framework). The College Avenue corridor was one of five case studies to participate in a case study related to the Framework. This tool provides a scaleable framework for incorporating health considerations into corridor planning activities. The City of Appleton had been working with various internal departments to ensure that the development along this corridor would have a positive impact for community health.

In addition to this Corridor Study, the City of Appleton also worked with Edison Elementary School to adopt a sidewalk painting policy. This policy encourages and allows more students at Edison Elementary School to walk and bike to school and be more physically active.

We would like to applaud the City of Appleton for taking the next step in ensuring positive health outcomes for its community members and for its inclusive and comprehensive vision for policy making at the local level.

Sincerely,



Melissa A. Kraemer Badtke, Principal Transportation Planner

cc: Eric Fowle, Executive Director

Kim Biedermann, Regional Bicycle and Pedestrian Coordinator



United Way Fox Cities

15 November 2017

City of Appleton
Common Council
c/o Kami L. Lynch, City Clerk

Dear Common Council Members,

I'm sorry I'm unable to be at your council meeting this evening, therefore, I am writing in support of the effort to create the Health in All Policies ordinance in the City of Appleton.

The proposed ordinance would be a huge step forward in creating a culture of health in Appleton. It provides an important framework in the City, and more importantly in the community, for how we view our responsibility in building a better Appleton for everyone.

Research clearly shows that the social determinant of health, the physical environment and neighborhoods, economic stability, community support, and other factors together improve the population health of a community. (See attached.) The health in all policies approach considers the importance of addressing multiple factors when setting policy. Implementing health in all policies will require input from a variety of stakeholders and great collaboration; two things that we should want when trying to set policies that impact the entire community.

This ordinance will help create a mechanism to address health disparities at the systems, policy and structural levels leading to better health outcomes. United Way Fox Cities has and will continue to work to improve the lives of all residents. We would welcome the opportunity to work with the City of Appleton to implement health in all policies.

Thank you for your leadership and commitment to the City of Appleton.

Sincerely yours,

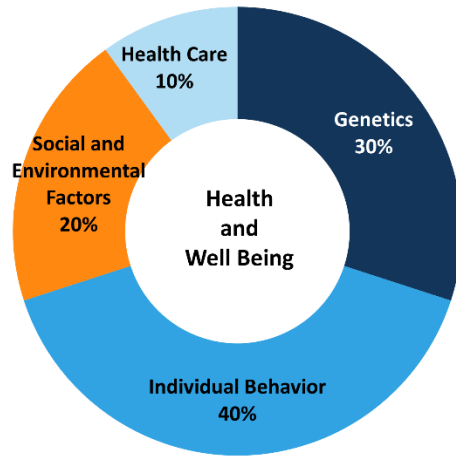
A handwritten signature in blue ink, appearing to read "Peter C. Kelly", is written over a light blue rectangular background.

Peter C. Kelly
President & C.E.O.

Attachments

Figure 1

Impact of Different Factors on Risk of Premature Death



SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. *NEJM*. 357:1221-8.



Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Source: Heiman and Artiga, *Beyond Heal Care: The Role of the Social Determinants in Promoting Health and Health Equity*, 4 November, 2015, The Henry J. Kaiser Family Foundation

From: Matt Miller [<mailto:matt@mcguinnessirishpub.com>]

Sent: Monday, November 13, 2017 2:01 PM

To: Kurt Eggebrecht <Kurt.Eggebrecht@Appleton.org>

Subject: McGuinness Irish Pub Noise Variance

Kurt,

Per instructions on the city's website, we are requesting a noise variance for McGuinness Irish Pub, 201 S Walnut St. so that we may host the following events:

2018 St. Patrick's Day celebrations

Thursday, March 15 - 4:00 pm - 10:00 pm

Friday, March 16 - 2:00 pm - 11:00 pm

Saturday, March 17 - 12:00 pm - 11:00 pm

Sunday, March 18 -- 12:00 pm - 8:00 pm

2018 Mile of Music weekend

Thursday, August 2 - 12:00 pm - 10:00 pm

Friday, August 3 - 12:00 pm - 11:00 pm

Saturday, August 4 - 12:00 pm - 11:00 pm

Sunday, August 5 - 12:00 pm - 8:00 pm

I will be the person in charge.

