



# City of Appleton

100 North Appleton Street  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Agenda - Final-revised Board of Health

---

Wednesday, August 8, 2018

7:00 AM

Council Chambers, 6th Floor

---

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

[18-1177](#) June 2018 BOH Minutes

**Attachments:** [June 2018 BOH Minutes.pdf](#)

### 4. Public Hearings/Apearances

### 5. Action Items

[18-1185](#) Noise Variance Request-Truth Music Jam

**Attachments:** [Noise Variance Request-Truth Music Jam.pdf](#)

[18-1217](#) Approval of updated Rules & Regulations and Permit Application for Keeping Chickens

**Attachments:** [Revised Chicken Keeping Requirements.pdf](#)

### 6. Information Items

[18-1184](#) Chicken Permit Fees

[18-1169](#) May 2018 Monthly Report

**Attachments:** [May 2018 Monthly Report.pdf](#)

[18-1170](#) Second Quarter 2018 Report

**Attachments:** [Second Quarter 2018 Executive Summary.pdf](#)

[Second Quarter 2018 Report.pdf](#)

[18-1172](#) Second Quarter 2018 Budget Performance Review

**Attachments:** [Performance Review-Second Quarter 2018.pdf](#)

[Summary Budget Review-Second Quarter 2018.pdf](#)

[18-1176](#)

New Reportable Disease-Latent TB

**Attachments:** [Memo-LTBI as Reportable Condition.pdf](#)[DHS 145-Communicable Diseases and Other Notifiable Conditions.pdf](#)[18-1214](#)

State Health Assessment Mini-Grant

**Attachments:** [State Health Assessment Mini-Grant.pdf](#)**18-1215**

American Public Health Association Recognition

[18-1171](#)

Noise Variance Requests

**Attachments:** [Noise Variance Requests 8.8.18.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  
Appleton, WI 54911-4799  
[www.appleton.org](http://www.appleton.org)

## Meeting Minutes Board of Health

---

Wednesday, June 13, 2018

7:00 AM

Council Chambers, 6th Floor

---

1. Call meeting to order

2. Roll call of membership

**Present:** 5 - Nelson, Hanna, Mielke, Spears and Baker

**Excused:** 1 - Vogel

3. Approval of minutes from previous meeting

**A motion was made by Cathy Spears, seconded by Bob Baker, to approve the May minutes. Motion carried by the following vote:**

**Aye:** 5 - Nelson, Hanna, Mielke, Spears and Baker

**Excused:** 1 - Vogel

[18-0832](#)

May 2018 BOH Meeting Minutes

**Attachments:** [May 2018 BOH Minutes.pdf](#)

4. Public Hearings/Appealances

5. Action Items

[18-0818](#)

Fox Crossing Weights & Measures Proposal

**Attachments:** [Fox Crossing Weights and Measures Proposal.pdf](#)

**A motion was made by Sally Mielke, seconded by Cathy Spears, to approve this proposal. Motion carried by the following vote:**

**Aye:** 5 - Nelson, Hanna, Mielke, Spears and Baker

**Excused:** 1 - Vogel

[18-0669](#)

Resolution #4-R-18 Chicken Ordinance

**Attachments:** [#4-R-18 Chicken Ordinance.pdf](#)

*Motion by Hanna, seconded by Baker to amend the following items in the Resolution:*

- 1. strike 1.5 feet and change to 2.5 feet per bird*
- 2. remain as written (unchanged)*

- 3. remain as written (unchanged)
  - 4. this item was eliminated completely
- Motion to amend carried 5/0.

Motion to recommend approval as amended carried 4/1 (Spears)

A motion was made by Bob Baker to approve, seconded by Sally Mielke for discussion. A motion was then made by Cathy Spears, seconded by Dr. Nelson, to separate out each item and take to Council. After discussion, Spears' motion was modified to hold this item, seconded by Dr. Nelson. Further discussion ensued and Spears withdrew her motion. A motion was then made by Mayor Hanna, seconded by Bob Baker, to amend the resolution to a minimum 2.5 feet per bird for Item 1 of the resolution, as well as eliminating Item 4 of the resolution. Motion to amend the resolution carried by a 5 to 0 vote. Then a vote to approve the resolution as amended carried by the following vote:

**Aye:** 4 - Nelson, Hanna, Mielke and Baker

**Nay:** 1 - Spears

**Excused:** 1 - Vogel

#### [18-0819](#)

Tattoo and Body Piercing Establishment Revisions

**Attachments:** [Tattoo and Body Piercing Establishments-Revisions.pdf](#)

A motion was made by Cathy Spears, seconded by Bob Baker, to approve this action item. Motion carried by the following vote:

**Aye:** 5 - Nelson, Hanna, Mielke, Spears and Baker

**Excused:** 1 - Vogel

## 6. Information Items

#### [18-0825](#)

April 2018 Monthly Report

**Attachments:** [April 2018 Monthly Report.pdf](#)

This item was presented.

#### [18-0839](#)

Wisconsin Active Together Recognition Award

**Attachments:** [Wisconsin Active Together Award.pdf](#)  
[WI Active Together- Appleton.pdf](#)

This item was presented.

#### [18-0834](#)

Noise Variance Approvals

**Attachments:** [Noise Variance Requests 6.13.18.pdf](#)

This item was presented.

7. Adjournment

**A motion was made by Mayor Hanna, seconded by Cathy Spears, that the meeting be adjourned. Motion carried by the following vote:**

**Aye:** 5 - Nelson, Hanna, Mielke, Spears and Baker

**Excused:** 1 - Vogel

## Melissa L. Suttner

---

**From:** Kurt Eggebrecht  
**Sent:** Wednesday, August 01, 2018 1:08 PM  
**To:** Chris Ray  
**Cc:** Melissa L. Suttner  
**Subject:** RE: Variance request

Chris,

Thanks for your quick response. I will place this request on our next Board of Health meeting agenda. The Board will meet next week Wednesday, August 8, at 7am in room 6A of the City Center located at 100 N. Appleton Street. Although it is not a requirement it is always helpful for the requesting party to attend this meeting to answer any questions the Board may have.

Thanks,  
Kurt

Kurt Eggebrecht  
Health Officer  
Appleton Health Department  
920-832-6429  
[www.appleton.org](http://www.appleton.org)

**From:** Chris Ray [mailto:[chrisraybooking@gmail.com](mailto:chrisraybooking@gmail.com)]  
**Sent:** Wednesday, August 01, 2018 12:44 PM  
**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>  
**Subject:** RE: Variance request

The noise source will be provided by a DJ. To minimize the irritation or aggravation of the neighborhood you selected the time specifically between noon and 3 an effort not to be too early disturbing people who are not waking up an interview event early enough that it doesn't disturb anyone trying to sleep. Also the date takes place during Oktoberfest which within itself will provide a noise of its own. We're just bringing a different sound. The letter can be sent to my address at 1500 East Longview Drive Apartment 30 Appleton Wisconsin 54911. Thank you again or your time.

On Aug 1, 2018 12:38 PM, "Kurt Eggebrecht" <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)> wrote:

Chris,

Thanks for your email. To assist us in processing this request can you identify the source of the noise, steps you are taking to minimize neighborhood complaints and the mailing address to send the requested variance.

Thanks,

Kurt

Kurt Eggebrecht

Health Officer

Appleton Health Department

920-832-6429

[www.appleton.org](http://www.appleton.org)

**From:** Chris Ray [mailto:[chrisraybooking@gmail.com](mailto:chrisraybooking@gmail.com)]

**Sent:** Wednesday, August 01, 2018 12:18 PM

**To:** Kurt Eggebrecht <[kurt.eggebrecht@appleton.org](mailto:kurt.eggebrecht@appleton.org)>

**Subject:** Variance request

Greetings Appleton Health Department,

This is a request for a variance from the noise ordinance. The event is called the Truth Music Jam and it will take place at City Park on Saturday Sept 29th from noon until 3pm. This event is organized and under the charge of myself, Christopher Ray. Thank you for your time.

Sincerely,

Chris Ray

[chrisraybooking@gmail.com](mailto:chrisraybooking@gmail.com)

Focused Culture LLC

920-378-4209

## CHICKEN KEEPING

### RULES AND REGULATIONS

Incorporated into Sec. 3-52 and adopted  
pursuant to Sec. 7-28, Appleton Municipal Code

~~April 26, 2017~~

In conjunction with the adoption of Sec. 3-52(d), the following rules, regulations and restrictions are hereby adopted:

1. Persons desiring to keep chickens within the City of Appleton shall obtain an annual permit from the Health Department. Fees for said permits shall be on file with the Health Department. Before a permit is issued, the applicant must provide a plan on the form provided by the City that includes a detailed diagram of the coop location including distances from nearby structures on neighboring properties, coop design and materials plan, a plan to dispose of manure in a safe and adequate manner and comply with Wisconsin Department of Agriculture, Trade and Consumer Protection's premises registration program. ~~Upon receiving a completed application, the Health Department will notify all property owners immediately abutting the property where the chickens will be kept, including those properties diagonally abutting the subject property, including properties located across an alley but not including properties located across a street. Property owners written objections must be received within 14 working days and contain the name, address, phone number and reason for the objection.~~
- ~~2. Upon receipt of written objection, the application shall be denied by the Health Officer. The applicant may appeal this decision to the Safety and Licensing committee per APPEALS Section ten (10) below.~~
- ~~32.~~ The keeping of up to 46 chickens, with a permit is allowed on single family or two family dwellings only. Permits will not be allowed on commercial or mixed-use occupancies.
- ~~43.~~ The term "chicken" used throughout these regulations shall exclusively mean a female gallinaceous bird or hen of any age (including chicks). The term "chicken" does not include roosters or other kinds of fowl, including but not limited to, ducks, quail, grouse pheasant, turkeys, peacocks, emus, ostriches or the like.
- ~~54.~~ Property Requirements
  - a. Written permission from the property owner is required if the permit applicant does not own the property where chickens will be kept.



