

**BOARD OF HEALTH AGENDA**  
**March 24, 2021 5:15 PM**

**Board of Health 2020-2024 Goals:**

*Maintain Health Department's fiscal stability*

*Support and advocate for public health priorities*

*Review new and changing community/Health Dept priorities*

*Ongoing Board of Health improvements*

**Health Department Mission:**

*Promoting health and safety for all Eau Claire communities*

**Health Department Vision:**

*ECCCHD will be a leader in assuring healthy people in healthy communities*

**Location:** Remote Meeting via WebEx Events

**Dial In:** +1-415-655-0001

**Access Code:** 145 054 9941

*\*please remain muted when not speaking.*

*For those wishing to make public comment regarding an agenda item, you must e-mail Gina Holt at [gina.holt@co.eau-claire.wi.us](mailto:gina.holt@co.eau-claire.wi.us) at least 90 minutes prior to the start of the meeting. Your email will be shared with the Board of Health in advance of the meeting. If you also wish to speak regarding your email you will be called on during the public comment section.*

1. Call to Order. Welcome Guests. Order of the Agenda. Request to pull items from the Consent Agenda. – 5 minutes
2. Public Comment-*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided.* -5 minutes
3. COVID-19 Update – see situation report at [www.covid19eauclaire.com](http://www.covid19eauclaire.com)
4. Consent Agenda (Action Required-approved for full content)-5 minutes
  - a. Approval of minutes from February 24, 2021 meeting-enclosed
  - b. Approval of Alliance for Substance Abuse Prevention funding – enclosed
  - c. Approval of Get Yourself Tested grant funding - enclosed
5. Business Item (Action Required)- 20minutes
  - a. Review and receive COVID-19 Public Health Expectations – (MAIL LATER)
  - b. Sign Public Health Week Proclamation - enclosed
  - c. Ground Water Advisory Committee Board of Health member reappointment  
[Groundwater Advisory | Eau Claire County \(eau-claire.wi.us\)](http://GroundwaterAdvisory|EauClaireCounty(eau-claire.wi.us))

PLEASE NOTE: Due to requirements contained in the Wisconsin Open Meetings Law, only those matters placed on this agenda may be considered by the Board of Health at this meeting. If any member of the public desires that the Board of Health consider a matter not included on this agenda, he or she should contact a Board of Health Member or the Health Department Director to have the matter considered for placement on a future Board of Health agenda. Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-4854, (TDD) 839-4735 or by writing to the ADA Coordinator, Personnel Department, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

6. Other information items from staff for the Board-*20 minutes*
  - a. Director/Health Officer Report – enclosed
  - b. Correspondence/Media–enclosed
  - c. Service Recognition-Retirement
    - Denise Wirth, Community Health Promotion Division Manager, 32 years
7. Board member informational items-*30 minutes*
  - a. Communicable Disease taskforce update-verbal
  - b. Public Health Policy/Advocacy update-enclosed
    - WI Legislative update – LRB 0792, other
    - State Budget
    - Federal update
  - c. Board Evaluation - discussion
8. Requests from Board members for future agenda items to be given consideration-*5 minutes*
9. Next business meeting – April 28, 2021
10. Adjourn

**February 24, 2021 Board of Health Meeting  
Remote Meeting Via WebEx**

The Board of Health convened in open session at 5:18 pm  
The meeting was called to order by Mery Price

**Board Members Present  
Quorum is reached**

Emily Berge  
Don Bodeau  
Mark Kaeding  
Terry Miskulin  
Martha Nieman  
True Vue  
Jennifer Eddy (5:22 pm)  
Mery Price

**Staff Members Present:**

Lieske Giese  
Janice Vinopal  
Marissa Stanley  
Gina Holt (recorder)

**Additional Members:**

Janessa Stromberger  
Richard Eaton

**Order of Agenda Request to pull items from Consent Agenda**

- None Received

**Public Comment:**

- Verbal Public Comment Regarding Binge Drinking/Alcohol State Policy

**Board of Health Legal overview presented by:** Overview of open meetings laws, quorum, and open records requests were some of the items discussed in the presentation.

*Ms. Jenessa Stromberger – City of Eau Claire*

*Mr. Richard Eaton – Eau Claire County*

**COVID-19 Update:**

- Gathering and events are being focused on to make sure that people continue to follow CDC guidelines to wear masks, keep distance, and keep gatherings as small as possible. The Incident Command Team continues to have conversations with schools on how to keep disease spread as low as possible and providing support. There is an Incident Command Group with representation from a variety of entities that meet to discuss such things as diversity, equity, testing and vaccination.
- Vaccination continues to be a challenge. The team is working countless hours to coordinate with other vaccinators as well as do our own vaccination clinic as a Health Department. Starting on March 1<sup>st</sup> the next eligibility group will be able to receive vaccine. We are still not done vaccinating the previously eligible groups. 16% of total population in our area has received vaccination. No vaccinator in the EC area is receiving full allocation of vaccine due to limited state supply. For example, this past week our Health Department asked for 2500 vaccinations and we received 300 doses. There was a very strategic plan on how to roll out the next group of eligible community members particularly educators, but with the lack of vaccine being received it is going to be difficult. We are actively working with UWEC and the State on the potential for a mass vaccination site that is for the region.
- Question and Answer:

- Q: Would Johnson and Johnson availability help? A: It will be a big asset when we have access to it. We are working on prioritization and planning for future use. Right now, the State is not aware of how much we may be receiving in Wisconsin, but we want to be prepared and ready when it arrives.
- Q: Is there anything that the board can do to help with messaging? A: If you are hearing messaging from Community Members feel free to touch base with the Health Department if you would like to discuss or get a background information. Please support message that there are plans, but we need vaccine.
- Q: Can you clarify the thinking behind widening the eligibility when there is not enough vaccine available? A: There has been a lot of encouragement to the State to delay rolling out the next eligibility tier. There State has opted to move forward with eligibility.

**Consent Agenda**

- a. Approve minutes from January 27, 2021 meeting
- b. Approve Stipends

**Motion to approve Consent Agenda:** Donald Bodeau

**2nd Motion:** Martha Nieman

**Motion Carried: Yes (unanimous vote)**

**Business Item**

- a. Review and receive COVID-19 Public Health Expectations
  - This version of the Public Health Expectations went into effect on January 25, 2021. They have not changed since the last board meeting. We are at 100 people indoors 250 people outdoors. General public spaces remain at 50% occupancy. We are discussing the gathering piece and trying to see if there is a pivot at looking at a higher limit if there has been a clear review of the mitigation processes in place, (wearing a mask, keeping distance, stay home if you are sick).

**Motion to Review and receive COVID-19 Public Health Expectations**

**as presented by Health Department staff:** Emily Berge

**2nd Motion:** Donald Bodeau

**Motion Carried: Yes (unanimous vote)**

**Other policy and informational items from staff for the Board**

- a. Director/Health Officer Report
  - 1b priority list represents all of those that will be eligible for vaccination on March 1, 2021.
- b. Correspondence/Media
  - No discussion
- c. Service Recognition
  - Dan Peterson, Environmental Health Specialist and Lead-retiring after 35 years of service
- d. Health Department review of BOH action from 2020
  - This is a more formal process as part of accreditation to look back and see what strategic improvements may be helpful for the Board of Health & Health Department relationship.
  - This year management team discussed web format as well as new board member orientation.
  - Board member requested to add quarterly financial review to the tracking list. Discussion on if moving financials from monthly to quarterly has been effective. Board members expressed that it is helpful to have it spaced out and easier to see revenue and expenses in a clearer layout.

- e. Health Department staffing update
  - We have a lot of team members who are eligible for retirement. Two of those positions have been announced and are being recruited for. Both are critical leadership positions as Division Managers of Communicable Disease and Community Health Promotion. We are working to have crossover training before those supervisors leave. We are also working on recruitment for an additional person for the budget specialist position as Janice the current Budget Specialist will be retiring. The plan is recruiting now for a retirement that may be at the end of the year or early next year. It does have a fiscal impact on the department when having two staff members in one position. Board expressed support for planning with these major transitions.
- f. Performance Management Update – 2020 end of year
  - Board members expressed that they were happy to see benchmarks being met and being able to maintain core areas of public health while working on the pandemic.
- g. Eau Claire Healthy Communities Update
  - Community Health Assessment update was discussed.
- h. Strategic Plan Update
  - The strategic plan does end in December 2021. We do not have the capacity at this point to start working on the next strategic plan. The hope is to have a strategy on how to get to done by this summer. We want to make sure that we do it right and we will need some space to figure out what could happen over the next few months.
  - Board discussed making a statement that they would like to extend the Health Department Strategic Plan for a year recognizing that COVID was not on the and so much time was spent focusing on the pandemic. It was requested that this be a future Board of Health meeting agenda item.

