Eau Claire City-County Health Department

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BOARD OF HEALTH AGENDA -WORKSESSION
November 10, 2021, 5:15 PM
Virtual Meeting Held Via Webex

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
Public Access Link:
https://eauclairecounty.webex.com/eauclairecounty/onstage/g.php?MTID=ed4fe65b3a834e0f38c68c7fd5fe0f1eb
Dial In: +1-415-655-0001
Access Code: 2591 168 5049
Event Password: 1234
*Mute personal devices upon entry

*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 **at least 90 minutes prior to the start of the meeting**. Your email will be shared with the Board of Health. If you also wish to speak regarding your email you will be called on during the public comment session.*

1. Call to Order. Welcome Guests
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. Intro and overview of Work Session (20 minutes) -enclosed
   - Wisconsin State Statute – Chapter 251: Local Health Officials
   - Board of Health priorities
   - Health Department priorities
   - Governance Resources - NALBOH
   - Current Legislative Issues - WPHA
   - What Works for Health: Policies and Programs to Improve Wisconsin's Health
   - Advocacy-Toolkit-May-2021.pdf (naccho.org) Pages 3-4
   - AdvocacyPriorities_Pathfinder_tool_2011.pdf (harvard.edu)

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.

4. Facilitated discussion (80 minutes)
    - Clarifying advocacy training goal/purpose
    - Topics to consider
    - Prioritization
    - Next steps

5. Requests from Board members for future agenda items to be given consideration-(5 minutes)
6. Next business meeting – December 8, 2021, 5:15 p.m.
7. Adjourn

CHAPTER 251

LOCAL HEALTH OFFICIALS

Cross−reference: See definitions in s. 250.01.

251.001 Legislative findings. The legislature finds that the provision of public health services in this state is a matter of statewide concern.

History: 1993 a. 27.

251.01 Definitions. In this chapter:

(1g) "City−county board of health" means a board of health for a city−county health department.

(1r) "County board of health" means a board of health for a single county health department or for a multiple county health department.

(3) "County health officer" means the position of a local health officer in a single county health department or in a multiple county health department.

(7m) "Represented employee" means an employee in a collective bargaining unit for which a representative is recognized or certified under subch. IV of ch. 111.

(8) "Sanitarian" means a sanitarian, as defined in s. 440.98 (1) (b), who is registered under s. 440.98 (5).

History: 1993 a. 27 ss. 196, 197, 460; 2001 a. 16; 2007 a. 130.

251.02 Local health department; establishment. (1) In counties with a population of less than 750,000, unless a county board establishes a city−county health department under sub. (1m) jointly with the governing body of a city or establishes a multiple county health department under sub. (3) in conjunction with another county, the county board shall establish a single county health department, which shall meet the requirements of this chapter. The county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r) or by a city−city health department established under sub. (3t). No governing body of a city may establish a city health department after January 1, 1994.

(1m) Subject to sub. (1r), in counties with a population of less than 750,000, the county board and the governing body of a city that has a city health department may jointly establish a city−county health department, which shall meet the requirements of this chapter. A city−county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r). A city−county health department established under this subsection after September 1, 2001, is subject to the control of the city and county acting jointly under an agreement entered into under s. 66.0301 that specifies, in conformity with this chapter, all of the following:

(a) The powers and duties of the city−county health department.

(b) The powers and duties of the city−county board of health for the city−county health department.

(c) The relative powers and duties of the city and county with respect to governance of the city−county health department and the city−county board of health.

(1r) If a city that assigns represented employees to its city health department and if a county that assigns represented employees to its county health department jointly establish a city−county health department under an agreement specified under sub. (1m), all of the following shall apply, but only if the represented employees at the city health department and at the county health department who perform similar functions are included in collective bargaining units that are represented by the same representative:

(a) The city−county health department shall offer employment to all city and county employees who are represented employees and who perform functions for the city and county that are transferred to the city−county health department in the agreement under sub. (1m).

(b) Notwithstanding s. 111.70 (4) (d), if, in any collective bargaining unit that is initially created at the city−county health department, all of the former city and county employees were represented by the same representative when they were employed by the city or county, that representative shall become the initial representative of the employees in the collective bargaining unit without the necessity of filing a petition or conducting an election.

(c) Unless otherwise prohibited by law, with respect to city−county health department employees who were formerly represented employees at the city or county, the city−county health department shall adhere to the terms of the collective bargaining agreements that covered these employees while they were employed by the city or county until such time that the city−county health department and the representative of the employees have entered into a collective bargaining agreement.

(2) (a) Except as provided in par. (b), in a county with a population of 750,000 or more, the governing body of each city or village shall do one of the following:

1. Establish a local health department that meets the requirements of this chapter.

2. Contract with the local health department of another city or village in the county to have that local health department provide services in the city or village.

(b) In a county with a population of 750,000 or more, the governing body of a city or village may establish, jointly with the gov-

erning body of another city or village, a multiple municipal local health department that meets the requirements of this chapter.

(3) A county board may, in conjunction with the county board of one or more other counties, establish a multiple county health department, which shall meet the requirements of this chapter. A multiple county health department shall serve all areas of the respective counties that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r).

(3m) If a county has a population of at least 100,000 but less than 750,000 and the county board of that county has, by July 1, 1985, abolished a county health commission or committee established under s. 141.10, 1991 stats., a village board in that county may continue and establish as a local board of health a village board of health that was established prior to January 1, 1994, and a town board in that county may continue and establish as a local board of health a town board of health that was established prior to January 1, 1994. A village or town that does so shall establish a local health department and elect a local health officer consistent with this chapter.

(3r) In a county described in sub. (3m), in addition to the local health department required to be established under sub. (3m), the governing body of a city, village or town in that county may, in concert with the governing body of another city, village or town in that county, establish a multiple municipal local health department and elect a local health officer consistent with this chapter.