- b. Chickens shall not be kept or maintained upon a vacant lot, inside a residential dwelling unit including basements, porches, garages, sheds or similar storage structures.
- c. A coop shall be located in the rear yard of the license holder's residence. For purposes of these regulations, "rear yard" shall be defined by the Zoning Code Chapter 23.
- d. Coop and chicken run placement shall be at a minimum of, but not limited to, a three (3) foot setback from side and rear yard lot lines. If not attached to an accessory structure such as a garage or shed, coop placement must be a minimum of 10 feet from any structure of the parcel. In addition, coops shall not be closer than twenty-five feet to a residential dwelling, church, school or business on an abutting lot.

#### 65. Coop Design

- a. All chickens shall be kept and maintained within a ventilated and roofed coop in compliance with any applicable city codes.
- b. The coop's structural floor area shall be no less than ~~three-two (32)~~ square feet per bird, and the height of the coop shall not exceed eight (8) linear feet as measured vertically from the coop's grade level to the outside highest point of the coop.
- c. All coops, including an attached chicken run enclosure, shall be enclosed with wire netting or equivalent material that prevents chickens from escaping the coop and predators from entering the coop. The chicken run enclosure shall be limited to a maximum of ~~24-100~~ square feet.
- d. Coops shall be built in a workmanlike manner with quality materials and shall be moisture resistant.
- e. All coop floors shall be composed of a hard, cleanable surface, e.g., painted or sealed wood, linoleum, hard plastic, and shall be resistant to rodents, therefore, a dirt floor is not acceptable.
- f. Coops shall be entirely removed from the property within thirty (30) days of a previously issued permit expiring and not being renewed.

#### 76. Conditions for Keeping and Sanitation

- a. Not more than ~~four-six (46)~~ chickens may be kept on a property.

- b. Chickens shall be kept or maintained within a coop or attached chicken run enclosure at all times and be provided with adequate water, feed and shelter.
- c. Deceased chickens shall be disposed of immediately in a safe manner, which may include trash disposal after placing the deceased chicken in a sealed bag.
- d. ***Unusual illness or death of chickens shall be immediately reported to the Health Department.***
- e. Offsite sale of eggs is prohibited except as otherwise permitted by the State of Wisconsin and USDA.
- f. Coops and chicken runs shall be cleaned of hen droppings, uneaten feed, feathers and other waste as necessary to ensure the birds health and minimize odor and other nuisances.
- g. Feed shall be stored in containers which make the feed inaccessible to rodents, vermin, wild birds and predators.
- h. Culling of chickens kept pursuant to a permit, on the permit holder's property, is permissible.

#### **87.** Permits and Fees

- a. Permits shall be issued on an annual basis and expire on December 31st.
- b. Permits shall not be transferrable and license application fees shall not be prorated or refundable.
- c. The Health Officer, or designee thereof, is authorized to issue a permit pursuant to this section upon the applicant satisfying all requirements set forth herein and upon confirmation from Health and/or the Building Inspections Department that all set back requirements are met and all work requiring permits has been completed.
- d. Applications that are not approved shall, upon written request from the applicant, and received by the Health Officer within **fifteen (15) days** of denial, be reviewed by the Safety and Licensing Committee at its next regularly scheduled meeting. KEEP OR DELETE?

#### **98.** Enforcement

- a. Permits for the keeping of chickens are issued by the Health Department. The Health Department, Police Department and Inspections Division of the Public

Works Department shall also have jurisdiction to investigate and enforce any failure to comply with these requirements. These departments may issue compliance orders and citations pursuant to these requirements and the municipal code section under which they are adopted, other sections of the municipal code that may apply and state law.

- b. Violations of these requirements may also constitute a public nuisance under the City of Appleton Municipal Code and Wisconsin Statutes.
- c. In addition to any other penalties imposed, any actual costs incurred by the City resulting from the abatement of a nuisance or other violation of these rules and regulations shall be collected by the City as a debt from the owner, occupant or person causing, permitting or maintaining the nuisance and, if notice to abate the nuisance or violation has been given to the owner, such cost shall be assessed against the real estate as a special charge.
- d. In addition to issuing citations for violations, the City shall have the right to suspend or revoke any permit issued pursuant to this section for violations of ordinances, laws or requirements regulating activity and for other good cause.

#### 9. Appeals

- a. Any person aggrieved by the denial of a permit or by suspension or revocation of a permit by the Health Officer, or by any temporary suspension or any other order may appeal any such order to the Safety and Licensing Committee within fifteen (15) days of denial, suspension or revocation of a permit or issuance of the order. The Safety and Licensing Committee shall provide the appellant a hearing or opportunity for hearing on the matter and may either suspend or continue any such order pending determination of appeal. The Committee shall make a recommendation to the Common Council regarding approval of said permit. The City Clerk's Office shall make and keep a record of all proceedings related to any such appeal and the record and actions of the Safety and Licensing Committee shall be subject to review by certiorari by court of record.

KEEP OR DELETE?

#### 10. Severability

- a. If any section of these rules and regulations is found to be unconstitutional or otherwise invalid, the validity of the remaining sections shall not be affected.

5-25-177/31/2018

City Law A17-0245

Formatted: Indent: Left: 0.25", First line: 0"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0.5"



Health Department  
Monthly Report

May 2018

**I. Preventing Disease**

Immunization Clinics	Current Month	Year to Date	Last Year to Date
Persons Immunized	5	43	39
Immunizations Administered	10	119	105

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

**Gastroenteric**

<a href="#">Campylobacter</a>	0	9	6
<a href="#">Cyclosporiasis</a>	0	0	0
<a href="#">Giardiasis</a>	0	1	3
<a href="#">Salmonellosis</a>	3	7	4
<a href="#">Amebiasis</a>	0	0	0
<a href="#">Balantidium Coli</a>	0	0	0
<a href="#">Hook Worm</a>	0	0	0
<a href="#">Vibrios</a>	1	1	0
<a href="#">Shigellosis</a>	0	1	1
<a href="#">Yersinia</a>	0	1	0
<a href="#">Strongyloides</a>	0	0	0
<a href="#">Cryptosporidiosis</a>	0	0	3
<a href="#">E. Coli</a>	4	13	1
<a href="#">Listeriosis</a>	0	0	0

Other Communicable Diseases	Current Month	Year to Date	Last Year to Date
-----------------------------	---------------	--------------	-------------------

<a href="#">Haemophilus Influenza</a>	0	0	1
<a href="#">Blastomycosis</a>	0	0	0
<a href="#">Hepatitis A</a>	0	0	0
<a href="#">Hepatitis B</a>	1	4	4
<a href="#">Hepatitis C</a>	6	25	19
<a href="#">Streptococcus pneumoniae</a>	0	0	3
<a href="#">Leprosy</a>	0	0	0
<a href="#">Adult Lead Toxicity</a>	0	0	0
<a href="#">Legionellosis</a>	1	1	0
<a href="#">Lyme Disease</a>	0	2	1
<a href="#">Ehrlichiosis / Anaplasmosis</a>	0	0	1
<a href="#">Malaria</a>	0	0	1
<a href="#">Dengue Fever</a>	0	0	0
<a href="#">Bacterial Meningitis</a>	0	1	0
<a href="#">Viral Meningitis</a>	0	0	0
<a href="#">Invasive Group A Strep</a>	0	1	1
<a href="#">Rheumatic Fever</a>	0	0	0
<a href="#">Tetanus</a>	0	0	0
<a href="#">Toxic Shock</a>	0	0	0
<a href="#">Typhoid</a>	0	0	0
<a href="#">TB: Mycobacterium</a>	0	0	0
<a href="#">TB: Atypical</a>	2	6	4
<a href="#">Viral Encephalitis</a>	0	0	0
<a href="#">Cat Scratch Disease (Bartonella species)</a>	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	0	1	1
<a href="#">Vibrio Cholera</a>	0	0	0
<a href="#">West Nile Virus</a>	0	0	0

<a href="#">Kawasaki</a>	0	1	0
<a href="#">Novel Influenza</a>	0	0	0
Hospitalized Influenza	0	57	30
<a href="#">Babesiosis</a>	0	0	0
<a href="#">Histoplasmosis</a>	0	0	0
<a href="#">VISA</a>	0	0	2
<a href="#">Rocky Mountain Spotted Fever</a>	0	0	0
<a href="#">Jamestown Canyon</a>	0	0	0
<a href="#">Burkholderia Pseudomallei</a>	0	0	0
<a href="#">Invasive Strep. Other</a>	1	7	0
<a href="#">Toxoplasmosis</a>	0	0	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0
<a href="#">Mumps</a>	0	0	0
<a href="#">Pertussis</a>	1	7	3
<a href="#">Rubella</a>	0	0	0
<a href="#">Varicella</a>	1	3	2

