

BOARD OF HEALTH AGENDA
December 13, 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.

Location: Eau Claire County Courthouse-Ground Level-Room 302

Public Access Link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=ma658661aeba3be085ead40944df6c0c1>

Webinar-Event number:

2530 270 1309

Webinar password:

mtFMiwYP662 (68364997 from phones and video systems)

Join by phone: +1-415-655-0001 US Toll

Access code: 253 027 01309

*Mute personal devices upon entry

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

1. Call to Order. Welcome Guests. Order of the Agenda. Request to pull items from Consent Agenda - 2 minutes
2. Public Comment-*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided. -5 minutes*
3. Jennifer Eddy-celebration of service
4. Consent Agenda (Action Required-approved for full content)-5 minutes
 - a. Approval of minutes from October 25, 2023 meeting-enclosed
 - b. Approval of minutes from November 8, 2023 meeting-enclosed
 - c. Approval of Grant/Contract related budget adjustments-enclosed
 - d. Approval of Donation/Stipends-enclosed
5. Business Item (Action Required)- 30 minutes
 - a. Approve the Advancing a Healthier Wisconsin Endowment Seed Grant award-enclosed
 - b. Approve the Marshfield Clinic Health System Addressing Health Disparities Grant-enclosed
 - c. Approval of 2024 Budget-enclosed
 - d. Approval of ECCHD Handbook Changes-enclosed

- e. Approval of Leave Payout Option 2023-enclosed
 - f. Election of Board of Health President & Vice President -verbal
6. Other information items from staff for the Board-5 *minutes*
- a. Health Department Report-enclosed
 - Service Recognition
 - Tegan Ruland, Clinical Services and Operations Division Manager-10 years
 - Cortney Sperber, Policy & Systems Division Manager-10 years
 - b. Workforce Development Update- enclosed
 - c. Board of Health documents and plans summary- enclosed
7. Board member informational items-5 *minutes*
- a. Public Health Policy/Advocacy
 - WPHA/WALHDAB Legislative Priorities-Standing Committee Updates:
 - b. Standing Committee Updates: verbal
 - City Council: [City Council Agendas | City of Eau Claire, Wisconsin \(eauclairewi.gov\)](#)
 - County Board: [2022 Meeting Agendas & Minutes | Eau Claire County \(eau-claire.wi.us\)](#)
 - Ground Water Advisory Committee: [Groundwater Advisory | Eau Claire County \(eau-claire.wi.us\)](#)
 - Opioid Settlement Task Force: [Opioid Task Force:](#)
 - c. Review and finalize draft of 2024 Board of Health calendar-enclosed
 - d. November work session follow up
8. Requests from Board members for future agenda items to be given consideration – 1 *minute*
9. Closed session –Motion to adjourn into closed session pursuant to Wisconsin Statutes 19.85(1)(c) for the purpose of considering employment, promotion, compensation or performance evaluation of any public employee over which the governmental body has jurisdiction or exercises responsibility. To wit:
Performance evaluation of Health Department Director, an employee over whom the Board of Health has supervisory control. 40 *minutes*
10. Reconvene in Open Session
11. Approve Directors Compensation
12. Next business meeting – January 24, 2023, 5:15 p.m.
13. Adjourn



Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of the dedicated,
detailed, and professional work done
to improve the health of Eau Claire
residents as a
Board of Health Member.*

This certificate is presented to

Jennifer Eddy

**October 25, 2023 Board of Health Meeting
County Courthouse, Room G-302**

The Board of Health convened in open session at 5:17 pm
The meeting was called to order by Mark Kaeding

Board Members Present

Quorum is reached

Don Bodeau (virtual)
Jennifer Eddy
Mark Kaeding
Joshua Miller
Terry Miskulin
Catherine Wildenberg
Kim Cronk (5:23 pm virtual)

Board Members Absent:

True Vue

Staff Members Present:

Marisa Stanley
Hannah Artz
Lieske Giese
Gina Holt

Order of Agenda Request to pull items from Consent Agenda

- None Made

Public Comment:

- None Received

Consent Agenda (Action Required-approved for full content)

- a. Approval of minutes from September 27, 2023, meeting
- b. Grant/Contract Related Budget Adjustments
- c. Approval of Stipends

Motion to approve Consent Agenda: Jennifer Eddy

2nd Motion: Catherine Wildenberg

Motion Carried: Yes (unanimous vote)

Business Item (Action Required)

- a. Receive Quarterly Financial Update
 - We are 75% of the way through the year.
 - Personnel is the largest portion of the budget.
 - No specific concerns or issues were identified.

Motion to receive Quarterly Financial Update as presented by Health Department Staff: Terry Miskulin

2nd Motion: Joshua Miller

Motion Carried: Yes (unanimous vote)

- b. Receive 2022 Single Audit Report
 - The Health Department operates under the City of Eau Claire's tax identification number so we are audited with the City. This Audit Report is specific to grant funding.
 - Nothing specific to the Health Department was found in the audit.

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.

Motion to receive 2022 Single Audit Report as presented by Health Department Staff: Joshua Miller
2nd Motion: Jennifer Eddy
Motion Carried: Yes (unanimous vote)

- c. Approve MPOX Grant
- This funding will help with outreach and education.

Motion to approve MPX Grant as presented by Health Department Staff: Catherine Wildenberg
2nd Motion:
Motion Carried: Yes (unanimous vote)

- d. Approve County Board Opioid Settlement Proposals
- The County board funded two projects that the Health Department will be working on. Project 1 will be providing Narcan and Fentanyl test strips. Project 2 will be providing sharps disposal locations throughout the community.
 - Staff time for these projects is not included and we no longer have that Opioid funding that was previously available.
 - The Sharps disposal project will have ongoing costs, the group is looking at potential funding sources for the future.

Motion to approve County Board Opioid Settlement Proposals as presented by Health Department Staff: Joshua Miller
2nd Motion: Terry Miskulin
Motion Carried: Yes (unanimous vote)

- e. Approve Environmental Health Capacity Grant-Public Water Quality Viewer
- Displaying up to date public water quality data collection on newly created dashboards.

Motion to approve Environmental Health Capacity Grant-Public Water Quality Viewer as presented by Health Department Staff: Kim Cronk
2nd Motion: Catherine Windenberg
Motion Carried: Yes (unanimous vote)

- f. Approve Environmental Health Capacity Grant- Education on Radon Risks in Homes with Identified Foundation Defects
- Data from the housing survey will be used to identify houses that are at greater risk for radon. The grant does not supply funding to provide fee testing for all at risk homes, but does at least support some testing.

Motion to approve Environmental Health Capacity Grant-Education on Radon Risks in Homes with Identified Foundation Defects as presented by Health Department Staff: Don Bodeau
2nd Motion: Terry Miskulin
Motion Carried: Yes (unanimous vote)

- g. Approve Medical reserve Corps STTRONG Grant
- This grant is from DHS Office of Preparedness and Emergency Health Care.
 - This funding will support staff time to continue work on volunteer management.
 - This was an area that was a need during the COVID Pandemic.