We have already requested from the city a temporary beer garden permit for our back parking lot, see attached (inside the red line).

If you have any questions, please do not hesitate to contact me. Thank you for the consideration and whatever advice you may give.

Matt Miller
McGuinness Irish Pub
920-573-0959



McGuinness Irish Pub
Traditional grub & a
down-to-earth vibe



I. Preventing Disease

Immunization Clinics	Current Month	Year to Date	Last Year to Date
Persons Immunized	23	109	121
Immunizations administered	63	294	280

Communicable Disease Cases	Current Month	Year to Date	Last Year to Date
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Gastroenteric

Campylobacter	5	16	12
Giardiasis	1	10	13
Salmonellosis	2	10	8
Amebiasis	0	0	0
Balantidium Coli	0	0	0
Hook Worm	0	0	0
Shigellosis	0	2	2
Yersinia	0	1	1
Strongyloides	0	0	0
Cryptosporidiosis	1	8	7
E. Coli	5	17	3
Listeriosis	0	0	0

Other Communicable Diseases	Current Month	Year to Date	Last Year to Date
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Haemophilis Influenza	0	1	0
Blastomycosis	0	1	1
Hepatitis A	0	0	1
Hepatitis B	0	5	1
Hepatitis C	8	41	52
Streptococcus pneumoniae	0	4	4
Leprosy	0	0	0
Lead Toxicity	0	0	0
Legionellosis	0	1	0
Lyme Disease	3	13	11
Ehrlichiosis / Anaplasmosis	0	6	2
Malaria	0	1	0
Bacterial Meningitis	0	0	0
Viral Meningitis	0	0	0
Invasive Group A Strep	0	1	1
Rheumatic Fever	0	0	0
Tetanus	0	0	0
Toxic Shock	0	0	0
Typhoid	0	0	0
TB: Mycobacterium	0	1	0
TB: Atypical	2	12	7
Viral Encephalitis	0	0	0
Cat Scratch Disease (Bartonella species)	0	0	0
Streptococcus group B invasive disease	0	2	4
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

Histoplasmosis	0	1	0
VISA	0	2	0
Rocky Mountain Spotted Fever	0	0	0
Jamestown Canyon	0	1	0
Burkholderia Pseudomallei	1	1	0
Invasive Strep, Other	2	2	0

Vaccine Preventable	Current Month	Year to Date	Last Year to Date
Measles	0	0	0
Mumps	0	0	0
Pertussis	0	6	15
Rubella	0	0	0
Varicella	0	6	4

Sexually Transmitted Disease	Current Month		Year to Date		Last Year to Date	
	All Ages	≤18	All Ages	≤18	All Ages	≤18
Chlamydia	27	6	279	24	268	26
Gonorrhea	6	0	45	1	37	2
Partner/Referral Program (Contacts)	0	0	6	0	3	0
HIV	0	0	6	0	1	0
Other STD	0	0	0	0	0	0
Syphilis	0	0	9	0	8	0

Licensed Establishments	Current Month	Year to Date	Last Year to Date
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PE & D, Retail Food, Hotel/Motel, Bed & Breakfast, Manufactured Home
Community, Vending Machines, Swimming Pools, Tattoo & Body Piercing, Rec/Ed

Preinspections	8	36	30
Inspections	28	472	455
Reinspections	0	96	112
Complaints	2	20	26
Complaint Follow-ups	0	6	2
Consultations	53	513	446

Food Borne/Water Borne	Current Month	Year to Date	Last Year to Date
Number of Outbreaks	0	0	0
Number of Interviews	1	3	3
Number of symptomatic	1	2	3

Laboratory/Field Tests	Current Month	Year to Date	Last Year to Date
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Swimming Pool Water Samples