**Board member informational items**

- a. Quarterly review of tracking BOH Priorities
  - The board of health priorities have placed in a format that matches the Health Departments strategic plan document.
  - The board discussed and will continue to review and work on priorities while also focusing on COVID related items.
- b. Communicable Disease taskforce update
  - It has been a challenge to find a date for the first taskforce meeting for 20 people. The first meeting is tentatively scheduled to take place in the second week in March. Agendas, and meeting minutes that will be available online. The board will receive information and links as the meetings start taking place. Don Bodeau is the representative from the Board of Health on the taskforce and Merey Price has done a lot of work organizing and leading the taskforce.
- c. Public Health Policy/Advocacy-discussed broad range of public health topics at the State and National level.
  - State of WI biennial budget
    - The Healthy Communities initiative is a frame that WAHL DAB has created for budget related asks.
  - State COVID-19 related legislation-reviewed
  - Federal COVID-19 related legislation-reviewed

- Other advocacy- WALHDAB legislative tracking including the bills regarding Alcohol that were part of the public comment.

NALBOH and WAHLDAB conference dates and times were shared with the board -Board president encouraged members to consider attending and reminded them that there is a line item in the budget to support attendance.

<https://www.nalboh.org/events/EventDetails.aspx?id=1375943&group=>  
<https://www.wpha.org/events/EventDetails.aspx?id=1426989>

**Requests from Board members for future agenda items to be given consideration**

- a. Discussing extending the Health Department's strategic plan for a year due to the pandemic.

Next scheduled BOH meeting is March 24, 2021 at 5:15 p.m.

Merey Price adjourned the meeting at 6:57 p.m.



## Fact Sheet –Board of Health Meeting

### Agenda Item 4.b

#### Alliance for Substance Abuse Prevention

The Alliance for Substance Abuse Prevention has been awarded \$40,000 from Eau Claire County Department of Human Services to continue supporting county alcohol and drug use prevention efforts for youth. This funding supports maintaining the key partnerships of the Alliance, ensuring that youth alcohol and drug misuse trends continue to decrease, and addressing emerging issues like vaping. These dollars will be used in addition to Health Department tax levy support and other state and federal grants. Eau Claire City-County Health Department serves as the fiscal agent for the Alliance.

Since 2002, the Alliance for Substance Abuse Prevention has made a difference working together to decrease alcohol and tobacco use among Eau Claire County youth. The Alliance is guided by current data on youth substance use across the county and by community concerns and identified needs. In its work to change the culture around alcohol and other drug use in Eau Claire County, the Alliance has successfully supported the implementation of key programs, such as youth leadership through SADD chapters at all county schools, tobacco and alcohol compliance checks that impact youth access to substances, community education about youth substance use and prevention, and more. The Alliance has sustained key programs while responding to emerging issues in youth substance abuse prevention.

There is a need for this work as evidenced by the 2018 Community Health Assessment listing Alcohol Misuse and Substance Use identified in the top 3 community health priorities. Youth surveys indicate that youth alcohol and substance use is an issue that is still present in the community and highlight new trends that require action. Alcohol use by Eau Claire County high school students increased slightly from 2017 to 2019, and alcohol remains the most used substance by youth (55% ever had alcohol, 25% drank alcohol in the past 30 days). Marijuana use has remained steady among county youth over the past several years with 14% reporting 30-day use. Although use has stayed about the same, fewer youth perceive that they are at risk of harm from marijuana use compared to previous years, with under half (46%) reporting moderate or great risk to using marijuana in 2019. In 2019, 39% of high school students report ever vaping and 18% report vaping in the past month.

**Budget Implication:** \$40,000 has been committed to support existing staff.

**Staff Recommendation:** Approve ECCCHD's acceptance of the funding as the fiduciary agent for the Alliance for Substance Abuse Prevention Coalition for \$40,000.

*Prepared by Denise Wirth, Community Health Promotion Division Manager*

**Fact Sheet – 03/24/2021 Board of Health Meeting****Agenda Item 4.c****Health Care Education and Training Get Yourself Tested (GYT) Grant**

The Eau Claire City-County Health Department applied for a Get Yourself Tested (GYT) Initiative grant through Health Care Education and Training (HCET) to increase public information on the importance of sexually transmitted infection (STI) awareness and testing, and to provide confidential, convenient, discreet, low cost STI testing and treatment. We received notice that we have been approved for our seventh year of funding. This year we were awarded \$1,000 through April 30, 2021.

STIs are among the most common infectious diseases. GYT is a national campaign that started in 2009 as a collaborative effort of the American College Health Association (ACHA), the Kaiser Family Foundation (KFF), MTV, National Coalition of STD Directors (NCSD), Planned Parenthood Federation of America (PPFA) and the U.S. Centers for Disease Control and Prevention (CDC) to create greater awareness about STIs and how to prevent them. More information about the GYT campaign can be found by following this link: <https://www.cdc.gov/std/sam/gyt/default.htm>.

**Budget Implication:**

Grant amount of \$1,000 will be used to off-set costs associated with outreach and testing for the GYT initiative in Eau Claire County.

**Staff recommendation:**

Approve the HCET grant of \$1,000.

*Prepared by Tegan Ruland, Clinical Services*

## Public Health Week Proclamation

**Whereas** the week of April 5-11, 2021, is National Public Health Week, and the theme is “Building Bridges to Better Health”; and

**Whereas** U.S. life expectancy dropped from 2014 to 2017 in the longest sustained decline since the Great Recession and only in 2018 began to increase again; further, studies consistently show the United States has a lower life expectancy than comparable countries; and

**Whereas** there is a significant difference in health status, such as obesity, poor mental health and drug use, among people living in rural areas compared with people living in urban areas, and this variance increases because rural residents are often more likely to face social determinants that negatively impact health, such as poverty, transportation barriers and lack of economic opportunity; and

**Whereas** public health professionals help communities prevent, prepare for, withstand and recover from the impact of a full range of health threats, including disease outbreaks such as the COVID-19 pandemic, measles, natural disasters and disasters caused by human activity; and

**Whereas** public health action, together with scientific and technological advances, has played a major role in reducing and, in some cases, eliminating the spread of infectious disease, and in establishing today’s disease surveillance and control systems; and

**Whereas** six in 10 U.S adults have a chronic disease and four in 10 have two or more; and health risks such as alcoholism, obesity and tobacco use are the primary reason for 7 of every 10 deaths annually in the United States.

**Whereas** the COVID-19 pandemic has illuminated and exacerbated racial inequities and a growing number of local, state governments and public health leaders have declared racism a public health crisis.

**NOW, THEREFORE, I**, Merey Price, on behalf of the Eau Claire City-County Board of Health, do hereby proclaim the week of April 5-11, 2021, as **Public Health Week 2021** and call upon the people of Eau Claire to observe this week by helping our families, friends, neighbors, co-workers and leaders to better understand the value of public health and supporting great opportunities to adopt preventive lifestyle habits in light of this year’s national theme, **“Building Bridges to Better Health.”**

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Merey Price, President  
Eau Claire City-County Board of Health

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Date

## Board of Health Meeting 03/24/2021

### Agenda Item 6.a

#### Eau Claire City-County Health Department Report to the Board of Health

##### Staff Updates:

Elizabeth Hagen has joined the Eau Claire City County Health Department as an Evaluator in the Community Health Promotion Division. She will be working in Mental Health Matters and Overdose Data to Action grants. Elizabeth recently worked at Polk County Public Health Department as a Community Health Educator. Welcome Elizabeth!

Sarah Dillivan-Pospisil received her recertification as Prevention Specialist (PS) through The State of Wisconsin on February 8<sup>th</sup>, 2021. In 2019, Wisconsin recorded 88 active credential holders for either the PS or PS-In Training. The purpose of the certification is to create a strong workforce that can assist with managing prevention block grant money and implement environmental, evidence-based programs, policies, and practices. Sarah completed 120 hours of approved education (planning and evaluation, prevention education and service delivery, communication, community organization, public policy and environmental change, professional growth and responsibility, and ethics), including hours specific to alcohol, tobacco, and other substances.

##### Narcan Direct:

Sarah Dillivan-Pospisil conducted a Narcan training for staff at Catholic Charities – The Sojourner House and Lutheran Social Services of Wisconsin & Upper Michigan, Inc – Positive Avenues on February 3<sup>rd</sup>, 2021. The training was conducted virtually due to the COVID-19 pandemic with 14 in attendance. Narcan is an opioid antagonist, meaning it can restore breathing in a person experiencing an opioid overdose. The Eau Claire City-County Health Department is able to distribute the nasal-spray formulation of Narcan as a participant in the WI DHS Narcan Direct Program. Sarah also provided information about prescription drug misuse and distributed 25 lockboxes, 10 lockbags, and 30 deactivation bags.

##### Medication Safety:

Extension Eau Claire County offered education around the importance of locking up and properly disposing of medication to HMoob participants in the StrongBodies program. Information was also shared with HMoob adults and elders outside of the program, and a total of 36 lockboxes and 50 at-home medication deactivation bags were provided. This information is beneficial to HMoob families as many are living in multigenerational households, and awareness of prescription drug misuse will support the entire family system.

Vivent Health received 10 at-home medication deactivations bags, and 20 lockboxes/bags to provide with their prevention services. Vivent Health is dedicated to providing care and prevention services without judgment, shame, stigma or rejection. Their team is comprised of professionals whose purpose is to help you thrive on your journey and to treat you with the respect and dignity you deserve.