Motion to approve Medical Reserve Corps STRONG Grant as presented by Health Department Staff:

Joshua Miller

2nd Motion: Kim Cronk

Motion Carried: Yes (unanimous vote)

Other information items from staff for the Board

- a. Health Department Report highlights include:
 - DATCP-Self Assessment results yielded results of met or exceeded 100%.
 - There are new vaping resources to reach out to adolescents.
 - Health Department staff volunteered for the United Way Day of Caring. Staff members worked at The Community Table providing deep cleaning.
 - The World Relief Organization has made the decision to have an office in Eau Claire. It is a refugee resettlement organization. The organization worked with the City Manager office over the summer and the Health Department was included. The Health Department will be involved as refugees arrive. We don't know how that will look right now but the board will be updated as more information becomes available.
- b. 2024 Budget Update
 - Links for the City and County budget were available on the agenda.
 - Tax Levy amounts that the Board of Health were aware of moved forward in City Manager and County Administrator recommended.
 - Final approval of the 2024 budget will be brought to the Board of Health for approval in December 2023.
 - Last night at the City Council meeting there was a discussion on fees. The proposed transfer of the Refuse program was also presented. The transfer of refuse that is nuisance framed into the City Neighborhood Services Division makes sense. There is a meeting later this week to discuss further details. There is continued concern about the possibility of housing moving from the Health Department into the Neighborhood Services Division. Refuse that is a Human Health Hazard will remain a Health Department Program for City and County for State Statute.
- c. Eau Claire Health Alliance Update
 - There is a new website for the Eau Claire Health Alliance. <https://www.ehealthalliance.org/>
- d. Strategic Plan Update
 - We have started several new strategies.
- e. Update/review running list of Health Department Priorities
 - This is the quarterly reminder of some of the priorities that the health department is working on.

Board member informational items

- a. November work session discussion
 - Typically, the November work session doesn't have any business items.
 - Due to the holidays the November and December Board of Health meetings are on the 2nd Wednesday of the month.
 - Board members are asked what they want to learn about, what would be helpful to have at that meeting to help guide the conversation.
 - Using the program and services document to spend time on what are we required to do by State Mandate and how those requirements are being met.
 - Foundational Public Health Services model discussion to digest what that looks like and see where our Health Department falls into the model.
 - The State of Wisconsin funds only \$7,000 per year for Communicable Disease.

- How do we focus on what priorities need to be completed, and what does funding look like to accomplish those priorities?
 - As two of the long-term board members' terms are ending, recruitment strategies may be a good item to discuss at the November work session.
- b. Standing Committee Updates:
- City Council: The city has posted the open Board of Health position by the City of Eau Claire. The City Council had a budget workshop where the fee schedule was discussed. Health Department fees were submitted for approval. The City Council was invited to attend the informational session with the World Relief Organization. This is a federal program that the Eau Claire City Council does not have a role to approve.
 - County Board: County Board is focused on the 2024 budget. The budget hearing will be on Tuesday, November 7th at 7pm.
 - Ground Water Advisory Committee: Set to meet on November 17th to discuss PFAS funding.
 - Opioid Settlement Task Force: The task force will be meeting in the next few weeks.
 - WAHLDAB is looking for a statewide board of health member to serve on the board.
- c. Board of Health Advocacy/Policy
- WPHA/WALHDAB legislative grid was distributed and discussed. There are a lot of proposed bills that never make it to the floor. There has been a lot of activity at the state legislative level. For example, Jessie James is working on a bipartisan bill that when people who call for emergency services at an overdose isn't charged for things such as parole violations.

Requests from Board members for future agenda items to be given consideration-none made

Next business meeting – **November 8, 2023, 5:15 p.m.**

Mark Kaeding Adjourned the meeting at 6:55 pm.



**November 8, 2023 Board of Health Meeting
County Courthouse, Room G-302**

The Board of Health convened in open session at 5: 17 pm
The meeting was called to order by Don Bodeau

**Board Members Present
Quorum is reached**

Catherine Wildenberg
True Vue
Jennifer Eddy
Don Bodeau
Terry Miskulin
Joshua Miller
Mark Kaeding

Board Members Absent:

Kim Cronk

Staff Members Present:

Lieske Giese
Marisa Stanley
Gina Holt (recorder)

Public Comment:

- None made

November Work Session Focus areas:

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

- Overview of structure as a joint City-County Health Department
 - The history of the formation of the City-County Health Department was shared and discussed.
 - Annual reports from the early development of the health department were brought to the meeting to share for historical purposes.
 - Eau Claire and Dane Counties are the only City-County Health Departments in the state. In other areas it is either a City or a County Health Department or a merged County-County Health department. All of these are allowable structure options in Wisconsin.
 - Merged departments and programs are modeled throughout the state as a strong model of shared services for efficiency/effectiveness.
- Overview of State and local mandates
 - State Statute and Administrative Rule guide the requirements for Local Health Departments in Wisconsin. The “140 review” process is the State process to assure that all local health departments meet State mandates.
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 - The Health Department and Board of Health are mandated to follow State Statute and Administrative Rule, as well as local ordinances/code from the city, and the county.
 - The Statute and ordinances talk about BOH power and duties.
 - There are a lot of delegations of authority in Wisconsin from the State to local health departments and as a de-centralized State there is considerable additional local control.
- Overview of funding sources
 - The BOH has authority and responsibility to oversee the health department budget.
 - Tax levy that the health department receives is typically from local property tax levy.

- Net new construction is the amount that the City and County overall budgets can increase by. The Health Department looks at this percent increase and proposes an increase in the amount of levy connected to the property tax increase. This then is required to be split based on equalized value.
- The budget for 2023 includes revenue from local tax levy, fees and other revenue, and federal and state grants as approved by the board of health.
- Revenue coming into the health department looks very different than what many other departments in the City and County look like.
 - Federal and state grants make up 44.12% of revenue.
 - City & County Property Tax Levy make up 37.59% of revenue.
- The 2023 Program Summary was reviewed and discussed. This document breaks down each division and includes information on statutory reference, who is served, total cost, revenue from grants, fees/other revenue, and tax levy/fund balance use.
- Foundational public health services both at the federal and state level are being looked at as a baseline for requirements for governmental public health. This will be further explored in 2024 at a State and local level to consider what the gaps are and what changes need to happen.
- Competitive and ongoing grants were discussed as well as the gaps in funding. Grants are ending and we don't often have sustainable funding sources for important work
- Finding new dollars and funding is something that the department is always looking at.
- County Map viewed and discussed looking at where public health services are provided in our area.
- The health department also has several multi-jurisdictional responsibilities for several different areas including- Nurse Family Partnership, HIV Partner Services, Wisconsin Well Woman Program.
- There are currently 72 FTE in the department, payroll makes up the largest part of the Health Department budget.
- The importance of having a City/County Health Department to serve the entire community including rural areas was discussed.
- The department collaborates with CVTC, UWEC, local school districts and medical providers. Most of which are housed in the City of Eau Claire.

2. BOH roles/responsibilities

- Overview of BOH roles/responsibilities were discussed.
- Board obligations are related to policy and not necessarily on day-to-day operations which are delegated to the Director.
- Differences between BOH responsibilities vs other department heads or boards were discussed.
- BOH priorities form (2020-2024) discussion on how to move forward with making that a more usable document. No final conclusion but plan for more discussion.
- The importance of being engaged in advocacy-sometimes as a board of health member and sometimes as a community member was discussed.

- Governance Functions from NALBOH was discussed. This included the topics of policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight.
- WAHLDAB is always looking for board of health members to be part of their Statewide board and is an opportunity to consider State level advocacy.
- The board expressed their appreciation for making the financial updates to the board.
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Requests from Board members for future agenda items to be given consideration

- a. Further discussion on Board of Health Priorities and Actions
- b. Follow up discussion on Public Health Foundational Services.

Next scheduled BOH meeting is December 13, 2023 at 5:15 p.m.