(3t) The governing body of a city with a city health department, as specified in s. 250.01 (4) (a) 3., may, in concert with the governing body of another city with a city health department, as specified in s. 250.01 (4) (a) 3., in the same county, establish a city−city health department and elect a local health officer consistent with this chapter.

(4) No governing body of a county, city, village or town is required to use the term "local health department" to refer to a local health department that is established under this section.

History: 1993 a. 27; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158; 2011 a. 32; 2017 a. 207 s. 5.

251.03 Local board of health; members. (1) A local board of health shall consist of not more than 9 members. At least 3 of these members shall be persons who are not elected officials or employees of the governing body that establishes the local health department and who have a demonstrated interest or competence in the field of public health or community health. In appointing the members who are not elected officials or employees, a good faith effort shall be made to appoint a registered nurse and a physician. Members of the local board of health shall reflect the diversity of the community. A county human services board under s. 46.23 (4) may act as a county board of health if the membership of the county human services board meets the qualifications specified in this subsection and if the county human services board is authorized to act in that capacity by the county board of supervisors. If a county human services board acts in this capacity, it shall use the word "health" in its title.

(2) The chief executive officer of a city or a village shall appoint members of a local board of health, subject to confirmation by the governing body. In a county with a county executive, the county executive shall appoint members of the county board of health, subject to confirmation by the county board of supervisors. In a county without a county executive, members of the county board of health shall be appointed by the chairperson of the county board of supervisors, subject to confirmation by the county board of supervisors. The person who appoints members of the local board of health may designate certain members to be nonvoting members of the board.

(3) In establishing a city−county or multiple county health department, the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed as specified in sub. (2).

(4) Governing bodies of counties, cities or villages that appoint local boards of health shall specify the lengths of terms of members and shall provide for staggered terms.

(4m) Subsections (1) to (4) do not apply to a village or town that establishes a local health department under s. 251.02 (3m). In a village or town that does so, the village board or town board shall establish itself as a local board of health or appoint either wholly or partially from its own members a local board of health that consists of a suitable number of competent persons. A local board of health under this subsection shall elect a chairperson and clerk.

(4r) Subsections (1) to (4m) do not apply to a city, village or town that establishes a multiple municipal local health department under s. 251.02 (2) (b) or (3r), or to cities that establish a city−city local health department under s. 251.02 (3t). In establishing a multiple municipal local health department as described under s. 251.02 (2) (b) or (3r), the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed by the relevant governing bodies. A local board of health under this subsection shall elect a chairperson and clerk.

(5) No governing body of a county, city, village or town is required to use the term "local board of health" to refer to a local board of health that is established under this section.

History: 1993 a. 27; 1999 a. 9; 2003 a. 158.

251.04 Local board of health; powers and duties. (1) Except as authorized in s. 251.02 (2) (b), (3m), (3r), and (3t), a city board of health shall govern a city health department, a county board of health shall govern a county health department or multiple county health department, and a city−county board of health shall govern a city−county health department. A city board of health, a county board of health, a city−county board of health, or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure the enforcement of state public health statutes and public health rules of the department as prescribed for a Level I local health department. A local board of health may contract or subcontract with a public or private entity to provide public health services. The contractor's staff shall meet the appropriate qualifications for positions in a Level I local health department.

(2) A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure that its local health department is a Level I, Level II, or Level III local health department, as specified in s. 251.05 (1).

(3) A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) may adopt those regulations, for its own guidance and for the governance of the local health department, that it considers necessary to protect and improve public health. The regulations may be no less stringent than, and may not conflict with, state statutes and rules of the department.

(4) A local board of health shall report to the department as required by rule.

(5) A local board of health shall meet at least quarterly.

(6) A local board of health shall:

(a) Assess public health needs and advocate for the provision of reasonable and necessary public health services.

(b) Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.

(7) A local board of health shall assure that measures are taken to provide an environment in which individuals can be healthy.

(8) Unless the manner of employment is otherwise provided for by ordinance, a local board of health shall employ qualified public health professionals, including a public health nurse to conduct general public health nursing programs under the direction of the local board of health and in cooperation with the department, and may employ one or more sanitarians to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse. The local board of health shall coordinate the activities of any sanitarian employed by the governing body of the jurisdiction that the local board of health serves. The local board of health is not required to employ different persons to perform these functions.

(9) In counties with a single county health department and either a county executive or a county administrator, the county executive or county administrator may assume the powers and duties of a local board of health under this section. If a county executive or a county administrator elects to assume those powers and duties, the local board of health shall be only a policy−making body determining the broad outlines and principles governing the administration of the county health department.

History: 1993 a. 27 ss. 261, 264, 463; 1997 a. 114; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158.

251.05 Local health department; levels of service; duties. (1) A local health department shall meet the following requirements specified in par. (a) and may, unless sub. (6) applies, meet the following requirements specified in par. (b) or (c):

(a) As a Level I local health department, at least the level of services specified in sub. (2) (a) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (a).

(b) As a Level II local health department, at least the level of services specified in sub. (2) (b) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (b).

(c) As a Level III local health department, at least the level of services specified in sub. (2) (c) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (c).

(2) The services to be provided by the 3 levels of local health departments are as follows:

(a) A Level I local health department shall provide at least surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion and human health hazard control.

(b) A Level II local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(c) A Level III local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(3) A local health department shall:

(a) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.

(b) Develop public health policies and procedures for the community.

(c) Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03 (1) (L).

(d) Submit data, as requested, to the local public health data system established by the department.

(e) Act as agent of the department, if designated by the secretary under s. 250.042 (1).

(4) Except as provided in sub. (6), a local health department is not required to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(5) Except as provided in sub. (6), the department may not require a local health department to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(6) A local health department may be required to provide the level of services that is specified in sub. (1) (b) or (c) if and only to the extent that these services and qualifications are funded from state and federal funds that are available and are additional to any funding available on January 1, 1994.