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	33	2	149	2	109	7
<a href="#">Gonorrhea</a>	4	2	24	2	28	1
Partner/Referral Program	0	0	1	0	4	0
<a href="#">HIV</a>	0	0	0	0	2	0
Other STD	0	0	0	0	0	0
<a href="#">Syphilis</a>	0	0	2	0	6	0

<b>Licensed Establishments</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
--------------------------------	----------------------	---------------------	--------------------------

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

Plan Reviews	0	12	0
Preinspections	2	25	14
Inspections	88	237	232
Reinspections	12	49	62
Complaints	1	14	9
Complaint Follow-ups	0	2	0
Consultations	67	244	247

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

<b>Laboratory/Field Tests</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
-------------------------------	----------------------	---------------------	--------------------------

#### Swimming Pool Water Samples

Total number of pools sampled	20	76	94
Total number of pools resampled	1	1	1
Total positive HPC	0	0	1
Total positive coliform	1	1	0

## ***II. Protecting the Environment***

<b>Environmental Investigations</b>	<b>Current Month</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
-------------------------------------	----------------------	---------------------	--------------------------

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	0	4	16
------------	---	---	----

Complaint Follow-ups	0	6	11
Consultations	16	77	128

### III. Promoting Health

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

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

Patient Home/Telephone Visits	42	411	556
-------------------------------	----	-----	-----

### IV. Protecting the Consumer

Consumer Complaints	Current Month	Year to Date	Last Year to Date
---------------------	---------------	--------------	-------------------

Weights and Measures, Product Labeling, and Trade Practices

Total number of consumer complaints	5	20	19
Total number found in violation	1	5	4

Type of Establishments Inspected	Current Month	Year to Date	Last Year 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	82	332	278
------------------------	----	-----	-----

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	100	313	324	1	3	4
Measures (includes gas pumps and fuel oil truck meters)	306	375	230	0	8	7
Weights	0	12	29	0	0	0
Total	406	700	583	1	11	11

Commodity Report	Current Month	Year to Date	Last Year to Date
------------------	---------------	--------------	-------------------

Total units of product investigated	10,479	84,313	33,037
Random sample size	1,944	13,462	6,096
Total products/units found short weight	113	722	125
Total products/units found mislabeled	59	550	738

Price Scanning Inspections	Current Month	Year to Date	Last Year to Date
----------------------------	---------------	--------------	-------------------

Number of inspections	15	93	76
Number of items scanned	500	3,152	2,551
Pricing errors found	10	106	77



## APPLETON HEALTH DEPARTMENT QUARTERLY REPORT April 1-June 30, 2018

### Executive Summary

*The Health Department's day-to-day activities for the second quarter of 2018 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”***

April 18, 2018 a reinspection of a local gas station (Sayash LLC., 1920 E. Wisconsin Ave., Appleton, WI 54911) by Kevin Grosskreutz, Weights and Measures Specialist, detected major violations during the reinspection which revealed 9 pricing errors (3 overcharges) in a 25 item sample. As the National Price Verification Code tolerance is + or – 2%, the 36% overall error rate found in this inspection is a violation, and indicated problems with the store's price control system. Because the store has not shown any improvement from its first inspection and it still hasn't made the necessary steps to avoid simple errors, a citation was issued along with a second warning letter. A reinspection was conducted in May with significant improvement to the price scanning system, resulting in compliance.

***“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 3 refugees during the months of April, May and June of 2018.

June 5, Tim Mirkes, RS, Environmental Supervisor, conducted a courtesy inspection at the Boys and Girls Club food service kitchen at the request of the Food Manager. No items were noted in need of correction. While the Boys and Girls is exempt from licensing, it is still important to assure safe meal delivery.



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

*This quarter, staff provided several presentations on a variety of topics, including:*

April 3, Public Health Nurse Supervisor Sonja Jensen, RN, presented on Tuberculosis and Other Communicable Diseases to Resident Family Practice Physicians at Mosaic Family Health Center. Fourteen physicians attended the presentation.

April 5, Health Officer Kurt Eggebrecht presented to the staff of the Winnebago County Health Department. The topic requested was Appleton’s Health in All Policies ordinance and the expected outcomes of the work.

April 14, Public Health Nurse Jess Moyle, RN, represented the Breastfeeding Alliance of Northeast Wisconsin at the Kids Expo, held at the Fox Cities Exhibition Center in Appleton.

May 4, Public Health Nurse Becky Lindberg, RN presented on Safe Sleep at the Young Parent Conference at Fox Valley Technical College. Forty young parents were in attendance.

May 9, Weights and Measures Specialist Keith Verhagen spoke at the annual Festival Foods Farm Market meeting at the Festival Foods Store on Northland Ave. A record number of Vendors attended the meeting this year. Keith provided information regarding policies as well as the testing of 21 farm market vendors’ scales. The mandatory meeting provides a great foundation for high compliance throughout the Farm Markets summer duration. Weights and Measures staff will monitor the farm market closely throughout the summer to ensure compliance.

May 31, City Sealer Eric Maggio and Keith Verhagen participated and spoke at the annual Appleton Downtown Saturday Farm Market Vendor meeting in the Library meeting room. City Sealer Maggio provided information regarding policies as well as going over rules. Weights and Measures staff tested 23 farm market vendor’s scales as well as package and labeling inspections. The meeting provides an educational foundation resulting in high compliance throughout the Farm Markets summer duration. Weights and Measures staff will monitor the farm market closely throughout the summer to ensure compliance.

May 31, Health inspectors also conducted annual training to participants of the ADI farmer’s markets. On June 21, they conducted the annual training for new participants planning to attend Oktoberfest.

June 24, Jess Moyle, RN presented at the Weight of the Fox Valley Wellness Collaboration meeting about the benefits of being a Breastfeeding Friendly business. Thirty-three community partners were in attendance.

June 27, Public Health Nurse Ann Steele, RN, as part of the Fox Valley Memory Project, staffed a resource table at a production of the play, “Painting Churches”. This was an Attic Chamber Theatre Production held in Menasha.

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

Public Health Nurse Becky Lindberg, RN, provided TB skin testing for Appleton Fire Department employees and staff at Homeless Connections in May. Eighty-three screenings were completed.

April 10, Health Officer Kurt Eggebrecht participated in the Wisconsin Health Education Network annual meeting held in Middleton. Eggebrecht serves on the planning committee for this annual training.

April 11, In coordination with Mosaic Family Health Residency Program, two resident physicians met with Environmental Supervisor Tim Mirkes, RS, to learn about the Environmental Health responsibilities at the Health Department. By providing this in-service, Resident Physicians gain awareness of rabies follow-up, food safety and foodborne illness investigation as it relates to their practice, as well as other areas where the environmental section can be a resource.

May 15, the management team at the Appleton Health Department participated in an emergency management exercise called “Dark Sky”. This exercise allowed us to review and share what steps we would take to respond to a long term power outage.

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

Public Health Nurse Ann Steele was nominated, and was a finalist, for the 2018 Nightingale Award. The prestigious Nightingale Award for Nursing Practice, named in honor of Florence Nightingale, recognizes some of Wisconsin’s best nurses for excellence in clinical nursing practice. Ann was honored at the Nightingale Event, which took place on April 12 at UW Oshkosh. The comment from the nominating committee was, “You truly reflect what it means to be an amazing nurse and your exceptional dedication to provide your patients with the best care does not go unnoticed”.

This quarter, Environmentalists Michelle Roberts, RS and Steve Kihl, RS both successfully passed their restandardization exercises. The purpose of standardization is to promote statewide uniformity and establish proof of Inspector proficiency in the Food establishment inspection process. It focuses on risk factors that contribute to foodborne illnesses.

The Appleton Health Department hired a new Public Health Nurse, Jena McNiell, who started on April 30, 2018.

*Department staff participated in a variety of training opportunities this quarter, including:*

April 16-20, Health Officer Kurt Eggebrecht, Public Health Nurse Ann Steele and Emergency Preparedness Coordinator Daniel Kane attended the 2018 Preparedness Summit in Atlanta, Georgia. Kurt, Ann and Daniel were able to attend the conference thanks to a training scholarship provided from Wisconsin Department of Health Services. The theme of the conference was, “Strengthening National Health Security: Mastering Ordinary Responses, Building Resilience for Extraordinary Events”.

April 24, all public health nursing staff attended a training in Appleton on Cardiovascular Health. This presentation was given by Mohamed Abdelazim, RN, who completed his UWGB BSN clinical with the Appleton Health Department this spring.

April 25, Public Health Nurses Kathleen Sprangers and Sonja Jensen attended the Wisconsin Immunization Registry User Group Meeting in Green Bay.

April 26, Public Health Nurses Ashley Rankin, Jess Moyle, Kathleen Sprangers and Sonja Jensen attended the Northeast Wisconsin Immunization Symposium at The Marq in De Pere. The theme of the symposium was, "Communicating about Vaccines: Addressing Vaccine Hesitancy".

May 18, Public Health Nurses Becky Lindberg, and Sonja Jensen attended the joint refugee resettlement team meeting in Oshkosh. The topic of focus was "Long Term Integration".

May 22, Public Health Nurses Jess Moyle and Sonja Jensen attended a WEDSS update training in Green Bay.