Don Bodeau adjourned the meeting at 7:15 p.m.

DRAFT

Fact Sheet – 12/13/2023 Board of Health Meeting

Agenda Item 4.c

Grant/Contract Related Budget Adjustments

Attached are grant/contract related budget adjustments which impact the 2023 budget.

Budget Implication: Increase 2023 budget by \$99,600.

Staff recommendation: Approve budget adjustment as indicated.

Name	Funding Source	Description	Contract Start	Contract End	Contract Amount	In Budget	Increase (Decrease) in Budget
Strategic Prevention Framework-Partnerships for Success (SPF-PFS)	Substance Abuse and Mental Health Services Administration (SAHMSA)	Carryover from 08/31/21-08/30/22 grant year.	08/31/22	08/30/23	\$74,560	\$0	\$74,600
Substance Use Prevention	Eau Claire County Department of Human Services	Supplemental Alcohol and Other Drug Abuse (AODA) prevention funding for programming to reduce substance misuse.	03/01/23	12/31/23	\$61,052	\$46,300	\$14,800
Medical Reserve Corp (MRC)	Wisconsin Department of Health Services/Center for Disease Control	Budgeted amount estimated based on previous contract. No significant changes in activities.	07/01/23	06/30/24	\$5,000	\$4,500	\$500
Mental Health Matters: Promoting Resilience for Chippewa Valley Youth	Medical College of Wisconsin (MCW)/Advancing a Healthier Wisconsin Endowment (AHW)	Total funding of \$300,000 awarded for 2 years (07/01/22-06/30/24). Budgeted amount for year 2 (07/01/23-06/30/24) was estimated. No significant changes in activities.	07/01/23	06/30/24	\$150,000	\$140,300	\$9,700
			Total		\$290,612	\$191,100	\$99,600

Fact Sheet – 12/13/2023 Board of Health Meeting

Agenda Item 4.d

Stipend Received

The Eau Claire City-County Health Department has been offered the following stipend:

Agency	Description	Amount
NWWI Healthcare Emergency Readiness Coalition	Received scholarship for Brittany Fry, Western Wisconsin Public Health Readiness Consortium (WWPHRC) Director, to attend the Facilitating by Heart Course.	\$500.00

Budget Implications: Stipend in the amount of \$500.00.

Staff Recommendation: Accept stipend.

Fact Sheet – 12/13/2023 Board of Health Meeting**Agenda Item 5.a****Advancing a Healthier Wisconsin Endowment Seed Grant Award
An Assessment of Nutrition Security Among Residents in Rural Eau Claire County**

The Eau Claire City-County Health Department has received a 1- year grant award from Advancing a Healthier Wisconsin Endowment to conduct the project: *An Assessment of Nutrition Security Among Residents in Rural Eau Claire County*. Key activities of this grant include: (1) Engaging key stakeholders, partners, and agencies in rural areas to work with the project team to guide and define the assessment process and methods that will best identify local needs; (2) Identifying the appropriate tools and processes to assess nutrition security in rural areas in Eau Claire County, (3) Implementing a nutrition security assessment and analyzing the result, and (4) Providing recommendations, best practices, and direction for next steps. Of the total grant award of \$49,988, \$38,683 will support project implementation at the ECCCHD, with the remaining funds going to the Medical College of Wisconsin academic partner on the project.

This grant aligns with top health priorities (healthy nutrition, obesity, and chronic disease) identified in the past three community health assessments completed in Eau Claire County. ECCCHD will work with an academic partner from the Medical College of Wisconsin to complete this project.

Nutrition security is a growing global focus. Nutrition security means consistent access to nutritious foods that promote optimal health and well-being throughout all stages of life. It encompasses food security but also addresses diet quality and equity, recognizing that structural inequities make it hard for people to eat healthy and be physically active. The growing recognition of the distinction between access to calories alone and access to nourishing foods has spurred an evolution in healthcare, public health, and policy toward nutrition security. Gaining access to healthy and affordable food is often a challenge for those who live in rural areas, including in the rural parts of Eau Claire County. On average, rural communities have higher rates of obesity and food insecurity than urban areas, partially because of less access to affordable healthy foods.

This funding will allow us to identify where we can have the most impact on healthy nutrition and related chronic disease risks for rural residents. While we can identify disparities in existing data for rural areas of our county, there remains a need to thoroughly assess current programs, policies, and structures related to nutrition security in rural Eau Claire County, and to engage with rural community members to better understand strengths and needs around this issue. Identified strategies to improve nutrition security through this assessment will also promote health equity.

Budget Implication: \$38,683 will be used to fund mileage for travel to rural parts of Eau Claire County, program supplies, and staff time (.375 FTE) to conduct a nutrition security assessment in rural Eau Claire County from 1/1/24– 12/31/24.

Staff Recommendation: Approve ECCCHD’s acceptance of the Advancing a Healthier Wisconsin Endowment Seed Grant ECCCHD award for \$38,683 from 1/1/24– 12/31/24.

Prepared by Janessa VandenBerge, Public Health Specialist & Peggy O’Halloran, Community Health Promotion Division Manager



Fact Sheet – 12/13/2023 Board of Health Meeting

Agenda Item 5.b

Marshfield Clinic Health System Addressing Health Disparities Grant Award

The Eau Claire City-County Health Department was awarded a 12-month grant from Marshfield Clinic Health System for the project titled: *Promotion of a Neighborhood Farmers Market to Reduce Disparities in Access to Healthy Foods*. The goal of this grant is to promote a weekly farmers market located at the Eau Claire County Government Center in the City of Eau Claire to community members that are more likely to experience disparities in access to healthy food including: (1) Women, Infants, and Children who are participate in the Farmers Market Nutrition Program (FMNP), (2) Low-income seniors who participate in the Senior FMNP, and (3) Individuals who live in an Eau Claire neighborhood defined as a food desert.

Key activities of this grant include: (1) Increase access to fresh produce and other healthy foods to low-income residents in these 3 groups, (2) Provide all farmers market visitors with nutrition education and resources that encourage the consumption of fresh fruits, vegetables, and herbs, (3) Increase awareness and utilization of farmers markets for WIC clients and low-income seniors who participate in the FMNPs and other neighborhood residents, and (4) Evaluate and disseminate best practices including day, time, location, promotion tactics, and other factors to encourage use of a local farmers market for 3 groups of focus.

Improving access to foods that support a healthy diet is one method for addressing health disparities and population health. Although most Americans would benefit from improving their fruit and vegetable intake, for some individuals, this may be more difficult. Residents of low-income, minority, and rural neighborhoods have less access to stores that sell healthy foods, including a variety of fruits and vegetables at affordable prices. To address these disparities, strategies that make quality produce more accessible and affordable in underserved neighborhoods and for residents with low income are needed. Farmers markets are one way to increase access to fruits and vegetables.

This funding will allow us to evaluate the farmers market promotion to three focus groups and aid in identifying areas for improvement and opportunities to increase the impact and participation of community members in future years.

Budget Implication: \$9,977 will be used for staff time and project supplies to complete this project during the project period from 1/1/24– 12/31/24.

Staff Recommendation: Approve ECCCHD’s acceptance of the Marshfield Clinic Health System Addressing Health Disparities Grant award for \$9,977 from 1/1/24– 12/31/24.