Total number of pools sampled	20	204	197
Total number of pools resampled	0	1	4
Total positive HPC	0	1	2
Total positive coliform	0	0	2

II. Protecting the Environment

Environmental Investigations	Current Month	Year to Date	Last Year to Date
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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	5	23	28
Complaint Follow-ups	9	45	16
Consultations	28	198	190

III. Promoting Health

Community Health Visits	Current Month	Year to Date	Last Year to Date
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Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals, and case management

Patient Home/Telephone Visits	149	1165	1143
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IV. Protecting the Consumer

Consumer Complaints	Current Month	Year to Date	Last Year to Date
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Weights and Measures, Product Labeling, and Trade Practices

Total number of consumer complaints	5	33	32
Total number found in violation	0	5	5

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

Total number inspected	68	569	637
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Equipment and Devices Examined	Inspected			Number Not in Compliance		
	Current Month	Year to Date	Last Year to Date	Current Month	Year to Date	Last Year to Date
Scales and balances	81	532	535	6	15	23
Measures (includes gas pumps and fuel oil truck meters)	88	1,115	1,092	1	31	31
Weights	0	29	51	0	0	0
Total	169	1,676	1,678	7	46	54

Commodity Report	Current Month	Year to Date	Last Year to Date
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Total units of product investigated	6,011	81,405	80,877
Random sample size	960	12,574	11,048
Total products/units found short weight	25	452	2,856
Total products/units found mislabeled	12	919	2,177

Price Scanning Inspections	Current Month	Year to Date	Last Year to Date
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Number of inspections	3	104	119
Number of items scanned	125	3,526	3,835
Pricing errors found	4	91	106



APPLETON HEALTH DEPARTMENT BOARD OF HEALTH ORIENTATION

DECEMBER 13, 2017

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WISCONSIN PUBLIC HEALTH HISTORY

- 1848 WISCONSIN BECOMES A STATE
- 1876 STATE BOARD OF HEALTH FORMED
- 1877 APPLETON HEALTH DEPARTMENT
- 1883 COMMUNICABLE DISEASE REPORTS REQUIRED FROM TOWNSHIP HEALTH OFFICER

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WISCONSIN PUBLIC HEALTH HISTORY

- 1913 STATE HEALTH OFFICER POSITION CREATED
- 1929 COUNTY HEALTH DEPARTMENTS AUTHORIZED
- 1993 PUBLIC HEALTH STATUTES REVISED (WI ACT 27)

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BOARD OF HEALTH STRUCTURE

- PUBLIC HEALTH STATUTES ARE CONSOLIDATED INTO 6 CHAPTERS
 - CH. 250 - ADMINISTRATION AND SUPERVISION
 - CH. 251 - LOCAL HEALTH OFFICIALS
 - CH. 252 - COMMUNICABLE DISEASE
 - CH. 253 - MATERNAL & CHILD HEALTH
 - CH. 254 - ENVIRONMENTAL HEALTH
 - CH. 255 - CHRONIC DISEASE

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BOARD OF HEALTH COMPOSITION

- LOCAL BOARD OF HEALTH MEMBERSHIP
 - NOT MORE THAN 9 MEMBERS
 - AT LEAST 3 MEMBERS ARE NOT ELECTED OFFICIALS
 - “GOOD FAITH EFFORT” TO APPOINT A RN AND A MD
 - REFLECT DIVERSITY OF THE COMMUNITY

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STATUTORY DUTIES OF LOCAL BOARDS OF HEALTH



- GOVERN THE LOCAL HEALTH DEPARTMENT
- ASSURE ENFORCEMENT OF STATE PUBLIC HEALTH STATUTES
- ASSURE THAT THE LOCAL HEALTH DEPARTMENT IS LEVEL I, II OR III (APPLETON IS LEVEL III)
- ADOPT NECESSARY REGULATIONS THAT IT CONSIDERS NECESSARY TO PROTECT AND IMPROVE HEALTH
 - ❖ THESE REGULATIONS MAY BE NO LESS STRINGENT THAN STATE STATUTE

