



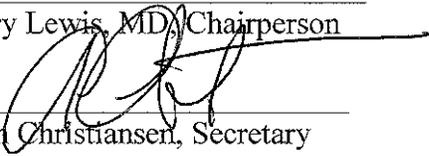
North Shore Health Department – Board of Health Meeting

PLEASE TAKE NOTICE that the North Shore Health Department Board of Health will meet Thursday, August 18th, 2016 at 7 PM at the North Shore Health Department – **Brown Deer Office – 4800 Green Brook Dr.** at which time and place the following items of business will be discussed and possibly acted upon:

1. Roll Call
2. Persons Desiring to be Heard
3. Approval of April 21th, 2016 Minutes
4. Health Department Administrative Items
 - 2016-2019 Review and Approval of the North Shore Health Department Strategic Plan
 - Budget and funding formula
 - Communication plan updates – Website and Social Media
5. Reports and Discussions
 - Disease Control and Prevention
 - i. Wisconsin Public Health Association Communicable Disease Prevention Initiative
 - ii. Arbovirus vector surveillance
 - Environmental Health –
 - i. Lead poisoning prevention – Grant application
 - MCH Program updates
 - i. Suicide prevention
 - ii. Breastfeeding friendly workplaces
 - Preparedness
 - i. Recap of BAT 16 and plans for 2016-2017 grant year
 - ii. Wisconsin Emergency Assistance Volunteer Registry
6. Scheduling of Next Meeting and Location
7. Adjournment

Dated: August 3rd, 2016

Gary Lewis, MD, Chairperson

By: 

Ann Christiansen, Secretary

PERSONS REQUIRING SPECIAL ACCOMMODATIONS FOR ATTENDANCE AT THE MEETING SHOULD CONTACT THE VILLAGE MANAGER AT LEAST ONE BUSINESS DAY PRIOR TO THE MEETING.



NORTH SHORE HEALTH DEPARTMENT

Board of Health

Serving the communities of Bayside, Brown Deer, Fox Point,
Glendale, River Hills, Shorewood and Whitefish Bay, Wisconsin

2010 E. Shorewood Blvd
Shorewood, WI 53211
April 21, 2016

The North Shore Board of Health meeting was called to order on April 21st, 2016 at 7:02 pm by Ann Christiansen

1. Roll call

Present: Barbara Bechtel, Dr. Debesh Mazumdar, Bill Warner, Dr. Gary Lewis, Dr. Christopher Simenz, Jennifer Evertsen, Ann Christiansen, Kathleen Platt

Absent: Dr. M. Baisch, Dr. C. Altman

2. Persons Desiring to be heard- there were no persons desiring to be heard.

3. Approval of February 11th, 2016 minutes. An amendment was suggested by Ann Christiansen, for the minutes to include that Dr. Lewis was unanimously approved to remain as Chair of the Board of Health. Bill Warner made a motion to approve the minutes from February 11th, 2016 with the amendment, the motion was seconded by Barbara Bechtel and approved.

4. Health Department Administrative Items

- Annual report- Board reviewed both formats for the 2015 Annual report - a smaller brochure and the longer booklet. Ann explained that the brochure format provides significant amounts of data in a short format and lists some of the data by community. This information is generally requested by the community managers/administrators. The new format is longer and more traditional, and is framed around the essential service provided by the Health Department. It provides data in a more global North Shore format, addressing trends in the North Shore, not by community. The data for 2015 was reviewed and trends discussed. We also reviewed accomplishments of the North Shore Health Department in 2015 as well as ongoing work being done within the department. There was a motion by Bill Warner that we continue to provide our annual report data in both formats, the motion was seconded by Dr. Chris Simenz and passed.
- Strategic Plan- There has not been much work done on the Strategic Plan, as end of year reporting and other urgent needs have come up. Ann reports that she plans to regain momentum on this in the near future and will have more to report in July.
- Quality Improvement Initiatives- Immunization Summary. Kathy Platt gave a brief report on a QI project completed within the department to address problems

maintaining accurate inventory records. Staff involved (Nurses and Administrative Assistant) identified contributing factors and adjusted how we process and track appointments and manage immunization inventory. In 2015, inventory was initially incorrect four months out of twelve. So far this year, we have had only one problem and it was not an inventory issue, but a data entry issue. Dr. Lewis suggested that we look into a scanning option that automatically enters vaccines into WIR with a handheld scanner at time of administration. There would be no need to manually enter any immunizations into WIR. He will forward information to Kathy or Ann.

5. Reports and Discussions

- Disease Control and Prevention- Review of influenza related hospitalizations, which is the indicator of influenza activity for the community. We have had 42 flu related hospitalizations so far this season and activity is waning at this time. Most of the individuals were diagnosed with Influenza A, and most had documented flu vaccines for this flu season.
- Emerging diseases (Zika and Elizabethkingia, Ebola) Reviewed our role in monitoring and surveillance for these emerging diseases and discussed our participation in a regional Ebola tabletop exercise, which included other local health departments, hospitals, emergency preparedness staff and emergency management agencies. There are no Elizabethkingia infections in the North Shore, we are monitoring lab results for Zika, with none positive thus far, and we are no longer doing Ebola traveler monitoring.