History: 1993 a. 27; 2001 a. 109; 2005 a. 198; 2007 a. 130.

Cross−reference: See also ch. DHS 140, Wis. adm. code.

251.06 Local health officer; qualifications; duties. (1) (a) 1. Except as provided in subd. 2. or 3., a local health officer of a Level I local health department shall have at least a bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing.

2. A local health officer of a village or town health department established under s. 251.02 (3m) or of a multiple municipal local health department established under s. 251.02 (3r) shall be either a physician or a registered nurse. The local health officer shall be a voting member of the local board of health and shall take an oath of office. With respect to the levels of services of a Level I local health department, as specified in s. 251.05 (2) (a), the local health officer shall be authorized to act by and be directed by the county health officer of the county specified under s. 251.02 (3m).

3. If there is more than one full−time employee of a Level I local health department, including a full−time public health nurse who meets the qualifications specified under s. 250.06, the local health officer may meet the qualifications of a Level II or Level III local health officer.

(b) A local health officer of a Level II local health department shall have at least 3 years of experience in a full−time position with a public health agency, including responsibility for a communicable disease prevention and control program, preferably in a supervisory or other administrative position, and at least one of the following:

1. A bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing, either of which shall include preparation in public health nursing.

2. A bachelor's degree in public health, environmental health, the physical or biological sciences or a similar field.

(c) A local health officer of a Level III local health department shall have at least one of the following:

1. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 3 years of experience in a full−time administrative position in either a public health agency or public health work.

2. A bachelor's degree and 16 graduate semester credits towards a master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 5 years of experience in a full−time administrative position in either a public health agency or public health work.

3. A license to practice medicine and surgery under ch. 448 and at least one of the following:

a. Three years of experience in a full−time administrative position in either a public health agency or public health work.

b. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.

c. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field.

(d) Notwithstanding pars. (a) to (c), relevant education, training, instruction, or other experience that an applicant obtained in connection with military service, as defined in s. 111.32 (12g),

counts toward satisfying the requirements for education, training, instruction, or other experience to qualify as a public health officer if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience that the applicant obtained in connection with his or her military service is substantially equivalent to the education, training, instruction, or other experience that is required to qualify as a public health officer.

(2) (a) Except as provided in pars. (b) and (c), a local health officer shall be a full–time employee of a local health department.

(b) A local health officer of a county health department in a county under s. 251.02 (3m) shall be a full–time employee of the county who meets the qualifications of a local health officer of a Level I local health department.

(c) A local health officer of a local health department of a village or town established under s. 251.02 (3m) or a local health officer of a multiple municipal local health department established under s. 251.02 (3r) shall be one of the following:

1. An employee of the local health department of the village or town or an employee of the multiple municipal local health department.

2. A full–time employee of a local health department other than that specified in subd. 1.

3. The local health officer under par. (b).

4. The employee of a hospital, who provides, on a full–time basis, the services under s. 251.05 (2) (a), (b) or (c).

(3) A local health officer shall:

(a) Administer the local health department in accordance with state statutes and rules.

(b) Enforce state public health statutes and rules.

(c) Enforce any regulations that the local board of health adopts and any ordinances that the relevant governing body enacts, if those regulations and ordinances are consistent with state public health statutes and rules.

(d) Administer all funds received by the local health department for public health programs.

(e) Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications and have supervisory power over all subordinate personnel. Any public health nurses and sanitarians hired for the local health department shall meet any qualification requirements established in rules promulgated by the department. "Subordinate personnel" under this paragraph may include any of the following:

1. A public health educator who meets qualifications that the department shall specify by rule.

2. A public health nutritionist, who is a certified dietitian, as defined in s. 448.70 (1m), is credentialed as a registered dietitian by the Commission on Dietetic Registration, and meets qualifications that the department shall specify by rule.

3. A public health dental hygienist, who is licensed as a dental hygienist under s. 447.04 (2) (a) or (b), and who meets qualifications that the department shall specify by rule.

(f) Investigate and supervise the sanitary conditions of all premises within the jurisdictional area of the local health department.

(g) Have access to vital records and vital statistics from the register of deeds, as specified in ch. 69.

(h) Have charge of the local health department and perform the duties prescribed by the local board of health. The local health officer shall submit an annual report of the administration of the local health department to the local board of health.

(i) Promote the spread of information as to the causes, nature and prevention of prevalent diseases, and the preservation and improvement of health.

(4) (a) Except as provided in pars. (b) and (c), a local health officer shall be appointed in the same manner as are members of a local board of health under s. 251.03 (2).

(b) In any county with a county executive that has a single county health department, the county executive shall appoint and supervise the county health officer. The appointment is subject to confirmation by the county board unless the county board, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.52 (8) or ch. 63. The county health officer appointed under this paragraph is subject only to the supervision of the county executive. In a county with such a county health officer, the local board of health shall be only a policy–making body determining the broad outlines and principles governing the administration of the county health department.

(c) A local health officer of a village or town health department established under s. 251.02 (3m), of a multiple municipal local health department established under s. 251.02 (2) (b) or (3r), or of a city–city local health department established under s. 251.02 (3t) shall be appointed by the local board of health.

History: 1993 a. 27 ss. 203, 209, 266, 465; 1993 a. 106; 1995 a. 201; 1997 a. 114; 1999 a. 9; 2003 a. 158; 2007 a. 130; 2011 a. 120.

Cross–reference: See also ch. DHS 139, Wis. adm. code.

This section does not require that a county create a stand–alone county health department and does not preclude the county human services director from exercising any managerial authority over the county health officer with respect to the operation of county health department programs. Because the transfer of the functions of a county health department to the county human services department is expressly authorized under s. 46.23 (3) (b) 1. bm. and c., a county that has a county executive is not required to create a stand–alone county health department. OAG 7–08.

