

BOARD OF HEALTH AGENDA -WORKSESSION
November 8, 2023, 5:15 PM
Eau Claire County Courthouse Ground Level Room 302

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:

*Building a healthier community for all through prevention-focused programs
and partnerships.*

Health Department Vision:

A community where everyone can live a healthier life.

Join link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m5bbcb68a4f0a7b042f7fa912c66b5698>

Webinar number:

2535 150 6969

Webinar password:

teYF2b6XqF8 (83932269 from phones and video systems)

Join by phone:

+1-415-655-0001 US Toll

Access code:

253 515 06969

*Mute personal devices upon entry

For those wishing to make verbal or written public comment regarding an agenda item, you must e-mail Gina Holt at gina.holt@eauclairecounty.gov at least 90 minutes prior to the start of the meeting. Your written comment will be shared with the Board of Health.

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 (5 minutes)
4. Facilitated discussion (90 minutes)
5. Requests from Board members for future agenda items to be given consideration-(5 minutes)
6. Next business meeting – December 13, 2023, 5:15 p.m.
7. Adjourn

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.

Information Sheet –11/ /2023 Board of Health Meeting

Work session

November Work Session Focus areas:

1. Eau Claire City-County Health Department Structure and Funding

Focus:

- Overview of structure as a joint City-County Health Department
- Overview of State and local mandates
- Overview of funding sources
- Update on current efforts

BOH discussion:

- Questions about structure/funding?
- Recommendations related to structure/funding?

2. BOH roles/responsibilities

Focus:

- Overview of BOH roles/responsibilities
- Overview of State and local mandates related to BOH
- Update on current efforts

BOH discussion:

- Questions about BOH role/responsibilities?
- Recommendations related to continuation of BOH strategic plan?
- Recommendations related to BOH role in review, awareness, approval of core ECCCHD documents ?
- Recommendations related to 2024 education/planning for BOH?

3. Health Department Programs/Services – If time

Focus:

- Overview of current programs
- Overview of national Public Health Foundational Services and Capabilities
- Update on current efforts – State/National, local

BOH discussion:

- Questions about current programs?
- Recommendations related to Foundational Services/Capabilities?
- Recommendations related to prioritization metrics?

November 1, 2023

Eau Claire City-County Health Department – Structure

In May, 1941, the Eau Claire City Council and Eau Claire County Board passed a joint resolution creating the City-County Health Department. The City and County have identical ordinances that describe the structure and function of this joint department. Additionally, the State of Wisconsin has had state statute and administrative rule since the early 1900's that has defined and mandated basic structure and function of local health departments in Wisconsin. Local Health Departments in WI are structured in a variety of ways including City, County, City-County, and multiple County.

- Historical overview: See attached
- Local Ordinance (current): see attached and links below
 - City Ordinance Chapter 2.52 [638243293641170000 \(eauclairewi.gov\)](https://eauclairewi.gov)
 - County Ordinance: Chapter 2.52 [638180276960630000 \(eauclairecounty.gov\)](https://eauclairecounty.gov)
- State Statute and Administrative Rule: see attached and links below
 - [Public Health Statutes and Administrative Rules | Wisconsin Department of Health Services](#)
 - [Wisconsin Legislature: Chapter 251](#)
 - [Wisconsin Legislature: Chapter DHS 140](#)
- Health Department Programs related to requirements: see attached Program Cost Summary

Eau Claire City-County Health Department – Funding

The BOH has responsibility for the Health Department Budget. Annually the proposed budget for the health department is brought to BOH for consideration. Quarterly, financial updates are provided to the BOH for review.

- Summary of revenue and expense categories: see attached document
- Overview of current financials: see October BOH packet
- Health Department Programs related to funding sources: see previously attached Program Cost Summary

THE NEW EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT

Urban and Rural Health Activities Combined

By DR. C. K. KINCAID
Director, City-County Health Department, Eau Claire

A YEAR has elapsed since the birth of an experiment in economical government—a union of city and county health departments in the interest of financial economy through co-ordinated effort.

Organization

• In May, 1941, the city council and the county board of supervisors of Eau Claire passed a joint resolution abolishing the county health unit and the city board of health and setting up a joint city-county health department governed by a nonpolitical seven-man board with membership as follows:

- One councilman, 5-year term, appointed by mayor
- One county board member, 5-year term, appointed by board chairman
- One physician, 5-year term, appointed by mayor
- One dentist, 4-year term, appointed by county board chairman
- One layman (clergy), 3-year term, appointed by mayor
- One layman (teaching profession), 2-year term, appointed by county board chairman
- One woman (women's organization), 1-year term, appointed by mayor.

This board acts without pay or compensation and has full authority of local boards of health.

Objectives

• Predicated on the theory that public health problems disregard city limit signs and affect a community as a whole, the joint city-county organization of public health workers is a progressive example of a city and a county joining hands in an effort to render better service to the public. The Eau Claire department is unique in Wisconsin, as this is the only area in which school, city, and county health workers are combined in one department.

Objectives of the health department as set out in the original resolution will improve the:

1. Administration of vital statistics.
2. Communicable disease control, including tuberculosis and venereal disease.
3. Public health nursing services.
4. Maternal and infant health.
5. Sanitation of community, including sanitation of water, food, milk, and waste disposal.
6. Health educational activities.

Here and there throughout the United States there can be found a few other communities in which this combination of urban and rural health work has been established. Some of these are of small population, though one, the city of Louisville, Kentucky, is quite large.

When in operation, such plans utilize the health staff in part or as a group in the city or in the county, wherever the need occurs. Milk sanitarians already follow this principle, seeking to improve sanitation on the farm and in the city pasteurization plant. Milk, our one most important food, is thus safeguarded all the way from the grass-roots to the consumer's dinner table.

Disposal of a city's wastes, especially garbage, frequently becomes a source of irritation between urban and rural dwellers. The joint health department can function as a clearing house for this type of vexatious problem.

Of even more concern is the health problem created by the seasonal movements of groups of urban population to rural areas during the summer recreation season. Sanitation of the recreation areas, tuberculosis and other communicable diseases among the people themselves, all these conspire to mingle and interweave the health problems of urban and rural residents. The needs created by these interwoven problems can best be met by a department which functions in the rural as well as in the urban area.

Costly duplication of administrative and staff workers, as seen in separate city and county organizations, is saved the taxpayer who supports the joint department. Cooperation of urban health worker and rural worker is automatically guaranteed.

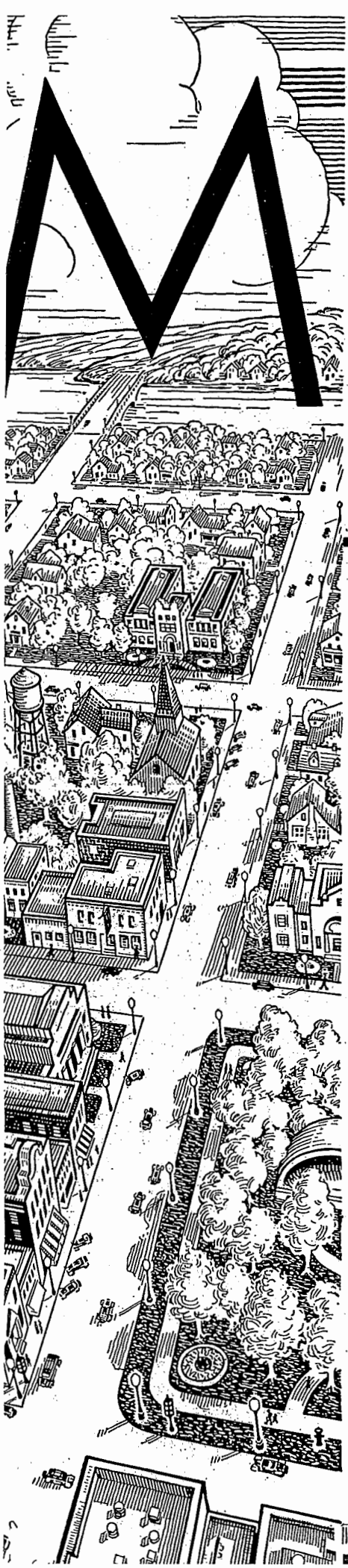
A perspective of a community's health problems and needs is here available to the administrator and will result in more value in disease prevention and lives saved per dollar of the tax funds invested.