Environmental Health

- North Shore Environmental Health consortium fee increase has been approved by all communities except Whitefish Bay, and that meeting is scheduled for May 2nd.
- Lead poisoning prevention
 - o There are currently projects being undertaken in Shorewood and Whitefish Bay to replace lead service lines and the health department has been involved in planning and communications to residents.
 - o We are planning our display boards this year around lead education and prevention, primarily to educate parents and community leaders about the hazards of lead and promote lead screening for all children at the ages of one year and two years. Our calculations (children screened in one year divided by number of births the previous year) indicates that approximately 40% of the children in the North Shore are being screened. We have had several instances of elevated capillary blood lead results as well as some elevated results confirmed by venous testing. We provide education with any elevated level and offer home visit and education if a venous lead level is 5.0 mcg/dL or more.
- Public Health Preparedness- We are participating in Active Shooter exercise with North Shore Fire/ Rescue and law enforcement in the next few weeks, and are also planning to participate in a full scale mass clinic drill in June for dispensing of prophylaxis medications in our "BAT 16" exercise. This will simulate a mass clinic,

during which we would dispense medications to all North Shore residents in the event of an anthrax dispersal.

6. Our next meeting is scheduled for July 21st at 7:00 pm in Brown Deer
7. There was a motion to adjourn, by Barbara Bechtel, seconded by Chris and approved.

Dated: April 26th, 2016



Strategic Plan 2016-2019



NORTH SHORE
HEALTH DEPARTMENT

Serving the communities of Bayside, Brown Deer, Fox Point,
Glendale, River Hills, Shorewood and Whitefish Bay, Wisconsin



July, 2016

North Shore Health Department Strategic Plan

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NORTH SHORE HEALTH DEPARTMENT

Serving the communities of Bayside, Brown Deer, Fox Point,
Glendale, River Hills, Shorewood and Whitefish Bay, Wisconsin

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4800 W. Green Brook Dr.
Brown Deer, WI 53223

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2010 E. Shorewood Blvd.
Shorewood, WI 53211

Phone: 414-371-2980
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**NORTH SHORE
HEALTH
DEPARTMENT
VISION
STATEMENT**

The North Shore Health Department will collaborate with residents and community partners to optimize health and safety for people who live, work, and spend time in the North Shore.

July 21st, 2016

Dear North Shore Residents, Partners, and Friends,

I am pleased to present the North Shore Health Department's 2016-2019 Strategic Plan. As part of the planning process, we gathered input from the Board of Health, community partners, stakeholders, and staff to develop strategic priorities and goals that will advance our efforts to protect and promote the health and safety of residents in the North Shore.

As part of this strategic plan, we have updated the Department's vision and mission and identified core values to create a shared understanding of our purpose and the underlying principles of our organization. This was critical as the Health Department has experienced many changes over the past several years, including consolidation, leadership change, and a continually changing landscape for twenty-first century local health departments.

The North Shore Health Department's strategic plan provides an ambitious roadmap for us to work towards excellence in public health. We look forward to the challenge of implementing this plan and impacting the health and quality of life of people who live, work, and visit the North Shore. As always, if you have questions or comments about our strategic plan or would like to know more about how you can become involved, please contact me. Thank you for your support.

Sincerely,



Ann Christiansen, MPH
Health Director/Officer
North Shore Health Department

Mission

In partnership with the communities we serve, the North Shore Health Department assures, promotes, and protects the health and safety of the people in the North Shore.

Core Values

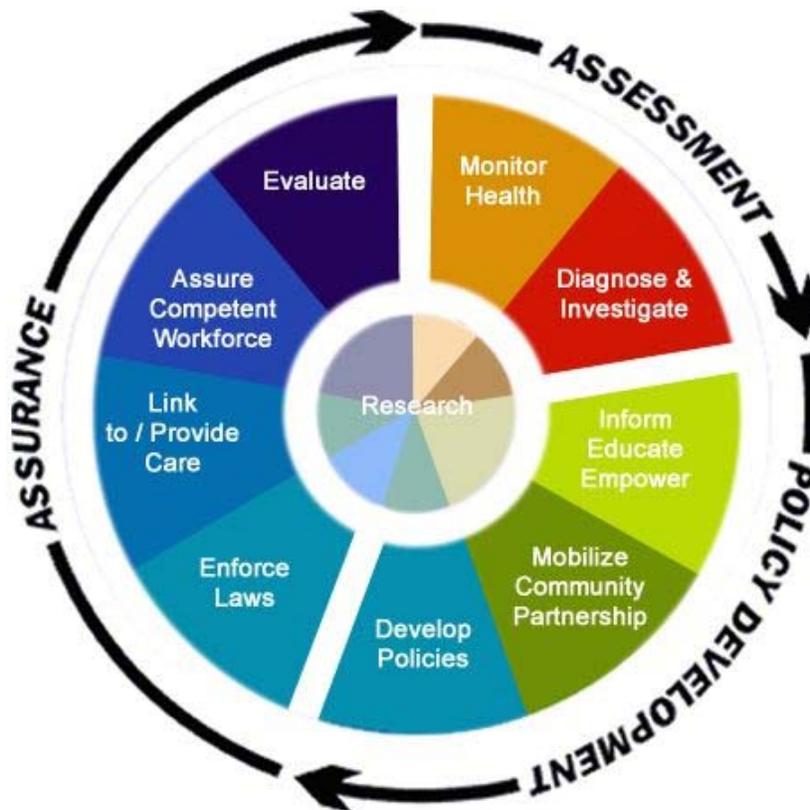
At the North Shore Health Department, we believe in:

- ⊗ **Collaboration:** We work with residents and community partners to optimize the health and safety of everyone.
- ⊗ **Team Work:** We value the skills and knowledge of all Health Department staff and strive to maintain open communication amongst ourselves and to work as a team to achieve common goals.
- ⊗ **Excellence:** We provide high-quality customer service.
- ⊗ **Responsiveness:** We efficiently and appropriately respond to the public health needs of our communities.
- ⊗ **Transparency:** We pursue open and bi-directional communications with residents and partners about emerging public health issues.
- ⊗ **Education:** We provide information for North Shore residents and leaders about emerging and ongoing public health issues to help them make informed choices about behaviors and policies.
- ⊗ **Advocacy:** We work with communities to advocate for health in all policies.
- ⊗ **Respect:** We respect the diversity and integrity of those in the communities we serve and work toward health equity for all our residents.
- ⊗ **Integrity:** We adhere to the highest level of professionalism, honesty, and ethics in our work environment and among our residents and community partners.
- ⊗ **Leadership:** We accept responsibility to provide leadership, direction, and guidance to the North Shore on issues around health and safety.
- ⊗ **Continuous Improvement:** We continually adapt programs and policies and search out best practices to improve efficiency and maximize our impact.