251.07 Certain physicians; state agency status. A physician who is not an employee of the local health department and who provides services, without compensation, for those programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of the department of health services for the purposes of ss. 165.25 (6), 893.82 (3), and 895.46.

History: 2007 a. 20 s. 9121 (6) (a); 2007 a. 130; 2009 a. 276.

251.08 Jurisdiction of local health department. The jurisdiction of the local health department shall extend to the entire area represented by the governing body of the county, city, village or town that established the local health department, except that the jurisdiction of a single or multiple county health department or of a city–county health department does not extend to cities, villages and towns that have local health departments. Cities, towns and villages having local health departments may by vote of their local boards of health determine to come under the jurisdiction of the county health department. No part of any expense incurred under this section by a county health department may be levied against any property within any city, village or town that has a local health department and that has not determined to come under the jurisdiction of the county health department.

History: 1993 a. 27 s. 213; 2001 a. 16.

251.09 Joint services. Local health departments jointly may provide health services as agreed upon under s. 66.0301, unless, notwithstanding s. 66.0301, the agreement conflicts with a provision of this chapter.

History: 1993 a. 27 s. 271; Stats. 1993 s. 251.09; 1999 a. 150 s. 672.

251.10 County health department, how financed. The county board shall appropriate funds for the operation of a single county health department that is established under s. 251.02 (1) and determine compensation of county health department employees. The local board of health shall annually prepare a budget of the proposed expenditures of the county health department for the ensuing fiscal year.

History: 1993 a. 27.

251.11 City–county health department and multiple county health department, how financed. (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 the contribution from each participating county or city

in a manner agreed upon by the relevant governing bodies. 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.

(2) The local board of health of a multiple county health department established under s. 251.02 (3) shall, under this section, determine the compensation for the employees of the multiple county health department. The local board of health of a city−county health department established under s. 251.02 (1m) shall, under this section, determine the compensation for the employees of the city−county health department.

History: 1993 a. 27 ss. 207, 216, 217; 2001 a. 16, 104; 2015 a. 175; 2017 a. 6.

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 the contribution from each participating municipality in a manner agreed upon by the relevant governing bodies. 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.

History: 2015 a. 175; 2017 a. 6.

251.12 City health department, how financed. The common council shall appropriate funds for the operation of all of the following:

(1) A city health department that is established as specified in s. 251.02 (1) and (2) (a).

(2) A multiple municipal local health department that is established as specified in s. 251.02 (3r).

(3) A multiple municipal local health department that is established as specified in s. 251.02 (2) (b).

(4) A city−city local health department that is established as specified in s. 251.02 (3t).

History: 1993 a. 27; 1999 a. 9; 2003 a. 158, 326.

251.125 Village health department, how financed. If a village health department is established under s. 251.02 (2) (a) or (3m), if a multiple municipal local health department is established as specified in s. 251.02 (3r), or if a multiple municipal local health department is established as specified in s. 251.02 (2) (b), the village board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9, 185; 2003 a. 158.

251.127 Town health department, how financed. If a town health department is established under s. 251.02 (3m) or if a multiple municipal local health department is established under s. 251.02 (3r) by the governing body of a town in concert with the governing body of another town or a city or village, the town board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9.

251.13 City−county health department and multiple county health department, joint funds. For each multiple county or city−county health department, a joint health department fund shall be created either in the treasurer's office where the principal office of the health department is located or in the office of the city treasurer of a city within the health department's jurisdiction, as determined by the local board of health. The treasurer of each county and city participating in the health department shall annually pay or cause to be paid into the fund the share of the county or city. This fund shall be expended by the treasurer in whose office the fund is kept in the manner prescribed by the local board of health pursuant to properly authenticated vouchers of the health department signed by the local health officer.

History: 1993 a. 27 s. 218.

251.135 Publication and effective date of orders and regulations. The orders and regulations of a local board of health shall be published as a class 1 notice, under ch. 985, and shall take effect immediately after publication. No local board of health is required to use the term "regulation" to refer to a regulation that is published under this section.

History: 1993 a. 27 s. 211; Stats. 1993 s. 251.135.

251.14 Gifts. A local board of health may receive gifts and donations for the purpose of carrying out the provisions of this chapter.

History: 1993 a. 27 s. 215.

251.15 Withdrawal of counties, cities, villages, or towns. (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 statutory requirements for a Level I health department under s. 251.05.

(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.

(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.

(3) The notice under sub. (1), (2), or (2m) shall be given at least one year prior to commencement of the fiscal year at which the withdrawal takes effect. Whenever the withdrawal takes effect, all relevant provisions of law relating to local boards of health and local health officers shall immediately become applicable within the withdrawing county, city, village, or town.

History: 1993 a. 27 s. 220; 2001 a. 16; 2003 a. 158; 2015 a. 175.

251.16 Local health department; evidence. The reports and employees of a local health department are subject to s. 970.03 (12) (b).

History: 1979 c. 221; 1985 a. 267 s. 3; 1993 a. 27 s. 221; Stats. 1993 s. 251.16.

251.20 Rule making. The department shall promulgate rules that specify all of the following:

(1) Required services for each of Levels I, II and III local health departments under s. 251.05 (2).

(3) Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that the department of health services determines appropriately address objectives or services specified in the most recent public health agenda under s. 250.07 (1) (a).

History: 1993 a. 27; 2005 a. 198; 2009 a. 180.

Cross−reference: See also ch. DHS 140, Wis. adm. code.