### **Alliance for Substance Abuse Prevention (Alliance):**

Sarah Dillivan-Pospisil, Grace Huftel, and Kate Kensmoe are attending an 8-part series between February and May called Coalition Capacity Building Boot Camp. The boot camp combines virtual training with individual coaching sessions to enhance a coalition's capacity to implement effective prevention initiatives. Over the four-month period the coalition will:

- Apply key prevention principles and concepts in implementing the Strategic Prevention Framework (SPF)
- Assess their coalition to identify and prioritize key components of coalition capacity to be addressed by their coalition
- Develop a capacity building plan for their coalition

This spring, Emily Carlson, Youth Advocacy Advisor for the Alliance, and Cortney Draxler, Policy and Systems Division Manager met with State Legislators to discuss tobacco prevention and control data and programs in our community. The Alliance had a combined meeting with the Central Wisconsin Tobacco-Free Coalition and Senator Bernier's office. Emily and Cortney along with an Alliance members met with Representative Petryk and BJ Dernbach. Emily and Cortney along with 2 Alliance members also met with Representative James. Building relationships with local legislators helps keep open communication about the efforts in the communities they serve and to let those legislators know the Alliance is a resource about substance misuse and best practices.

### **Seven Mile Creek Landfill Siting Committee Update – Environmental Sciences:**

Since late-2018, the Environmental Sciences Division Manager has been participating as a county-designee on the Siting Committee for a proposed expansion of the Seven Mile Creek Landfill. The role of this committee is to represent the locally affected municipalities to negotiate an agreeable settlement between the parties (the landfill owner – GFL Environmental and representatives of each municipality - Town of Seymour, City of Eau Claire, and Eau Claire County) concerning the local implications of the landfill expansion. Local negotiations generally focus on mitigating and compensating for the local economic, social and land use impacts of the landfill and its associated operations. This negotiation process is a component of the local approval process and is a requirement prior to the construction of any new landfill and any subsequent expansions of a landfill in Wisconsin. The local approval process is overseen by the Wisconsin Waste Facility Siting Board (WWFSB) and is separate from the landfill's required permitting processes, which is administered through the Wisconsin Department of Natural Resources (WDNR). However, these distinct processes generally have a concurrent timeline. Additional information about the two processes can be found at: <https://dnr.wisconsin.gov/topic/Landfills/Siting.html>.

This update is being brought forward due to recent media coverage of neighboring residents expressing concern related to the status and duration of the negotiation process and staff felt more clarity on the current situation may be desired. Throughout 2019 and early-2020, the Siting Committee hosted regular public meetings, including a community open house that occurred prior to the conclusion of the public comment period for the WDNR's feasibility determination process for the expansion. While it is common for the local approval process to take multiple years, the negotiation component of the process has extended longer than prior negotiations due to multiple factors. Among these factors include: the duration of the WDNR review process (expansion feasibility was approved by WDNR in June 2020), the proposed size of the expansion request (much larger than more recent expansion proposals), considerations related to public gatherings during the COVID-19 pandemic, as well as a change in landfill ownership during the process (Advanced Disposal sold to GFL Environmental in 2020). While meetings have been less regular in recent months, the committee has

met twice since June 2020. Both meetings were promptly moved into closed session so that the Committee could hear updates and discuss the status of negotiations with the Committee's legal counsel. There are limits to the updates that can be provided as specific discussions that occur in closed session are confidential for negotiating purposes. However, the most substantive update to provide at this time is that negotiations are ongoing despite there being less regular meeting. The Committee's Legal Counsel is authorized to negotiate with landfill representation on behalf of the Committee. Negotiations will remain ongoing until an agreement is reached. Any future committee meetings will be conducted as Committee discussions are determined to be needed. Like previous meetings, all future meetings will be publicly noticed per the State of Wisconsin's Open Meetings Law. Ultimately, if a settlement cannot be reached, the parties may petition the Wisconsin Waste Facility Siting Board (WWFSB) to issue an arbitration award to settle the dispute. This process essentially involves each party submitting and presenting a final offer for a settlement at an arbitration hearing. Following the hearing, the WWFSB must select one of the submitted offers as the final terms, with no additional modifications (i.e., either the offer of the Landfill or the Siting Committee will be selected in its entirety). The final terms of the settlement shall remain in place until superseded by a subsequent agreement.

### **Eau Claire Healthy Communities**

Typically, Eau Claire Healthy Communities (EHC) holds an annual celebration and legislative gathering in April. This year the group is not planning on having a large in-person celebration and legislative event due to COVID-19 and because of the timing of the community health assessment process. The week the celebration would typically be held, they are planning for multiple posts on social media to celebrate some of EHC successes over the year. The group discussed potentially holding an event later this year as work on the Community Health Improvement Plan begins to engage/re-engage the community on identifying how we work on health priorities over the next three years. The intention for 2022 is to host an in-person celebration and legislative event. Legislative activity connected to Healthy Communities will continue through less formal outreach.

### **City of Eau Claire Ordinance proposal**

The City of Eau Claire is proposing an ordinance for Parklets and Parklet Café's. This would amend chapter 13.12 entitled "street use" by creating a section entitled "Parklet and Parklet Café." A parklet is defined as an expansion of a business creating an outdoor seating area on part of the public street right-of-way that immediately adjoins the business for the purpose of providing expanded seating and service area for customers of the business adjacent thereto. And a Parklet Café is defined as an expansion of a restaurant creating an outdoor dining facility on part of the public street right-of-way that immediately adjoins the licensed premises for the purpose of consuming food or beverages prepared at the restaurant adjacent thereto. It is similar to a Sidewalk café but differs in that it uses a public street or parking space instead of the public sidewalk (See picture below). The parklet/parklet café's will only be in the downtown or Water Street districts of the City of Eau Claire. The health department has reviewed and provided input to this proposed ordinance.

In the Parklet Ordinance it would not include explicit language of health department approval. However, the health department would be included on an internal procedure with City staff to offer feedback. This proposal will be on the City agenda for first reading next week and then a vote at the following meeting.



**From:** Audrey Boerner <[Audrey.Boerner@co.eau-claire.wi.us](mailto:Audrey.Boerner@co.eau-claire.wi.us)>  
**Sent:** Friday, March 12, 2021 2:05 PM  
**To:** \_ECC-Health <[ECC-Health@co.eau-claire.wi.us](mailto:ECC-Health@co.eau-claire.wi.us)>  
**Subject:** Thank You Healthcare - Leadership Program Messages

*See below from the Chamber!*

**Hello Eau Claire City-County Health Department! 🙏**

The [Youth Leadership Eau Claire](#) and [Leadership Eau Claire](#) classes for this year joined forces to say THANK YOU to Chippewa Valley healthcare employees. *Please share this thank you with your full staff!*

View the Youth Leadership Eau Claire Thank You video here: <https://youtu.be/YvQ0sycaARY>

View the Leadership Eau Claire Thank You card here (also attached as a PDF version): <https://www.groupgreeting.com/sign/201956f6d0db50d>

Both Leadership Programs are part of the Eau Claire Chamber Educational Foundation that combine leadership skill building with community education. During the nine-month program, participants get a bird's-eye view of the issues facing the community, begin developing the leadership skills necessary to assume leadership roles and are exposed to involvement opportunities in the community.

When our program day to learn about healthcare in our community came up in March, we knew we needed to take this opportunity to say thank you! We recognized our local healthcare workers in the Chippewa Valley have served as true heroes & incredible leaders over the last year being on the frontlines of the COVID-19 pandemic.

***THANK YOU LOCAL HEALTHCARE!***



THANK YOU so much for your selfless efforts in throughout COVID-19 pandemic & beyond. Your selflessness makes YOU the true heroes during these challenging times.

The community appreciates YOU! ❤️  
Casey Schumacher - Eau Claire Area  
Chamber of Commerce

Because of you, our community has been able to fight covid with confidence. Thank you for everything you do!