Operation

• Joint space is provided for the new department in the recently erected city safety building, which also houses the police department, the fire department, the Visiting Nurse association, and the Family Service association. One department has moved into the new building, and the others will soon follow.

Up to the present, the health department has continued to function in its four separate offices as in past years, with the difference that in the past nine months the administration of the various units has been centralized. Thus the advantages of joint functioning are already being observed, but the full advantage of combined forces working from one central office are yet to be seen.

The supporting agencies, the city council and the county board of supervisors, have steadfastly and confidently supported the new organization even though the financial benefits of increased efficiency still await in part the actual combination in one office space. The seven-man board is growing more and more keenly interested in the function and development of the infant organization. Associated agencies, community organizations, service clubs, and the like, are all observing the growth of the infant with friendly concern. They give us who work here in the department a feeling that they are quite certain that some day Eau Claire will have a health department of which they can be proud; a health department operating efficiently and economically in the protection of the health of every citizen in our city and county.



The Municipality

Published by the
LEAGUE OF WISCONSIN MUNICIPALITIES

The Job of Civilian Defense

Defending Personal Injury Claims

City-County Health Department

JULY



1942

Chapter 2.52

BOARD OF HEALTH

Sections:

2.52.010	Definitions
2.52.020	Health department established
2.52.030	Board of health
2.52.040	Powers and duties
2.52.050	Regulations
2.52.060	Director
2.52.070	Budget; Appropriation; Fund

2.52.010 Definitions. In this chapter, the following words and terms shall have the following meanings, unless the context clearly requires otherwise:

- A. "Board of health" means the board of health established under 2.52.030.
- B. "City" means the city of Eau Claire.
- C. "City council" means the city council of the city of Eau Claire.
- D. "County" means Eau Claire County.
- E. "County board" means the Eau Claire County Board.
- F. "DHS" means the State of Wisconsin Department of Health Services.
- G. "Health department" means the Eau Claire city-county health department established under 2.52.020. (Ord. 161-48, Sec. 1, 2018; Ord. 137-104, 1994).

2.52.020 Health department established. A city-county health department is hereby established as required under Wis. Stat. § 251.02 (1m), to have jurisdiction within the city and county. (Ord. 161-48, Sec. 2, 2018; Ord. 147-103, Sec. 14, 2004; Ord. 137-104, 1994).

2.52.030 Board of health.

- A. The health department shall be managed by a board of health. The board of health shall have complete and exclusive control over the management and operations of the health department. The board of health shall consist of 8 members. The members shall reflect the diversity of the community. At least 3 of the members who are not elected officials or employees of the city or county shall have a demonstrated interest or competence in the field of public health or community health. The members shall be qualified and appointed as follows:
- 1. One member of the city council, appointed by the city council.
 - 2. One member of the county board, appointed by the chair of the county board with the approval of the county board.

3. Two physicians practicing in the county. Such physicians shall be selected from a list provided by the Eau Claire County Medical Society, where practical and desirable. One physician shall be appointed by the chair of the county board with the approval of the board. The other physician shall be appointed by the city council.

4. One dentist practicing in the county. Such dentist shall be selected from a list provided by the Eau Claire County Dental Society, where practical and desirable. Such dentist shall be appointed by the chair of the county board with the approval of the board.

5. One registered nurse with experience in community health practice. Such nurse shall be jointly appointed by the city and the county.

6. Two members of ability and known to have a board social viewpoint and a serious interest in the protection of health of the community. One member shall be appointed by the chair of the county board with the approval of the board. The other member shall be appointed by the city council.

B. The term of office of the members shall be 5 years.

C. Public notice shall be given of the annual vacancies occurring on the board of health.

D. Members of the board of health shall be residents of the city or county.

E. If any member of the board of health no longer meets the qualifications for appointment as set forth in 2.52.030, the position held by such member shall be vacated.

F. Any vacancy occurring on the board of health shall be filled in the same manner as the original appointment.

G. The board of health shall elect one member as president and one member as vice-president. An accurate record shall be kept of all board of health meetings. (Ord. 137-104, 1994).

2.52.040 Powers and duties. The board of health shall:

A. Govern the health department and assure the enforcement of state public health statutes and public health rules of the state.

B. Assure that the health department is a Level I, Level II or Level III local health department as specified in Wis. Stat. § 251.05(1).

C. Report to the DHS as required by rule.

D. Meet at least quarterly.

E. Assess public health needs and advocate for the provision of reasonable and necessary public health services.

F. 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.

G. Assure that measures are taken to provide an environment in which individuals can be healthy.

H. Employ qualified public health professionals, such other staff as are necessary to carry out the mission of the health department, and a public health nurse to conduct general public health nursing programs under the direction of the board of health and in cooperation with the DHS. The board of health may employ environmental health specialists, known as sanitarians, to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse.

- I. Appoint the director of the health department.
- J. Determine the compensation for the director and employees of the health department. (Ord. 161-48, Sec. 3, 2018; Ord. 137-104, 1994).

2.52.050 Regulations. The board of health may adopt regulations that it considers necessary to protect and improve public health. The regulations shall be no less stringent than, and shall not conflict with, state statutes and rules and regulations of DHS. Such regulations shall be published as a class 1 notice under Wis. Stat. ch. 985, and, unless otherwise specifically provided, shall take effect immediately following publication. Such regulations shall be incorporated by reference as if fully set forth herein. (Ord. 161-48, Sec. 4, 2018; Ord. 137-104, 1994).

2.52.060 Director. The director of the health department shall serve as the local health officer. The director shall be a full-time employee of the health department, as required by Wis. Stat. § 251.06(2)(a). The director shall maintain the qualifications required under Wis. Stat. § 251.06. (Ord. 137-104, 1994).

2.52.070 Budget; Appropriation; Fund.

A. The board of health shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the proportionate cost to the county and the city on the basis of equalized valuation. A certified copy of the proposed budget, which shall include a statement of the amount required from the city and the county, shall be delivered to the county administrator and to the city manager. The proposed budget shall be reviewed by a joint budget review team of county staff members selected by the county administrator and city staff members selected by the city manager.

B. The appropriation to be made by the county and the city shall be determined by the county board and the city council, respectively. No part of the cost apportioned to the county shall be levied against any property in the city.

C. A city-county health department fund shall be established and maintained in the office of the treasurer of the city, as determined by the board of health. The county and the city shall each make an annual payment into said fund, the share of the county and the city as determined and appropriated by the city and the county. (Ord.141-92 Sec.38, 1998; Ord.137-104, 1994).



Wisconsin Department of Health Services

State Statutes Important for Public Health

The Wisconsin State Statutes can be found on the Internet at

<https://docs.legis.wisconsin.gov/statutes/prefaces/toc>

Statistics

- Chapter 69. Collection of Statistics
 - Subchapter I Vital Statistics

Agriculture; Foods and Drugs; Markets.