May 22-24, Public Health Nurses Jena McNiell, Jess Moyle and Sonja Jensen, along with Health Officer Kurt Eggebrecht, attended the combined Wisconsin Public Health Association and Wisconsin Association of Local Health Departments and Boards conference in Green Bay. The 2018 theme was: "Leading the Evolution of Public Health".

June 12, Public Health Nurses Ashley Rankin and Jess Moyle attended the Northeast Region PNCC meeting at the Menasha Library. Topics included a presentation on perinatal depression and a question and answer session with Katie Kopina Buser, Nurse Midwife from Aurora Health Care.

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

May 19, The Ancestral Women Exhibit: Wisconsin's 12 tribes, featuring Mary Burns, took place at Atlas Mills. Health Officer Eggebrecht worked with tribal members and the Women's Fund to offer Native American Arts and Crafts, Gii Taa'se Singers Drum Group, Traditional Invocation by Menominee Elder and Mary Burns' presentation. The goal of the exhibit was to honor and celebrate ancestral women from each of Wisconsin's tribes. These are the women who have held families and communities together. They are the glue in the fabric of their communities' wellbeing.

June 16 was the 10<sup>th</sup> Annual Family Services Inc. Butterfly Festival, held at City Park. This is a fun event that raises funds to support Parent Connections, a child abuse prevention program that our department collaborates with on a regular basis. Health Officer Eggebrecht serves on the Board for Family Services and partners with the Fox Cities Kiwanis to support this effort that raised more than \$50,000 this year.

Respectfully submitted,

Kurt Eggebrecht, M.Ed., MCHES  
Health Officer



## I. Preventing Disease

Community Education Sessions	Quarter	Year to Date	Last Year to Date
Group Education Sessions	4	7	19
Number of Attendees	94	209	229

Immunization Clinics	Current Month	Quarter	Year to Date	Last Year to Date
Persons Immunized	7	17	50	50
Immunizations administered	17	38	136	129

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

Communicable Disease Cases	Current Month	Quarter	Year to Date	Last Year to Date
----------------------------	---------------	---------	--------------	-------------------

### Gastroenteric

Campylobacter	1	7	10	6
Cyclosporiasis	5	0	0	0
Giardiasis	0	0	1	4
Salmonellosis	1	5	8	4
Amebiasis	0	0	0	0
Balantidium Coli	0	0	0	0
Hook Worm	0	0	0	0
Vibriosis	0	1	1	0
Shigellosis	0	1	1	1
Yersinia	0	1	1	0
Strongyloides	0	0	0	0
Cryptosporidiosis	0	0	0	3
E. Coli	3	8	16	1
Listeriosis	0	0	0	0

Other Communicable Diseases	Current Month	Quarter	Year to Date	Last Year to Date
Haemophilus Influenza	0	0	0	1
Blastomycosis	0	0	0	0
Hep A	0	0	0	0
Hep B	0	1	4	5
Hep C	6	19	31	21

<a href="#">Streptococcus pneumoniae</a>	1	1	1	4
<a href="#">Leprosy</a>	0	0	0	0
<a href="#">Adult Lead Toxicity</a>	0	0	0	0
<a href="#">Legionellosis</a>	0	1	1	1
<a href="#">Lyme Disease</a>	1	2	3	2
<a href="#">Ehrlichiosis / Anaplasmosis</a>	1	1	1	2
<a href="#">Malaria</a>	0	0	0	1
<a href="#">Dengue Fever</a>	0	0	0	0
<a href="#">Bacterial meningitis</a>	0	0	1	0
<a href="#">Viral Meningitis</a>	0	0	0	0
<a href="#">Invasive Group A Strep</a>	0	0	1	1
<a href="#">Rheumatic Fever</a>	0	0	0	0
<a href="#">Tetanus</a>	0	0	0	0
<a href="#">Toxic Shock</a>	0	0	0	0
<a href="#">Typhoid</a>	0	0	0	0
<a href="#">Mycobacterium Tuberculosis</a>	0	0	0	0
<a href="#">Mycobacterium - Atypical</a>	1	4	7	6
<a href="#">Viral Encephalitis</a>	0	0	0	0
<a href="#">Cat Scratch Disease (Bartonella species)</a>	0	0	0	0
<a href="#">Streptococcus group B invasive disease</a>	0	1	1	1
<a href="#">Vibrio Cholera</a>	0	0	0	0
<a href="#">West Nile Virus</a>	0	0	0	0
<a href="#">Kawasaki</a>	0	0	1	0
<a href="#">Novel Influenza</a>	0	0	0	0
<a href="#">Hospitalized Influenza</a>	0	7	57	30
<a href="#">Babesiosis</a>	0	0	0	0
<a href="#">Histoplasmosis</a>	0	0	0	0
<a href="#">VISA</a>	0	0	0	2
<a href="#">Rocky Mountain Spotted Fever</a>	0	0	0	0
<a href="#">Jamestown Canyon</a>	0	0	0	0
<a href="#">Burkholderia Pseudomallei</a>	0	0	0	0
<a href="#">Invasive Strep, Other</a>	1	4	8	0
<a href="#">Toxoplasmosis</a>	0	0	0	0

<b>Vaccine Preventable</b>	<b>Current Month</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
<a href="#">Measles</a>	0	0	0	0
<a href="#">Mumps</a>	0	0	0	0
<a href="#">Pertussis</a>	0	1	7	4
<a href="#">Rubella</a>	0	0	0	0
<a href="#">Varicella</a>	0	2	3	2

<b>Tuberculosis Prevention and Control</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Number of TB (LTBI)	2	5	13
Number of TB Skin Tests	90	97	69
Number of Referrals for TB Blood Test	0	8	0
Number of TB positive tests	0	0	0

<b>Sexually Transmitted Disease</b>	<b>Current Month</b>		<b>Quarter</b>		<b>Year to Date</b>		<b>Last Year to Date</b>	
	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>	<b>All Ages</b>	<b>≤18</b>
<a href="#">Chlamydia</a>	24	5	79	10	173	7	137	9
<a href="#">Gonorrhea</a>	2	0	14	2	26	2	29	1
<a href="#">Partner/Referral Program (Contacts)</a>	0	0	0	0	1	0	4	0
<a href="#">HIV</a>	0	0	0	0	0	0	2	0
<a href="#">Other STD</a>	0	0	0	0	0	0	0	0
<a href="#">Syphilis</a>	0	0	0	0	2	0	7	0

<b>Planned Parenthood Contract</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
Individuals served	15	43	52
Number of tests	31	99	127
Individuals treated	5	10	13

<b>Lead</b>	<b>Quarter</b>	<b>Year to Date</b>	<b>Last Year to Date</b>
-------------	----------------	---------------------	--------------------------

#### Elevations

Initial Venous lead levels >19 ug/dl	0	0	0
Repeat Venous lead levels >19 ug/dl	0	0	0

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

Licensed Establishments	Plan Reviews			Preinspections		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	0	0	1	7	15	12
Retail Food	0	2	0	1	4	3
Hotel/Motel and Tourist Rooming House	0	0	0	0	0	0
Bed and Breakfast	0	0	0	0	0	0
Manufactured Home Communities	0	0	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	0	0	1	0	0	1
Tattoo and Body Piercing	0	0	0	3	4	2
Temporary Restaurants	0	0	0	0	0	0
Non-profit	0	0	0	0	0	0
Rec/Ed Campground	0	0	0	0	0	0
Campground	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0
Temporary Retail	0	0	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	0	1	0	2	3	0
Chicken Keeping	0	0	0	3	3	0
Total	0	2	2	16	23	18

Licensed Establishments	Inspections			Reinspections		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	159	232	231	35	61	64
Retail Food	44	72	74	3	10	12
Hotel/Motel and Tourist Rooming House	5	6	6	0	0	0
Bed and Breakfast	3	3	3	0	0	0
Manufactured Home Communities	1	1	0	0	0	0
Vending Machines	0	0	0	0	0	0
Swimming Pools	15	15	19	0	0	0
Tattoo and Body Piercing	6	8	6	0	0	0
Temporary Restaurants	2	3	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	3	4	0	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0
Apiary	2	2	0	0	0	0
Chicken Keeping	0	0	0	0	0	0
Total	238	344	339	38	71	76

Licensed Establishments	Complaints			Complaint Followups		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	7	15	8	1	2	2
Retail Food	0	1	1	0	0	0
Hotel/Motel and Tourist Rooming House	0	0	1	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	1	1	1	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
Apiary	0	0	0	0	0	0
Chicken Keeping	0	0	0	0	0	0

Total	8	17	11	1	2	2
-------	---	----	----	---	---	---

Licensed Establishments	Consultations		
	Quarter	Year to Date	Last Year to Date
Public Eating and Drinking	102	172	151
Retail Food	17	33	42
Hotel/Motel and Tourist Rooming House	1	1	0
Bed and Breakfast	1	1	4
Manufactured Home Communities	1	1	3
Vending Machines	0	0	0
Swimming Pools	5	5	7
Tattoo and Body Piercing	16	30	36
Temporary Restaurants	8	13	6
Non-profit	14	28	45
Rec/Ed Campground	0	0	3
Campground	0	0	0
Pigeon Permit	0	0	1
Temporary Retail	0	1	2
Special Organization Serving Meals	0	0	0
Apiary	5	8	0
Chicken Keeping	13	23	0
Total	165	285	300