*Thank you so much for all you and your team do to help our community stay healthy!!  
Gwen Sweeney at Provisions Health*

Kailee Berry- Chestnut Consulting

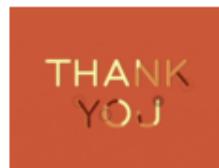
*Thank you for all the hard work and sacrifice you have put in throughout these difficult times!  
Luke Viall*

THANK YOU for your care, courage and dedication to keep our community well cared for. I cannot express my appreciation enough - you are a true hero!  
Jesse Smith @ Royal Credit Union

We appreciate all that you have done for our community! Thank you!  
Sarah North - Group Health Cooperative of Eau Claire

*Thank you healthcare workers for your hard work and dedication!*  
Ryan Ludy-Prevail  
Bank

Thank you seems very inadequate to express how grateful I am for the amazing selflessness, passion, and dedication that you all show every day and especially during this past year. Your willingness to put the community first is nothing short of inspirational and your service has been a blessing to help everyone stay healthy and safe. THANK YOU!  
Andrew Salvaterra



*Thank you for all you have done and continue to do to keep our community healthy!*  
Kayla Rose at Group Health Cooperative of Eau Claire

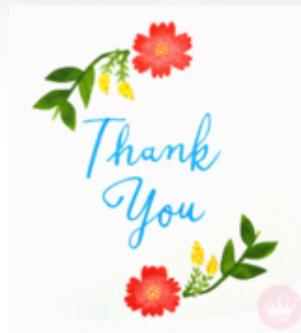
Thank you for your continued dedication to keeping our community healthy. You truly are ESSENTIAL 😊  
Becca Coleman at Eau Claire Area Economic Development Corporation

*Thank you for all your sacrifice and care during these uncertain times! What you have done for our community is truly amazing!*  
Tom Waldusky - Benedict Sales & Service

Thank you for your continued dedication to our community! You are VERY MUCH appreciated 😊! Stay safe -  
Tessa Knudtson

A huge thank you for all that you do to keep our community safe and healthy. Your hard work and dedication are so appreciated!  
Chrystal Mills, Eau Claire Chamber

Thank you to all of the healthcare workers who have worked so hard during the pandemic to keep the Chippewa Valley healthy!  
Ty Fadness, City of Eau Claire



For over a year now, you have been putting the safety of others before your own, ensuring that we as a community stay as safe and healthy as possible. The amount of gratitude and thanks can never match your unselfish sacrifice and your dedication to our community.  
Thank you!  
Pang Garcia, CVTC

Your sacrifices have made such an incredible impact; we are so thankful for YOU!! Thank you for your steadfast commitment to keeping our community safe and healthy.  
Karlee Wallin, RCU

Thank you for dedication, long hours, care that you have given all during this challenging time. Your wonderful care does not go unnoticed.  
Brandi Brzezinski



Thank you for the dedication and selflessness you all showed during this pandemic. You truly are heroes. You provided care, kindness and hope to many. We will always be grateful!  
We will always remember!  
Judy Kruse

Thank you for everything you have done to keep our loved ones safe throughout the past 12 months. We appreciate you!  
Stephanie Pohnl

THANK YOU for all you continue to do!  
Your dedication during the challenging  
time is greatly appreciated! You truly  
are an inspiration to the communities.

Kayla Hassemmer, Prevea Health

THANK YOU! THANK YOU  
HEALTHCARE WORKERS  
FOR YOUR SELFLESSNESS  
AND DEDICATION TO  
KEEPING THE COMMUNITY  
SAFE. WE APPRECIATE ALL  
THAT YOU DO!  
JOSH GARDOW RHOM  
CONSTRUCTION

Thank you! Thank you! Thank you!  
I can not say it enough to express the  
gratitude our community has for the tireless  
work and dedication you have put forth in the  
last year. We appreciate you more than you  
know!

Thank you!  
Nick White Associated Bank

I can't thank all the health care  
workers enough for your hard work  
and sacrifices through the last year.

In a sometimes divisive world, know  
that you are appreciated and your  
work is critically important. Thank  
you!

Dan Sydow, Ayres Associates

*Thank you for all of the selfless effort that you  
have shown over the last 12 months. The bravery  
and commitment to run headlong into the unknown  
and place the needs of others before your own is  
inspiring. The sacrifice that you have made will be  
remembered long into the future.*

*Thank you!!!*

*Travis Paullin - WJN Technology*

*Thank you so much for your tireless dedication through these tough  
times! You are all an inspiration to us in the community and I know  
I feel very safe thanks to our fantastic healthcare professionals.  
Stay safe and continue to be strong! Thank you so very much for  
all that you do!*

*Jeff Marty - Royal Credit Union*

Thank you for all that you're doing to keep our community safe. You are sacrificing so much to save people's lives and to maintain as much normalcy as possible. Because of your efforts, I can trust that my family, friends, and neighbors will stay safe during these unprecedented times. Thank you for being there when we cannot. The lives you touch are special to someone though you cannot see it because we cannot reach you directly to say thank you. Stay strong! Special shoutout to all my best friends who are nurses/RTs!

Rosalyn Zirngible – Chippewa County Economic Development Corporation (CCEDC)

Thank you for all you are doing to keep our community and loved ones safe and healthy. We appreciate you all so much.  
Lindsey Sabelko – Wipfli LLP

Thank you for all your hard work and dedication to the health and well being of our community.  
Evan Middlesworth

Thank you for all you are doing to combat COVID-19 in our community. Thank you for selflessly risking your own health in order to save others. We continue to hold you in our thoughts and prayers. Just know you are appreciated more than you know!

Max Kaiser - Banbury Place

*Thank you for the courage and resiliency you all have shown during this pandemic. Our community is incredibly grateful for your support, and we appreciate everything you do to keep us safe.  
Tom Halloin - Landmark Company*

Thank you for everything you do to keep our community safe and healthy! Your dedication and hard work should not go unappreciated!  
Kaitlyn Molis, CVTC  
Marketing Student

Thank you for all you do to keep our community safe and healthy. I appreciate you, the sacrifices you have made and all your efforts throughout this pandemic and beyond. Thank you!

Jon Lepsch - WEAU News

Thank you for the services you provide in our community day and night, weekdays, weekends, holidays, rain or shine. Thank you for persevering through long and demanding shifts which may leave you with tired eyes, sore feet, achy backs, dirty clothes, messy hair, hungry stomachs and little patience. Thank you for your commitment to delivering excellent care to us, our families, friends and neighbors. Thank you for being strong and fearless through the most challenging times. Thank you!

Nicholas Foiles - Xcel Energy

Thank you for all your hard work and dedication throughout these challenging times. We are forever grateful. Your continued dedication to the community is appreciated.

Chad Ellingson - Market & Johnson

**Thank you for all you have done and continue to do to keep us healthy. Your work has not gone unnoticed and the Chippewa Valley is lucky to have a large, dedicated group of healthcare workers to provide the care needed. I appreciate the work that you have done - thank you!**

**Tanner Thompson - Charter Bank**



Sending appreciation one card at at time.

Board of Health Meeting 3/24/2021

Agenda Item 6.b

February 2021 Media Contacts

**INTERVIEW**

2/1/2021	Title: Happening Tuesday: Eau Claire County Board, City Council to take up local mask mandates	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://wqow.com/2021/02/01/happening-tuesday-eau-claire-county-board-city-council-to-take-up-local-mask-mandates/">https://wqow.com/2021/02/01/happening-tuesday-eau-claire-county-board-city-council-to-take-up-local-mask-mandates/</a>	
2/2/2021	Title: UW-Eau Claire classes resume amid expanded testing	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.leadertelegram.com/covid-19/uw-eau-claire-classes-resume-amid-expanded-testing/article_fb5f7174-0983-5289-921b-61bc5a1dc539.html">https://www.leadertelegram.com/covid-19/uw-eau-claire-classes-resume-amid-expanded-testing/article_fb5f7174-0983-5289-921b-61bc5a1dc539.html</a>	
2/3/2021	Title: Mask ordinance: Does it change enforcement	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://wqow.com/2021/02/03/mask-ordinance-does-it-change-local-mask-enforcement/">https://wqow.com/2021/02/03/mask-ordinance-does-it-change-local-mask-enforcement/</a>	
2/3/2021	Title: Official hopeful recent vaccine developments will increase supply	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.weau.com/2021/02/04/official-hopeful-recent-covid-19-vaccine-developments-will-increase-supply/">https://www.weau.com/2021/02/04/official-hopeful-recent-covid-19-vaccine-developments-will-increase-supply/</a>	
2/3/2021	Title: Anticipating Statewide Mask Mandate Repeal, Cities And Counties Craft Local Ordinances	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.wpr.org/anticipating-statewide-mask-mandate-repeal-cities-and-counties-craft-local-ordinances">https://www.wpr.org/anticipating-statewide-mask-mandate-repeal-cities-and-counties-craft-local-ordinances</a>	
2/4/2021	Title: Breastfeeding Buddy Program	Topic: Healthy Growth and Development Staff: Alexis Tuma
	Link: <a href="#">NOT AVAILABLE</a>	
2/4/2021	Title: LIVE: Covid-19 Update for February 4, 2021	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.facebook.com/eauclairehealth/videos/208922374191593">https://www.facebook.com/eauclairehealth/videos/208922374191593</a>	
2/5/2021	Title: Friday is National Wear Red Day	Topic: Chronic Disease Prevention Staff: Janessa VandenBerge
	Link: <a href="https://wqow.com/2021/02/05/friday-is-national-wear-red-day/">https://wqow.com/2021/02/05/friday-is-national-wear-red-day/</a>	