Background and Process

The North Shore Health Department (NSHD) provides public health services for the seven Wisconsin communities of Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood, and Whitefish Bay, with a total population of over 65,000. The NSHD has two offices, in Brown Deer and Shorewood, and residents can utilize services at either location, as well as at routinely scheduled community-based clinics. The NSHD is advised by a Board of Health with representatives from each of the seven communities in the North Shore, as well as a medical advisor who is on staff. The Village of Brown Deer serves as the fiscal and administrative agent for the NSHD. The Health Department employs a health director/officer, nurse supervisor, public health manager, administrative assistant, three public health nurses, a sanitarian, and a medical advisor, totaling 7.2 full time equivalents.

Core Public Health Functions and Essential Public Health Services



The NSHD is guided in its work by the Centers for Disease Control and Prevention's Core Functions of Public Health and the 10 Essential Public Health Services (See figure to the left). These functions and services codify the responsibilities of public health agencies in the United States to promote and protect the health of the public and to prevent disease and injury.

The Department is also guided by this strategic plan and our Community Health Improvement Plan (CHIP). The CHIP outlines the health priorities of the Department and the

residents of the North Shore. The 2014-2019 health priorities are communicable disease prevention and control, chronic disease prevention and management, physical activity, and mental health.

The NSHD provides a variety of state-mandated, grant-funded, and fee-supported public health services. The NSHD is a Level III health department, which is the highest designation in Wisconsin. A Level III department is required to provide at least 14 programs and services. The programs we provide focus on communicable disease prevention and control, chronic disease prevention and management, environmental health, injury prevention, and public health emergency preparedness.

Strategic planning is an important component of maintaining a high quality and well-functioning local health department. Additionally, a strategic plan is one of the foundational documents health departments need, in addition to a Community Health Improvement Plan and a Community Health Assessment to achieve national accreditation. Many local health departments, including the North Shore Health Department, are embarking on the journey to create their department’s first strategic plan.

The purpose of the North Shore Health Department’s Strategic Plan is to:

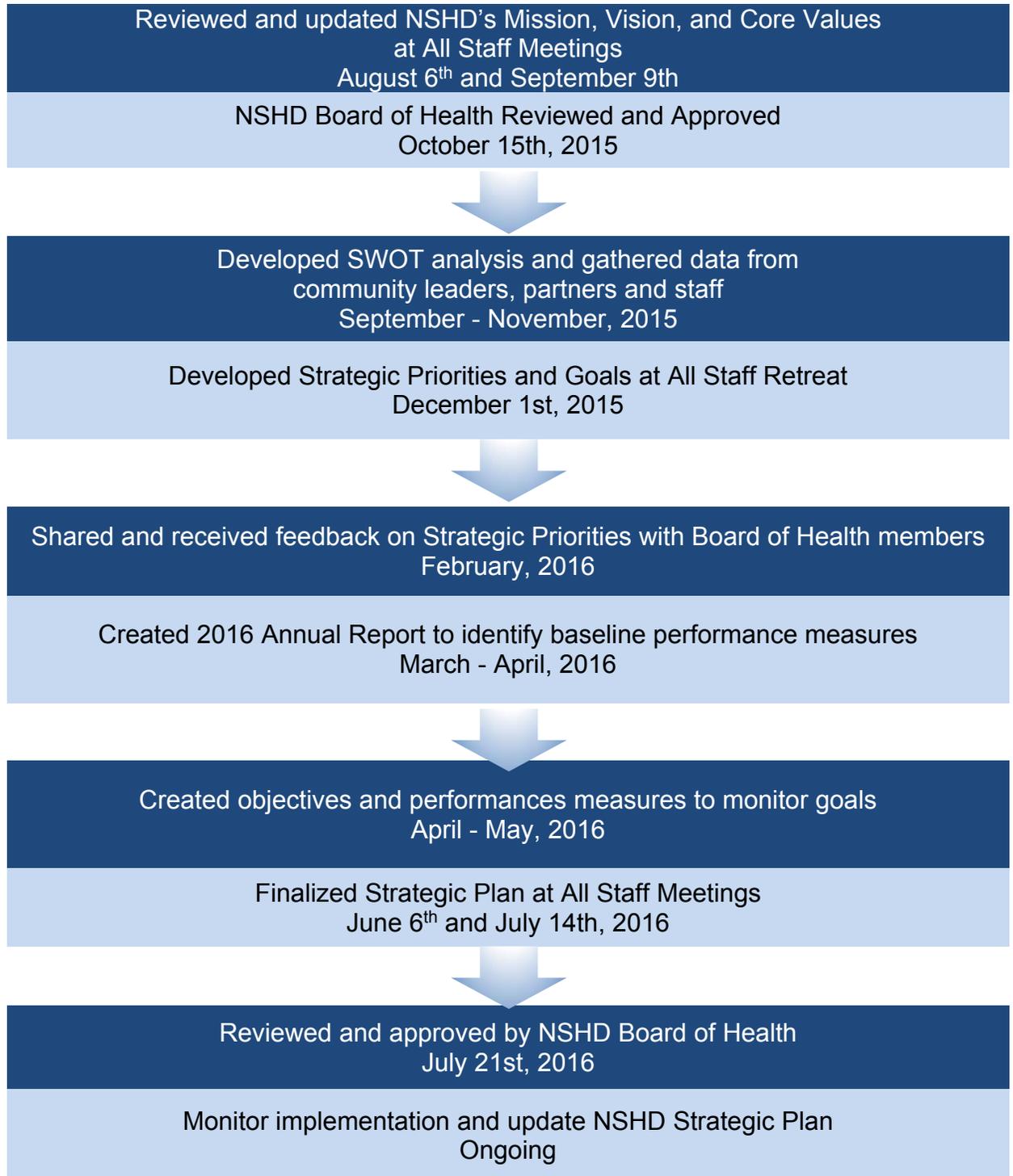
- Communicate our vision, mission and core values;
- Identify the strategic direction of the Department through our priorities and goals;
- Align our priorities, goals, objectives, and performance measures to monitor progress and impact; and
- Improve the quality of our services and maximize the health impacts we strive to achieve.