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STATUTORY DUTIES OF LOCAL BOARDS OF HEALTH

- REPORT TO STATE HEALTH AGENCY
- MEET AT LEAST QUARTERLY
- ASSESS PUBLIC HEALTH NEEDS
- ADVOCATE FOR REASONABLE AND NECESSARY SERVICES
- DEVELOP POLICY

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STATUTORY DUTIES OF LOCAL BOARDS OF HEALTH

- PROVIDE LEADERSHIP THAT:
 - FOSTERS LOCAL INVOLVEMENT AND COMMITMENT
 - EMPHASIZES PUBLIC HEALTH NEEDS
 - ADVOCATES FOR EQUITABLE DISTRIBUTION OF PUBLIC HEALTH RESOURCES AND
COMPLEMENTARY PRIVATE ACTIVITIES COMMENSURATE WITH PUBLIC HEALTH NEEDS

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RELATED ADMINISTRATIVE RULES

- **EXAMPLES:**
 - DHS 139: QUALIFICATIONS OF PUBLIC HEALTH PROFESSIONALS EMPLOYED BY LOCAL HEALTH DEPARTMENTS
 - DHS 140: REQUIRED SERVICES OF LOCAL HEALTH DEPARTMENTS

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HEALTH DEPARTMENT LEVELS

- LEVEL I HEALTH DEPARTMENT
 - MUST HAVE: FULL TIME HEALTH OFFICER AND A BOARD OF HEALTH
- PLUS:
 - FIVE REQUIRED SERVICES OF ALL LOCAL HEALTH DEPARTMENTS
 - COMMUNICABLE DISEASE SURVEILLANCE
 - GENERALIZED PH NURSING PROGRAM
 - HEALTH PROMOTION
 - DISEASE PREVENTION
 - HUMAN HEALTH HAZARD PREVENTION AND CONTROL

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HEALTH DEPARTMENT LEVELS

- LEVEL II HEALTH DEPARTMENT
- FIVE REQUIRED SERVICES (LEVEL I) PLUS:
 - 7 PROGRAMS OR SERVICES THAT ADDRESS AT LEAST 5 HEALTH PRIORITIES IN THE CURRENT STATE HEALTH PLAN
 - HEALTH OFFICER WITH AT LEAST 3 YEARS OF SUPERVISORY EXPERIENCE IN A FULL TIME POSITION WITH A LOCAL HEALTH DEPARTMENT

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HEALTH DEPARTMENT LEVELS

- LEVEL III HEALTH DEPARTMENT
- FIVE REQUIRED SERVICES (LEVEL I) PLUS:
 - 14 PROGRAMS OR SERVICES THAT ADDRESS AT LEAST 7 HEALTH PRIORITIES IN THE CURRENT STATE HEALTH PLAN
 - AGENT FOR THE STATE (CONDUCT INSPECTIONS AND INVESTIGATIONS, ISSUE PERMITS AND ENFORCE THE DEPARTMENT'S ENVIRONMENTAL SANITATION RULES)
 - HEALTH OFFICER WITH A MASTERS DEGREE IN PUBLIC HEALTH, PUBLIC ADMINISTRATION OR SIMILAR FIELD AND 3 YEARS OF FULL TIME EXPERIENCE IN A PUBLIC HEALTH AGENCY.

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LOCAL HEALTH OFFICER DUTIES

- ADMINISTER LOCAL HEALTH DEPARTMENT IN ACCORDANCE WITH STATUTES AND RULES
- ENFORCE STATE PUBLIC HEALTH STATUTES AND RULES
- ENFORCE ANY REGULATIONS THAT THE BOARD OF HEALTH ADOPTS
- ADMINISTER ALL FUNDS
- APPOINT ALL NECESSARY SUBORDINATE PERSONNEL

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LOCAL HEALTH OFFICER DUTIES

- INVESTIGATE AND SUPERVISE THE SANITARY CONDITIONS OF ALL PREMISES WITHIN THE JURISDICTIONAL AREA OF THE LOCAL HEALTH DEPARTMENT.
- HAVE ACCESS TO VITAL RECORDS.
- PROMOTE THE SPREAD OF INFORMATION AS TO THE CAUSES, NATURE AND PREVENTION OF PREVALENT DISEASES

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THANK YOU!!