Prepared by Janessa VandenBerge, Public Health Specialist & Peggy O’Halloran, Community Health Promotion Division Manager

Fact Sheet – 12/13/2023 Board of Health Meeting

Agenda Item 5.c

2024 Health Department Budget Approval

Please see notes below and attached items for the proposed 2024 Eau Claire City-County Health Department budget for your review and final approval as a starting point for 2024. The 2024 adopted budget totals \$7,733,300.

In July, the Board of Health approved a draft budget totaling \$7,839,700. After Board of Health approved the draft budget, but before the budget was adopted by the County and City in November, the following changes were made:

- The proposed City and County tax levy amounts were finalized following the release of net new construction and equalized values in August and following considerable conversation with the City Manager and County Administrator. The 2024 tax levy allocation from the City will be \$2,089,100 and from the County will be \$1,444,800. Overall, it is \$1,800 less than what was presented in the draft budget due to changes in equalized value. The final proposed tax levy allocation was determined using the same calculation as in past years. Both County Board and City Council approved amounts proposed.
- With City Council approval of the 2024 annual budget, the Health Department Refuse Program (except for Human Health Hazards) will be transferred to the City in 2024, and our proposed budget includes decreases in revenue and expenses associated with that program.
- Changes to grants include the removal of the \$85,000 Overdose Data to Action grant which we will not receive in 2024 and an increase of \$500 to the State MRC grant.
- Minor adjustments were made to budgeted personnel costs because of known health insurance enrollment and other changes.
- Small revisions to non-personnel items were made based on updated information received.
- Overall, there was a \$3,659 decrease in use of fund balance from \$193,700 in the draft budget to \$190,041 in the proposed budget.

Many grant amounts in our budget are estimated, and we anticipate some will change. In addition, there are several new potential grants for 2024. Board of Health will be notified of changes or new grants and the changes will be made through budget adjustments and will be reflected in a “revised” budget column during 2024.

As previously reflected in the draft budget, this final budget includes the removal of a previously unfilled .5FTE Manager position for the Clinical Services Division. This “place holder” FTE has been included in the budget over the last several years but not filled due to funding challenges. In 2024, Communicable Disease Division Manager, Jacqueline Krumenauer, plans to retire. With this

retirement, we will be transitioning to a combined Communicable Disease and Clinic Services Division and hiring for one manager. We are working with staff to get input, have posted the job position, and will provide updates on final organizational structure and work division in 2024. Approving this budget includes the approval of this change.

As a reminder, the 2024 budget was built with very little room for any additional challenges in funding and does currently require a use of fund balance for operations. We are continuing our Strategic Plan efforts around identifying and implementing long-term strategies for financial stability and more work will be done with the BOH on this in 2024.

Staff recommendation:

Approve the 2024 Eau Claire City-County Health Department budget totaling \$7,733,300.

**EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT
BUDGET COMPARISON**

Description	2019		2020		2021		2022		2023	2024
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Adopted Budget	Proposed Budget
Revenue										
City Tax Levy	\$ 1,887,100	\$ 1,887,100	\$ 1,918,600	\$ 1,918,600	\$ 1,955,400	\$ 1,955,400	\$ 1,989,800	\$ 1,989,800	\$ 2,049,300	\$ 2,089,100
County Tax Levy	\$ 1,214,200	\$ 1,214,200	\$ 1,243,200	\$ 1,243,200	\$ 1,283,100	\$ 1,283,090	\$ 1,334,200	\$ 1,334,181	\$ 1,378,900	\$ 1,444,800
Subtotal Tax Levy	\$ 3,101,300	\$ 3,101,300	\$ 3,161,800	\$ 3,161,800	\$ 3,238,500	\$ 3,238,490	\$ 3,324,000	\$ 3,323,981	\$ 3,428,200	\$ 3,533,900
City Debt Payment	\$ 16,900	\$ 16,900	\$ 16,500	\$ 16,500	\$ 16,200	\$ 16,200	\$ 15,800	\$ 15,800	\$ 15,400	\$ 18,059
County Debt Payment	\$ 10,400	\$ 10,323	\$ 10,100	\$ 10,064	\$ 9,800	\$ 9,837	\$ 9,600	\$ 9,610	\$ 9,400	\$ 11,000
Septic Maintenance	\$ 97,000	\$ 97,750	\$ 98,000	\$ 99,105	\$ 100,000	\$ 99,250	\$ 103,700	\$ 100,140	\$ 100,700	\$ 100,700
License & Permits	\$ 726,100	\$ 704,557	\$ 729,000	\$ 605,292	\$ 694,700	\$ 650,355	\$ 708,800	\$ 716,079	\$ 713,700	\$ 759,900
Charges for Services	\$ 484,500	\$ 434,936	\$ 447,700	\$ 276,874	\$ 380,900	\$ 296,692	\$ 340,700	\$ 357,260	\$ 327,300	\$ 356,800
Grants & Contracts	\$ 1,478,500	\$ 1,858,848	\$ 2,074,500	\$ 4,734,621	\$ 2,928,500	\$ 4,086,114	\$ 3,062,800	\$ 4,362,092	\$ 2,669,000	\$ 2,762,900
Total Revenue	\$ 5,914,700	\$ 6,224,614	\$ 6,537,600	\$ 8,904,256	\$ 7,368,600	\$ 8,396,938	\$ 7,565,400	\$ 8,884,962	\$ 7,263,700	\$ 7,543,259
Fund Balance Use*	\$ 283,800	\$ (121,663)	\$ 222,100	\$ (1,287,405)	\$ 209,800	\$ 529,719	\$ 369,700	\$ (245,874)	\$ 549,600	\$ 190,041
Expense										
Personnel	\$ 5,435,900	\$ 5,217,547	\$ 5,891,200	\$ 6,315,573	\$ 6,271,500	\$ 6,733,995	\$ 6,815,900	\$ 6,630,247	\$ 6,765,700	\$ 6,647,500
Other	\$ 712,600	\$ 781,400	\$ 756,000	\$ 1,248,854	\$ 1,144,400	\$ 2,165,880	\$ 1,069,200	\$ 1,987,891	\$ 997,600	\$ 1,085,800
Capital	\$ 50,000	\$ 104,004	\$ 112,500	\$ 52,425	\$ 162,500	\$ 26,782	\$ 50,000	\$ 20,950	\$ 50,000	\$ -
Total Expense	\$ 6,198,500	\$ 6,102,951	\$ 6,759,700	\$ 7,616,851	\$ 7,578,400	\$ 8,926,657	\$ 7,935,100	\$ 8,639,088	\$ 7,813,300	\$ 7,733,300
Fund Balance at Year End		\$ 1,462,594		\$ 2,749,999		\$ 2,220,280		\$ 2,466,154		

Numbers in brackets add to Fund Balance

Other Information	2019	2020	2021	2022	2023	2024
Economic Wage Increase	2.00%	2.00%	2.00%	2.50%	2.50%	2.50%
Health Ins Premium Increase	4.00%	4.00%	-1.00%	1.00%	2.00%	2.50%
Employer Share of WRS	6.55%	6.75%	6.75%	6.50%	6.80%	6.90%

**EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT
2024 PROPOSED BUDGET**

OBJECT	ACCOUNT DESCRIPTION	REVENUE			2023-2024 CHANGE	% CHANGE
		2022 ACTUAL	2023 ADOPTED BUDGET	2024 PROPOSED BUDGET		
5102	TAX LEVY CITY	\$1,989,800	\$2,049,300	\$2,089,100	\$39,800	2%
4602	TAX LEVY COUNTY	1,334,181	1,378,900	1,444,800	65,900	5%
5102	UNFUNDED PENSION CITY	15,800	15,400	18,059	2,659	17%
4603	UNFUNDED PENSION COUNTY	9,610	9,400	11,000	1,600	17%
	TAXES	3,349,391	3,453,000	3,562,959	109,959	3%
4128	FEDERAL AID-OTHER	1,151,199	790,500	898,200	107,700	14%
4178	STATE AID-OTHER	0	9,500	9,500	0	0%
4182	E.C. SCHOOLS-OTHER AID	0	0	0	0	0%
4190	CARS-FEDERAL AID	2,502,440	1,336,300	1,267,900	-68,400	-5%
4191	CARS-STATE AID	177,885	177,000	184,000	7,000	4%
	INTERGOVERNMENTAL	3,831,524	2,313,300	2,359,600	46,300	2%
4213	LODGING LICENSE - HEALTH	23,788	23,400	23,400	0	0%
4214	RECREATIONAL FACILITY	7,946	9,100	9,100	0	0%
4215	POOL LICENSE - HEALTH	48,961	50,100	52,000	1,900	4%
4216	RETAIL FOOD LICENSE	127,227	127,000	142,500	15,500	12%
4218	RESTAURANT - HEALTH	343,456	338,800	375,700	36,900	11%
4230	MOBILE HOME PARK LICENSE	15,989	14,900	15,300	400	3%
4248	OTHER BUS/OCC LICENSE	8,360	7,600	400	-7,200	-95%
4250	SANITARY PERMITS	116,814	125,000	125,000	0	0%
4251	TATTOO & BODY PIERCING	12,514	7,800	6,500	-1,300	-17%
4264	WELL PERMITS	8,175	9,000	9,000	0	0%
4298	OTHER PERMITS	1,815	1,000	1,000	0	0%
	LICENSES & PERMITS	715,043	713,700	759,900	46,200	6%
4398	OTHER FINES/FORFEITURES	1,036	0	0	0	0%
	FINES & FORFEITURES	1,036	0	0	0	0%
4452	COPIER REVENUE	0	0	0	0	0%
4461	TB TESTING	0	100	100	0	0%
4462	WATER SAMPLES	71,622	45,000	77,000	32,000	71%
4466	FLU SHOTS	0	100	100	0	0%
4470	FAMILY PLANNING-INDIVIDUAL	1,313	6,000	6,000	0	0%
4471	RADON KIT SALES	4,601	3,500	3,500	0	0%
4473	PLAT REVIEW	100	500	200	-300	-60%
4474	LANDFILL INSPECTION FEES	828	800	800	0	0%
4475	SOIL TEST REVIEWS & FILIN	9,300	11,000	11,000	0	0%
4476	RENTAL REGISTRATION FEES	75	500	100	-400	-80%
4477	AA/CG SAMPLES	29,295	15,000	0	-15,000	-100%
4479	HEALTH DEPT-MISC	130	9,000	19,400	10,400	116%
4480	HOUSING RE-INSPECTION FEE	9,495	8,500	6,300	-2,200	-26%
4481	BLOOD LEAD TESTING/EH INV	170	3,000	2,000	-1,000	-33%
4483	SCHOOL INSPECTION FEES	10,709	10,000	11,800	1,800	18%
4484	DIVERSION PROGRAM	413	600	700	100	17%
4493	SPECIAL CHG-HSG REINSPECT	30,505	30,000	22,400	-7,600	-25%

OBJECT	ACCOUNT DESCRIPTION	2022 ACTUAL	2023 ADOPTED BUDGET	2024 PROPOSED BUDGET	2023-2024 CHANGE	% CHANGE
4495	SPECIAL CHG-SEPTIC MAINT	670	700	700	0	0%
	CHARGES FOR SERVICES	169,226	144,300	162,100	17,800	12%
4601	SERV TO EC CO-SEPTIC MAINT	99,470	100,000	100,000	0	0%
4616	FORWARD HLTH-MEDICAID	35,697	26,000	35,700	9,700	37%
4617	FAMILY PLANNING-TITLE 19	138,365	142,700	142,700	0	0%
4691	WI DNR-LAB TESTING	14,361	15,000	17,000	2,000	13%
4692	STATE OF WISC-MISC	130	0	0	0	0%
4693	OTHER COUNTIES-MISC	151	0	112,500	112,500	0%
	CHARGES FOR SERVICES-INTERGOV	288,174	283,700	407,900	124,200	44%
4836	MISC GRANT REVENUE	417,955	238,300	171,500	-66,800	-28%
4850	GIFTS & DONATIONS	3,822	32,000	33,900	1,900	6%
4852	MISC REIMBURSEMENTS & REF	14,905	0	0	0	0%
4858	REFUND OF PRIOR YEARS EXP	5,031	0	0	0	0%
	MISC REVENUE	441,714	270,300	205,400	-64,900	-24%
5118	TSF FROM CDBG	88,855	85,400	85,400	0	0%
5580	BUDGETED USE OF FUND BALANCE	0	549,600	190,041	-359,559	-65%
	OTHER BUDGETED RECEIVES	88,855	635,000	275,441	-359,559	-57%
	TOTAL REVENUE	\$8,884,962	\$7,813,300	\$7,733,300	-\$80,000	-1%

**EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT
2024 PROPOSED BUDGET**

OBJECT	ACCOUNT DESCRIPTION	EXPENSES			2023-2024 CHANGE	% CHANGE
		2022 ACTUAL	2023 ADOPTED BUDGET	2024 PROPOSED BUDGET		
6010	PAYROLL WAGES	\$4,551,693	\$4,594,500	\$4,483,100	-\$111,400	-2%
6020	P/R OVERTIME	2,135	0	0	0	0%
6030	SPECIAL PAYS	14,235	11,800	7,900	-3,900	-33%
6040	EMPLOYER PAID BENEFITS	330,564	352,500	345,100	-7,400	-2%
6042	WRF(ER)	290,100	309,200	308,000	-1,200	0%
6043	HEALTH INS(ER)	1,066,849	1,113,200	1,129,400	16,200	1%
6047	HEALTH INSURANCE DEDUCTIBLE	61,400	56,800	54,200	-2,600	-5%
6051	RETIREE-HLTH INS	226,308	241,000	230,300	-10,700	-4%
6052	RETIREE DEDUCTIBLE	13,300	13,400	9,800	-3,600	-27%
6072	EDUCATION REIMBURSEMENT	5,036	4,000	4,000	0	0%
6096	AUTO ALLOWANCE	53,983	68,400	60,800	-7,600	-11%
6099	MISC REIMBURSEMENTS	14,645	900	14,900	14,000	1556%
	PERSONNEL	6,630,247	6,765,700	6,647,500	-118,200	-2%
6108	UNEMPLOYMENT COMPENSATION	3,876	1,500	9,600	8,100	540%
6110	POSTAGE & SHIPPING	32,557	13,200	14,900	1,700	13%
6112	COMPUTER SERVICE CHARGES	97,660	90,400	118,500	28,100	31%
6114	DIGITAL MATERIALS SERVICE	17,339	5,600	12,300	6,700	120%
6116	PRINTING & BINDING	16,959	12,500	9,000	-3,500	-28%
6118	ADVERTISING/MARKETING	163,640	24,700	3,900	-20,800	-84%
6120	AUDITING	4,194	5,000	5,000	0	0%
6128	REPAIRS TO TOOLS & EQUIP	5,850	3,100	3,700	600	19%
6140	BUILDING RENTAL	131,522	141,700	149,000	7,300	5%
6142	OTHER RENTAL	4,027	2,700	2,900	200	7%
6144	LAUNDRY & DRY CLEANING	632	500	500	0	0%
6148	CONTRACTUAL EMPLOYMENT	605,168	16,400	21,600	5,200	32%
6153	CONVENIENCE FEES	3,651	2,500	3,700	1,200	48%
6156	PROFESSIONAL SERVICES	215	200	200	0	0%
6157	LEGAL SERVICES	0	1,000	1,000	0	0%
6160	TRAINING/MEETINGS	98,509	94,300	133,100	38,800	41%
6162	MEMBERSHIP DUES	9,793	27,600	71,200	43,600	158%
6166	RECRUITMENT EXPENSES	271	1,000	1,000	0	0%
6198	MISC CONTRACTUAL SERVICES	358,635	205,800	218,200	12,400	6%
	CONTRACTUAL SERVICES	1,554,498	649,700	779,300	129,600	20%
6210	TELEPHONES	9,600	9,100	7,900	-1,200	-13%
6211	MOBILE COMMUNICATION	43,499	40,500	39,800	-700	-2%
6214	GARBAGE SERVICE	0	300	300	0	0%
	UTILITIES	53,099	49,900	48,000	-1,900	-4%
6306	LICENSE & PERMITS	5,143	4,200	13,800	9,600	229%
6352	WORKERS COMPENSATION COST	14,854	21,000	13,000	-8,000	-38%
6356	LIABILITY & PROPERTY INSURANCE	700	700	700	0	0%
	FIXED CHARGES	20,697	25,900	27,500	1,600	6%
6402	OFFICE SUPPLIES	22,825	11,900	11,600	-300	-3%
6403	BOOKS & PERIODICALS	2,936	2,300	900	-1,400	-61%
6405	AWARDS & TROPHIES	1,795	1,500	2,300	800	53%
6418	HEALTH EDUC SUPPLIES	981	700	500	-200	-29%
6419	NUTRITIONAL EDUC SUPPLIES	2,848	4,600	2,400	-2,200	-48%
6420	ENVIRONMENTAL SUPPLIES	1,814	1,400	1,100	-300	-21%
6422	HEPATITIS B VACCINE	0	1,500	1,100	-400	-27%