The North Shore Health Department would like to acknowledge all those involved in helping to create this strategic plan. We are grateful for the opinions and expertise of the people who supported and developed this plan.

Lori Ahrenhoerster, PhD – Program Manager	Jennifer Evertsen, MS – Bayside North Shore Board of Health representative
Ann Christiansen, MPH – Health Director/Officer	Barbara Bechtel, RN, BSN – Brown Deer North Shore Board of Health representative
Sanja Miljevic, RN – Public Health Nurse	William Warner – Fox Point North Shore Board of Health representative
Randie Parks, RN – Public Health Nurse	Debesh Mazumdar, MD – Glendale North Shore Board of Health representative
Kathleen Platt, RN – Public Health Nurse Supervisor	Claudia Altman, MD – River Hills North Shore Board of Health representative
Kimberly Schneider, RN – Public Health Nurse	Mary Jo Baisch, PhD, RN – Shorewood North Shore Board of Health representative
Brad Simerly, RS - Sanitarian	Christopher Simenz, PhD – Whitefish Bay North Shore Board of Health representative
Mary Witman – Administrative Assistant	Gary Lewis, MD – Medical Advisory/Chair

Timeline and Steps for Plan Development

The following steps were taken to help develop our strategic plan.



Strengths, Weaknesses, Opportunities, and Threats Analysis

In September 2015, the NSHD developed a survey to gather broad input on the NSHD’s Strengths, Weaknesses, Opportunities, and Threats (SWOT Analysis). We asked respondents to consider the strengths and weaknesses internal to the NSHD and then to consider external circumstances that might shape or impact the future of the Department. For these external influences, we asked them their perspective on opportunities the Department could take advantage of, along with the changes in the environment that might hinder the pursuit of our goals. We received 16 responses to our SWOT survey. This included responses from staff, Board of Health members, and community stakeholders and partners. We analyzed results by each of these three groups and discussed the findings at a staff retreat. Results below are a combination of all responses.

<p>Strengths</p> <ul style="list-style-type: none"> • Staff - Hardworking and knowledgeable • Leadership – Motivated and competent • Board of Health – Supportive • Partnerships – North Shore Fire/Rescue, communities • Communication – resource for questions, community preparedness, vaccinations, monitoring health resources • Successful programs 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Funding • Lack of knowledge among communities about value of department • Little coordination with two offices • Varying local public health ordinances • Decreased and small staff, lack of surge capacity • Good coverage of youth and elderly but what about others? • Lack of visibility • Lack of local data
<p>Opportunities</p> <ul style="list-style-type: none"> • Partnerships with health care systems and schools • Communication through other avenues like social media • Consolidation to one office • National accreditation • Grant funding • Outreach and partnerships • Student internships 	<p>Threats</p> <ul style="list-style-type: none"> • Funding cuts, inadequate funding to maintain qualified staff • Disease outbreaks and emerging public health threats • Negative publicity • Local community and taxpayer support • Losing local identify • Further consolidation

Strategic Priorities, Goals, and Objectives

This section outlines the NSHD's three strategic priorities, along with goals and objectives to monitor our progress in addressing those priorities. We will annually reassess our goals and objectives to determine if we are on course to meet our targets. For those objectives that we have met, we will determine if new benchmarks should be set to continually improve health outcomes in the North Shore. The objectives below and detailed in our Performance Management System (See Appendix) outline steps to achieve this goal and demonstrate the linkage between the Strategic Plan and the Community Health Improvement Plan.

The NSHD's first strategic priority focuses on creating systems and processes to improve the structure and functioning of the NSHD. This work is rooted in quality improvement and performance management to guide the direction of these improvements. Under the first priority, Goal 1 is to complete the prerequisites necessary to apply for Public Health Department Accreditation. The prerequisites, as determined by the national Public Health Accreditation Board (PHAB) include three components. One component is a strategic plan. The second component is a Community Health Assessment (CHA), which identifies key health needs and issues through systematic, comprehensive data collection and analysis. The third is a Community Health Improvement Plan (CHIP), which is a long-term, systematic effort to address public health priorities based on the results of community health assessment. Goal 2 focuses on improving the Department's efficiencies and effectiveness. To achieve this goal, the Department will create a QI plan, allowing us to identify and improve our current systems. Goal 3--raising the visibility of the NSHD-- will allow us to share the work we do with our communities, as well as reach them with timely health information for better decision making to promote health and reduce risks for disease and injury.