- Chapter 93. Department of Agriculture, Trade and Consumer Protection
- Chapter 95. Animal Health
- Chapter 97. Food, Lodging, and Recreation
 - Subchapter I-Definitions
 - Subchapter II-Food Safety and Regulation
 - Subchapter III-Lodging and Vending Machines
 - Subchapter IV-Recreational sanitation.
 - Subchapter V-General Provisions
- Chapter 98. Weights and Measures
- Chapter 100. Marketing; Trade Practices

Public Instruction

- Chapter 118. General School Operations

Public Health

- Chapter 145. Plumbing and Fire Protection Systems and Swimming Pool Plan Review
- Chapter 146. Miscellaneous Health Provisions
- Chapter 148. Medical Societies
- Chapter 153. Health Care Information
 - Subchapter I Information Collection and Dissemination
 - Subchapter II Electronic Health Information Exchange
- Chapter 154. Advance Directives
 - Subchapter I Definitions
 - Subchapter II Declaration to Health Care Professionals
 - Subchapter III Do-Not-Resuscitate Orders
 - Subchapter IV Authorization for Final Disposition
- Chapter 155. Power Of Attorney for Health Care
- Chapter 157. Disposition of Human Remains
 - Subchapter I Corpses
 - Subchapter II Cemeteries
 - Subchapter III Burial Sites Preservation
- Chapter 160. Groundwater Protection Standards

Health

- Chapter 250. Health; Administration and Supervision.
- Chapter 251. Local Health Officials.
- Chapter 252. Communicable Diseases.
- Chapter 253. Maternal and Child Care.
- Chapter 254. Environmental Health.
 - Subchapter I-General Provisions

- Subchapter II-Toxic Substances
- Subchapter III-Radiation Protection
- Subchapter IV-Recreational Sanitation
- Subchapter V-Animal-borne and Vector-borne Disease Control
- Subchapter VI-Human Health Hazards
- Subchapter IX-Sale or Gift of Cigarettes or Tobacco Products to Minors
- Chapter 255. Chronic Disease and Injuries.
 - Subchapter I-Definitions
 - Subchapter II-Chronic Disease Prevention, Assessment, and Control
 - Subchapter III-Injury Prevention and Control
- Chapter 256. Emergency Medical Services
- Chapter 257. Emergency Volunteer Health Care Practitioners.

Natural Resources

- Chapter 280. Well Drilling, Heat Exchange Drilling, And Pump Installing
 - Subchapter I Definitions
 - Subchapter II Water Resources
 - Subchapter IV Water and Sewage Facilities; Septage Disposal
 - Subchapter V Financial Assistance
 - Subchapter VIII General Provisions; Enforcement

Regulation and Licensing

- Chapter 440. Department of Safety and Professional Services
 - Subchapter I General Provisions
 - Subchapter XI Home Inspectors
 - Subchapter XII Sanitarians
- Chapter 441. Board of Nursing
 - Subchapter I Regulation of Nursing
 - Subchapter II Enhanced Nurse Licensure Compact
- Chapter 463. Body Art and Tanning Facilities.

Wisconsin Administrative Codes Important for Public Health

The Wis. Admin. Code can be found on the Internet at:

https://docs.legis.wisconsin.gov/code/admin_code

Board of Nursing (N)

- Chapter N 2 - Licensure
- Chapter N 6 - Standards of Practice for Registered Nurses and Licensed Practical Nurses
- Chapter N 7 - Rules of Conduct
- Chapter N 9 - Appendix

Department of Agriculture, Trade and Consumer Protection (ATCP)

Chapters. ATCP 10-19; Animal Health

- Chapter ATCP 10 - Animal Diseases and Movement
 - Subchapter I - Definitions and General Provisions
 - Subchapter III - Bovine Animals
 - Subchapter IV - Swine
 - Subchapter V - Equine Animals
 - Subchapter VI - Poultry and Farm-Raised Game Birds
 - Subchapter VII - Farm-Raised Deer
 - Subchapter VIII - Fish
 - Subchapter IX - Sheep
 - Subchapter X - Goats
 - Subchapter XI - Other Animals
 - Subchapter XII - Fairs and Exhibitions
 - Subchapter XIII - Enforcement
- Chapter ATCP 10 - Appendix A: Diseases Reported Within One Day
- Chapter ATCP 10 - Appendix B: Diseases Reported Within 10 Days
- Chapter ATCP 13 - Local Rabies Control Programs

Chapters ATCP 55-89: Food, Lodging, and Recreation Safety

- Chapter ATCP 72 - Hotels, Motels, and Tourist Rooming Houses
- Chapter ATCP 73 - Bed and Breakfast Establishments
- Chapter ATCP 74 - Local Agents and Regulation
- Chapter ATCP 75 - Retail Food Establishments
 - Subchapter I - Definitions and General Provisions
 - Subchapter II - Licensing and Fees
 - Subchapter IV - Standards for Retail Food Establishments
 - Subchapter V - Vending Machines
 - Subchapter VI - Micro Markets
- Chapter ATCP 75 - Appendix: Wisconsin Food Code
- Chapter ATCP 76 - Safety, Maintenance, and Operation of Public Pools and Water Attractions
 - Subchapter I - Administration
 - Subchapter II - Water Treatment Systems and Water Quality
 - Subchapter III - Staffing Pools
 - Subchapter IV - Operation and Management
 - Subchapter V - Pool, Slide, and Water Attraction Construction and Design
- Chapter ATCP 77 - Laboratory Certification
 - Subchapter I - General Requirements
 - Subchapter II - Milk and Food Laboratories
 - Subchapter III - Water Laboratories
- Chapter ATCP 78 - Recreational and Educational Camps
- Chapter ATCP 79 - Campgrounds

Chapters ATCP 90-139; Trade and Consumer Protection

Chapter ATCP 134 - Residential Rental Practices

Chapter ATCP 139 - Consumer Product Safety

Department of Health Services (DHS)

Chapters DHS 110-199: Health

Chapter DHS 120 - Health Care Information

Subchapter I - General Provisions

Subchapter II - Administration

Subchapter III - Data Collection and Submission

Subchapter IV - Standard Reports

Subchapter V - Data Dissemination

Chapter DHS 135 - Human Corpses and Stillbirths

Chapter DHS 139 - Qualifications of Public Health Professionals Employed By Local Health Departments

Chapter DHS 140 - Required Services of Local Health Departments

Chapter DHS 142 - Access To Vital Records

Chapter DHS 143 - Hearing Impaired Children

Chapter DHS 144 - Immunization of Students

Chapter DHS 145 - Control of Communicable Diseases

Subchapter I - General Provisions

Subchapter II - Tuberculosis

Subchapter III - Sexually Transmitted Disease

Chapter DHS 145 - Appendix A: Communicable Diseases and Other Notifiable Conditions

Chapter DHS 146 - Vaccine-Preventable Diseases

Chapter DHS 147 - Cancer Control Grants

Chapter DHS 148 - Drug Repository Program

Chapter DHS 149 - The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Subchapter I - General Provisions

Subchapter II - Vendor Authorization and Responsibilities

Subchapter III - Monitoring, Vendor Violations and Sanctions

Subchapter IV - Participants and Proxies

Chapter DHS 150 - Grants for Workplace Wellness Programs

Chapter DHS 151 - Family Planning Fund Allocations

Chapter DHS 159 - Certification and Training Course Requirements for Asbestos Activities

Subchapter I - General Provisions

Subchapter II - Certification Requirements for Individuals

Subchapter III - Asbestos Company Certification Requirements

Subchapter IV - Requirements for Training Course Accreditation

Subchapter V - Training Course Instructors

Subchapter VI - Enforcement

Subchapter VII - Designated Asbestos Person

Chapter DHS 163 - Certification for the Identification, Removal and Reduction of Lead-Based Paint Hazards

Subchapter I - General Provisions

Subchapter II - Certification of Persons to Perform Lead-Safe Renovation, Lead Hazard Reduction, or Lead Investigation Activities

Subchapter III - Accreditation of Lead Training Courses and Approval of Training Managers and Instructors

Subchapter IV - Enforcement

Subchapter V - Registry of Property with Certificates of Lead-Free Status or Lead-Safe Status