Food Borne-Water Borne Disease	Current Month	Quarter	Year to Date	Last Year to Date
Number of Outbreaks	0	0	0	0
Number of Interviews	0	0	0	2
Number symptomatic	0	0	0	1

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

#### Swimming Pool Water Samples

Total number of pools sampled	23	43	99	113
Total number of pools resampled	0	1	1	1
Total positive HPC	0	0	0	1
Total positive coliform	0	1	1	0

#### Rabies Specimens

Type of Animal Shipped

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

## **II. Protecting the Environment**

Environmental Investigations	Consultations			Complaints		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Community water supplies	0	0	0	0	0	0
School/Day Care	0	0	4	0	0	0
Private water supplies	0	1	0	0	0	0
Surface water pollution	1	2	1	0	0	0
Animal nuisances	3	4	6	0	0	0
Rabies control	6	11	17	0	0	0
Insect control	4	10	19	1	1	6
Rodent control	0	2	4	1	1	1
Hazardous substance control	5	7	4	1	1	1
Air pollution - Indoor	0	4	8	0	0	0
Air pollution - Outdoor	0	0	3	0	0	0

Noise	6	11	11	0	0	4
Radiation	0	1	3	0	0	2
Garbage/rubbish nuisance	2	2	2	1	1	3
Private residence/housing	5	6	13	1	1	0
Lead	0	0	13	0	0	1
Other Programs	6	7	17	0	0	0
Other Business	5	11	11	0	0	3
Mold	7	16	30	0	0	0
Totals	50	95	166	5	5	21

Complaint Followups			
Environmental Investigations	Quarter	Year to Date	Last Year to Date
Community Water Supplies	0	0	0
School/Day Care	0	0	0
Private water supplies	0	0	0
Surface water pollution	0	0	0
Animal nuisances	0	0	0
Rabies control	0	0	0
Insect control	0	0	5
Rodent control	1	2	1
Hazardous substance control	0	0	0
Air pollution - Indoor	0	0	0
Air pollution - Outdoor	0	0	0
Noise	0	1	3
Radiation	0	0	0
Garbage/rubbish nuisance	0	1	4
Private residence/housing	1	2	4
Lead	0	0	0
Other Programs	0	0	0
Other Business	0	0	0
Mold	0	0	0
Totals	2	6	17

### III. Promoting Health

Type of Referrals to Public Health Nurse (PHN)	Quarter	Year to Date	Last Year to Date
Family	0	0	2
Maternal/Child	290	491	432
Adult/Elderly	2	4	2
Total	292	495	436

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

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

MCH	23	75	91	71	209	214
Adult	6	15	41	18	54	109
Elderly	0	2	10	24	74	140
Total	29	83	142	113	276	463

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

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

MCH	0	4	3	14	39	53
Adult	2	5	13	2	8	7
Elderly	0	2	2	0	2	0
Total	2	11	18	16	49	60

Primary Health Problem	Quarter	Year to Date	Last Year to Date
General Health Promotion	21	44	63



Prenatal	9	38	64
Postpartum	40	132	116
Infant and Child Health	47	137	143
Communicable Disease	13	89	245
Endocrine/Nutritional/Immunity Disorders	2	4	5
Nervous system and sense organs	0	0	0
Circulatory system	20	31	39
Respiratory system	2	6	4
Musculoskeletal system and Connective tissue	1	5	0
Other	10	20	21
Total	165	506	700

Adult/Elderly Clients By Referral Source	Quarter	Year to Date	Last Year to Date
Self	0	0	0
Case Finding	0	1	0
Physician (Unhospitalized)	1	1	2
Hospital	0	0	0
Social Service/Counseling	0	1	0
Community Agency	0	0	0
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	19	20
Other	0	0	0
Total	1	22	22

Adult/Elderly Client Interventions	Quarter	Year to Date	Last Year to Date
Case Management	65	172	123
Consultation	9	21	1
Counseling	36	69	59
Delegated Functions	0	2	1
Disease and Health Event Investigation	1	1	2
Health Teaching	58	134	147
Referral and Follow Up	5	39	24
Screening	30	87	81
Total	204	525	438

Adult/Elderly Non-Client Contacts	Quarter	Year to Date	Last Year to Date
Adult child	0	0	1
Aging & Disability Resource	0	1	1
Citizen	5	7	11
Client	0	0	0
Community Agency	2	4	1
Employer	0	0	0
Faith Community	0	0	0
Friend	0	0	0
Hospital	0	0	0
Human Services	1	1	0
Mental Health Provider	0	0	0
Nurse	0	0	0
Other	0	0	0
Parent/Guardian	1	2	2
Primary Care Provider	0	0	0
Spouse	0	0	0
Total	9	15	16

Adult/Elderly Non-Client Contact Interventions	Quarter	Year to Date	Last Year to Date
Consultation	1	2	2
Counseling	2	2	0
Health Teaching	1	2	4
Referral and Follow Up	7	11	12
Total	11	17	18

#### IV. Protecting the Consumer

Consumer Complaints	Number Received			Number of Violations Found		
	Quarter	Year to Date	Last Year to Date	Quarter	Year to Date	Last Year to Date
Foods	0	1	0	0	0	0
Liquid foods	0	0	0	0	0	0
Non-food Products	0	0	0	0	0	0
Heating Oil and LP gas	0	0	0	0	0	0
Firewood	0	0	0	0	0	0
Gas station pumps	4	6	4	1	2	1
Gas station service console	1	1	2	0	0	0
Gas station price signage	0	0	2	0	0	1
Gas station gasoline quality	1	2	5	0	0	0
Scales: food	0	1	0	0	0	0
Scales: scrap metal	0	0	0	0	0	0
Scales: other	0	0	0	0	0	0
Scanning	3	6	2	0	1	0
Trade practices	2	3	3	0	1	1
Advertising	0	2	2	0	0	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	11	22	20	1	4	4

Type of Establishments Inspected	Current Quarter	Year to Date	Last Year 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	51	173	383	320
------------------------	----	-----	-----	-----

Equipment and Device Examined	Inspected				Number Not in Compliance			
	Current Month	Quarter	Year to Date	Last Year to Date	Current Month	Quarter	Year to Date	Last Year to Date
Scales and Balances	87	216	400	410	0	1	3	8
Measures (Includes gas pumps and fuel oil truck meters)	156	475	531	314	4	5	12	7
Weights	0	0	12	29	0	0	0	0
Total	243	691	943	753	4	6	15	15

Commodity Report	Current Month	Quarter	Year to Date	Last Year to Date
Total units of product investigated	8,473	27,748	92,786	40,428
Random sample size	1,374	4,845	14,836	6,986
Total products/units found short weight	22	153	744	217
Total products/units found mislabeled	0	86	550	809

Price Scanning Inspections	Current Month	Quarter	Year to Date	Last Year to Date
Number of Inspection	9	37	102	85
Number of items scanned	325	1,225	3,477	2,876
Pricing errors found	9	30	115	81

License Investigations	Quarter	Year to Date	Last Year to Date
Closeout sales	0	0	0
Secondhand dealers	5	10	3
Commercial solicitation	9	21	16
Taxicab	9	9	7
Pet store	4	4	3
Firewood	20	20	20

**HEALTH DEPARTMENT**  
**Second Quarter Review**  
**All Figures Through June 30, 2018**

**Significant 2018 Events:**

See 2018 Quarterly Reports

**Performance Data:**

Administration 2nd Quarter						
Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
<b>ADMIN</b>	Client Benefit					
Train Staff	Benefit #1: Training request/ reviewed/ approved	100%	100%	100%	100%	100%
Safe Work	Benefit #2: # unresolved safety issues	0	0	0	0	0
Level III Health Dept	Outcome #1: # of unresolved issues	0	0	0	0	0
Internal Advancement	Outcome #2: % vacancies filled from within	100%	100%	100%	100%	100%
Training	Output #1: Hours of training/employee	36	41	48	23	40
Staff Assessments	Output #2: % completed on time	100%	100%	100%	100%	100%
Collaboration with Health Care Partners	Output #3: # of meetings	137	151	147	38	140
Prepare Annual Report	Output #4: Complete by 120th day of following year	4/30	4/21	4/18	4/13	4/25

## Nursing 2nd Quarter

Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
<b>Client Benefits/Impacts</b>						
TB Disease Resolved	Benefit #1: Three negative tests/ complete treatment/ + clinical status	(3 Total) 1 - in treatment 1 - in process 1 - moved out of jurisdiction	(2 Total) 1 - in treatment 1 - resolved	(2 Total) 1 - in treatment 1 - moved out of jurisdiction	1-resolved	100%
Occupational Health	Benefit #2: TB testing and training	100%	100%	100%	100%	100%
<b>Strategic Outcomes</b>						
Epi-linked TB Cases	Outcome #1: # of cases	0	0	0	0	0
Increase Vaccine Coverage	Outcome #2: % school age children vaccinated	99.7%	99%	99%	In Process	99%
COM Regulations	Outcome #3: % of required participants	100%	100%	100%	100%	100%
<b>Work Process Outputs</b>						
Case Management of TB	Output #1: # of home visits	152	426	118	47	100
TB Skin Test	Output #2: # of TB skin tests	103	101	69	99	0