2/5/2021	Title: WPR Westside	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.wpr.org/shows/west-side-february-5-2021">https://www.wpr.org/shows/west-side-february-5-2021</a>	
2/5/2021	Title: National Wear Red Day	Topic: Chronic Disease Prevention Staff: Janessa VandenBerge
	Link: <a href="https://waow.com/2021/02/05/national-wear-red-day/">https://waow.com/2021/02/05/national-wear-red-day/</a>	
2/11/2021	Title: LIVE: COVID-19 updates for February 11, 2021	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.facebook.com/eaucloairehealth/videos/328945208509286">https://www.facebook.com/eaucloairehealth/videos/328945208509286</a>	
2/18/2021	Title: LIVE: Incident Update for February 18, 2021	Topic: Communicable Disease Staff: Lieske Giese
	Link: <a href="https://www.facebook.com/eaucloairehealth/videos/447952203309043">https://www.facebook.com/eaucloairehealth/videos/447952203309043</a>	
2/22/2021	Title: With the marketplace open, Chippewa Valley residents urged to consider health insurance	Topic: Healthy Living and Prevention Staff: Cortney Draxler
	Link: <a href="https://www.leadertelegram.com/covid-19/with-the-marketplace-open-chippewa-valley-residents-urged-to-consider-health-insurance/article_f97b7237-4617-5d70-aa9c-585d2f9487d6.html">https://www.leadertelegram.com/covid-19/with-the-marketplace-open-chippewa-valley-residents-urged-to-consider-health-insurance/article_f97b7237-4617-5d70-aa9c-585d2f9487d6.html</a>	

#### PRINT ARTICLE

2/1/2021	Title: Radon	Topic: Healthy Homes and Places Staff: Lizzy Paulson
	Link: <a href="#">Not Available</a>	



Eau Claire City-County  
**Health Department**

## *Service Recognition Certificate*

*In appreciation of your 32 years of dedicated service and expertise that have improved the health of every citizen, visitor, city, town and village in the County of Eau Claire.*

This certificate is presented to  
Denise Wirth

Community Health Promotion Division Manager

\_\_\_\_\_  
Signature Director/Health Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature President, Board of Health

\_\_\_\_\_  
Date

## WPHA/WALHDAB – 2021-22 Wisconsin Bill Tracking

Bill Number	Bill Description	Position	Bill Status
<b>Assembly Bill 1</b>	Relating to: Pandemic relief		<ul style="list-style-type: none"> <li>Vetoed by the Gov. on Feb 5, 2021</li> </ul>
<b>Assembly Bill 5</b>	Relating to: Facilitating COVID-19 vaccine distribution		<ul style="list-style-type: none"> <li>Passed Assembly on Jan 28, 2021</li> </ul>
<b>Assembly Bill 23 (Companion to Senate Bill 4)</b>	Relating to: prohibiting government officials from mandating a COVID vaccine		<ul style="list-style-type: none"> <li>Passed Assembly Committee March 10</li> </ul>
<b>Assembly Bill 24 (Companion to Senate Bill 7)</b>	Relating to: Closure of places of worship		<ul style="list-style-type: none"> <li>Passed Assembly Committee on March 10</li> </ul>
<b>Assembly Bill 25 (Companion to Senate Bill 5)</b>	Relating to: Prohibiting mandatory vaccination as condition of employment		<ul style="list-style-type: none"> <li>Passed Assembly Committee on March 10</li> </ul>
<b>Assembly Bill 32 (Companion to Senate Bill 22)</b>	Relating to: Drinks to Go		<ul style="list-style-type: none"> <li>Passed Assembly on March 17</li> </ul>
<b>Assembly Bill 66 (Companion to SB 59)</b>	Relating to: Community Health Center Grants		<ul style="list-style-type: none"> <li>In Assembly Health Committee</li> </ul>
<b>Assembly Bill 88 (Companion to Senate Bill 87)</b>	Relating to: Requiring face coverings in certain situations		<ul style="list-style-type: none"> <li>In Assembly Committee</li> </ul>
<b>Assembly Bill 92 (Companion to Senate Bill 86)</b>	Relating to: Grants to hospitals for expanding psychiatric bed capacity		<ul style="list-style-type: none"> <li>In Assembly Committee</li> </ul>
<b>Senate Bill 4 (Companion to Assembly Bill 23)</b>	Relating to: Prohibiting government officials from mandating COVID-19 vaccination		<ul style="list-style-type: none"> <li>Passed Senate on 2/16/21</li> </ul>
<b>Senate Bill 5 (Companion to Assembly Bill 25)</b>	Relating to: Prohibiting mandatory vaccination as condition of employment		<ul style="list-style-type: none"> <li>Passed Senate Committee on Jan 21, 2021</li> </ul>
<b>Senate Bill 7 (Companion to</b>	25 Relating to: Closure of places of worship		<ul style="list-style-type: none"> <li>Passed Senate on 2/16/21</li> </ul>

<b>Assembly Bill 24)</b>			
<b>Senate Bill 22 (Companion to Assembly Bill 32)</b>	Relating to: Drinks to Go		<ul style="list-style-type: none"> <li>Public hearing held in Senate Committee on Feb 4, 2021</li> </ul>
<b>Senate Bill 56</b>	Relating to: Remote orders and pick up of alcohol		<ul style="list-style-type: none"> <li>Public hearing held in Senate Committee on Feb 4, 2021</li> </ul>
<b>Senate Bill 57</b>	Relating to: Alcohol Delivery		<ul style="list-style-type: none"> <li>Public hearing held in Senate Committee on Feb 4, 2021</li> </ul>
<b>Senate Bill 59 (Companion to AB 66)</b>	Relating to: Community Health Center Grants		<ul style="list-style-type: none"> <li>Passed Senate Committee on 2/11/21</li> </ul>
<b>Senate Bill 86 (Companion to AB 92)</b>	Relating to: Grants to hospitals for expanding psychiatric bed capacity		<ul style="list-style-type: none"> <li>In Senate Health Committee</li> </ul>
<b>Senate Bill 87 (Companion to AB 88)</b>	Relating to: Requiring face coverings in certain situations		<ul style="list-style-type: none"> <li>In Senate Committee</li> </ul>
<b>Senate Joint Resolution 3</b>	Relating to: Terminating COVID-19 public health emergency		<ul style="list-style-type: none"> <li>Passed Legislature on Jan 26, 2021</li> </ul>
<b>Senate Joint Resolution 9 (Companion to AJR 6)</b>	Relating to: proclaiming February 2021 as American Heart Month		<ul style="list-style-type: none"> <li>Passed Senate on Feb 15, 2021</li> </ul>
<b>Assembly Joint Resolution 6 (Companion to SJR 9)</b>	Relating to: proclaiming February 2021 as American Heart Month		<ul style="list-style-type: none"> <li>Passed Legislature on Feb 16, 2021</li> </ul>
<b>Assembly Joint Resolution 8</b>	Relating to: Proclaiming racism a public health crisis		<ul style="list-style-type: none"> <li>In Assembly Rules Committee</li> </ul>

<b>Senate Bill 152 (Companion to AB 131)</b>	Relating to: sealant products		<ul style="list-style-type: none"> <li>• In Senate Natural Resources Committee</li> </ul>
<b>Senate Bill 156 (Companion to AB 140)</b>	Relating to: PFAS mitigation		<ul style="list-style-type: none"> <li>• In Senate Natural Resources Committee</li> </ul>
<b>Senate bill 181</b>	Relating to: licensing of dental therapists		<ul style="list-style-type: none"> <li>• In Senate Committee on Licensing</li> </ul>
<b>Assembly Bill 131 (Companion to SB 152)</b>	Relating to: sealant products		<ul style="list-style-type: none"> <li>• In Assembly Transportation Committee</li> </ul>
<b>Assembly Bill 140 (Companion to SB 156)</b>	Relating to: PFAS mitigation		<ul style="list-style-type: none"> <li>• In Assembly Environment Committee</li> </ul>

# 2021-2022

# LEGISLATIVE PRIORITIES

**Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the residents of the state.**

## About Public Health

Over the last century, public health advancements have dramatically increased life expectancy through vaccination, infectious disease control, and chronic disease prevention. Health outcomes are primarily driven by the social and economic conditions in which we live, work, play, pray, grow up, and grow old. That's why public health is increasing its emphasis on education, income and employment, housing, and other "social determinants of health."

## Legislative Priorities

**Preserve public health statutory authority for control of communicable diseases and other public health threats.**



**Build and retain public health infrastructure through increased and more flexible public health funding.**

Dedicate funding for core public health services.

Allocate \$36 million per year, over and above what is currently budgeted for public health.

Direct at least half the new allocation (\$18 million) to local health departments.

**Address Racism as a Public Health Crisis.**

Support legislation that promotes and fosters diversity, equity, and inclusion, so that all people are treated fairly and respectfully and can attain their full health potential.



## Policy Priorities

### Criminal Justice Reform

- Increase treatment alternatives and diversion program (TAD) funding for mental health and substance abuse issues.
- Increase funding allocated to counties for juvenile justice services.

### Income Stability and Employment

- Support and expand Paid Family Leave.
- Increase Earned Income Tax Credit and move from one-time to monthly payments.
- Establish tax credit for family caregivers.
- Increase workforce training/transitional jobs.

### Early Childhood

- Fully fund School Breakfast Program.

### Housing

- Expand low-income housing tax credits for developers and rental assistance vouchers for renters.
- Fund abatement for lead paint, soil and pipes.