Chapter DHS 163 - Appendix A: Obtaining Applicable Federal, State and Local Government Requirements
Chapter DHS 163 - Appendix B: Interim Controls Chapter 11, HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing
Chapter DHS 163 - Appendix C: Cleaning when Lead-Based Paint has been Disturbed Chapter 14, HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing
Chapter DHS 163 - Appendix D: Paint Removal: Commercial and Residential (DNR Publ Wa-173 98)
Chapter DHS 163 - Appendix E: Random Selection Table for Lead Hazard Screens, Lead-Safe Investigations, Risk Assessments, and Clearance Only
Chapter DHS 163 - Appendix F: Random Selection Table for Lead Inspections and Lead-Free Inspections Only
Chapter DHS 163 - Appendix G: Conducting a Visual Inspection
Chapter DHS 163 - Appendix H: Protecting Occupants Chapter 8, HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing
Chapter DHS 163 - Appendix I: Working Lead-Safe Chapters 4 and 17, HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing
Chapter DHS 167 - Statewide Poison Control System
Chapter DHS 181 - Reporting Of Blood Lead Test Results
Chapter DHS 181 Appendix A: Blood Lead Lab Reporting Form
Chapter DHS 182 - Lead Poisoning or Lead Exposure Prevention Grants
Chapter DHS 199 - Tobacco Control Activities

Department of Natural Resources (NR)

Chapters. NR 800- ; Environmental Protection – Water Supply

Chapter NR 809 - Safe Drinking Water
Chapter NR 810 - Requirements for the Operation and Maintenance of Public Water Systems
Chapter NR 812 - Well Construction and Pump Installation
Chapter NR 812 Appendix
Chapter NR 815 - Injection Wells
Chapter NR 820 - Groundwater Quantity Protection
Chapter NR 845 - County Administration of Ch. NR 812, Private Well Code
Chapter NR 850 - Water Use Fees

Department of Safety and Professional Services (SPS)

Chapter. SPS 1-299: Professional Services

Chapter. SPS - 170-179; Sanitarians
Chapter. SPS 220 - Body Art and Tanning Facilities

Eau Claire City-County Health Department Service/Program Summary-2023

The Eau Claire City-County Health Department (ECCCHD) provides a wide range of required and essential programs and services that are aimed at preventing health issues before they impact people in our community. Investing in prevention saves lives, improves community outcomes, and saves money. The projected ECCCHD 2023 budget includes revenue from local tax levy (35%), fees and other revenue (18%), and federal and state grants (47%) as approved by the Board of Health. The local levy investment from Eau Claire City Council and Eau Claire County Board supports the provision of mandated services as well as the capacity to respond to community needs and provides a real return on investment. Specifically, ECCCHD leverages \$3.2 million of tax levy to bring in \$4.6 million from federal or state grant funding and \$1.7 million from fee and other revenue and currently provides \$660,000 to other community agencies to promote the health of our community.

Included in the following table is cost and revenue information by program area based on the 2023 budget. The health ECCCHD budget is always changing with updates to grant funding and actual vs estimated revenue and expenses. The service area column is an estimate of services provided within the City of Eau Claire, Eau Claire County, and the western region of Wisconsin based on best available data from 2022. Those listed in the service area column as “all” are services or programs that are aimed at the entire county and do not have available or relevant address data. The levy amount listed includes both levy received in 2023 (\$3.2 million) and use of Health Department fund balance to cover operational costs as approved by the Board of Health. We are actively working to close our budget gap and use of Board of Health fund balance.

The ECCCHD levy supports:

- Provision of extensive State mandated public health services and programs such as communicable disease prevention and control
- Capacity to respond to public health emergencies
- Capacity to collaboratively work with community partners on community priorities
- Capacity to support populations with barriers to achieving health – health equity work
- Capacity to support application and implementation of competitive grants
- Capacity to address the strategic priorities of the City of Eau Claire and Eau Claire County

Developed June 2023

Eau Claire City-County Health Department Service/Program Summary - 2023

Communicable Disease Division works to prevent and control outbreaks of communicable disease, and to prepare to respond to public health emergencies.

Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grants	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Communicable Disease	WI 252, DHS 145	City 80%/County 20%	\$426,154	-	\$7,000	\$200	\$418,954	3.99
	ECCCHD provides mandated communicable disease follow up, surveillance, prevention, and outbreak control for all reportable diseases. This includes working collaboratively with healthcare partners, schools, and other government entities through community coalitions.							
Emergency Preparedness Program	WI 323.14, DHS 140.04(d)	All	\$107,509	-	\$53,463	-	\$54,046	0.95
	ECCCHD works to enhance and improve public health emergency preparedness and response in Eau Claire County. This includes updating our local public health emergency preparedness plan, working with County and City Emergency Managers to practice plans, coordinating the Eau Claire PHEP Committee, and responding to public health emergencies and threats throughout Eau Claire County.							
Immunizations	WI 144	City 60%/County 40%	\$188,512	-	\$23,745	-	\$164,767	1.81
	ECCCHD works to prevent communicable diseases by promoting and providing immunizations throughout Eau Claire County. This includes working with partners to increase immunization rates through coalitions and trainings. The Health Department is a Vaccines for Children (VFC) provider which administers vaccines to low income children free of cost and provides some adult vaccinations through the federal Vaccines for Adults (VFA) program.							
Medical Reserve Corp (MRC)	None	All	\$62,605	-	\$55,000	-	\$7,605	0.33
	The Eau Claire Medical Reserve Corp (MRC) was developed in 2009 to support public health emergency events using a trained and vetted group of volunteers . MRC members helped support COVID-19 vaccination efforts. ECCCHD is working to recruit more MRC members, revamp our local MRC chapter, and provide training for members to further develop and improve Eau Claire’s emergency preparedness capabilities.							
Regional Emergency Preparedness Program	None	City 10%/County 10%/Region 80%	\$293,690	-	\$293,690	-	-	3.18
	WWPHRC consists of sixteen local public health agencies and two tribal health agencies. This includes Ashland, Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Taylor, Trempealeau, and Washburn, along with Bad River and St. Croix tribal health agencies. WWPHRC provides core expertise to prepare for and respond to public health incidents and events, infectious disease outbreaks, and other public health threats.							

Regulations & Licensing Division inspects and educates facilities that provide food, housing or other necessities to the public. The division also inspects lodging, recreation, and bodyart facilities.

Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grant	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Housing/Human health hazards	WI 254, DHS 140.06	City 85%/County 15%	\$290,129	-	\$85,400	\$24,046	\$180,683	3.10
	The ECCCHD environmental health housing program includes a proactive housing program, external housing survey and rental registration in the City of Eau Claire, human health hazard/complaint investigations, lead/asbestos investigations and assessments, refuse truck inspections, refuse complaint investigations and nuisance abatement, and working with Neighborhood Associations, UWEC, and others on specific neighborhood health hazards.							
WI DATCP Agent Programs	DHS 140.06	City 80%/County 20%	\$475,002	-	\$10,000	\$439,495	\$25,507	4.06
	DATCP agent programs include inspections and investigations for retail food establishments, restaurants, school cafeterias, food trucks, campgrounds, recreational education facilities, pools, hotels, and tourist rooming houses. ECCCHD also provides special event food and campground licenses, lodging plan reviews, food sample follow up, and foodborne illness investigations.							
WI DSPS Programs	DHS 140.06	City 66%/County 34%	\$31,334	-	-	\$19,366	\$11,968	0.25
	DSPS agent programs include inspections and investigations at body art facilities and manufactured home communities.							
Regional Radon Center	WI 254, DHS 140.06	City 85%/County 5%/Region 10%	\$21,450	-	\$9,773	\$3,500	\$8,177	0.12
	ECCCHD is the West Central Radon Information Center serving Eau Claire, Chippewa, Clark, Buffalo, Trempealeau, Pepin, and Jackson counties. The information center provides radon information and sells test kits for residents and supplies for local health departments.							

Environmental Sciences Division works to enhance and protect our environment, and educate about how the environment affects our community's health.

Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grant	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Public Health Lab	WI 95.21(9)(b), WI 254, ATCP 13, EC County Code 8.20, EC City Code 6.08, BOH Reg	City 25%/County 65%/Region 10%	\$461,581	-	\$16,000	\$72,814	\$372,768	4.45
	ECCCHD has an environmental public health lab that performs microbiological and chemistry testing for water, lead and other hazards. This includes certified drinking water testing, recreational water testing (beaches, pools, etc.), and other environmental sampling and testing to support the DATCP programs. The ECCCHD lab also follows up on potential rabies exposures and leads mosquito and tick sampling and prevention outreach throughout the county.							
Private Onsite Wastewater Treatment Systems (POWTS)/Well Program	SPS 383, EC County Code, 18.77.090 & 8.12	City 5%/County 95%	\$272,008	-	-	\$204,556	\$67,452	2.25
	ECCCHD provides review and oversight of private onsite wastewater treatment systems (POWTS) and private drinking water wells throughout Eau Claire County. For POWTS, this includes permit review, subdivision plat, soil test, & certified survey map review, and administration of the county system maintenance program. For private wells, this includes permits, inspections, and abandonment orders, as well as sampling and inspection of non-transient (TN) community wells in the county.							
Environmental Health Partner Collaboration, Outreach & Education	WI 254	City 47.5%/County 47.5%/Region 5%	\$131,695	-	\$5,500	\$1,499	\$124,696	0.97
	ECCCHD provides local ordinance support and community collaboration support for potential environmental hazards. This includes consults on groundwater, drinking water (e.g. PFAS, lead), noise/odor, air quality, and other water/environmental health related health issues. This also includes the radiological field team and emergency response.							

Healthy Beginnings Division works to support families, especially maternal and child health, by facilitating a wide variety of programs and services

Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grant	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Nurse Home Visiting	DHS 140.05	City 78%/County 22%	\$1,030,912	-\$232,180	\$587,460	\$412,000	\$263,632	6.16
	ECCCHD provides nurse home visiting to families primarily through Nurse-Family Partnership® (NFP) and also the Prenatal Care Coordination (PNCC) program. NFP is an evidence-based, community health program with 45 years of research showing significant improvements in the health and lives of moms and their children affected by social and economic inequality and other risk factors. Each mother served is partnered with a nurse early in pregnancy and receives ongoing nurse visits that continue through the child's second birthday. ECCCHD leads the Western Wisconsin Nurse Family Partnership Consortium which includes Eau Claire, Chippewa, Dunn, and Marathon Counties.							
Women Infants & Children (WIC)	WI 253.06	City 77%/County 16%/Region 7%	\$480,468	-	\$428,186	-	\$52,282	5.05
	ECCCHD provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk through the WIC program. The WIC Farmers' Market Nutrition Program (FMNP) provides education and checks for WIC participants to use at local approved farmers markets as well as trains local farmers so they can accept WIC benefits. A WIC Certified Breastfeeding Peer Counselor supports pregnant and breastfeeding women and works with them to reach their infant feeding goals. WIC staff also provide the Fit Families Program to two-four year old low-income children and their families enrolled in WIC and provide education & coaching on healthy eating habits and active lifestyles.							
Other MCH Services	WI 253.115, WI 254.13 & 254.15, WI 254.164	City 33%/County 67%	\$151,672	-	\$13,914	\$3,000	\$134,758	1.65
	ECCCHD provides maternal and child health (MCH) prevention services including lead poisoning prevention and intervention, education on child seat safety, and newborn screenings for the Plain community.							

Clinical Services Division provides reproductive health services, including testing and treating disease and infections, and education and outreach about less-risky sexual behavior.

Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grant	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Reproductive Health Clinic Services	WI 252.11, 253.07, 255., DHS 145.15-20	City 60%/County 12%/Region 28%	\$268,704	-	\$117,004	\$150,700	\$1,000	1.92
	ECCCHD provides contraceptives, pregnancy testing, PrEP, and STI testing, treatment, and prevention through our reproductive health clinic.							
Regional Nurse Practitioner Services	None	City 23%/County 6%/Region 71%	\$173,532	-	\$173,532	-	-	1.31
	ECCCHD is a regional provider of Nurse Practitioner services to reproductive health clinics at local health departments within Western Wisconsin including Dunn, Eau Claire, Pepin, Pierce, St. Croix, Chippewa, Barron, and Clark Counties.							
Regional Colposcopy Services	WI 255.06	City 57%/County 14%/Region 29%	\$8,683	-	\$8,683	-	-	0.06
	Nurse practitioner provides reproductive health exams including colposcopy.							
Regional Wisconsin Well Woman Program	WI 255.06	City 26%/County 18%/Region 66%	\$77,098	-	\$69,083	\$8,015	-	0.90
	ECCCHD serves as the regional Wisconsin Well Women Coordinator for 8 counties: Eau Claire, Chippewa, Dunn, Jackson, Pepin, Pierce, Trempealeau and St. Croix. Wisconsin Well Woman Program provides preventive health screening services to women with little or no health insurance coverage. Staff provide outreach, education, and case management.							
Regional HIV Partner Services	WI 252.12	City 25%/County 0%/Region 75%	\$35,258	-	\$35,258	-	-	0.28
	ECCCHD is a regional provider of HIV partner services for 14 counties: Eau Claire, Washburn, St. Croix, Rusk, Pepin, Polk, Pierce, Dunn, Douglas, Clark, Burnett, Bayfield, Barron, and Chippewa. Services include case follow up and contact notification, testing, and outreach events to raise awareness about HIV and importance of testing.							

Community Health Promotion Division provides education, coordinates programs, and promotes policies and practices to impact community health priorities. Those priorities include chronic disease, mental health, healthy relationships, alcohol, tobacco, and other drug misuse.