Strategic Priority I: Advance the quality and performance of the North Shore Health Department

Goal 1: Complete the prerequisites for national public health department accreditation

Objectives:

- ✦ By July, 2016, complete 2016-2019 North Shore Health Department Strategic Plan;
 - ✦ By December 2016, complete a performance management system to measure impact of NSHD Strategic Plan;
 - ✦ By December 2017, complete North Shore Community Health Assessment; and
 - ✦ By December 2017, complete timeline and readiness assessment to apply for national accreditation
-

Goal 2: Improve NSHD operational efficiency and effectiveness

Objectives:

- ✦ By December 2016, develop and facilitate the passage of a new Code of Ordinance pertaining to Food, Lodging, Recreational Safety and Licensing;
-

- ✦ By December 2018, develop at least one policy and procedure for each of the Department's program and service areas; and
- ✦ By December 2019, consolidate health department offices into one space.

Goal 3: Raise the visibility of the North Shore Health Department

Objectives:

- ✦ By December 2016, establish a communications plan to disseminate updates and public health information to the community;
 - ✦ By December 2017, participate on at least one municipal-level committee/group in each of the North Shore communities and/or regional committees to reinforce health and health equity implications of program and policy decisions.
-

The second strategic priority focuses on our core work, which is providing high quality programs and services for people in the North Shore. Each of the five goals under these priorities is a major program area within the Department. This work is driven by Wisconsin State Statute, the North Shore Community Health Improvement Plan, and additional opportunities through grant-funded initiatives.

Strategic Priority II: Provide high quality public health programs and services to North Shore residents

Goal 4: Prevent and reduce communicable diseases

Objectives:

- ✦ By December 2016, Health Department staff will conduct disease investigations for 100% of reportable diseases; and
 - ✦ By June 2017, 25% of adults aged 65 and older living in the North Shore will have received at least one dose of a pneumococcal vaccine or are up to date on the vaccine.
-

Goal 5: Prevent and manage chronic disease

Objectives:

- ✦ By December, 2016, the North Shore Health Department will increase the number of breastfeeding friendly workplaces;
 - ✦ By December 2019, less than 25% of North Shore residents will report having high blood pressure;
 - ✦ By December 2019, at least 75% of youth will get the recommended amount of physical activity each week; and
 - ✦ By December 2019, less than 10% of North Shore residents will report having diabetes.
-

Goal 6: Prevent and control exposure to environmental health hazards

Objectives:

- ✦ By December 2016, inspect 100% of licensed food, recreational waters, and hotels that are part of North Shore Environmental Health Consortium;
 - ✦ By December 2016, provide comprehensive follow-up with 100% of children in the North Shore with blood lead levels of $\geq 5\mu\text{g/dL}$;
 - ✦ By December 2016, at least 100 North Shore residents will test their homes for radon;
-

- ✦ By December 2016, triage and respond to all complaints about human health hazards; and
 - ✦ By September 2016, monitor safe water conditions for swimming at Atwater, Klode and Doctors Park beaches during swim season.
-

Goal 7: Reduce intentional and unintentional injuries

Objectives:

- ✦ By December 2016, at least 100 car seat inspections will occur by a Health Department certified child passenger safety technician;
 - ✦ By December 2016, decrease the rate of fall-related fatalities in the North Shore;
 - ✦ By December 2016, less than 5% of adults and children will report feeling sad, blue, or depressed always or nearly always in the past six months.
-

Goal 8: Respond to and be prepared for public health emergencies

Objectives:

- ✦ By December 2019, maintain a recognized Public Health Emergency Response Plan for the North Shore;
 - ✦ By December 2016, conduct or participate in at least two mass clinic exercises and complete After Action report each year.
-

The third strategic priority is increasing/expanding/incorporating the active engagement of the community in the Department. Community engagement is vital to advancing our efforts to improve the health and safety of the North Shore. Continual feedback on the strategic direction of the NSHD holds us accountable and keeps us true to our Vision and Mission.

Strategic Priority III: Engage community members, leaders and stakeholders in initiatives to advance health priorities identified in the Community Health Improvement Plan

Goal 9: Create and support opportunities for community engagement with the North Shore Community Health Improvement Plan (CHIP) Priorities

Objectives:

- ✦ By December 2017, establish area coalition/group to oversee implementation and evaluation of North Shore Community Health Improvement Plan.
 - ✦ By December 2018, support or lead at least one community coalition working to address community health priorities.
-

The NSHD is committed to improving our communities' health, preventing disease and injury, minimizing the health impact of emergencies, and safeguarding the environment. A robust strategic plan will help provide a guiding framework for accomplishing this, and create a performance management system that will hold us accountable to our goals and objectives. We look forward to working with all of our residents and partners on making the North Shore a healthier place to live, work, and play.

Record of Changes

The North Shore Health Department 2016-19 Strategic Plan is not a stagnant plan but a plan that can change to meet the needs of both the internal and external environment. It is therefore important that records of these changes are kept in order to monitor the evolution of this plan.

All changes to this plan should first be approved by the Health Director/Officer.