Eau Claire City-County Board of Health (2020-2024)

PRIORITIES

1. **Maintain Health Department's fiscal stability**
2. **Support, advocate and educate for public health priorities**
3. **Review new and changing community/Health Dept priorities**
4. **Ongoing BOH improvements**

ACTIONS

Maintain Health Department's fiscal stability

1. Annual update/review of BOH's fiscal policies and related responsibilities
    a. Fund balance policy reviewed annually at July BOH meeting
2. Quarterly review of fiscal reporting (March/June/Sept/Dec)
3. Significant financial changes or decisions discussed at any monthly meeting

Support and advocate for public health priorities

1. Provide skill development training for BOH
    a. Advocacy training to provide framework and process for engagement (TBD)
2. Provide talking points for key priorities
3. Support WPHA/WALHDAB legislative priorities
    a. Legislative update documents provided in monthly meeting packets
    b. BOH copied on emails the Health Dept has sent to legislative officials
4. Engage with community partners/leaders to support community action on health priorities
5. Raise community and governmental policy makers' awareness of need to support "health and health equity lens" in decision-making
    a. Confirm BOH role in Community Health Assessment
6. Raise awareness of upstream factors impacting health
7. Identify and share influencing tools available for BOH
    a. Public health resources
    b. Case studies
    c. Examples of success in other communities

Review new or changing community/Health Dept priorities

1. Include quarterly BOH agenda item to update/review a running list of potential issues in community (January/April/July/October meetings)
2. Discuss populations impacted and data gaps
3. Discuss staffing, fiscal and resource implications for Health Dept
4. Support the Health Dept's capacity to deal with a pandemic

Ongoing BOH improvements

1. Strive for diversity of BOH membership
2. Identify and prioritize BOH training opportunities and needs
    a) Annual review of state statutes applicable to BOH

Updated & Approved 12/9/2020

Eau Claire City-County
Health Department

720 Second Ave, Eau Claire, WI 54703
www.echealthdepartment.org
P: 715-839-4718
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Health Department Priorities

Below is a frame for some of the issues that the health department continues to focus on.

Community Health Assessment Priorities:

- Drug Use
- Mental Health
- Alcohol Misuse
- Healthy Nutrition
- Obesity

Strategic Plan Priorities:

- Goal 1: Increase utilization of program and population data
- Goal 2: Invest in a strong workforce and infrastructure
- Goal 3: Engage the community in collaborative efforts to improve health and safety
- Goal 4: Develop long-term fiscal and operational strategies supporting innovation and sustainability

COVID-19

- Response
- Recovery

Other focus areas:

- Social determinants of health
- Primary prevention
- Rural population
- Those experiencing housing insecurity/homelessness
- Young families
- Groups with health equity challenges – poverty, race/ethnicity, gender/orientation, other
- Safe drinking water
- Safe, healthy, affordable housing
- Chronic disease prevention
- Health in all policies
- Population health data/epidemiology
- Communication
- Other emerging issues

Prepared by Lieske Giese, Health Officer

The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012

N A L B O H

National Association of Local Boards of Health

www.nalboh.org

Wisconsin Public Health Association

WALHDAB
Public Health In Action
Wisconsin Association of Local Health Departments and Boards

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.

563 Carter Court, Suite B, Kimberly, WI 54136 • 920-750-7724 • wpha.org • walhdab.org

What Works for Health
Policies and Programs to Improve Wisconsin's Health

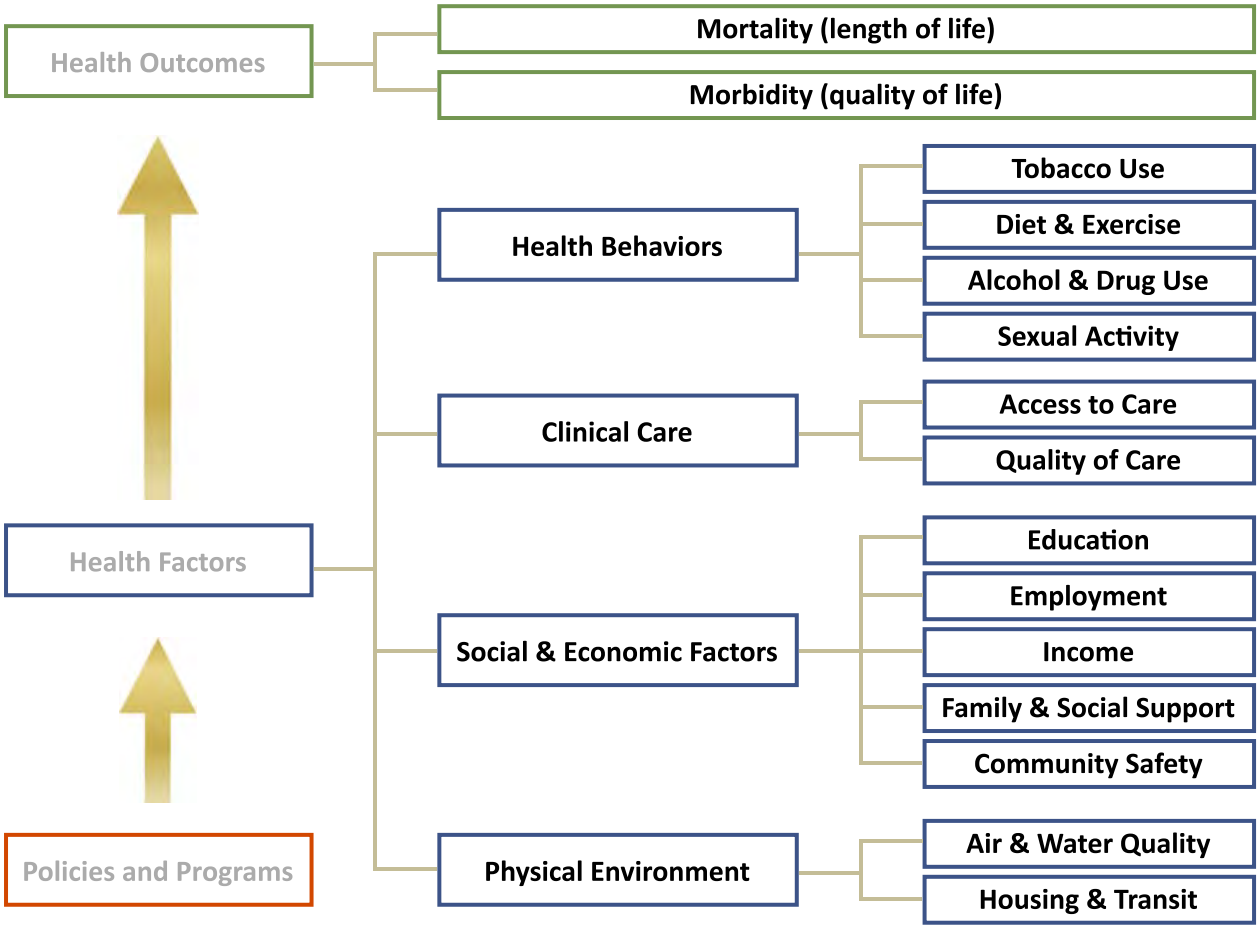
What Works for Health: Evidence for Decision-Making