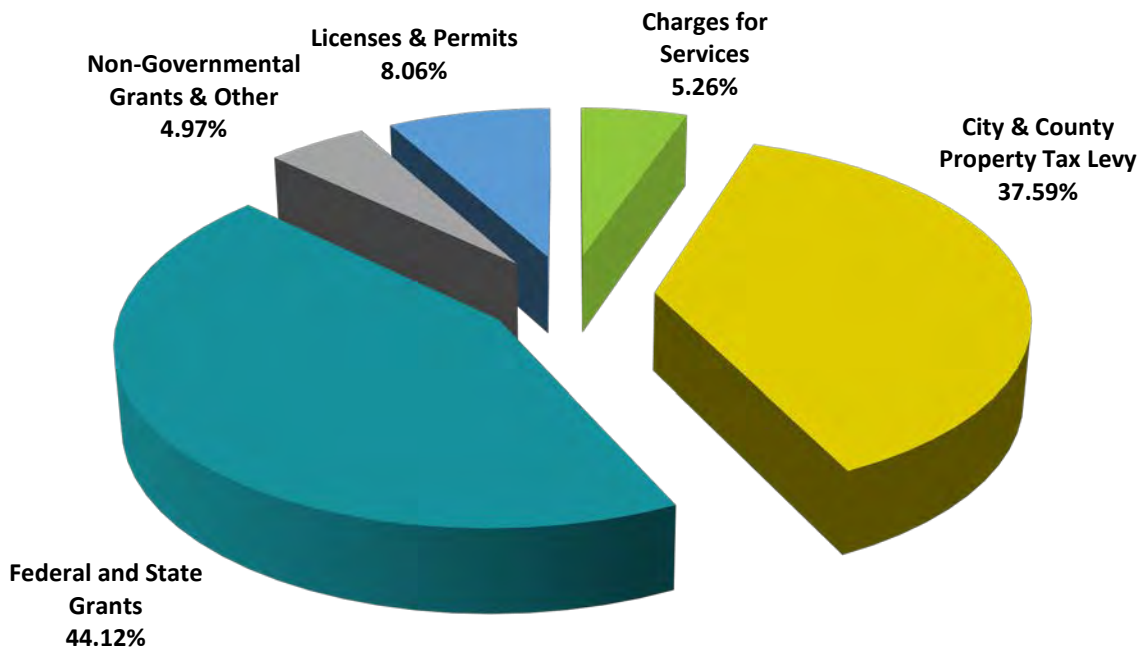
Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grant	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Alcohol, Tobacco, and Substance Misuse Prevention	WI 254.911 and 255.15, DHS 140.04	All	\$619,645	-\$30,320	\$615,195	\$600	\$34,170	6.00
	ECCCHD works with youth, schools, and other community partners to prevent alcohol, tobacco, and drug misuse through education and outreach, facilitation of community coalitions, and funding schools to provide AODA prevention. ECCCHD also does alcohol and tobacco compliance checks, ID check trainings, provides an alcohol misuse course for City's excessive intoxication deferral program, and coordinates the Youth Risk Behavior Survey implementation and reporting for all Eau Claire County schools. This also includes opioid and prescription drug misuse prevention and harm reduction strategies.							
Mental Health Promotion & Suicide Prevention	DHS 140.04	All	\$209,895	-	\$24,554	\$148,665	\$36,676	1.84
	ECCCHD leads the Mental Health Matters coalition supporting programs that focus on building youth resilience including providing mindfulness programs in schools. ECCCHD also provides support to the Eau Claire Health Alliance's Mental Health Action Team and the Suicide Prevention Coalition, and supports suicide prevention programming throughout Eau Claire County.							
Chronic Disease Prevention	DHS 140.04	All	\$145,689	-	\$124,052	-	\$21,637	1.27
	ECCCHD provides education and outreach on healthy nutrition, physical activity, diabetes, and other chronic diseases; Supports high blood pressure and diabetes self management education and prevention throughout Eau Claire County; Provides nutrition education and food demonstrations at area farmers' markets and events.							
Healthy Relationship Promotion & Sexual Violence Prevention	DHS 140.04	All	\$88,137	-\$23,500	\$90,000	-	\$21,637	0.75
	ECCCHD provides facilitation of the Healthy Relationships Promotion Action Team in Eau Claire County; provides resources, education, and outreach in the community about healthy relationships; and coordinates and implements evidence based healthy relationships programs such as SAFE Dates and HIP teens at schools and other youth serving organizations.							
Child, Overdose, and Suicide Review Teams	DHS 140.04	All	\$100,472	-\$4,000	\$52,757	-	\$51,715	0.69
	ECCCHD coordinates and leads multidisciplinary death review teams for child deaths, overdoses, and suicides within Eau Claire County to share information to identify, develop, and implement data driven prevention and intervention strategies.							

Policy & Systems Division works with our partners to identify and communicate about health needs, gaps, resources, and policy and system changes.

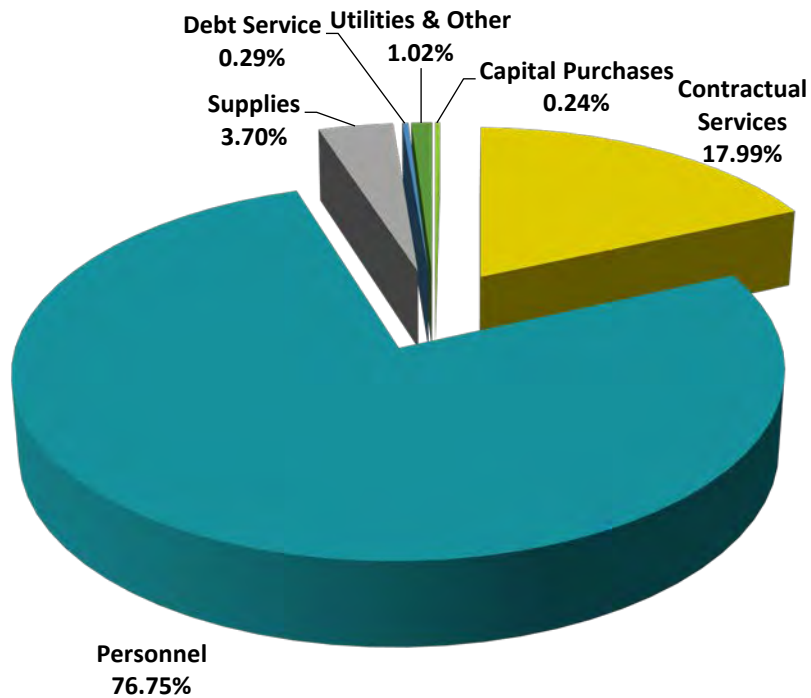
Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grant	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Strategic Plan	DHS 140.04-140.05	All	\$159,490	-\$9,500	\$39,292	\$21,867	\$107,831	1.54
	ECCCHD updates the CHA, CHIP and department strategic plan every three years. These documents lay the groundwork for health department programs, policies, and interventions. Through the Community Health Assessment (CHA) we learn from our community areas of concern related to health and contributing factors to those concerns. The Community Health Improvement Plan, takes the top concerns identified in the CHA and in partnership with the community identifies how we together will work to improve the health of the population. Our Strategic Plan sets forward and prioritizing what we as a health department hope to accomplish in the next three years.							
Eau Claire Health Alliance	DHS 140.04	All	\$95,209	-	-	-	\$95,209	0.80
	ECCCHD serves as backbone support for Eau Claire Health Alliance (ECHA). ECHA focuses on the health priorities identified in the CHA and is working to create a healthy community in Eau Claire County. Coalition members include individuals, representatives from community organizations, and health department staff as subject matter experts.							
Health Equity	DHS 140.04	All	\$262,689	-\$360,000	\$465,000	-	\$157,689	1.73
	ECCCHD has an internal health equity team that works to advance health equity within the department. External projects include convening external health equity partners, exploring community health workers, and working with the Maternal & Child Health equity group to define data around child health and improve outcomes for youth through partner organizations.							
Quality Improvement	DHS 140.06	All	\$14,122	-	-	-	\$14,122	0.10
	The ECCCHD Quality Improvement (QI) Plan which provides context and a framework for quality improvement activities at the department. ECCCHD has an internal QI team that works to advance QI work at the department through supporting QI projects and training opportunities for staff.							
Communications	None	All	\$184,528	-	-	-	\$184,528	1.73
	ECCCHD aims to provide strategic, actionable, personalized, and equity-informed public health messages to all people in Eau Claire County, and to prompt action that will protect the health of individuals, families, and communities. ECCCHD has an internal communication team with participation from all divisions of the department. The Communication Team assists in planning social media, traditional media, and outreach events. Staff also are responsible for maintaining media relationships; creating appropriate, effective public health messages; and managing other communications activities.							

Operation Division leads, supports, and oversees operations for all divisions, including human resources, finances, and technical support.								
Service or Program	Statutory Reference	Who is Served (estimate)	Total Cost	Minus Pass Through	Federal/State Grant	Fees/Other Revenue	Tax Levy & Fund Balance	FTE
Leadership	WI 251.06, DHS 140	All	\$328,200	-	-	\$42,390	\$285,811	2.22
	ECCCHD leadership includes Health Department Director/Health Officer, Assistant Director and Nursing Supervisor.							
Finance	WI 251.06; DHS 140	All	\$108,221	-	-	\$13,978	\$94,243	1.37
	ECCCHD budget management, annual audit, and accounting functions for complex federal, state, local, private funding sources.							
Administrative Support	WI 251.06; DHS 140	All	\$226,208	-	-	\$29,216	\$196,992	3.15
	ECCCHD administrative support and front desk support for the health department and county building.							
Human Resources	WI 251.06; DHS 140	All	\$34,841	-	-	\$4,500	\$30,341	0.30
	ECCCHD human resource services including recruitment, retention, workforce development, benefits, and employee support.							
Interpreter Services	Various Federal Regulations	All	\$62,782	-	\$5,000	-	\$57,782	1.23
	ECCCHD provides Spanish and Hmong interpreters for health department services and uses language line for interpretation in other languages.							
Operational Costs	WI 251.06; DHS 140	All	\$640,644	-	-	\$82,744	\$557,900	0.00
	ECCCHD non-personnel overhead costs such as rent, retiree health insurance, etc.							
COVID Special Projects	None	All	-	-	\$1,158,179	\$36,618	-	1.06
	One-time COVID specific grants that fund response and recovery efforts, workforce development, succession planning, and strategic plan initiatives.							