OBJECT	ACCOUNT DESCRIPTION	2022 ACTUAL	2023 ADOPTED BUDGET	2024 PROPOSED BUDGET	2023-2024 CHANGE	% CHANGE
6423	FLU VACINE	2,047	3,500	1,100	-2,400	-69%
6425	RADON TEST KITS	4,436	4,000	4,000	0	0%
6426	LAB SUPPLIES	40,442	45,000	43,000	-2,000	-4%
6427	MEDICAL SUPPLIES	32,337	31,300	35,000	3,700	12%
6441	UNIFORMS	37	0	0	0	0%
6450	GASOLINE	78	0	0	0	0%
6460	REPAIR PARTS & SUPPLIES	1,207	1,300	800	-500	-38%
6490	EQUIPMENT PURCHASES (< \$5,000)	55,947	48,000	35,600	-12,400	-26%
6497	GIFT CARDS	45,992	39,100	24,500	-14,600	-37%
6498	OTHER MATERIALS & SUPPLIE	104,081	39,200	32,700	-6,500	-17%
	SUPPLIES	319,801	235,300	196,600	-38,700	-16%
6716	PMT TO OTHER ORGANIZATION	14,339	12,000	5,300	-6,700	-56%
6790	REFUNDS & REIMBURSEMENTS	74	0	0	0	0%
	CONTRIBUTIONS & OTHER PYMTS	14,413	12,000	5,300	-6,700	-56%
6802	CAPITAL PURCHASES	20,950	50,000	0	-50,000	-100%
	CAPITAL PURCHASES	20,950	50,000	0	-50,000	-100%
7020	TSF TO DEBT SERVICE	25,383	24,800	29,100	4,300	17%
	OTHER FINANCING USES	25,383	24,800	29,100	4,300	17%
	TOTAL EXPENSES	\$8,639,088	\$7,813,300	\$7,733,300	-\$80,000	-1%

Project List - Grants and Contracts

Project	Description	2022 Adpoted Budget	2023 Adopted Budget	2024 Proposed Budget	2023-2024 Change
25002	MCH	\$46,600	\$49,200	\$49,100	-\$100
25004	Prevention	10,900	10,900	10,900	0
25006	Reg Radon Info Center	9,800	9,800	9,800	0
25007	Childhood Lead	9,800	9,700	9,000	-700
25008	Immunization	22,100	27,500	23,700	-3,800
25009	Prenatal Care Coordination	65,000	35,000	55,100	20,100
25014	DOT Child Passenger Safety	4,000	4,000	4,000	0
25017	Wisconsin Well Woman	72,800	69,100	69,100	0
25028	Public Health Emergency Preparedness	52,500	53,500	53,500	0
25029	Tobacco	54,400	54,400	54,500	100
25041	Blood Lead Testing/EH Investigation	5,000	3,000	2,000	-1,000
25045	Medical Reserve Corps - State	4,500	4,500	5,000	500
25056	Alliance For Substance Abuse Prevention	2,500	0	0	0
25057	Hep B Case Management	3,900	0	0	0
25060	WIC Grant	387,700	382,900	377,000	-5,900
25064	WIC Farmers Mkt Nutrition Program	4,700	4,700	4,700	0
25065	WIC Brst Feeding Peer Counseling	17,100	27,000	29,600	2,600
25069	Fit Family	17,500	17,000	19,000	2,000
25070	Repro Health-Title X Grant	558,100	229,000	229,000	0
25071	Repro Health-Program Generated Revenue	148,700	148,700	148,700	0
25079	Healthy Communities Council	2,600	0	0	0
25081	Comm Health Partnership Project	0	32,000	33,900	1,900
25100	HIV Partner Services	35,300	35,300	35,300	0
25102	Get Yourself Tested	0	3,000	1,500	-1,500
25130	EC Food Program - Self Assessment	5,400	0	10,000	10,000
25142	Nurse Family Partnership Program	98,200	95,000	95,000	0
25145	HWPP - Mental Health Matters	150,000	140,300	0	-140,300
25160	CDBG	85,400	85,400	85,400	0
25172	Marathon County Nurse-Family Partnership	0	0	112,500	112,500
25193	Communicable Disease & Prevention	7,000	7,000	7,000	0
25198	Innovative Diabetes & Cardio Vas	46,600	0	0	0
25199	Diabetes Cardio Vascular	40,000	40,000	0	-40,000
25202	Overdose Fatality	35,000	35,000	30,000	-5,000
25209	WIC Interpreters	8,900	5,000	9,500	4,500
25210	Diversion	600	600	700	100
25212	Family Foundations	414,400	414,400	508,600	94,200
25213	Substance Use Prevention	40,000	46,300	65,100	18,800
25215	Sexual Violence Prevention	90,000	90,000	90,000	0
25217	Overdose Data to Action Community Prevention	85,000	85,000	0	-85,000
25224	SPF-PFS	300,000	300,000	300,000	0
25233	WWPHRC/OPEHC	196,600	225,900	300,900	75,000
25234	WWPHRC/OPEHC Carryover	100,000	0	0	0
25236	Family Foundations ARP	0	20,300	0	-20,300
25238	WIC Pilot	0	8,500	0	-8,500
25241	Repro Health-Women's Health Block Grant	35,900	35,900	34,800	-1,100
25242	Repro Health-Pregnancy Outreach	6,000	6,000	6,300	300
25249	Roots & Wings Nurse-Family Partnership	0	0	75,000	75,000
25250	Repro Health-Pap/Colp Services	0	0	8,700	8,700
Total		\$3,280,500	\$2,850,800	\$2,963,900	\$113,100

Fact Sheet – 12/13/2023 Board of Health Meeting**Agenda Item 5.d****Handbook Approval 2024**

Each year, the Health Department handbook committee reviews the employee policies that are part of the Eau Claire City-County Employee Handbook. This provides an opportunity to propose changes or clarify language in existing policies, add new policies, or delete ones that are no longer relevant or accurate. The Board of Health is also solicited for any proposed changes at that time.