## Support Best Practice Public Health Policy and Effective Programming

Each local health department in Wisconsin is charged to identify its community's health priorities. Planning processes include representatives from healthcare, for-profit businesses, community-based non-profit organizations, other community groups, and intergovernmental departments. Specific priorities vary across the state (e.g. soil contaminants, alcohol, tobacco or other drug prevention, preventable injury, mental health, etc.), but there is also much common ground across the state. Support public health to effectively address these priorities accomplish these goals.



### About WPHA

The Wisconsin Public Health Association is the largest statewide association of public health professionals in Wisconsin. Established in 1948, WPHA exists to improve, promote and protect health in Wisconsin. WPHA strives to be diverse in its constituency, rich in partnerships and valued for its policy recommendations and best practices. WPHA is the collective voice for public health in Wisconsin.

### About WALHDAB

The Wisconsin Association of Local Health Departments and Boards is the statewide leader and voice for local governmental public health. WALHDAB was founded in 1991 to serve local health departments and boards of health.



DATE: March 11, 2021  
TO: Wisconsin State Legislature  
FROM: The Wisconsin Association of Local Health Department and Boards  
The Wisconsin Public Health Association  
RE: LRB-0792 – Please Oppose Jeopardizing Local Public Health

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The Wisconsin Association for Local Health Departments and Boards (WALHDAB) is the statewide organization of city, county and tribal local board of health members and health department administrators. WALHDAB members provide a unified forum for public health leadership development, advocacy, education, and forging of community partnerships for the improvement of public health at the local level.

The Wisconsin Public Health Association (WPHA) is the largest statewide association of public health professionals in Wisconsin. WPHA was established in 1948 and serves as the collective voice for public health in Wisconsin and is committed to building a healthier, safer state through policy, partnership and professional development of our members.

Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the health of Wisconsin citizens. Public health experts bring together businesses, schools, and government agencies to minimize health threats before they start.

We are greatly concerned about proposals in LRB-0792 that preempt local health departments from effectively addressing critical public health risks which impact the health, safety, and livelihood of local communities, and we respectfully request you do not cosponsor the bill. Our concerns include:

**1. Prohibition against closing businesses (Section 8, lines 7-12 on page 7)**

**Request:** Remove this proposal

**Rationale:** The proposal requires “any action or regulation of a business relating to an emergency shall be applied to all businesses uniformly without regard for type of business...” This is unworkable for local economies, it is not based on science, and it runs counter to effective and long-established public health protocols. Any public health action needs to be specifically targeted at risk. In some cases all businesses would have the same risk and in other cases they would not. The proposal would have negative consequences for employees and businesses, and it jeopardizes the health of communities across Wisconsin.

Current law allows local health officers to protect public health while minimizing negative impact on a given community’s economy by tailoring actions based on specific risks. This proposal eliminates the use of science and best practice, and it requires local health officers to impose maximum negative economic impact on all businesses.

The fact is that “all types of businesses” are not at equal risk, and even similar businesses, based on their specific practices, may not all have the same risk. It is not fair to close or limit capacity at low-risk Business-types A, B, and C just because there is an elevated public health risk specific to

Business-type D. For example, if a public health risk is specific to a fitness club, a local health officer would have to close the fitness club, the grocery store, the gas station, the hardware store, and the bank, despite a lack of factual, scientific evidence that an equal (or even significant) risk is also present at those other businesses. This is not fair to local economies, and it is not a fact-based approach in accordance with recommendations from health experts.

**2. Creation of new statute regarding confinement (Section 6, page 4 line 3 through page 6 line 25, and Section 7, line 2 through 6)**

**Request:** Remove this proposal

**Rationale:** This is a substantial reworking of existing statutes. Under current law, a health officer may confine someone to their home for isolation or quarantine in order to control the spread of communicable disease. This is critical for our community's health. Under current practice a local health officer needs to obtain a court order for confinement only when an individual does not comply with the public health order from the health officer. In only extremely infrequent cases is a court order process necessary.

This proposal creates two new sections of statute requiring a public health officer to obtain a court order for any instance where a person needs to isolate or quarantine at home. Those new sections create nearly ten new mandates for local health officers to follow the new processes. These new sections create a local dynamic of unnecessary conflict.

In practice, this would require an enormous amount of administrative work for local health departments and our local judicial and legal system, who have neither the staff nor funding to fulfill that kind of state mandate. Furthermore, even with adequate staff and funding, the delays inherent in seeking and obtaining a court order would drive significant, and potentially even fatal, delays in isolating individuals who are an immediate public health threat to their communities. Finally, in the vast majority of instances where isolation or quarantine orders are done, it is voluntary. In the extremely rare circumstances when ordered and compliance is not obtained, then the judicial process is appropriately used.

Under this bill Wisconsin courts will be dealing with hundreds of requests for isolation or quarantine. Right now, the vast majority of isolation requests are easily managed through voluntary cooperation when requested by a local health officer.

This new requirement will make it practically impossible for local health officers to control communicable disease through the use of targeted isolation and quarantine orders. This does not serve the best interest of public health in protecting Wisconsin communities.

The middle of a pandemic is no time to limit the work local health officers. We need to support local health officers and remain committed to local decision-making as the keys to governance in Wisconsin. State leaders from both parties and all branches of state government have described the importance of local response to this unprecedented pandemic.

We respectfully request you do not cosponsor LRB-0792. If you have any questions, please contact Tim Hoven ([tim@hovenconsulting.com](mailto:tim@hovenconsulting.com)) or Erik Kanter ([erik@hovenconsulting.com](mailto:erik@hovenconsulting.com)).

The Joint Committee on Finance announced the state budget listening sessions. These will include a virtual option for those who cannot attend in person. All hearings begin at 10am. Details on how to register and join the virtual hearing will be updated on [legis.wisconsin.gov/topics/budgetcomments](https://legis.wisconsin.gov/topics/budgetcomments).

Friday, April 9 - UW-Whitewater, Whitewater, WI

Wednesday, April 21 - The Hodag Dome, Rhinelander, WI

Thursday, April 22 - UW-Stout, Menomonie, WI

Wednesday, April 28 - Statewide Virtual



[legis.wisconsin.gov/topics/budgetcomments](https://legis.wisconsin.gov/topics/budgetcomments)

[Budget.Comments@legis.wisconsin.gov](mailto:Budget.Comments@legis.wisconsin.gov)



**WALHDAB**  
Public Health In Action

Wisconsin Association of Local Health Departments and Boards

## WPHA and WALHDAB Legislative Action Alert

### *Stop State Legislative Attempt to Limit Local Health Orders*

[Click here to find your legislators by inputting your address in the upper right corner.](#)

**Contact your State Representative and Senator now and tell them NOT to cosponsor LRB-0792!**

Legislative Republicans have put forth LRB-0792 authored by Senator Eric Wimberger and Representative Joe Sanfelippo, which contains two policies severely limiting local health officer authority, as follows:

**Issue #1:** Require local public health orders aimed at businesses to apply equally to ALL businesses, regardless of type of businesses or public health risks present at a given business type.

**Issue #2:** Prohibit local health officials from ordering home confinement, including “stay at home orders”, without first requiring local health officers follow nearly ten new state mandates, including obtaining a physician’s diagnosis and a court order within 72 hours. Essentially, it requires local health officers to get a court order in every individual case where isolation or quarantine is needed, such as the case with tuberculosis.

This represents a complete gutting of current local health officer authority under statute 252.06 (<https://docs.legis.wisconsin.gov/statutes/statutes/252/06>). It also undermines the ability of local public health to not only “STOP THE SPREAD” of COVID-19, but of essentially any communicable disease (like pertussis or measles) that is controllable through isolation and/or quarantine.

WALHDAB and WPHA have already submitted the [attached memo](#) to the legislature and now we need your help! Feel free to reference the fact that their offices should have received the memo when speaking to your legislators.

**Please call or email your State Representative and Senator, and tell them to reject LRB-0792 and leave local health officers to do their jobs.** If you need assistance in identifying your state representative, please [visit this website](#) and input your address in the upper right corner.

[Click here for the WPHA & WALHDAB Memo to the Legislature.](#)

## **Please use the following talking points:**

### **Issue #1**

- “All types of businesses” are not at equal risk.
- It is not fair to close low-risk Business-types A, B, and C just because there is an elevated public health risk specific to Business-type D.
- This is unworkable for local economies, it is not based on science, and it runs counter to effective and long-established public health protocols.
- The proposal is bad for businesses and employees.
- It jeopardizes the health of communities across Wisconsin.

### **Issue #2**

- This proposal imposes nearly ten new state mandates on local health officers.
- The proposal makes it practically impossible for local health officers to control communicable disease through the use of targeted isolation or quarantine.
- Local health departments have neither the staff nor funding to fulfill these kind of state mandates, and seeking court orders wastes precious time needed to prevent public exposure to dangerous communicable diseases.
- Under the bill, Wisconsin courts will be inundated with hundreds of requests for isolation or quarantine.
- Right now, the vast majority of isolation requests are easily managed through voluntary cooperation when requested by a local health officer.