2022 EC City-County Health Department Revenues



2022 Expenses



November 1, 2023

BOH Roles and Responsibilities

BOH roles and responsibilities are outlined in local ordinance and State Statute and Administrative Rule. The ECCCHD BOH also has policies and practices that have framed their work. Additionally, the National Association of Local Boards of Health (NALBOH) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) have framed best practices for Boards of Health.

- Local Ordinance (current): see previously attached documents and links below with specifics on BOH
 - City Ordinance Chapter 2.52 [638243293641170000 \(eauclairewi.gov\)](https://www.eauclairewi.gov/638243293641170000)
 - County Ordinance: Chapter 2.52 [638180276960630000 \(eauclairecounty.gov\)](https://www.eauclairecounty.gov/638180276960630000)
- State Statute: see links below
 - [Wisconsin Legislature: 251.04](#)
 - [Information for Local Boards of Health | Wisconsin Department of Health Services](#)
- NALBOH resources: see links and attachments
 - [NALBOH](#)
 - [Governance Resources - NALBOH](#)
 - [NALBOH-Board_of_Health_Guide.pdf \(ymaws.com\)](#)
- BOH current Strategic Plan: see attached
- BOH document/plan review: see attached

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



National Association of Local Boards of Health

www.nalboh.org

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

PRIORITIES

1. **Maintain Health Department's fiscal stability**
2. **Support and advocate 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, HD fee setting and BOH budget approval process
2. Quarterly review of fiscal reporting (Jan/April/July/Oct)
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 (April 22,2020)
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 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
2. Discuss populations impacted and data gaps
3. Discuss staffing and fiscal implications for Health Dept

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

	Actions	Next Steps	Timing	Notes:
Priority 1: Maintain Health Department's fiscal stability	Annual update/review of BOH's fiscal policies and related responsibilities	Fund balance policy, HD fee setting and BOH budget approval process	July and August	Fund balance details and policy reviewed annually at July meeting. HD fee setting done annually at August meeting.
	Quarterly review of fiscal reporting (Significant financial changes discussed at any monthly meeting)		Jan/April/July/Oct	Quarterly review done at designated BOH meetings. Includes preliminary financial summary, revenue and expense statement and balance sheet. HD's audit done as part of City's annual fiscal audit, reported on at monthly BOH meetings when info becomes available from auditors. COVID funding typically discussed at each meeting during COVID updates.
Priority 2: Support and advocate for public health	Provide skill development training for BOH	Advocacy training to provide framework and process for engagement	4/22/2020	Searching for presenter on public health advocacy. Also reviewing online webinars and resource materials from public health organizations. Forwarded US Surgeon General Murthy's interview regarding communication and priorities. 2/16/2022 Potential presenter identified for advocacy training, details need to be confirmed.
	Provide talking points for key priorities			Health officer plus WALHDAB, NAHBOH and WI Public Health Association have provided talking points regarding public health funding and proposed state COVID legislation.
	Support WPHA/WALHDAB legislative priorities	Legislative update documents provided in monthly meeting packets		Ongoing when updated documents become available. 2/16/2022 Also will be tracking and supporting recently announced WALHDAB/WPA top priorities for this year.
		BOH copied on emails the Health Dept. has sent to legislative officials		Ongoing.



priorities	Engage with community partners/leaders to support community action on health priorities			Communicable Disease Ordinance Task Force. Healthy Communities action committees. JONAH. Plus...
	Raise community and governmental policy maker's awareness of need to support "health lens" in decision-making	Identify BOH members' current participation in community organizations. Determine if additional resources/training required.		BOH 8/25/21 agenda item for discussion. 2/16/2022 Subject matter discussed as part of advocacy training. Also will need to coordinate with similar work done by Health Dept.
	Raise awareness of upstream factors impacting health	Determine if additional resources/training required.		2/16/2022 Will coordinate with Health Dept and Healthy Communities as strategies and plans are developed.
	Identify and share influencing tools available for BOH	Determine info/resources available for BOH		All BOH members are provided with WALHDAB and NALBOH memberships; receive electronic newsletters, public health legislative alerts, and have access to web resources.
		Public health resources		
Case Studies				
Priority 3: Review new or changing community / Health Department priorities	Include quarterly BOH agenda item to update/review a running list of potential issues in community	Examples of success in other communities	Jan/April/July/Oct	Planning more detailed info from current CHA and CHIP Spring 2021. Plan for review at Sept or Oct BOH meeting. 2/16/2022 Review done quarterly as well as during any CHA/CHIP updates.
	Discuss populations impacted and data gaps			2/16/2022 Included with ongoing discussions about COVID, Strategic Plan updates and community assessment activities.
	Discuss staffing and fiscal implications for health department			2/16/2022 Frequent BOH discussions throughout COVID pandemic.
Priority 4: Ongoing BOH Improvements	Strive for diversity in BOH membership and decision-making			BOH membership has expanded to include representation from the rural community, <40 years of age and Hmong ethnic group.
	Identify and prioritize BOH training opportunities and needs	Consider diversity in broadest terms possible.		

EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT 2023-2025 STRATEGIC PLAN

●MISSION, VISION, & GUIDING PRINCIPLES●

Mission

Building a healthier community for all through prevention-focused programs and partnerships.

Vision

A community where everyone can live a healthier life.

Guiding Principles

The Health Department's work is guided by five overarching principles:



Collaboration

We seek and value the diversity and contributions of our partners and community to improve health.



Equity*

We strive to ensure that access, resources, and opportunities are provided for all to succeed and grow.



Integrity

We act with the highest standards of public health practice in our work.



Prevention

We work proactively to reduce negative health outcomes and build resilience for when they occur.



Quality

We use data and evidence to provide programs and services that meet the needs of our community.

*Adapted from the definition of Equity from the Office of Research Central at the University of Washington.

[Office of Research: Diversity, Equity, and Inclusion - UW Research \(washington.edu\)](https://research.washington.edu/diversity-equity-inclusion)

•GOALS & STRATEGIES•

Goal #1

Engage the community and expand relationships in collaborative efforts to improve health

« Strategy 1.1 »

Develop a clear understanding of partnership gaps and opportunities

« Strategy 1.2 »

Solicit feedback from the community on how the Health Department can better support health outcomes

« Strategy 1.3 »

Increase community and partner understanding and value of the Health Department

« Strategy 1.4 »

Add value to collaborative efforts through sustainable public health policy, systems, and environmental change

Goal #2

Strengthen our workforce and operational strategies to support quality programs and partnerships

« Strategy 2.1 »

Understand current and future public health workforce needs

« Strategy 2.2 »

Prioritize retention through staff connectedness and professional development

« Strategy 2.3 »

Ensure financial sustainability for the Health Department

« Strategy 2.4 »

Advance data management to appropriately evaluate and improve programs

Document	Purpose/requirement	Date	Approval	Review
BOH ordinances	Any locally BOH ordinances s.251.04(3)	As needed	Business item	
Budget	Annual budget plan for department. S.251.11(1). Local Ordinance	Annual	July (draft) and December business item	Quarterly – business item
Annual Report	DHS 140.04(2)	Annual, May 1 st	April business item	
Capital Improvement Plan	Larger purchases planned and depreciation built into fees/budget	Annual	July business item	annually
Employee Handbook	Employee work related policies and requirements	Annual	Proposed Changes – business items	annually
Employee Pay Plan	Position titles and pay rates	Annual	July business item	Annually
Strategic Plan	Focus for the department including mission, vision, priorities DHS 140.05(1)(e)	Every 3 years	Business item Plan approval	Quarterly review of strategies?
Performance Measures/Plan	Plan for overall health department performance and measures that are being tracked DHS 140.06(7)			Plan review annually? review of measures?
QI Plan	Health department plan for prioritizing and implementing quality improvement DHS 140.06(8)			
Community Health Assessment (CHA)	Requirement to do collaborative assessment DHS 140.04(1)(g)(3)	Every 3 years		
Community Health Improvement Plan (CHIP)	Community plan based on community health assessment DHS 140.04(1)(g)(4)	Every 3 years		Twice a year review of priorities?
PH Emergency Plan	Required Plan for responding to PH emergencies DHS 140.04(1)(d)(1)			Annually?
COOP	Required plan for continuity of operations DHS 140.04(1)(d)(5)			Annually?
Workforce Development Plan	Required plan to assess and plan for PH workforce DHS 140.05(1)(b)			Annually?
Communication Plan	Required plan to communicate with public DHS 140.04(1)(e)(3)			Annually?
Other				

Foundational Public Health Services



Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.



Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant

federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.

- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

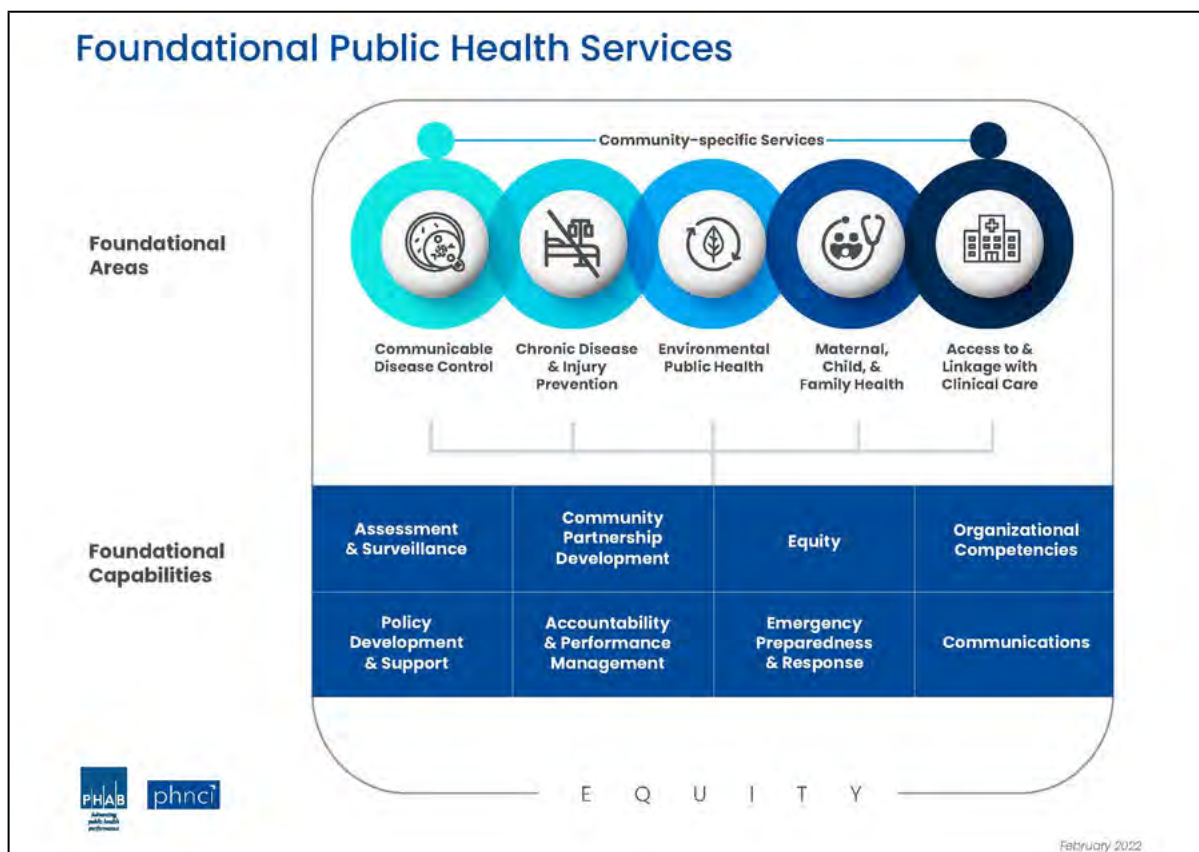
- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

Foundational Public Health Services

Every day and during times of emergencies, public health departments make the United States a healthier and safer place to live and work. Public health works to ensure basic protections exist, all people are safe in communities, and aims to prevent health threats before they occur. Although responsible for much more, public health prevents the spread of disease and chronic conditions that impact the health status of a community and drive health care spending. Public health departments collaborate with social service and hospital/healthcare providers in response to emergencies, provide regular assistance to their communities, and continuously evolve to meet local needs.

High-performing public health departments use **data-driven, evidence-based practice** to be good stewards of public money and address community priorities. Delivering public health protections in their communities at this level requires a strong foundation of public health infrastructure.

The **Foundational Public Health Services** (FPHS) framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.



Implementation

What are the benefits of learning about the FPHS? Understanding the Framework provides opportunities to develop a shared language, collaborate to meet shared goals, and protect the health and well-being of your community.

Public health professionals are using the FPHS to modernize and transform the field, shifting from ways public health may have worked in the past to new strategies to promote health in a community, advance equitable practices, and work across sectors to address social challenges that intersect with public health (e.g., homelessness, food insecurity, gun violence, climate change, transportation, education). Implementing the FPHS often includes infrastructure changes and reimagined way of working. This requires innovation, collaboration, and investment - you are invited to join public health in driving change.

Foundational Public Health Services

A Breakdown of the Foundational Public Health Services

Outside of the public health field, the FPHS may be used to communicate and set clear guidelines for how to keep society healthy. The Framework explains the necessary investments, priorities of services, and provides a roadmap to meet the public health needs of all people in communities across the United States.

Community-specific services vary based on a health department's or community's unique needs and are also supported by the Foundational Capabilities and Foundational Areas. For example, a local health department may provide testing/treatment for a certain sexually transmitted infections and other jurisdictions may not. State and local health department-generated activities, and most resources, are used for the other important programs specific to their jurisdictional needs. These are outside the scope of the FCs and FAs, but still essential to a given jurisdiction.

Foundational Areas (FA) are programs and services that are supported by the public health infrastructure. In the FPHS, this is the minimum that should be available.

Foundational Capabilities (FC) are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes. When public health professionals talk about infrastructure, they are referring to the FCs.

Equity must be embedded in all public health efforts. Equity is infused in all of the FPHS and is a standalone FC, emphasizing the needed capacities, capabilities, and resources to ensure equity is integrated and intentional in all FPHS.

Looking Forward

Practically put, health departments have to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections. Like all infrastructure, it tends to degrade over time without proactive maintenance and deliberate efforts to upgrade its capabilities as communities grow and evolve.

Evidence suggests many public health departments don't have the dedicated funding needed to build-out and sustain their public health infrastructure. Without them, public health departments simply can't deliver seamless, high-quality protections the public expects. In fact, one recent landmark study estimated a nationwide gap in funding public health infrastructure at \$4.5 billion.¹

In ways large and small, public health departments prevent the spread of disease and bring people together to help communities stay healthy. To continue these activities and respond to new threats, public health needs increased support. **Help protect the health of your community by:**

- Identifying shared goals and strategies to achieve them.
- Meeting with local and state health departments to discuss opportunities to collaborate and support their work.
- Promoting local public health achievements, including accreditation, awards, and additional recognition of excellence.
- Supporting the public health workforce.
- Engaging in conversations about investing in public health infrastructure, policy objectives, and current needs.

¹ Developing a Financing System to Support Public Health Infrastructure, The Public Health Leadership Forum, November 2018