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors that affect health. The research underlying this site is based on a model of population health that emphasizes the many factors that can make communities healthier places to live, learn, work, and play.

Policies and Programs

In What Works for Health, project analysts assess strategies that could improve health through changes to health behaviors, social and economic factors, clinical care, and the physical environment. For each strategy, we assign an evidence rating, describe expected outcomes, implementation in Wisconsin and elsewhere, and link to helpful resources. We also assess potential reach and likely impact on disparities for each strategy.

To find a strategy that could work in your community *click on a health factor* (blue boxes below), *search by keyword* (top, left column), or *search* by decision maker, evidence rating, potential population reach, or impact on disparities. If you are interested in learning about a strategy but don't find it here, let us know.



***County Health Rankings* model © 2014 UWPHI**

You can learn about many policies and programs that have been tested or implemented in rural areas, along with key steps toward building healthy communities - rural, urban, and in between – in this July 2015 report: *What Works? Strategies to Improve Rural Health*.

> Without local health officials, Members of Congress would not know how your community is equipped to deal with a public health disaster, chronic disease, environmental health, or the next pandemic.

Why Engage?

As a local public health professional, it can be difficult to navigate the current political climate. Some of the rhetoric out of Washington can send a local health official into a frenzy: Are my budgets going to get slashed? Does Washington understand what our needs are at the local level? Does my Representative understand the challenges local health departments face? And finally, can I get involved without portraying bias or partisanship?

The answer to the last question is YES, you can get involved to educate and engage with Members of Congress about your local health department and the health challenges in your community without advocating or lobbying for a particular bill or policy outcome.

Without local health officials, Members of Congress would not know how your community is equipped to deal with a public health disaster, chronic disease, environmental health, or the next pandemic. You are a trusted messenger to your representatives. This toolkit will allow you to understand the importance of engaging elected representatives at any level to inform them of the critical work of local public health and what you need to help keep your community healthy and safe.

What is Education?

Members of Congress rely on YOU, the local health department professional, to educate them about what is happening in the community. When you educate an elected official, you are simply providing information about your community, your department, or a public health issue. Educating lawmakers on public health issues is vitally important so that they are informed when making decisions that can impact your local health department, and there are many different ways for everyone to be active.

What is Advocacy?

Advocacy is the "promotion of an idea that is directed at changing a policy, position, or program at an institution." (IRS, 2016) Advocacy is a strategy that aims to draw attention to or educate a policymaker on a particular issue. Health advocacy includes educating policymakers and the public about evidence-based policy. Advocacy can often be non-partisan and based in research and analysis. Effective advocacy can do the following:

- Build relationships with policymakers;
- Educate and influence a policymaker or lawmaker's decision;
- Alter existing policies, laws, and budgets; and
- Encourage the creation of new programs.

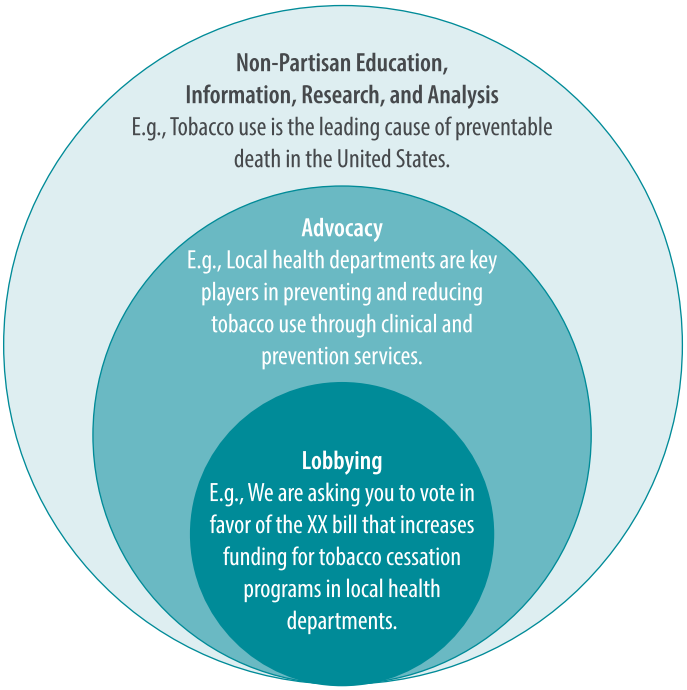
What is Lobbying?

Lobbying is the attempt to influence a legislative body through communication with a member or employee of the legislative body or with a government official who participates in constructing legislation. Lobbying can include written or oral communication for or against specific legislation. Rules about lobbying vary according to local jurisdictions. Check the rules in your local health department before engaging in lobbying.