DATE	DESCRIPTION OF CHANGE	PAGE #	MADE BY:	RATIONALE



Appendix
Performance Management System
2016-2019

Strategic Priority I: Advance the quality and performance of the North Shore Health Department		
1. Goal: Complete the prerequisites for national public health department accreditation		
Objective	Process Outcomes and Activities	Performance Measures
By July 31 st , 2016, complete 2016-2019 North Shore Health Department Strategic Plan	<ul style="list-style-type: none"> -Complete revision of Mission, Vision, and Value Statements -Complete SWOT analysis -Develop goals, objectives and activities -Complete written strategic plan -Review and approval by NS Board of Health (BOH) – July, 2016 meeting 	Completed plan – Approved by NSHD BOH at July 21 st BOH meeting.
By December 2016, complete a performance management system to measure impact of strategic plan	<ul style="list-style-type: none"> -Identify performance measures for strategic plan -Link measures to Health Department Annual Report indicators -Identify data sources to monitor performance measures -Document process for analyzing measures to ensure consistency in methods from year to year. 	Completed performance management system
By December 2017, complete a North Shore Community Health Assessment	<ul style="list-style-type: none"> -Identify primary and secondary data systems that measure the health of residents in the North Shore -Identify opportunities to share data with community to discuss health priorities -Collect primary data to further identify community health needs and priorities -Summarize community health information in Community Health Assessment report -Disseminate CHW and present information to residents and leaders. 	Completed assessment – Approved by NSHD BOH
By December 2017, complete timeline and readiness assessment to apply for national accreditation	<ul style="list-style-type: none"> -Review PHAB materials -Complete Readiness assessment 	Status report to BOH on readiness to apply for accreditation

2. Goal: Improve North Shore Health Department operational efficiency and effectiveness		
Objective	Process Outcomes and Activities	Performance Measures
By December 2016, develop and facilitate the passage of a new Code of Ordinance pertaining to Food, Lodging, Recreational Safety, and Licensing.	<ul style="list-style-type: none"> -Develop revised ordinance -Review with legal counsel for feedback -Discuss ordinance with North Shore Managers -Share ordinance with municipal Boards for consideration -Pass ordinance 	Approved ordinance for Food, Lodging, Recreational Safety, and Licensing by BOH and six Village Boards.
By December 2018, develop at least one policy and procedure for each of the Department's program and services areas	<ul style="list-style-type: none"> -Develop a process to continuous review of policies and procedures -Review and update existing policies and procedures -Identify which policies and procedures need to be created, including policy around social media -Develop policies and procedures in identified program areas. 	Completed Policies and Procedures adopted by Health Department – Approved by BOH
By December 2019, identify and implement at least one quality improvement initiative each year to improve Department functions.	<ul style="list-style-type: none"> -Develop a Quality Improvement (QI) plan -Develop QI process to improve immunization inventory -Identify other QI opportunities within Department 	QI Plan approved by BOH -Staff meeting minutes documenting QI progress
By December 2019, consolidate health department offices into one space	<ul style="list-style-type: none"> -Conduct feasibility study to consolidate offices, including cost benefit analysis of direct and indirect expenses related to two offices. -Identify available spaces in North Shore -Create plan to move into one office 	Relocation plan approved by BOH
3. Goal: Raise the visibility of the North Shore Health Department		
Objective	Process Outcomes and Activities	Performance Measures
By December 2017, participate on at least one municipal-level committee/group in each of the North Shore communities and/or regional committees to reinforce health implications of program and policy decisions	<ul style="list-style-type: none"> -Work with municipalities to identify opportunities to include Health Department staff on their existing committees. -Present health-related information to municipal and other community groups 	Documented minutes of NSHD involvement with municipal and regional public policy committees and groups
By December 2016, establish a communications plan to disseminate	-Retool the Health Department's website to serve as a portal for information	-Number of NSHD Facebook followers Baseline: 5/2016 – zero

updates and public health information to the community	<ul style="list-style-type: none"> -Develop Health Department's presence on various social media platforms (Facebook, Twitter). -Participate in various community events to showcase Health Department and provide health education to residents. -Develop communication protocols in anticipation of health-related emergencies and events like heat advisories, blizzards, etc. 	<ul style="list-style-type: none"> -Number of new visitors to health department website. -Number of phone and online inquiries to the health department with inquiry tracking system.
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Strategic Priority II: Provide high quality public health programs and services to North Shore Residents

4. Goal: To prevent and reduce communicable diseases by monitoring, screening, and investigating disease cases.

Objective	Process Outcomes and Activities	Performance Measures
By December, 2016 Health Department staff will conduct disease investigations for 100% of reportable diseases	Staff follow policy and procedures for communicable disease investigations, including EpiNet and North Shore Health Department's Food Borne Illness procedure book.	Process status in Wisconsin Electronic Disease Surveillance System will be reported as Final or Sent to State for all completed disease investigations Baseline: 100% of reportable diseases in the North Shore are investigated.
By June 2017, 25% of adults aged 65 and older living in the North Shore will have received at least one dose of PCV13 or PPSV23 (pneumococcal disease), or are up to date on their pneumococcal vaccine.	<ul style="list-style-type: none"> -Partner with long-term care facilities to offer pneumococcal vaccination education. -Partner with skilled nursing facilities to train their staff on documentation of vaccinations on the Wisconsin Immunization Registry (WIR) -Increase marketing of adult immunization clinics, focusing on pneumococcal immunizations 	Wisconsin Immunization Registry generated report Baseline: Out of a cohort of 16,487 adults over or equal to 65 years and old living in the North Shore, 2,776 clients (17%) met all the benchmark criteria of having received the recommended doses of PCV13 and PPSV23.