### **General Talking Points:**

- Local health officers follow science to protect health and safety. They rely on their education, training, and all available data to make objective, evidence-based decisions. An ongoing response to the pandemic cannot be successful without local officials and the general public recognizing and supporting the authority granted to local public health officials.
- Local health officer authority is not a partisan issue.
- A recent Brown County advisory referendum showed nearly 60% of residents support current local public health authority and oppose modifying current law.
- Local health officer authority has been in state statute since 1982 when a bipartisan bill was signed into law by Republican Governor Lee Sherman Dreyfus.
- An ongoing response to COVID-19 cannot be successful without state and local officials recognizing and supporting the authority granted to local public health officials by state law.
- Local public health officer protocols are supported and developed by trusted medical & public health professionals. Politicians should not be developing local public health protocols.



**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

1     **AN ACT to create** 252.03 (2g) of the statutes; **relating to:** local health officer  
2           orders to control the 2019 novel coronavirus.

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***Analysis by the Legislative Reference Bureau***

Currently, local health officers have the statutory authority to do what is reasonable and necessary for the prevention and suppression of disease and forbid public gatherings when necessary to control outbreaks or epidemics among other public health powers. In addition, local health officers must take all measures necessary to prevent, suppress, and control communicable diseases and report those measures to the appropriate governing body along with the progress of the communicable disease.

This bill prohibits a local health officer from ordering the closure of or forbidding gatherings in places of worship to control outbreaks and epidemics of the 2019 novel coronavirus, which causes COVID-19. Also, under the bill, a local health officer may not directly enforce an order or directive to close or restrict the capacity of businesses to control outbreaks and epidemics of the 2019 novel coronavirus. To enforce any order or directive to control an outbreak or epidemic of the 2019 novel coronavirus, the local health officer, after issuing the directive, must petition a court to enforce the directive under the existing procedure for quarantine and isolation court orders established by the Department of Health Services by rule. If the order or directive seeks to close or restrict capacity of businesses, the local health officer must first have approval by the committee of the local governmental unit that deals with matters related to health to petition the court to seek enforcement of the order. The approval must be within five business days of the request by the local health

officer in order to seek a court order for enforcement. The court may order a remedy prescribed by DHS by rule or a penalty established by county, city, or village ordinance if the courts finds a failure or refusal to comply with or obstruction of execution of a directive issued under the provision of the bill.

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

1           **SECTION 1.** 252.03 (2g) of the statutes is created to read:

2           252.03 (2g) (a) In this subsection, “local governmental unit” means a city,  
3 village, town, or county.

4           (b) A local health officer may not order the closure of or forbid gatherings in  
5 places of worship to control outbreaks and epidemics of the 2019 novel coronavirus.

6           (c) No order or directive by a local health officer to close or restrict the capacity  
7 of businesses to control outbreaks and epidemics of the 2019 novel coronavirus may  
8 be directly enforced except as provided under par. (d).

9           (d) A local health officer seeking to enforce an order or directive against any  
10 person, establishment, or business that is issued for the purpose of controlling an  
11 outbreak or epidemic of the 2019 novel coronavirus shall issue the directive and  
12 petition a court in the manner consistent with s. DHS 145.06, Wis. Adm. Code, in  
13 effect on January 15, 2021, for enforcement of the directive. If the order or directive  
14 the local health officer seeks to enforce by petitioning the court under this paragraph  
15 is an order or directive to close or restrict capacity of a business, the local health  
16 officer may petition the court to enforce the order or directive only if the committee  
17 that deals with health matters of the local governmental unit in which the local  
18 health officer has jurisdiction approves the local health officer’s request to petition  
19 the court within 5 business days of the local health officer making the request for  
20 approval. As a remedy for failure or refusal to comply with or obstruction with the

1 execution of a directive issued in a manner consistent with this subsection, the court  
2 may order a remedy prescribed by the department by rule or may order any other  
3 penalty established by ordinance of the applicable county, city, or village.

4 (END)

## **BACKGROUND:**

The COVID-19 pandemic exposed financial inadequacies in Wisconsin's public health infrastructure. A lack of sufficient public health funding leaves communities across the state vulnerable to public health threats. Committed state funding provided directly to local public health departments would enable communities to implement public health strategies more effectively and equitably.

It would also allow local health departments to administer the nearly two-dozen unfunded mandates the state has placed on local health departments. Please see the attached list of unfunded mandates.

### ***Why Public Health Funding***

Investments in public health programs represent around 10% of all health care spending in most countries, yet its impact can be [substantial](#). An investment of \$10 per person per year in evidence-based programs in local communities that are proven to increase physical activity, improve nutrition, and prevent smoking or other tobacco use could save the country more than [\\$16 billion](#) annually within five years, according to the Robert Wood Foundation. This is a potential savings of \$5.60 for every \$1 invested.

However, Wisconsin is not investing in taking advantage of these savings. Currently, Wisconsin state funding for public health is \$17.40 per person per year –\$18.60 below the national average.

## **REQUEST:**

Support equitable public health infrastructure investment by providing an \$18 million annual appropriation to provide block grants to local public health departments, with the following parameters:

1. Allow for this funding to be flexible for local health departments to function with increased support in alignment with their community's needs.
2. Take into account certain factors, such as base allocation, general population, target populations, risk factors and geographic area to establish an equitable allocation formula for equitable distribution of funds that maximize impact across the state. .

The Healthy Communities Initiative will allow local health departments to adequately function as their local community's health strategist and investments will be used by local health departments for core public health functionalities, as follows:

- Increase community health services, including cancer screenings, substance abuse prevention, and mental health services
- Invest in programs to protect against water and air quality contamination
- Develop preparedness response strategies to guarantee the capacity to respond quickly to public health emergencies
- Utilize testing to assess and track over time the health of communities
- Communicate important, accurate data and information to the public in a timely manner
- Improve quality and performance through utilization of best practices to develop public health workforce and achieve outcome goals
- Correct disparities to advance health equity

## DISCUSSION POINTS:

- Supporting a strong public health infrastructure is paramount with the continuing occurrences of natural disasters, increased drug use, and infectious diseases.
- Emerging and existing public health threats jeopardize security, the economy and quality of life for all Wisconsin citizens.
- The COVID-19 pandemic shows that the challenges presented by public health threats are more complex than they were even a few years ago.
- Throughout the pandemic, insufficient investment in infrastructure has had a detrimental effect on local health departments, causing increased threat to the public.
- For instance, public health departments are fighting to keep up with nearly two-dozen unfunded state mandates placed on departments. Other important functions of public health departments are neglected or deprioritized due to a lack of resources.
- Insufficient infrastructure has a detrimental effect on downstream healthcare providers. With public health departments struggling to contain the spread of COVID-19 due to insufficient infrastructure, hospitals in every region of the state have experienced increased usage of hospital beds.
- This causes a danger not only for the continued hospital treatment of subsequent patients, but it also threatens the availability of hospital beds for patients experiencing non-COVID health emergencies.

## OTHER FUNDING PRIORITIES

- \$10 million in new funding for programs to improve environmental health programs
  - Eliminate / abate lead hazards related to paint, soil and pipes statewide
  - High levels of lead can damage the nervous system in children, causing problems that range from hearing loss and seizures to unconsciousness and death.
  - Even relatively low levels of exposure can cause subtle cognitive problems including learning disabilities and decreased intelligence.
  - Still, children are exposed to lead in pipes, soil, and paint, especially in older homes
- \$4 million in new funding for health baby initiatives
  - Increase cancer screenings, health exams, and STI testing in target communities.
  - Support healthier pregnancies and births.
  - Address racial disparities in maternal and child health.
- \$3.325 million in new funding for Tobacco Prevention and Control Program
  - Better support a comprehensive program to prevent the rising youth use rate of e-cigarettes and target populations that use tobacco at higher rates.
  - Fully cover all Wisconsin counties with tobacco prevention coalitions.
  - Increase funding to tobacco cessation programs like UW-CTRI, the Quit Line, and First Breath, which helps pregnant mothers quit tobacco.
  - This additional funding would bring the program to the 15% CDC benchmark (\$8.625 million per year).
- \$625,000 in new funding for Nutrition and Physical Activity programs
  - The Department of Health Services lost a competitive Centers for Disease Control and Prevention grant in 2020.
  - This investment would allow their good work to continue at a minimal level.
  - 14% of Wisconsin youth (10-17) suffer from obesity, and 39% of Wisconsin adults are obese (5% higher than the national average).

## **Congress Passes \$1.9 Trillion COVID-19 Relief Deal**

On March 10, Congress passed the [American Rescue Plan Act of 2021](#) (HR 1319), a \$1.9 trillion COVID-19 relief package. The bill was passed by the House and Senate along party lines and was written to take advantage of the Senate reconciliation procedure, which allows legislation to pass by a simple majority. The bill is on its way to the President's desk, and he is expected to sign it by March 14, when current unemployment benefits are set to expire.

This package contains billions in funding for the public health response to the COVID-19 pandemic, as well as additional funds to stimulate the economy with direct payments to individuals and to strengthen the social safety net for additional child tax credits and other supports.

NACCHO's summary of the \$1.9 trillion package (below) highlights noteworthy provisions of importance to local health departments.