## Environmental 2nd Quarter

Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
<b>Client Benefits/Impacts</b>						
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%
<b>Strategic Outcomes</b>						
Voluntary Compliance Improved	Outcome #1: # of critical violations	321	396	371	329	375
Human Cases of Rabies	Outcome #2: # of cases	0	0	0	0	0
Foodborne Outbreaks	Outcome #3: # of outbreaks related to special events	0	0	0	0	0
Foodborne Outbreaks	Outcome #4: # of food establishment linked outbreaks	0	0	0	0	0
<b>Work Process Outputs</b>						
Annual Inspection & Follow-ups	Output #1: # of inspections	548	501	515	346	540
Annual Inspection & Follow-ups	Output #2: # of follow up inspections	112	114	102	71	120
Response to Complaints	Output #3: # of complaints/follow ups	105/43	26/26	78/58	33/8	135/75
Response to Complaints	Output #4: % completed within 3 days	100%	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	368	84	84	27	50

## Weights & Measures 2nd Quarter

Program	Criteria	Actual 2015	Actual 2016	Actual 2017	Actual 2018	Target 2018
<b>Client Benefits/Impacts</b>						
Reduce Price Scanning Errors	Benefit #1: % error trend reporting compliance (over charges)	99.1%	98.8%	98.5%	98.5%	99.0%
Accurate Product Labeling	Benefit #2: Positive triennial consumer survey	100.0%	100%	88%	In Process 4th Quarter	100.0%
Accurate Measuring Devices	Benefit #3: % of devices that measure accurately	94.2%	96.7%	97.4%	97.9%	95.0%
<b>Strategic Outcomes</b>						
System of Price Control	Outcome #1: % error trend reporting compliance (undercharges)	97.9%	97.9%	99.1%	98.2%	98.0%
Short Weight & Mislabeled Measured Sales	Outcome #2: % error trend reporting compliance	95.8%	95.8%	97.9%	98.6%	96.0%
Public Confidence in System Integrity	Outcome #3: Triennial consumer survey response	100.0%	100.0%	88.0%	In Process 4th Quarter	99.0%
<b>Work Process Outputs</b>						
Price Scanning Inspection	Output #1: # of annual inspections	145	142	125	102	130
Commodity Inspections	Output #2: # of inspections	13,431	12,956	17,887	14,836	13,000
Device Inspections	Output #3: # of inspections	1,794	1,764	1,787	943	1,775

Description	Year to Date Expense	Full Year Amended Budget	Percent of Amended Budget
Health Department			
Health Administration	75,137	158,037	47.5 %
Public Health Nursing	212,252	477,800	44.4 %
Environmental Health	167,096	359,812	46.4 %
Weights & Measures	100,120	204,668	48.9 %
Total	554,605	1,200,317	46.2 %
Health Grants			
2010 Tobacco Control Grant	0	0	.0 %
2011 MCH Grant	21,398	38,677	55.3 %
2012 Primary Care Grant	0	0	.0 %
2013 Prevention Grant	0	0	.0 %
2014 Lead Grant	3,578	9,808	36.5 %
2015 Immunization	12,738	27,531	46.3 %
2016 Outrch for Med. Assist.	0	0	.0 %
2017 WCCP Grant	0	0	.0 %
2018 Bioterrorism Grant	24,921	77,087	32.3 %
2019 TB Lookback Grant	0	0	.0 %
Total	62,635	153,103	40.9 %



Date: June 28, 2018

BCD 2018-06

June 28

To: Wisconsin Local Health Departments, Infection Preventionists,  
and Healthcare Providers

From: Julie Tans-Kersten, Wisconsin Tuberculosis Program Director

## Latent Tuberculosis Infection (LTBI) as a Reportable Condition in Wisconsin

### PLEASE DISTRIBUTE WIDELY

#### Summary

Recent changes to Wis. Admin. Code ch. DHS 145 have designated latent tuberculosis infection (LTBI) as a reportable condition in Wisconsin, effective July 1, 2018. LTBI shall be reported by fax, mail, or electronic reporting to the patient's local health officer or to the local health officer's designee on an Acute and Communicable Disease Case Report ([F- 44151](#)) or by other means, or by entering the data into the Wisconsin Electronic Disease Surveillance System (WEDSS) within 72 hours of the identification of a case or suspected case.

#### LTBI Case Definition

Wisconsin has adopted the LTBI case definition that was established by the Council of State and Territorial Epidemiologists in June 2017. The definition includes clinical and laboratory (immunologic and microbiologic) criteria.

- Laboratory criteria include a positive interferon gamma release assay (IGRA) or positive tuberculin skin test (TST) and a negative culture for *M. tuberculosis* complex, if a specimen was collected.
- Clinical criteria include no signs or symptoms consistent with tuberculosis (TB) disease and chest imaging (chest radiograph or CT scan) without abnormalities consistent with TB disease. If chest imaging is abnormal, TB disease has been clinically ruled out.

A suspected case of LTBI meets laboratory criteria but lacks sufficient clinical information. A confirmed LTBI case meets clinical and laboratory criteria.

#### Reporting LTBI

Laboratories will transmit IGRA results into WEDSS via electronic laboratory report or will fax laboratory results directly to the patient's local health officer. Health care providers will report tuberculin skin test results and confirmed LTBI cases by entering information into WEDSS, using the LTBI Confidential Case Report (form [F-02265](#)), or the Acute and Communicable Disease Case Report (form [F-44151](#)).



### **Local Health Department Follow-up for Reported LTBI**

Local health departments should consider further follow-up for LTBI reports when the patient meets clinical and laboratory criteria for LTBI and the patient is at high risk for LTBI. Risk categories include a patient that:

- Has been exposed to someone with known infectious TB and/or part of an ongoing contact investigation.
- Is an immigrant or refugee with a TB Class B designation.
- Is part of a locally identified high-risk group (e.g., born in a high TB prevalence country).
- Is likely to be infected and high risk for progression.

Local health department follow-up may include the following actions:

- Assure proper documentation in WEDSS.
- Check interpretation of test results and clinical information.
- Assure that the patient receives follow-up medical evaluation that could include chest imaging and sputum collection.
- Assure that active TB disease is ruled out before LTBI therapy is recommended and initiated.
- Administer LTBI medications with directly observed therapy as necessary.

### **Upcoming LTBI Webinar**

The Wisconsin TB Program will be holding an informational webinar on Thursday, August 9, at 11:30 a.m. to provide information and guidance regarding reporting LTBI in Wisconsin.

### **Forms**

- Latent Tuberculosis Infection (LTBI) Confidential Case Report, Form F-02265  
<https://www.dhs.wisconsin.gov/forms/f02265.docx>
- Latent Tuberculosis Infection (LTBI) Follow-up Report, Form F-44125  
<https://www.dhs.wisconsin.gov/forms/f4/f44125.docx>

### **Resources**

- The Wisconsin TB Program is updating our website to include more resources and guidance regarding LTBI: <https://www.dhs.wisconsin.gov/tb/index.htm>.
- LTBI Case Reporting and Investigation Protocol (EpiNet):  
<https://www.dhs.wisconsin.gov/publications/p01932.pdf>
- LTBI Fact Sheet (CDC): <https://www.cdc.gov/tb/topic/basics/tbinfectiondisease.htm>.
- Diagnosis and Treatment of LTBI (CDC):  
[https://www.cdc.gov/tb/publications/guidelines/list\\_date.htm](https://www.cdc.gov/tb/publications/guidelines/list_date.htm).

### **Wisconsin TB Program Contact Information**

Wisconsin Tuberculosis Program  
1 W. Wilson Street, Room 255  
Madison, WI 53703

Phone: 608-261-6319  
Fax: 608-266-0049  
[dhswitbprogram@wi.gov](mailto:dhswitbprogram@wi.gov)

## Chapter DHS 145

## APPENDIX A

## Communicable Diseases and Other Notifiable Conditions

## CATEGORY I:

The following diseases are of urgent public health importance and shall be reported by telephone to the patient's local health officer or to the local health officer's designee upon identification of a case or suspected case, pursuant to s. DHS 145.04 (3) (a). In addition to the immediate report, complete and fax, mail or electronically report an Acute and Communicable Diseases Case Report (DHS F-44151) to the address on the form, or enter the data into the Wisconsin Electronic Disease Surveillance System, within 24 hours. Public health intervention is expected as indicated. See s. DHS 145.04 (3) (a).