Examples of Education, Advocacy, and Lobbying Activities

Education	Advocacy	Lobbying
Meeting with a Member of Congress to educate them on the Zika virus and how local health departments are actively involved in preventing and responding to Zika outbreaks.	Meeting with a Member of Congress to advocate for the importance of Zika funding for your community.	Meeting with a member of Congress to urge them to vote for a bill to provide emergency Zika funding for your health department.
Preparing educational materials that emphasize success stories from your local health department programs.	Preparing materials that depict success stories from your local health department programs and what can be done with more resources.	Preparing materials that include information on health programs at your local health department and contain messaging for or against specific legislation.
Tweeting statistics about your diabetes programs and how local health departments are helping reduce diabetes rates.	Tweeting to urge support for additional funding for diabetes programs and descriptions of how additional resources can assist your local health department to reduce diabetes rates.	Tweeting a message urging Congress to vote for or against legislation for diabetes prevention programs in local health departments.
Sending a weekly e-newsletter discussing factual information on opioid abuse in your community and outlining programmatic efforts that are proven to reduce this health issue.	E-mailing a "call to action" to others to encourage them to contact their legislators in favor of increased opioid resources for your community.	E-mailing a "call to action" to members of your organization to encourage them to contact their legislator in favor of opioid prevention legislation.

Are You Educating, Advocating, or Lobbying?



Five Tips for Engagement

At the basic level, engagement with elected officials is all about building relationships. The goal is to become a valuable resource for policymakers. No matter who the audience is, you should keep in mind the following:

1. Be confident.
2. Frame your message to answer the question, "So what?"
3. Plan and practice your message.
4. Present a clear and compelling message; less is more.
5. Offer yourself as an expert resource and provide examples from your community; stories are more compelling than statistics.

straight to the POINT

Setting Advocacy Priorities

Taking into consideration implementers' limited time and resources, the tools in Pathfinder International's *Straight to the Point* Series provide clear, concise guidance on a variety of issues related to program design, implementation, and evaluation.

Pathfinder INTERNATIONAL
a global leader in reproductive health

ADVOCACY TOOLS

The *Straight to the Point* advocacy tools are intended for organizations that want to include in-country advocacy and public policy work among their programmatic strategies. The tools will lead you through the three essential steps to developing an advocacy initiative.

1. **Setting Advocacy Priorities** *(this tool)* will help you take the first step in developing an advocacy initiative —selecting an issue for advocacy.
2. **Assessing the Political Environment for Advocacy** will help you understand the environment you are working in and the key factors you need to consider as you develop your initiative.
3. **Mapping an Advocacy Strategy** will help you plan a concrete strategy for achieving your goal, including determining your specific activities.

After completing the three tools you will be ready to launch your advocacy initiative.

Your organization may want to work on numerous advocacy issues, but it is important to be very selective. Advocacy efforts often require a lot of time and resources. You are more likely to succeed if you focus on one issue at a time. It is natural to want to speak out about everything that matters to you as an organization—and as individuals—but you also have to consider the resources available to you. Your advocacy issue should always be clearly linked to your organization's mission, programmatic priorities, and strategic focus areas. If it is not, you will not have the authority you need to address it.

Ideally, you should complete this tool in a small group or in a workshop setting because it is very important for advocacy priorities to be debated and discussed.

Identifying Issues for Advocacy

The first section of this tool will help you brainstorm about the advocacy issues your organization is interested in addressing. No more than three issues are recommended. Note that choosing your issue does not just mean choosing the broad topic you want to address (e.g., family planning)—you have to think about specific problems, barriers, and policy-related solutions. To determine your issue, you can begin by identifying the problem you want to address.

Example problem: Lack of access to contraceptives

Next, think about what some of the barriers to solving the problem are. The barrier must be related to guidelines, policies, or laws.

Example barrier: Injectable contraceptives can only be distributed at health facilities.

Then ask yourself what policy change would help remove the barrier. The answer is your advocacy issue. Be as specific and concrete as possible. Ask yourself questions like: Should a new policy be created? Should a harmful policy be removed? Does an existing policy need to be reformed? Does an existing policy need to be fully implemented?

In this example case, what policy change would help increase access to contraceptives? The answer is the advocacy issue.

Example issue: Community health workers (CHWs) are permitted to distribute injectable contraceptives.

One way to increase access to contraceptives might be to raise awareness among religious groups about family planning. This is a good idea, but it is *not* an issue for advocacy. Your issue should be directly linked to a policy change. In this example case, CHWs are not currently permitted to distribute injectable contraceptives, so a policy change is needed. The next two tools in the series will help you determine exactly *how* the change will be made.

Sometimes advocacy will be an appropriate programmatic strategy, but often it will not. This depends on whether or not policies have the potential to help solve the problem.

Evaluating Issues for Advocacy

This section will help you prioritize the issues you identified in the previous section. The tool lists important criteria that you should consider when deciding which advocacy issue to pursue. The criteria take into account: your organization's potential impact on the issue; the effort required to impact the issue; and the importance of the issue to your work. Discuss and debate the criteria as they apply to each of the advocacy issues you identified. Additional sheets of paper, a flipchart, or a computer may be helpful for making notes and recording your answers.

Before setting your advocacy priorities, you should be familiar with the following terms and common definitions:

ADVOCACY

Advocacy is a strategy to influence policymakers to make a policy change (e.g., create supportive policies, reform or remove harmful policies, ensure the funding and implementation of supportive policies).

When we talk about advocacy, we do *not* mean information, education, and communication (IEC) activities. Advocacy is not about changing specific practices or even building community awareness or support for an issue or practice. Rather, advocacy is intended to change opinion about a *policy*—specifically, policymakers' opinions—and achieve a particular policy change. It is often necessary to conduct opinion change activities with the media, community members, religious leaders, and health care providers before conducting advocacy activities. However, these efforts are only considered advocacy activities if the target groups then put pressure on the policymaking process. Additionally, efforts to persuade government offices/ministries/etc. to give funding to your organization's programs are *not* advocacy.