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PUBLIC HEALTH ACCREDITATION

City of Appleton Health Department

Board of Health Meeting

December 13, 2017

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WHAT IS PUBLIC HEALTH ACCREDITATION?



The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.

The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.

The continual development, revision, and distribution of public health standards.

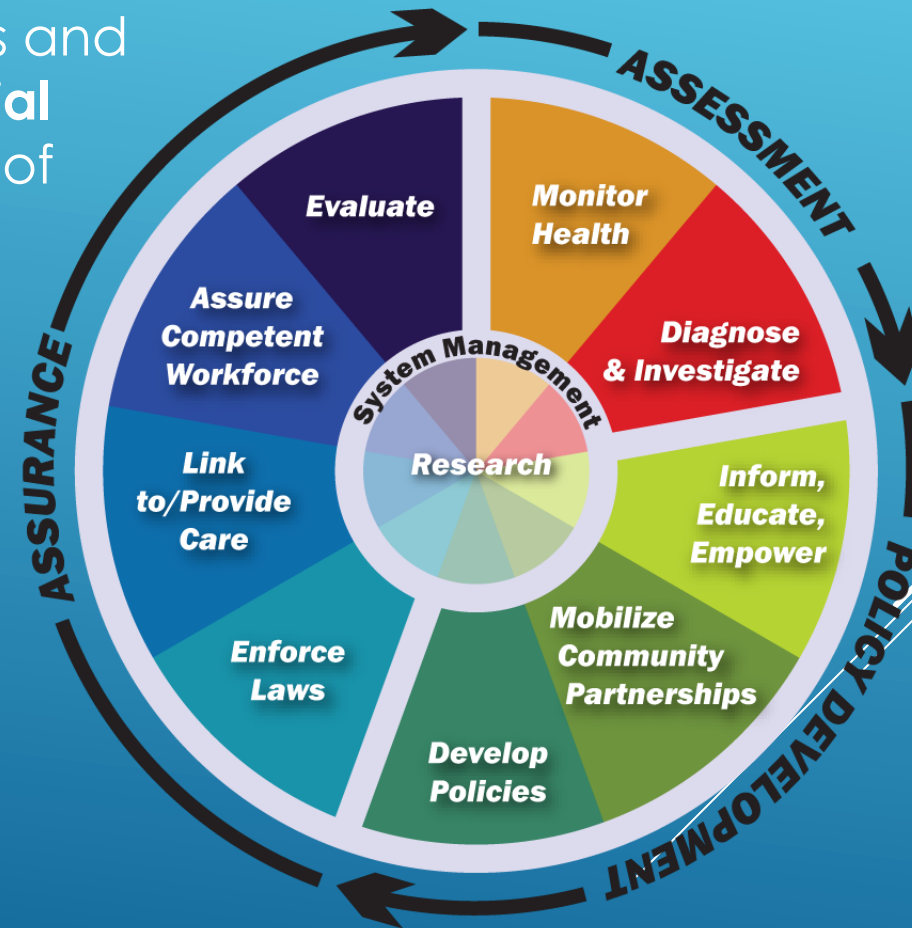
<http://www.phaboard.org/accreditation-overview/what-is-accreditation/>

BENEFITS OF ACCREDITATION

- Become More Responsive to Change
- Increase Shared Decision-Making
- Implement Workforce Development
- Evaluate Services and Programs
- Increase Performance Improvement
- Develop Strong Partnerships