Anthrax <sup>1,4,5</sup>	Rubella <sup>1,2,4,5</sup>
Botulism ( <i>Clostridium botulinum</i> ) (including food-borne, infant, wound, and other) <sup>1,2,4,5</sup>	Rubella (congenital syndrome) <sup>1,2,5</sup>
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) <sup>2</sup>	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) <sup>1,2,3,4</sup>
Cholera ( <i>Vibrio cholera</i> ) <sup>1,3,4</sup>	Smallpox <sup>4,5</sup>
Diphtheria ( <i>Corynebacterium diphtheria</i> ) <sup>1,3,4,5</sup>	Tuberculosis <sup>1,2,3,4,5</sup>
<i>Haemophilus influenzae</i> invasive disease, (including epiglottitis) <sup>1,2,3,5</sup>	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) and Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection <sup>1,4,5</sup>
Hantavirus infection <sup>1,2,4</sup>	Viral Hemorrhagic Fever (VHF) (including Crimean-Congo, Ebola, Lassa, Lujo, and Marburg viruses, and New World Arenaviruses) <sup>1,2,3,4</sup>
Hepatitis A <sup>1,2,3,4,5</sup>	
Measles (rubeola) <sup>1,2,3,4,5</sup>	Yellow fever <sup>1,4</sup>
Meningococcal disease ( <i>Neisseria meningitidis</i> ) <sup>1,2,3,4,5</sup>	Outbreaks, confirmed or suspected:
Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV) <sup>2,3,4</sup>	Foodborne or waterborne <sup>1, 3,4,6</sup>
Pertussis (whooping cough, caused by any <i>Bordetella</i> infection) <sup>1,2,3,4,5</sup>	Occupationally-related diseases <sup>6</sup>
Plague ( <i>Yersinia pestis</i> ) <sup>1,4,5</sup>	Other acute illnesses <sup>3,4,6</sup>
Poliovirus infection (paralytic or nonparalytic) <sup>1,4,5</sup>	
Primary Amebic Meningoencephalitis (PAM) ( <i>Naegleria fowleri</i> ) <sup>2,4,5,6</sup>	Any detection of or illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications <sup>4</sup>
Rabies (human, animal) <sup>1,4,5</sup>	
Ricin toxin <sup>4,5</sup>	

## CATEGORY II:

The following diseases shall be reported by fax, mail, or electronic reporting to the patient's local health officer or to the local health officer's designee on an Acute and Communicable Disease Case Report (DHS F-44151) or by other means or by entering the data into the Wisconsin Electronic Disease Surveillance System within 72 hours of the identification of a case or suspected case. See s. DHS 145.04 (3) (b).

Anaplasmosis <sup>1,2,5</sup>	<i>Chlamydia trachomatis</i> infection <sup>1,2,4,5</sup>
Arboviral disease (including, but not limited to, disease caused by California serogroup, Chikungunya, Dengue, Eastern Equine Encephalitis, Powassan, St. Louis Encephalitis, West Nile, Western Equine Encephalitis, and Zika viruses) <sup>1,2,4</sup>	Coccidioidomycosis (Valley Fever) <sup>1,2,4</sup>
Babesiosis <sup>1,2,4,5</sup>	Cryptosporidiosis ( <i>Cryptosporidium</i> infection) <sup>1,2,3,4</sup>
Blastomycosis <sup>2</sup>	Cyclosporiasis ( <i>Cyclospora</i> infection) <sup>1,2</sup>
Borreliosis (other than Lyme disease which is reportable as a distinct disease) <sup>2,4,6</sup>	Ehrlichiosis <sup>1,2,5</sup>
Brucellosis <sup>1,2,4</sup>	Environmental and occupational lung diseases:
Campylobacteriosis ( <i>Campylobacter</i> infection) <sup>1,2,3,4</sup>	Asbestosis <sup>6</sup>
Chancroid ( <i>Haemophilus ducreyi</i> ) <sup>1,2</sup>	Silicosis <sup>1,6</sup>
	Chemical pneumonitis <sup>6</sup>
	Occupational lung diseases caused by bio-dusts and bio-aerosols <sup>6</sup>
	E. coli infection, (caused by Shiga toxin-producing E. coli (STEC)) <sup>1,2,3,4</sup>

E. coli infection (caused by enteropathogenic (EPEC), enteroinvasive (EIEC), or enterotoxigenic E. coli (ETEC))<sup>2,3,4</sup>

Free-living amebae infection (including Acanthamoeba disease (including keratitis) and Balamuthia mandrillaris disease)<sup>2,4</sup>

Giardiasis<sup>1,2,3,4</sup>

Gonorrhea (*Neisseria gonorrhoeae*)<sup>1,2,4,5</sup>

Hemolytic uremic syndrome<sup>1,2,3,4</sup>

Hepatitis B<sup>1,2,3,4,5</sup>

Hepatitis C<sup>1,2</sup>

Hepatitis D<sup>2,3,4</sup>,

Hepatitis E

Histoplasmosis<sup>2</sup>

Influenza-associated hospitalization<sup>2</sup>

Influenza-associated pediatric death<sup>1,2,4</sup>

Influenza A virus infection, novel subtypes<sup>1,2</sup>

Kawasaki disease<sup>2</sup>

Latent Tuberculosis infection (LTBI)<sup>2,5</sup>

Legionellosis<sup>1,2,4,5</sup>

Leprosy (Hansen's Disease)<sup>1,2,3,4,5</sup>

Leptospirosis<sup>1,2,4</sup>

Listeriosis<sup>1,2,4</sup>

Lyme disease<sup>1,2</sup>

Lymphocytic Choriomeningitis Virus (LCMV) infection<sup>4</sup>

Malaria (*Plasmodium* infection)<sup>1,2,4,5</sup>

Meningitis, bacterial (other than *Haemophilus influenzae*, meningococcal or streptococcal, which are reportable as distinct diseases)<sup>2</sup>

Mumps<sup>1,2,4,5</sup>

Mycobacterial disease (nontuberculous)

Pelvic inflammatory disease<sup>2</sup>

Psittacosis<sup>1,2,4</sup>

Q Fever (*Coxiella burnetii*)<sup>1,2</sup>

Rheumatic fever (newly diagnosed and meeting the Jones criteria)<sup>5</sup>

Rickettsiosis (other than spotted fever rickettsiosis which is reportable as a distinct disease)<sup>2,4,6</sup>

Salmonellosis<sup>1,2,3,4</sup>

Shigellosis (*Shigella* infection)<sup>1,2,3,4</sup>

Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever)<sup>1,2,4,5</sup>

Streptococcal disease (all invasive disease caused by Groups A and B Streptococci)

Streptococcus pneumoniae invasive disease (invasive pneumococcal)<sup>1</sup>

Syphilis (*Treponema pallidum*)<sup>1,2,4,5,6</sup>

Tetanus<sup>1,2,5</sup>

Toxic shock syndrome<sup>1,2</sup>

Toxic substance related diseases:

Blue-green algae (Cyanobacteria) and Cyanotoxin poisoning<sup>2,4,6</sup>

Carbon monoxide poisoning<sup>1,6</sup>

Infant methemoglobinemia<sup>6</sup>

Lead (Pb) intoxication (specify Pb levels)<sup>1,6</sup>

Metal poisonings other than lead (Pb)<sup>6</sup>

Pesticide poisonings<sup>1,6</sup>

Toxoplasmosis

Transmissible spongiform encephalopathy (TSE, human)

Trichinosis<sup>1,2,4</sup>

Tularemia (*Francisella tularensis*)<sup>1,2,4,5</sup>

Typhoid fever (*Salmonella* Typhi)<sup>1,2,3,4</sup>

Varicella (chickenpox)<sup>1,3,5</sup>

Vibriosis (non-cholera *Vibrio* infection)<sup>1,2,3,4</sup>

Yersiniosis<sup>2,3,4</sup>

Zika virus infection<sup>1,2</sup>

### CATEGORY III:

The following disease shall be reported to the state epidemiologist on a Wisconsin Human Immunodeficiency Virus (HIV) Infection Case Report Form (DHS F-44338) or by other means within 72 hours after identification of a known or suspected case. Additionally, the following laboratory results shall be reported on all persons newly or previously diagnosed with HIV infection each time the test is conducted: all CD4+ test results (CD4+ T-lymphocyte counts and percentages), both detectable and undetectable HIV viral load results, HIV genotypic results, and all components of the HIV laboratory diagnostic testing algorithm when the initial screening test is reactive. See s. 252.15 (7) (b), Stats., and s. DHS 145.04 (3) (b).

Human immunodeficiency virus (HIV) infection (AIDS has been reclassified as HIV Stage III)<sup>1,2,4</sup>

#### Key:

<sup>1</sup> Infectious disease or other condition designated as notifiable at the national level.

<sup>2</sup> Required Wisconsin or CDC follow-up form completed by public health agency.

<sup>3</sup> High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.

<sup>4</sup> Source investigation by local or state health department is needed.

<sup>5</sup> Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

<sup>6</sup> Coordination between local and state health departments is recommended for follow-up.

## Kurt Eggebrecht

---

**From:** DHS Healthy Wisconsin <DHSHealthyWisconsin@dhs.wisconsin.gov>  
**Sent:** Monday, July 30, 2018 4:00 PM  
**To:** Kurt Eggebrecht  
**Subject:** SHA Mini-Grant Award Information

Dear Kurt,

We are happy to inform you that your application has been chosen to receive a 2018 State Health Assessment Mini-Grant! Per your request, we will be amending your current CARS contract with an additional \$6,500.00, attached to the stated objectives chosen in your application. Please review your request and notify us no later than **August 6, 2018** if you wish to turn down any of the funds due to capacity at your agency. Otherwise, your application will serve as your scope of work for these mini-grant funds.

We will follow up with additional information on your amended CARS contract. However, there are two essential dates to know:

By **September 30**, you must submit a final report to OPPA at [DHSHealthyWisconsin@dhs.wisconsin.gov](mailto:DHSHealthyWisconsin@dhs.wisconsin.gov), demonstrating your plan to meet these objectives, as well as a time, date, and location of your planned community dialogue. All costs must be reported to CARS by **October 15, 2018**.