5. Goal: To prevent and manage chronic disease by supporting and promoting healthy lifestyles for North Shore residents

Objective	Process Outcomes and Activities	Performance Measures
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By December, 2016, the North Shore Health Department will increase the number of breastfeeding friendly workplaces.	<ul style="list-style-type: none"> -Collaborate with the Wisconsin Breastfeeding Coalition and utilize available resources to support breastfeeding friendly workplaces. -Engage and recruit worksite(s). -Assist worksites to complete an assessment. -Assist worksites in making improvements to policies and practices, based on assessment results. 	We don't currently have data on the number of workplaces with supportive breastfeeding policies. Our initial work will focus on assessing these policies, with the objective of increasing the number of women who are able to continue breastfeeding at six months.
By December, 2019, less than 25% of North Shore residents will report having high blood pressure.	<ul style="list-style-type: none"> -Offer at least 24 adult health and blood pressure screenings for North Shore Residents -Attend at least one event per community providing health education materials for residents -Use electronic media, library displays and other opportunities to promote chronic disease prevention 	North Shore Community Health Survey Baseline: 26% of residents report having high blood pressure in 2015
By December, 2019, at least 75% of youth will get the recommended amount of physical activity each week.	<ul style="list-style-type: none"> -Map physical activity outlets in North Shore -Identify gaps and policy opportunities to improve walkability in the North Shore -Promote physical activity and recreation opportunities in schools 	North Shore Community Health Survey Baseline: 64% of children getting recommended physical activity in 2015.
By December 2019, less than 10% of North Shore residents will report having diabetes	<ul style="list-style-type: none"> -Offer at least 24 adult health and blood pressure screenings for North Shore Residents -Attend at least one event per community providing health education materials for residents, including area farmers' markets -Use electronic media to promote chronic disease prevention 	North Shore Community Health Survey Baseline: 11% of residents report having diabetes.
6. Goal: To prevent and control exposure to environmental health hazards		
By June, 2017, inspect 100% of licensed food, recreational waters, and hotels that are part of the North Shore Environmental Health Consortium	Environmental Health Consortium Policy and Procedure Guide	Healthspace tracking system Baseline: 2014-2015 License year 98% of facilities were inspected.

December 2016, provide comprehensive follow-up for 100% of children in the North Shore with blood leads of $\geq 5\mu\text{g/dL}$.	<ul style="list-style-type: none"> -Review lead test results from Wisconsin Department of Health Services -Contact families with elevated blood lead levels -Recommend a second (venous) test to confirm lead level -Follow-up with family on potential places of exposure (home, daycare, family member) -Offer home visit with family to further identify sources of exposure to lead 	Wisconsin STELLAR data base Baseline: 100% of 17 cases were investigated. Home visits were made for three.
By December 2016, at least 100 North Shore residents will test their homes for radon	<ul style="list-style-type: none"> -Attend at least one event per community providing health education materials for residents, including area farmers' markets -Promote radon awareness through electronic media, library displays, and print communication. 	North Shore Health Department Radon Test Results sold Baseline: 73 individual homes were tested in 2015
By December 2016, triage and respond to all complaints about human health hazards	North Shore Human Health Hazard Policy and Procedure Guide	North Shore Health Department Complaint/Inquiry Case Reports Baseline: 42 human health hazard and/or public health nuisances were investigated.
By September 2016, monitor safe water conditions for swimming at Atwater, Klode and Doctors Park beaches during swim season.	North Shore Beach Monitoring Procedure Guide	North Shore Health Department Beach Test Result Reporting System Baseline: Ninety beach water test samples collected in 2015 for elevated levels of E.coli. Two advisories were posted and no closures.
7. Goal: To reduce intentional and unintentional injuries in the North Shore		
By December 2016, at least 100 car seat inspections will occur by a health department certified child passenger safety technician.	<ul style="list-style-type: none"> -Partner with North Shore Fire/Rescue to offer car seat inspection program. -Maintain at least two Health Department staff members who are certified car seat technicians. 	North Shore Health Department Car Seat Data Report Baseline: 104 inspections completed in 2015
<p>By December 2016, reduce number of fall-related calls to North Shore Fire/Rescue</p> <p>By December 2019, decrease the rate of fall-related fatalities in the North Shore</p>	<ul style="list-style-type: none"> -Support elder referral program by Health Department and North Shore Fire/Rescue -Offer Remembering When to older adults in North Shore 	North Shore Fire/Rescue EMS Data Wisconsin Vital Records Data

By December 2019, less than 5% of adults and children will report feeling sad, blue or depressed always or nearly always in past six months	-Support of evidence-based suicide prevention strategies like Question, Persuade, and Refer -Leadership role in REDgen coalition to foster resiliency among children and teens.	North Shore Community Health Survey Baseline: In 2015, 5% of adults and 6% of children report feeling sad, blue, or depressed always or nearly always in the past six months.
8. Goal: To respond to and be prepared for public health emergencies, including emergencies related in emerging and infectious diseases, environmental health hazards, and mass causality events.		
By December 2019, maintain a recognized Public Health Emergency Response Plan for the North Shore	-Participate on local and regional teams to maintain PHERP	Completed review of PHERP by all municipal governments
By December 2016, conduct or participate in at least two mass clinic exercises and complete After Action Report each year	-Conduct mass flu clinic at locations around North Shore	Completed After Action Report
Strategic Priority III: Engage community members, leaders, and stakeholders in initiatives to advance the health priorities identified in the Community Health Improvement Plan		
9. Goal: Create and support opportunities for community engagement with North Shore Community Health Improvement Plan Priorities		
By December 2017, establish area coalition/group to oversee Community Health Improvement Plan implementation and evaluation.	-Develop opportunities like Community Cafes to discuss health-related issues with residents	Minutes from Community Health Plan coalition
By 2018, support or lead at least one community coalition working to address a community health priority area.	-Maintain involvement with: -REDgen (mental health) -Brown Deer Farmer's Market Board (chronic disease) -Shorewood Elder Services Advisory Board (chronic disease) -Safe Kids of Southeastern WI -Others	Minutes from meetings documenting Health Department participation.