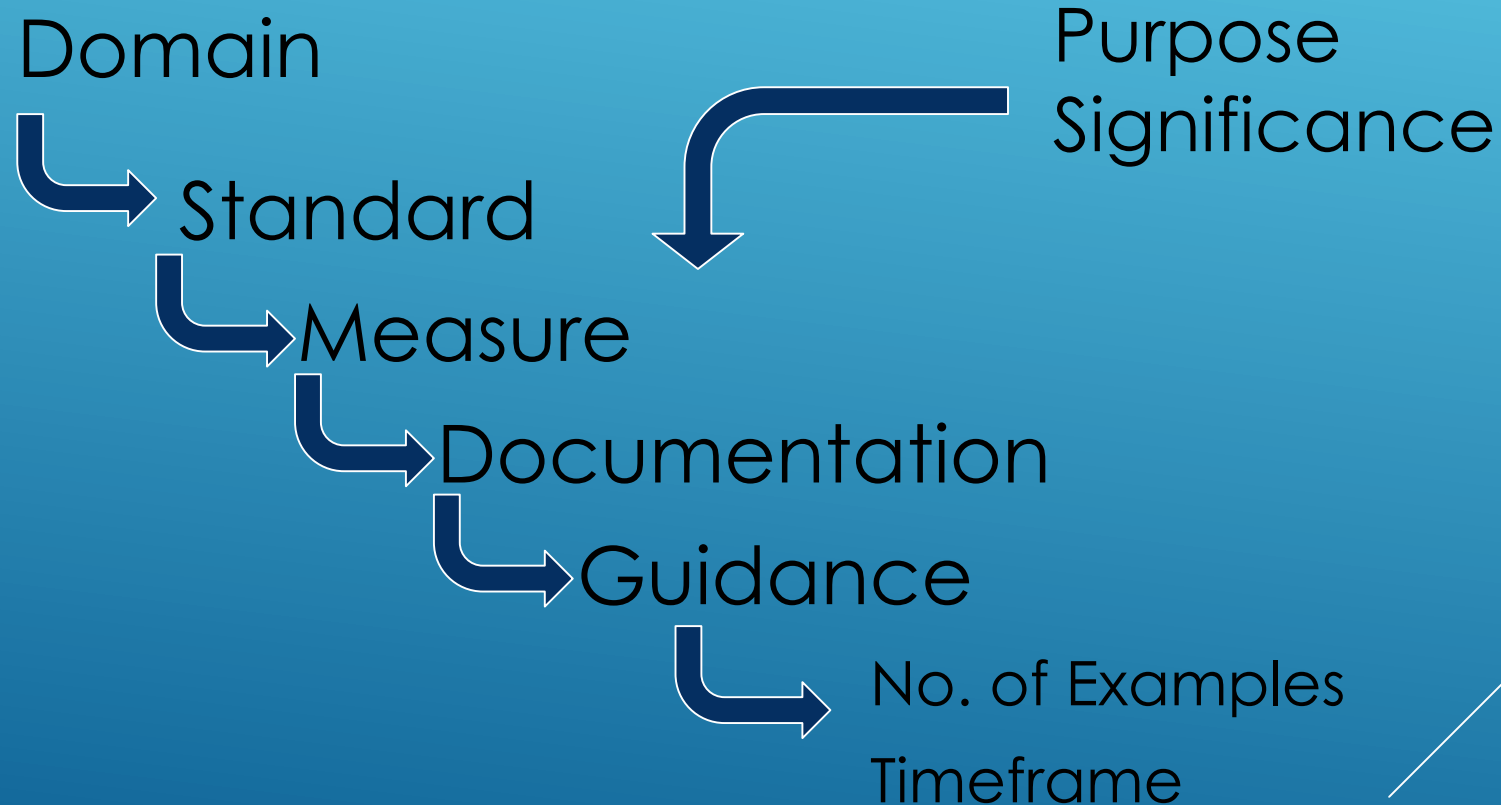
PHAB STANDARDS AND MEASURES

There are 12 Domains in the PHAB Standards and Measures. They are based on the **10 essential functions of public health** with the additions of **administration and governance**.