We previously brought an update in May 2023 for implementation in June. However, there have been some additional proposals for updates that we would like included for 2024. Attached is the existing table of contents and a summary table reflecting the proposed changes. Changes include:

- Updates to match existing benefit changes approved by the Board of Health in 2023,
- Updates to existing language to refer employees to the documents they reference rather than keeping the information in two places, and
- New policy decisions requested of the Board related to updates that the City of Eau Claire had approved by City Council in November 2023. These are changes that would not only keep these items in our handbook consistent with the City of Eau Claire, but also help with recruitment and retention of Health Department employees.

The attached summary table outlines each change in detail, however below are some of the significant changes:

- Vision Insurance: The vision insurance offering was approved by the Board in June 2023. All benefit and benefit deduction sections of the handbook have been updated to include this (2.13, 3.17).
- Deferred Compensation Plans: These plans were previously offered to employees after they successfully completed 6 months of employment. The proposal would allow benefit-eligible employees to opt into these plans upon hire (3.06).
- Vacation Carry Over: This proposal would increase the maximum amount of employee carry over from 120 hours to 200 hours, prorated by FTE (4.01).
- Parental Leave: This proposal would allow an increase in the use of accrued sick live to cover otherwise unpaid FMLA leave from 6 weeks to 12 weeks (4.05).

Staff recommendation: Approve the proposed handbook changes.

Prepared by Tegan Ruland, Operations Division Manager



Eau Claire City-County
Health Department

**EAU CLAIRE CITY – COUNTY HEALTH
DEPARTMENT HANDBOOK**

EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT HANDBOOK

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Eau Claire City-County Health Department Employee Handbook – updated 01/01/2024

Policy Item	Current Section	Current Content/Policy	Change Proposed	Implications
Compensation/ Pay Plan	2.02	“Economic” increases determined by the Board of Health shall be in addition to the regular step increases.	“Economic” increases determined by the Board of Health shall be in addition to the regular step increases and apply to all employees with an exception for the Health Department Director-Health Officer as their compensation is determined by the Board of Health.	<i>Clarifies that positions without regular steps will be eligible for economic increase. This is consistent with current practice. No additional cost implications.</i>
Compensatory Time/Overtime/ Flex Time	2.10	Additions to current language	Vacation, sick leave and other paid leaves will not be considered as time worked for the purpose of computing overtime pay. Observed holidays will be considered time worked for the calculation of overtime. If an employee moves into a position not eligible to earn comp time, any comp time balance will be paid down to zero hours on the first applicable payroll.	<i>Language change is consistent with City of Eau Claire handbook and existing practice. No additional cost implications.</i>
Payroll Deductions	2.13	Additions to current language	Vision Insurance 2 nd Payroll of Month Garnishments Every Payroll	<i>Vision insurance was new in 2023 and Garnishments were added to match existing practice. No additional cost implications.</i>
Deferred Compensation Plans	3.06	Upon successful completion of six months of employment, all regular full-time and part-time Employees can elect to participate in a retirement savings plan. This provides Employees with an opportunity to set aside earnings on a pre-tax or post-tax basis to supplement their retirement income. The plans allow bi-weekly contributions via payroll deduction up to the maximum annual	Upon hire, all regular full-time and part-time Employees can elect to participate in a 457 retirement savings plan, Roth 457 and/or Roth IRA retirement account. This provides Employees with an opportunity to set aside earnings on a pre-tax or post-tax basis to supplement their retirement income. The plans allow bi-weekly contributions via payroll deduction up to the maximum annual limit	<i>Moving from eligible at 6 months to eligible at hire, similar to our other retirement plan (WRS) and to be consistent with City of Eau Claire. Adding/removing language specific to plan agency to allow for flexibility in plan choices in the future.</i>

		<p>limit permitted by law and also provide for a variety of investment options.</p> <p>The Health Department currently offers four plans, two through the ICMA Retirement Corporation and two through the Wisconsin Deferred Compensation Plan. Employees can participate in one or more of the plans, and changes to contribution amounts or investment options can be made at any time. Both companies have a website that allows participants to view their account balances, change investment options, view historical trends and much more. For more information on the ICMA's deferred compensation plan, please access ICMA's website at www.icmarc.org or call their toll-free number at 1-800-669-7400. Information on the Wisconsin Deferred Compensation program can be accessed at www.wdc457.org or call their toll-free number at 1-800-257-4457.</p>	<p>permitted by law and also provide for a variety of investment options.</p> <p>Employees can participate in one or more of the plans, and changes to contribution amounts or investment options can be made at any time. For more information on deferred compensation plans offered by the Health Department, contact the Operations Division Manager.</p>	<p><i>No additional cost implications.</i></p>
Retirement Benefits	3.10	<p><u>Retirement and Health Insurance – Directors</u></p> <p>For employees holding Director level positions at the time of retirement, the Department will pay the following percentage of the annual Board determined employer share of a single health insurance premium, based upon an employee's years of service until the age of Medicare eligibility:</p>	<p><u>Retirement and Health Insurance – Director-Health Officer</u></p> <p>For employees holding Director-Health Officer position at the time of retirement, the Department will pay the following percentage of the annual Board determined employer share of a single health insurance premium, based upon an employee's years of service until the age of Medicare eligibility:</p>	<p><i>Clarifying benefit applies only to Director-Health Officer position. Consistent with existing practice. No additional cost implications.</i></p>
Staff Education, Professional Development and Training	3.08	<p>The Employee's salary may be paid during this period with the understanding that they will return to the Department for a period of not less than one year. Failure to fulfill this agreement will require the Employee to reimburse the Department for the time and money expended for the educational leave.</p>	<p>The Health Department recognizes that skills and knowledge are critical to the success of the organization. Educational reimbursement may be available contribute to cost of tuition (or certification), books and fees per the Educational Reimbursement Policy. It is designed to encourage personal development</p>	<p><i>Clarifies the Educational Reimbursement Policy. No additional cost implicatons.</i></p>

		<p>Additional information specific to Tuition Reimbursement can be found at K:\Administration\Administrative Policies & Procedures.</p>	<p>through formal education so employees can improve skills or obtain a broader educational background, which should reflect itself in job performance.</p> <p>Educational reimbursement is subject to the approval of the Department Director. Although educational reimbursement is expected to enhance performance and professional abilities, there is no guarantee that participation in formal education will entitle an employee to automatic advancement, a different job assignment or pay increases. The Employee's salary may be paid during this period with the understanding that they will return to the Department for a period of not less than one year. Failure to fulfill this agreement will require the Employee to reimburse the Department for the time and money expended for the educational leave. Additional information specific to Educational Reimbursement can be found at ECC Health Department - Policies & Procedures (sharepoint.com) .</p>	
NEW – Vision Insurance	3.17		<p>3.17 Vision Insurance</p> <p>All regular full-time and regular part-time Employees working over 20 hours per week are eligible for vision insurance coverage for themselves, spouses and their families as a part of their benefit package with the Health Department.</p> <p>Employees are eligible for vision insurance on the first of the month following 30 consecutive calendar days of employment. Vision insurance is set up on a pre-tax basis and deducted from payroll in the first two paychecks of the month.</p>	<p><i>Updating for new insurance coverage approved and offered in 2023. No additional cost implications.</i></p>