2017-19 BUDGET REQUEST - COMMUNICABLE DISEASE PREVENTION INITIATIVE

TOPIC:

Surveillance, investigation, control and prevention of communicable disease

REQUEST:

Create a continuing appropriation of \$2,500,000 per fiscal year (for a total of \$5,000,000 over the 2017-19 biennium) to control and prevent communicable disease in Wisconsin. The WI Department of Health Services shall distribute the funding to local health departments under a formula that would: 1.) Provide an identical base amount for every local health department; and 2.) Provide additional funding to local health departments that serve a population of more than 100,000 people. Local health departments shall utilize the funding for disease surveillance; contact tracing; staff development and training; improved communication with other health care professionals; public education and outreach; and other infection control measures required under state law.

RATIONALE:

The highest priority for public health in Wisconsin and across the country is efforts to prevent and control communicable disease, including traditional, ever present diseases, such as Tuberculosis, Hepatitis C, Influenza and Pneumonia, and emerging disease threats like Zika, Ebola, Middle East Respiratory Syndrome and other global diseases that require a local public health response. Supporting a robust public health infrastructure is critical in a globalized world that provides new opportunities for the emergence and spread of infectious disease. Unfortunately, Wisconsin currently has no dedicated, stable funding source for communicable disease control and prevention. As a result, local health departments are challenged with a lack of sufficient staff and resources, which are necessary to support effective infectious disease prevention efforts. These delays in basic follow-up and contact tracing investigations allow for opportunistic diseases to spread and become a crisis.

DISCUSSION POINTS:

- Wisconsin currently has no dedicated, stable funding source for communicable disease control and prevention efforts.
- While providing \$5 million in communicable disease funding in the next two-year budget cycle amounts to less than \$1 per capita, it will have a major impact, allowing local health departments statewide to improve disease surveillance, provide staff training, and develop public awareness plans.
- Supporting a strong public health infrastructure is paramount with the continuing occurrences of natural disasters, terrorist attacks and infectious diseases, such as tuberculosis, whooping cough, H1N1 influenza and Ebola.
- The challenges presented by infectious disease are more complex than they were even a decade ago. New microbes and mutated versions of old ones are being discovered regularly, creating real threats to the United States – including Wisconsin – in today's globalized world.
- Infectious disease control is one of the ten essential functions of public health, and with adequate funding, local health departments across Wisconsin will be better equipped and prepared to protect individuals, communities and the entire state from communicable disease threats.

State of Wisconsin



2015 Assembly Bill 362

Date of enactment: February 29, 2016

Date of publication*: March 1, 2016

2015 WISCONSIN ACT 175

AN ACT to amend 251.11 (1), 251.15 (1), 251.15 (2) and 251.15 (2m); and to create 251.115 of the statutes; relating to: multiple jurisdictions' health departments.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 251.11 (1) of the statutes is amended to read:

251.11 (1) The local board of health of every multiple county health department established under s. 251.02 (3) and of every city–county health department established under s. 251.02 (1m) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine either the proportionate cost to each participating county and city on the basis of equalized valuation or the proportionate levy contribution from each county and city on a per capita basis. A certified copy of the budget, which shall include a statement of the amount required from each county and city, shall be delivered to the county board of each participating county and to the mayor or city manager of each participating city. The appropriation to be made by each participating county and city shall be determined by the governing body of the county and city. No part of the cost apportioned to the county shall be levied against any property within the city.

SECTION 1p. 251.115 of the statutes is created to read:

251.115 Multiple municipal local health department and city–city local health department; how financed. The governing body of every multiple municipal

local health department established under s. 251.02 (2) (b) or (3r) and of every city–city local health department established under s. 251.02 (3t) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine either the proportionate cost to each participating municipality on the basis of equalized valuation or the proportionate levy contribution from each participating municipality on a per capita basis. A certified copy of the budget, which shall include a statement of the amount required from each municipality, shall be delivered to the governing body of each participating municipality. The appropriation to be made by each participating municipality shall be determined by the governing body of the city, village, and town.

SECTION 2. 251.15 (1) of the statutes is amended to read:

251.15 (1) After establishing a multiple county health department under s. 251.02 (3), any participating county board may withdraw by giving written notice to its county board of health and the county boards of all other participating counties, except that participating county boards may, in establishing a multiple county health department under s. 251.02 (3), establish an initial minimum participation period of up to 5 years. If a multiple county health department is established with an initial minimum participation period under this subsection, a participating county may not withdraw during that initial minimum period unless withdrawal is necessary to meet

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

statutory requirements for a Level I health department under s. 251.05.

SECTION 3m. 251.15 (2) of the statutes is amended to read:

251.15 (2) A city that had established a local health department prior to deciding to participate in a city-county health department established under s. 251.02 (1m) may withdraw from the city-county health department if the common council of the city gives written notice to the county board of the participating county, except that participating cities and counties may, in establishing a city-county health department under s. 251.02 (1m), establish an initial minimum participation period of up to 5 years. If a city-county health department is established with an initial minimum participation period under this subsection, a participating city or county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

SECTION 4m. 251.15 (2m) of the statutes is amended to read:

251.15 (2m) After establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city-city local health department under s. 251.02 (3t), the governing body of any participating city, village, or town participating may withdraw by giving written notice to the local board of health and to the governing bodies of all other participating cities, villages, and towns, except that participating cities, villages, and towns may, in establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city-city local health department under s. 251.02 (3t), establish an initial minimum participation period of up to 5 years. If a multiple municipal local health department or city-city local health department is established with an initial minimum participation period under this subsection, a participating city, village, or town may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.