Overall, this is a very significant investment in the public health response, nearly tripling COVID-19 response funding to date. It is expected that funds will be released from the federal government via the Centers for Disease Control and Prevention (CDC) in a manner similar to previous COVID-19 supplemental funding, meaning states will have discretion to determine how much and how funding reaches local health departments. Because of reconciliation rules that limit the types of specifications permitted in the legislative language, this package does not contain provisions to track federal dollars to the local level that were included in the COVID-19 relief package passed in December 2020.

NACCHO will continue to work with the CDC towards transparency and equity in funding by obtaining tracking of dollars allocated to local health departments and will advocate for provisions in future bills to contain reporting language on the tracking of federal dollars to the local level as well as designated funding for local health departments.

If you have any questions, please contact Government Affairs Senior Specialist Ian Goldstein at [igoldstein@naccho.org](mailto:igoldstein@naccho.org).

### **Summary of American Rescue Plan Act of 2021**

#### **Public Health Response**

- \$46 billion in funding to the Secretary of Health and Human Services (HHS) to detect, diagnose, trace, monitor and mitigate COVID-19 infections. Specified activities include:
  - Implementing a national strategy for testing, contact tracing, surveillance, and mitigation;
  - Providing technical assistance, guidance, support, and grants or cooperative agreements to States, localities, and territories for activities to detect, diagnose, trace, monitor, and mitigate COVID-19 infections;
  - Support the development, manufacturing, procurement, distribution, administration of tests, including supplies necessary for administration such as personal protective equipment (PPE);

- Establishing and expanding federal, State, local, or territorial testing and contact tracing capabilities, including investments in laboratory capacity, community-based testing sites, and mobile testing units, particularly in medically underserved areas; enhancing IT, data modernization, and reporting;
- Awarding grants, cooperative agreements, or contracts with local, State, and territorial public health departments to establish, expand, and sustain a public health workforce; and to cover administrative and program support costs.
- \$7.5 billion in funding for the CDC to support vaccine related activities to prepare, promote, distribute, administer, monitor, and track COVID-19 vaccines. This includes funding for activities related to enhancing, expanding, and improving distribution and administration, and activities related to the distribution of ancillary medical products and supplies related to vaccines.
  - This section provides guidance, support, and awards to local, State, Tribal and territorial public health departments for enhancement of COVID-19 vaccine distribution and administration capabilities.
    - Distribution and administration of licensed or authorized vaccines and ancillary medical products and supplies;
    - Establishment and expansion of community vaccination centers, including in particularly underserved areas;
    - Deployment of mobile vaccination units, particularly in underserved areas; IT, data, and reporting enhancements; facility enhancements; and public communication.
- \$5.2 billion to the Secretary of HHS to support research, development, manufacturing, production, and purchase of vaccines, therapeutics, and ancillary medical products and supplies.
- \$500 million to CDC to support health data surveillance and analytics infrastructure modernization initiatives and to establish, expand, and maintain efforts to modernize the United States disease warning system to forecast and track hotspots for COVID-19.
- \$750 million for global health activities and respond to other emerging infectious disease threats globally.

### **Public Health Workforce**

- \$7.66 billion in funding to HHS to establish, expand, and sustain a public health workforce, including by making awards to local, State, and territorial public health departments for costs, including wages and benefits, related to the recruiting, hiring, and training of individuals to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions as may be required to prevent, prepare for, and respond to COVID-19.
  - Funds may be used to pay for staff employed by health departments or nonprofit organizations that have experience partnering with health departments. Funds may also support PPE, data management and other technology, or other necessary supplies and administrative costs and activities necessary to implement activities. NACCHO has been a strong advocate for public health workforce and will work with CDC and Congress to help transition this short-term workforce surge support into more sustainable positions.
- \$100 million to the Medical Reserve Corps (MRC).

- MRC is a volunteer-based program – two-thirds housed in local health departments – that assists communities with emergency needs and filling gaps when public health personnel are calling to respond to a crisis. The program has been funded at \$6 million per fiscal year for the last 4 cycles; however, NACCHO [has advocated since the spring](#) for the program to receive additional emergency funding to better facilitate volunteer response support. NACCHO has consistently touted the benefits of increasing MRC capacity, especially as MRC units provided 800,000 volunteer hours for COVID response in 2020.

### **Other Health Investments**

- \$7.6 billion in funding to support COVID-19 response at community health centers.
- \$1.8 billion for COVID-19 testing, contact tracing, and mitigation activities in congregate settings such as prisons, jails, detentions centers, correctional, detention, psychiatric hospitals, residential treatment facilities, and other residential care facilities.
- \$800 million in funding for the National Health Service Corps, including \$100 million for the State Loan Repayment Program.
- \$200 million to support the Nurse Corps Loan Repayment Program.

### **Additional Public Health Priorities**

- \$5.5 billion for carrying out activities of the Indian Health Service.
- \$1.75 billion for activities related to the Substance Abuse Prevention Treatment Block Grant Program.
- \$425 million in funding for expenses related to the care of children under the care of HHS.
- \$40 million through the Health Research and Services Administration (HRSA) to promote mental and behavioral health services for the health care workforce.
- \$30 million to award grants to local, State, Tribal and territorial governments, Tribal organizations, community-based organizations to support community-based overdose prevention programs, syringe service programs, and other harm reduction services.

### **State and Local Government Funds**

- \$130 billion for payments to metropolitan cities, units of local government with populations under 50,000, and counties to mitigate the fiscal effects from the pandemic.
  - \$65.1 billion allocated for counties, distributed proportionately by population based on the most recent data available from the Census Bureau.
  - \$45.57 billion allocated for metropolitan cities to be distributed according to the formula used to administer the Community Development Block Grant.
  - \$19.53 billion reserved for units of local government with fewer than 50,000 residents. States would not have authority to change the amount of, or attach additional requirements to, such payments.
- \$219.8 billion for payments to states, territories, and tribal governments
  - \$195.3 billion allocated to the 50 states and Washington, D.C.
  - \$4.5 billion allocated to territories, with 50% is allocated equally to each territory and the remaining 50% allocated by population size.
  - \$20 billion allocated to tribal governments.

The funds distributed in this section are allocated to governments, which are not required but may be used for public health, as well as other government services. Last year, in many communities this type of funding was vital to ensuring local health departments had the resources necessary to respond to the COVID-19 pandemic. The funding passed in previous packages expired, but unspent fund carry over was permitted in the December COVID-19 relief law. This section ensures that every level of government will be able to receive funding for the pandemic response and for other governmental needs.

**These funds can be used to:**

- Cover costs incurred as a result of the emergency;
- Replace revenue lost, delayed, or decreased as a result of the emergency;
- To address negative economic impacts of the emergency.

Recipient governments would be able to transfer funding to private non-profit organizations or other public benefit corporations that can provide transportation of passengers or cargo.

**Individual Economic Relief**

- \$1400 payments to every individual; additional \$1400 for each dependent.
  - Adults who earned \$75,000 or less in their most recent tax year will receive the full \$1,400, as will couples who earned \$150,000 or less, and heads of household who earned \$112,500 or less.
  - Adults who earned more than \$75,000, but less than \$80,000; married couples who earned more than \$150,000, but less than \$160,000; and heads of household who earned more than \$112,500, but less than \$120,000, will be eligible for a reduced payment.
- Increase to the child tax credit from to \$3,000 (or \$3,600 per child under 6) offered as a cash refund for parents from July to December 2021.
  - The provision also increases the qualifying age to 17.
  - Payments are reduced by \$50 for every \$1000 in modified adjusted gross income in excess of \$150,000 for joint filers (\$112,500 for head of household filers and \$75,000 for other filers).
- Extends the Pandemic Unemployment Assistance Program through August 29, 2021 and increases the total number of weeks related to benefits available to individuals from 50 to 74.

The economic relief for individuals and families in this bill includes anti-poverty measures that widen the social safety net for children and provide a basic universal income to many working parents. Experts claim this provision could cut child poverty nearly in half.

**Medicaid Provisions**

- Requires Medicaid coverage of COVID-19 vaccines and treatment without beneficiary cost sharing with vaccines matched at a 100% federal medical assistance percentage (FMAP) through one year after the end of the public health emergency.
- Allows states, for five years, to extend Medicaid eligibility to women for 12 months postpartum.
- Allows states, for five years, to extend the Children’s Health Insurance Program eligibility to women for 12 months postpartum.

- Provides Medicaid eligibility, for five years, to incarcerated individuals 30 days prior to their release.
- Provides an incentive for states to expand Medicaid by temporarily increasing the state's base FMAP by five percentage points for two years for states that newly expand Medicaid.
- Provides 100% FMAP for services provided to Medicaid beneficiaries receiving care through Urban Indian Organizations and Native Hawaiian Health Centers for two years.
- Provides a temporary FMAP increase of 7.35 percentage points for states to make improvements to Medicaid home- and community-based services for one year.
- Provides \$250 million to HHS that is available until expended to help states create nursing home strike teams for facilities to manage COVID-19 outbreaks when they occur.

For additional highlights including, omnibus bill text, explanatory statement, and health-related funding highlights:

- [Section by Section Summary](#)
- [American Rescue Plan Act of 2021](#) (HR 1319)
- [Modifications by the Senate](#)