POLICY

A policy can be a plan, strategy, or agenda; program or course of action; human rights instrument; budget decision; piece of legislation; or regulations or protocols/guidance issued by a government, multinational entity, or institution.

POLICYMAKERS

Policymakers are typically government officials or people with formal political power (e.g., parliamentarians, ministers or agency officials, and their staff).

LOBBYING

Generally, lobbying is defined as the work of influencing a specific piece of legislation. So, while lobbying can be part of an advocacy strategy, advocacy work does not necessarily involve lobbying. For example, holding a meeting with a policymaker explaining the benefits of permitting community health workers to distribute injectable contraceptives is *not* lobbying. Encouraging that same policymaker to sign a piece of legislation permitting this *is* lobbying. Often, limitations are placed on NGOs' lobbying activities. Before considering lobbying as part of your advocacy strategy, review your country's laws and policies governing NGO lobbying and advocacy.

Identifying Issues for Advocacy

Choose up to three problems and barriers. Then identify three issues associated with them. **Note:** You do not necessarily have to identify three problems/barriers. For example, you can choose just one problem/barrier and then decide on three potential issues related to it.

	PROBLEM/BARRIER	ISSUE
1		
2		
3		

Evaluating Issues for Advocacy

The criteria below will help you select the best issue for your advocacy initiative. For each potential advocacy issue, consider the criteria and circle **high, medium,** or **low**. Make brief notes explaining your decision. For all of the criteria, **high is the best rating** and **low is the worst rating.** A good issue for advocacy will receive more highs than mediums and lows.

	CRITERIA	ISSUE 1	ISSUE 2	ISSUE 3
		For each issue, circle High, Medium, or Low.		
1	**Policy change needed is clear*** For an initiative to succeed, you must know what kind of policy change is needed. If your advocacy issue is not very specific, it will be harder to design a strong strategy. **CLEAR (HIGH)** **SOMEWHAT CLEAR (MEDIUM)** **UNCLEAR (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
2	**Number of your programs that will be affected by your issue*** If you have a lot of programs (or a very large program) that will be affected, it is probably a better issue. **4+ (HIGH)** **2–3 (MEDIUM)** **1 (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
3	**Level of effort required** How much of your time, energy, and other resources will be needed? **VERY LITTLE (HIGH)** **MODERATE EFFORT (MEDIUM)** **A LOT (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW

**** These criteria are particularly important.*** *As you make your final assessment, pay extra attention to the issues' ratings in the starred categories.*

Evaluating Issues for Advocacy *(continued)*

	CRITERIA	ISSUE 1	ISSUE 2	ISSUE 3
		For each issue, circle High, Medium, or Low.		
4	**Potential for success*** How likely is it that you will succeed? If success is unlikely, this is not a good issue. **VERY LIKELY (HIGH)** **POSSIBLE/MAYBE (MEDIUM)** **UNLIKELY (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
5	**Estimated time required to succeed** The shorter the amount of time needed, the better. **LESS THAN 1 YR. (HIGH)** **1–2 YRS. (MEDIUM)** **3+ YRS. (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
6	**Level of public support for your issue** If the public is supportive, your chances for success are higher. **SUPPORTIVE (HIGH)** **NEUTRAL (MEDIUM)** **OPPOSED (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
7	**Level of policymakers' support for your issue** If policymakers are supportive, your chances for success are higher. **SUPPORTIVE (HIGH)** **NEUTRAL (MEDIUM)** **OPPOSED (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW

Evaluating Issues for Advocacy *(continued)*

	CRITERIA	ISSUE 1	ISSUE 2	ISSUE 3
		For each issue, circle High, Medium, or Low.		
8	**Potential for *negative* consequences for your organization** Will your activities hurt your reputation, decrease your potential for funding, put your staff in danger, etc.? UNLIKELY (HIGH) POSSIBLE/MAYBE (MEDIUM) VERY LIKELY (LOW)	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
9	**Potential for *positive* consequences for your organization** Will your activities improve your reputation, help you get new funding, etc.? VERY LIKELY (HIGH) POSSIBLE/MAYBE (MEDIUM) UNLIKELY (LOW)	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
10	**Financial resources to support this kind of advocacy work*** It is essential to be realistic about funding. Without the necessary financial resources, success is unlikely. FUNDS EXIST NOW (HIGH) NEW FUNDS LIKELY (MEDIUM) FUNDS UNLIKELY (LOW)	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
11	**Partners to support you in this kind of advocacy work** Having strong partnerships is usually essential to success, especially for larger initiatives. 3+ (HIGH) 1–2 (MEDIUM) 0 (LOW)	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW

Evaluating Issues for Advocacy *(continued)*

	CRITERIA	ISSUE 1	ISSUE 2	ISSUE 3
		For each issue, circle High, Medium, or Low.		
12	**Evidence that the issue is important and achievable** Do you have concrete experience and/or other reliable information sources indicating that this is a good issue for advocacy? **STRONG (HIGH)** **SOME (MEDIUM)** **NONE/WEAK (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW
13	**Level of importance to your organization as a matter of principle** The issue you choose should be in line with your organization's mission and values. **VERY IMPORTANT (HIGH)** **SOMEWHAT IMPORTANT (MEDIUM)** **NOT VERY IMPORTANT (LOW)**	HIGH MEDIUM LOW	HIGH MEDIUM LOW	HIGH MEDIUM LOW

Review the ratings (**high, medium,** or **low**) that you gave each issue. If you gave an issue a lot of **lows** and **mediums**, it is probably not a good issue for advocacy. If you gave an issue a lot of **highs** and **mediums**, it is probably a better issue for advocacy. Once you have selected an issue, you are ready to move on to the second tool—*Assessing the Political Environment for Advocacy.*

What is your issue for advocacy?