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STRUCTURAL FRAMEWORK OF THE STANDARDS & MEASURES



12 DOMAINS OF PHAB

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity

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PROCESS

- Management team meets weekly to review and select supporting documentation for each standard and measure in the domain, using the PHAB Standard and Measures document as guidance.
- Support staff then assists with collection and organization of the supporting documents into the electronic documentation system.
- All health department staff updated and involved during monthly all-staff meetings.

PROGRESS!

- To date, our department has done a deep dive/review into all of the 12 domains.
- All staff have completed the four online PHAB orientation modules, and have taken a self-assessment of their knowledge of Public Health Core Competencies
- All staff are have incorporated knowledge of public health core competencies into their 2017 goals
- All staff completed a department-wide self assessment of cultural competency, and have completed three online Health Equity modules.

DOMAIN 7: ACCESS TO CARE

“Promote strategies to improve access to health care”

- ▶ Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services
- ▶ Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

DOMAIN 8: WORKFORCE

“Maintain a competent public health workforce”

- ▶ Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers
- ▶ Standard 8.2: Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment

DOMAIN 9: QUALITY IMPROVEMENT

“Evaluate and continuously improve processes, programs, and interventions”

- ▶ Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives
- ▶ Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

DOMAIN 10: EVIDENCE-BASED PRACTICES

“Contribute to and apply the evidence base of public health”

- ▶ Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- ▶ Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences

DOMAIN 11: ADMINISTRATION AND MANAGEMENT

“Maintain administrative and management capacity”

- ▶ Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
- ▶ Standard 11.2: Establish Effective Financial Management Systems

DOMAIN 12: GOVERNANCE

“Maintain capacity to engage the public health governing entity”

- ▶ Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities
- ▶ Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity
- ▶ Standard 12.3: Encourage the Governing Entity’s Engagement In the Public Health Department’s Overall Obligations and Responsibilities

KNOWN GAPS

- ▶ Health Department social media presence
- ▶ Update policies and procedures:
 - Recruitment & Selection Policy
 - Reference, Backgrounds & Polygraphs Policy
- ▶ Update Health Officer job description to reflect Level III Health Department requirements
- ▶ Re-labeling and branding of department documents

NEXT STEPS

- ▶ Accreditation Mentor Program-CDC *Preventive Health and Health Services Block Grant*
- ▶ Site Review by MCW Staff
- ▶ Re-establish Health Department Facebook page
- ▶ Consider application for Accreditation late 2018-early 2019

MORE INFORMATION

- ▶ Public Health Accreditation Board Website:
<http://www.phaboard.org/>
- ▶ Health Equity and Social Justice 101 Online Training Series: A 3 part training, each one approximately one hour in length.
 - ▶ “Health Equity and Social Justice 101 Online Training Series was developed to build knowledge and inform the practices of LHDs and their partners on health equity and social justice (HESJ) key concepts, principles, and applications.”
 - ▶ <http://www.naccho.org/programs/public-health-infrastructure/health-equity>

ENVIRONMENTAL SURVEY 2017

Total # surveys sent out	150	Completed surveys returned	42
surveys returned as undeliverable	1	Percent returned	28.19%
Surveys (assumed) received by operators	149		

SURVEY QUESTION	Very Satisfied	Satisfied	Somewhat Dissatisfied	Dissatisfied	totals	% Satisfied
How satisfied are you that the inspector identified him/herself and the purpose of their visit?	38	4			42	100.00%
Was courteous and professional?	37	5			42	100.00%
Went over the inspection report thoroughly?	34	8			42	100.00%
Gave recommendations for correction of violations/errors?	37	5			42	100.00%
How satisfied are you that the inspection process used methods that fairly evaluated your business?	32	10			42	100.00%
How satisfied are you that the Environmental Health Inspection Program ensures good sanitation and food handling practices?	29	12			41	100.00%
How satisfied are you that we are inspecting often enough to ensure good sanitation and food handling practices?	36	5			41	100.00%
RESPONSE TOTALS	243	49	0	0	292	100.00%