While the initial RFA required dialogues to be complete by December 2018, the facilitation training schedule for those who requested it will push this deadline to **February 28, 2019**, in order to allow grantees to have the training prior to the dialogues. More information on how to register for the facilitation training will be sent to the applicable grantees separately.

We plan to hold a brief orientation online on Thursday, August 2, 2018 from 1 PM to 2 PM through Adobe Connect in order to discuss the next steps and answer any questions about this process.

The link to the meeting is here: <https://connect.wisconsin.gov/dhsdphsha-mg/>

The orientation will be recorded for anyone not able to attend.

Please continue to direct your questions to [DHSHealthyWisconsin@dhs.wisconsin.gov](mailto:DHSHealthyWisconsin@dhs.wisconsin.gov), and we look forward to connecting with you soon!

## State Health Assessment Community Dialogue Mini-Grants

**Application Deadline: July 16, 2018 at 11:59 p.m.**

**What:** The Wisconsin Department of Health Services (DHS) has begun the state health assessment (SHA) process for the 2025 state health plan cycle, which consists of quantitative and qualitative data collection, including findings generated from community dialogue gathered through community listening sessions.

The purpose of community dialogue is to identify concerns or themes in the public response to identified health outcomes, factors, and/or assets specific to relevant populations or geographic areas of the state, and is especially important in elevating voices of community members that are often not captured in other forms of data collection. In the case of the SHA, the preliminary findings generated from health data indicators will serve as a launching pad for discussion about what the data shows, and where more information is needed.

The DHS Division of Public Health (DPH) Office of Policy and Practice Alignment (OPPA) is awarding mini-grants to local and tribal health departments that would be willing to collect this feedback from their communities while receiving enhanced experience and technical support in the realm of community dialogue. Applicants will be able to choose objectives that best fit their facilitation skills and capacity and, if selected, will be expected to provide a documented plan for a facilitated event by September 30, 2018, including a location, date, and time. Grant recipients are expected to share themes from each discussion with OPPA by December 31, 2018.

**Why:** These mini-grants are funded through the Preventive Health and Health Services (PHHS) Block Grant awarded by the Centers for Disease Control and Prevention (CDC). The PHHS Block Grant is a cornerstone public health program that is designed to provide adaptable funding to meet prioritized public health needs. This includes support for unique preventive health needs; primary and secondary prevention activities; and capacity-building activities related to accreditation, quality improvement, performance management, and community health assessments and plans.

**Who:** All local and tribal health departments in Wisconsin are eligible to apply. It is the intention of the Department to award up to 25 mini-grants.

**How:** If your health department would like to apply for this award, please fill out the application on the following page and send via email to [dhshealthywisconsin@dhs.wisconsin.gov](mailto:dhshealthywisconsin@dhs.wisconsin.gov) by July 16, 2018 at 11:59 p.m.

- Each health department can submit one application with a maximum request of \$4,500 (or equivalent value).
- If your application is approved, you will receive an email by July 30, 2018 with additional logistical information.
- Health departments must report costs to CARS by October 15, 2018 for reimbursement.

**Questions:** Any questions concerning this solicitation must be submitted in writing to [DHSHealthyWisconsin@dhs.wisconsin.gov](mailto:DHSHealthyWisconsin@dhs.wisconsin.gov), with "SHA Community Dialogue Mini-Grant" in the subject line. Questions will not be accepted via phone. Written questions must be submitted before June 29 at 11:59 p.m.



**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

## APPLICATION

### State Health Assessment Community Dialogue Mini-Grants

Application Deadline: July 16, 2018 at 11:59 p.m.

Health Department Name: City of Appleton Health Department

Point of Contact Name: Kurt Eggebrecht

**Describe how you have coordinated with other stakeholders to collect community input in the past (maximum 250 words):**

Since 2001, every 5 years, the Appleton health department has partnered with two local health care systems to assess the health of our community by utilizing the Behavioral Risk Factor Surveillance Survey (BRFSS). In 2015 we expanded this work to a tri-county regional approach which now includes five public health departments and four health care systems. This collaboration has led to the desire to also work together on community health improvement plans. After the selection of core and additional questions of interest contained in the Behavioral Risk Factor Surveillance System Survey we contracted with St. Norbert College Strategic Research Institute (SRI) to gather information on the health practices and health related behavioral risks of residents.

As a region we also conducted a key informant survey from persons representing the broad interests of the communities served, and from those who possess special knowledge of or expertise in public health. We contracted with Milwaukee based Center for Urban Population Health to compile the results and prepare a summary report.

Finally we participated in and utilized the Fox Cities LIFE Study findings. A cross-section of more than 200 members of the Fox Cities' community gathered to weigh in on setting priorities for community engagement. The day-long event was supported by Thrivent Financial. After reviewing the data associated with 20 themes in the study, event attendees were asked to prioritize them according to the seriousness of the theme and the feasibility that community action can create a positive change.

**Describe a community or population in your jurisdiction whose voice is less often heard in discussions surrounding public health (maximum 250 words):**

December of 2017 Appleton passed the first Health in All Policy Ordinance in Wisconsin. Written within this ordinance we are to "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"

We have identified these communities to 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.

It is these residents that often don't feel empowered or experience has demonstrated that their voice is often less heard in discussions surrounding the public's health and community health improvement. These same communities often don't have a fair chance to be healthy. Giving everyone a fair chance to be healthy does not necessarily mean offering everyone the same resources to be healthy, but rather offering people specific resources necessary for their good health. Through these listening sessions we could learn more about these health gaps. We could structure this event to work with residents across neighboring county lines, or between various groups within a community according to race, ethnicity, age, income, education, or sexual orientation, among others.

*Continued on Next Page*



**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

**Describe how you would leverage existing partnerships in order to connect with this population (maximum 250 words):**

The City of Appleton embraces and celebrates diversity and inclusion. It is our hope that community members will see Appleton as a welcoming and inclusive place to live, work and play.

- The City of Appleton is committed to diversity and inclusion efforts within the City of Appleton as an organization and throughout the community.

- We believe that supporting diversity and inclusion efforts will encourage a shift in attitudes with employees.

- We want community members to feel welcome and included in all levels of government.

The City of Appleton has a full-time diversity & inclusion coordinator. This position was established in 1997 and is part of the Mayor's Office.

We would leverage the relationships and existing partnerships that our department and this position has nurtured for more than 20 years. Specifically we would partner pro-actively to seek out key leaders, as well as the organizational leaders of agencies and services that support the populations that we identified above as those whose voice less often heard.

Currently Appleton, through the facilitation of the Mayor's office, is co-leading along with Lawrence University a community campaign on Dignity and Respect.

The City of Appleton lies within three counties including Outagamie, Calumet and Winnebago. As the largest City within this tri-county region we are also uniquely positioned to host a regional listening session where both the State and local public health along with four health care systems would benefit from a more diverse population discussion representing a population in excess of 425,000 people.

**Funding Request**

All awardees must at minimum plan to support at least one (1) community dialogue based on findings from the state health assessment. However, you may select any of the additional objectives below, which will be reflected in the award amount, up to a value of \$4,500.

☒ Host at least 1 community dialogue on state health assessment preliminary findings.

Cost: \$1,500

☒ Attend a 5-day facilitator training in Madison, WI (includes tuition, food, and board for 1 representative).

Cost: \$2,000 value (will be provided in-kind)

☒ Tailor the community dialogue to target a community that historically has less participation in health assessments (host in a more convenient location, at a convenient time, etc.)

Cost: \$1000

☒ Contract with professional assistance to support the community dialogue (e.g. facilitator, translator, recorder, etc.).

Cost: \$750

☒ Develop materials that reflect state health assessment preliminary findings with related local information from the community health assessment (posters, slides, brochures, etc.).

Cost: \$750

☒ Identify and eliminate a barrier to participation for community members.

Cost: \$500

Total Mini-Grant Request Value: \$4500

Please send completed application via email to  
[dhshealthywisconsin@dhs.wisconsin.gov](mailto:dhshealthywisconsin@dhs.wisconsin.gov).



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

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

*Juneteenth Celebration*

*City Park*

*June 10, 12:00pm-6:00pm*

*Appleton Yacht Club Concert*

*1200 S Lutz Drive*

*June 16, 5:00pm-10:30pm and July 28, 6:00pm-11:00pm*

*Refuge Foundation Block Party*

*Houdini Plaza*

*June 24 and July 29, 2:00pm-8:30pm*

*Sacred Heart Parish Fest*

*222 E Fremont St.*

*August 19, 1:00pm-10:00pm and August 20, 10:00am-2:00pm*

*Summer Party*

*2410 N Meade St.*

*July 14, 3:00pm-9:00pm*

*Rocks the Plaza*

*Houdini Plaza*

*July 20, 6:00pm-11:00pm*

*Wedding Reception*

*1008 W Packard St.*

*August 25, 1:30pm-3:30pm*

*Block Party*

*3505 S Christopher Ct.*

*August 26, 2:00pm-7:00pm*

*Epiphany Law Party*

*2800 E Enterprise Ave.*

*September 27, 6:00pm-9:00pm*



*Tundraland Sponsor Event  
D2 Sports Pub, 403 W College Ave.  
July 30, 7:30pm-8:45pm*

*Appleton Rock School Outdoor Performance  
309 E Washington St.  
August 4, 10:00am-9:00pm*