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

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

Nothing I can think of.
I like the existing process and no recommendation is required
Would prefer afternoon visits so I can listen better & pay attention to the insector-mornings & lunchtime too busy with customers, business.
Since food is not a part of this establishment, it wasn't applicable, but the sanitation part is good. He offered suggestions outside of regulation requirements for keeping bed bugs at bay, etc.
The inspector does a great job! He comes in and tests the water-if there is a problem-he lets us know how to fix it.
Maybe do two inspect or more.
Nothing at this time
No food in my establishment
N/A
All is good. Pleasant inspector
Clearer Inspection Reports. Educational Information with reports.
Inspection of the business was professional and fair.
I think it is a good process.
Continue to give information to the employees (Restaurant) ab out crucial food handling proces and prevention of accidents.
Not at this time
He was so helpful
Nothing. Steve is thorough, and offers us suggestions/recommendations
I'm new to this, not sure what I could add at this time.
Been in business 18 yrs, in 5 different municipalities. Appleton always the most thorough, timely & professional

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

N/A :)
N/A
N/A
N/A

7. What additional suggestions, if any, do you have for improving the quality of this inspection program or our services to your business?
Make sure all Air BNB are licensed
Nothing I can think of. Always very professional :)
No suggestion. Very nice inspector who spends time with us and explains all our queries.
Can't think of any, keep up the good job
The inspector was kind and I appreciated that. I wasn't sure what to expect.
Our businesses are in old buildings. Please be flexible with inspections.
N/A :)
More educational information-webinars, seminars, etc.
It would be a good idea for the Health Dept. to address the large number of birds in City parking structures and the health risk that the excrement, feathers, etc. poses to the public
Steve did a good job letting us know what needed to be done after taking over our pool concessions
Keep up the good work
None I very satisfied with your help
Other comments

WEIGHTS & MEASURES SURVEY 2017

Total # surveys sent out	85	Completed surveys returned	12
unopened surveys returned as undeliverable	3	Percent returned	14.63%
Surveys (assumed) received by operators	82		

SURVEY QUESTION	Very Satisfied	Satisfied	Very Dissatisfied	Dissatisfied	Does Not Apply	totals	% satisfied
How satisfied are you that the inspector identified him/herself and the purpose of their visit?	7	2	1	1		11	81.82%
Was courteous and professional?	7	2	1	1		11	81.82%
Went over the inspection report thoroughly?	5	4	1		1	11	81.82%
Gave recommendations for correction of violations/errors?	4	4	1		2	11	88.89%
How satisfied are you that the inspection process used methods that fairly evaluated your business?	5	4		1	1	11	90.00%
How satisfied are you that the inspection process fairly and accurately assesses the following for your business? Scales, pumps, meters and/or measures	5	4	1		1	11	90.00%
Price scanning and/or price control systems?	4	3	1		3	11	87.50%
Weighing and measuring of bulk products & packaged goods?	5	3	1		2	11	88.89%
Product labeling, signage and method of sale compliance?	5	4	1		1	11	90.00%
How satisfied are you that the W & M program ensures fairness between the business and the consumer?	4	3				7	100.00%
How satisfied are you that we are inspecting often enough to ensure fairness between the business and the consumer?	4	2		1		7	85.71%
TOTALS	55	35	8	4	11	113	88.24%

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

5. In your opinion, What, if anything, can be done to improve the inspection process to better ensure fairness between the business and the consumer?
The process works well. Very happy with the Weights & Measures Program.
No improvements, they do a great job.
Leave the poor farmers alone at the market. Your self important authority is demonic
N/A
N/A, everything good
Previous inspector (2016) very courteous/professional. New guy was accusing me of opening late (he didn't change his clocks for daylight saving) before he even introduced himself.

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

N/A

We get audited more often in Appleton than any of the other stores in our district. No consistency across the state.

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

Keep up the good work.

N/A, everything good

Other comments

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

Appleton Downtown, Inc.

12/16/2017

Washington Square

**Also approved exemption from Appleton Municipal Code Section 3-116 to allow live
donkeys, llamas and miniature ponies during the event*