			<p>An Employee is no longer eligible for coverage if hours worked are 20 or fewer per week. If the Employee's scheduled hours are reduced to 20 hours or less/week than insurance coverage will be dropped at the end of the month in which the change occurred.</p> <p>Eligible Employees may elect to add, drop or change coverage during the open enrollment period each year for an effective date of January 1. Changes to coverage during the plan year can be made if a <i>qualifying event</i> occurs, or if an Employee wishes to cancel their policy</p> <p>The Department and/or the City determine the carrier, plan, deductions, benefit levels and other plan requirements.</p>	
Vacation	4.01	<p>Vacation is to be used in the year earned. The maximum number of vacation hours available to the Employee on their anniversary date cannot exceed 120 hours (15 days), prorated by FTE.</p>	<p>Vacation is to be used in the year earned. The maximum number of vacation hours available to the Employee on their anniversary date cannot exceed 200 hours (25 days), prorated by FTE.</p>	<p><i>Increasing number of carry over vacation hours allowed. This is consistent with City policy and provides additional flexibility for employees. Additional cost may be incurred at termination when employee is paid out for vacation time.</i></p>
Parental Leave	4.05	<p>Employees are granted up to six months for parental leave for the birth or adoption of a child, six weeks of which may be taken using accrued sick leave, if available. Leave time such as vacation and comp time may be used to extend the paid portion of leave.</p> <p>Parental leave must begin within 16 weeks before or after the birth/adoption of a child if planning to substitute accrued sick leave for unpaid parental....</p>	<p>Employees are granted up to six months for parental leave for the birth or adoption of a child, twelve weeks of which may be taken using accrued sick leave, if available. Leave time such as vacation and comp time may be used to extend the paid portion of leave.</p> <p>Parental leave must begin within 16 weeks before or after the birth/adoption of a child if planning to substitute accrued sick leave for unpaid parental leave....</p>	<p><i>Increased amount of sick leave use allowable from 6 to 12 weeks. This will allow employees with accrued sick leave the ability to have additional paid leave time for the birth/adoption of a child. Also clarified timesheet coding and coverage of benefits.</i></p>

		If sick leave balances have been exhausted, leave can be extended by using leave without pay. During the first 12 weeks of leave without pay, if FMLA eligible, the Health Department will continue to contribute their portion towards health insurance providing that the Employee has worked for the Health Department for at least one year. After week 12, the Employee will be responsible for the full cost of the health insurance premium.	The Parental Leave code should be used on the timesheet to indicate the time that paid sick leave will be used. If sick leave balances have been exhausted, leave can be extended by using leave without pay. The Leave Without Pay-FMLA code should be used during any of the first 12 weeks of leave that will be unpaid. During this 12 week period, the Health Department will continue to contribute their portion towards health insurance providing that the Employee has worked for the Health Department for at least one year. After week 12, the Leave Without Pay code should be used as the Employee will be responsible for the full cost of the health insurance premium.	<i>There may be up to 6 weeks of additional payroll costs for employees that would otherwise have used unpaid leave.</i>
Family & Medical Leave	4.06	Eligible Employees (those who work at least 1,000 hours in a 12-month period and have been employed by the health department for a minimum of one year) are allowed a combined total of up to 12 weeks per calendar year of Federal and State FMLA leave for their own illness or injury, or for the care of a sick or injured family member as defined by FMLA law for serious health conditions. Examples of family members, as defined by the federal and state for FMLA purposes, include spouse, children, parents, and spouse's parents. Two weeks per calendar year of your sick leave accrual may be used for qualified family members. Other leave balances, such as vacation or comp time may be used to extend paid time off if needed.	Eligible Employees (those who work at least 1,000 hours in a 12-month period and have been employed by the health department for a minimum of one year) are allowed a combined total of up to 12 weeks per calendar year of Federal and State FMLA leave for their own illness or injury, or for the care of a sick or injured family member as defined by FMLA law for serious health conditions. Examples of family members, as defined by the federal and state for FMLA purposes, include spouse, children, parents, and spouse's parents. An additional 4 weeks of your sick leave accrual may be used for qualified family members using the FMLA Sick Family code for approved FMLA leaves. Other leave balances, such as vacation or comp time may be used to extend paid time off if needed.	<i>Increased amount of FMLA family sick leave use allowable from 2 to 4 weeks. This will allow employees with accrued sick leave the ability to have additional paid leave time for serious health condition of a qualified family member. Also clarified timesheet coding. There may be up to 4 weeks of additional payroll costs for employees that would otherwise have used unpaid leave.</i>
Electronic Communication	8.10	Each user shall comply with all of the following: •Protect individual user IDs and passwords from unauthorized use. Individual IDs and passwords	Each user shall comply with the Eau Claire City-County Health Department Electronic Communications Policy and the Eau Claire	<i>Clarified language to include both Eau Claire County Information</i>

<p>s/Internet Usage</p>		<p>may not be shared except as approved by the Operations Division Manager and Director.</p> <ul style="list-style-type: none"> • Access only data and files that are owned by the user, or data and files to which the user has been given explicit authorized access. • Use copyrighted material in accordance with copyright law, abide by the provisions of any applicable license agreements and respect the intellectual property of others. • Virus check all files that are downloaded onto Department systems. • Download software only with the authorization from the Operations Division Manager. <p>No user shall do any of the following:</p> <ul style="list-style-type: none"> • Use another person's files, systems, software or data without permission. • Knowingly engage in any activity that cause harm to systems or to any information stored on such systems, such as creating or propagating viruses, disrupting services or damaging files. • Transmit, obtain or create any messages through the electronic messaging systems of the Department that espouses or promotes discrimination on account of race, creed, color handicap, marital status, sex, national origin or ancestry, sexual harassment, copyright infringement, personal political beliefs, personal business interests, outside organization or other non-job-related solicitations. • Use the Internet for any purpose which would be a violation of any City or County ordinance or state or federal law. <p>Violation of the terms and conditions contained in this policy may result in discipline, up to and</p>	<p>County Information Technology and Password Security policies. These policies include, but are not limited to:</p> <ul style="list-style-type: none"> • Protecting individual user IDs and passwords from unauthorized use, and • Accessing only data and files that are owned by the user, or data and files to which the user has been given explicit authorized access, <p>Users are prohibited from:</p> <ul style="list-style-type: none"> • Using another person's files, systems, software or data without permission, • Knowingly engaging in any activity that causes harm to systems or to any information stored on such systems, such as creating or propagating viruses, disrupting services or damaging files, • Transmitting, obtaining or creating any messages through the electronic messaging systems of the Department that espouses or promotes discrimination on account of race, creed, color handicap, marital status, sex, national origin or ancestry, sexual harassment, copyright infringement, personal political beliefs, personal business interests, outside organization or other non-job-related solicitations, • Using systems for any purpose which would be a violation of any City or County ordinance or state or federal law. <p>Violation of policies may result in discipline, up to and including discharge, and termination or limitation of access of the violator to the Internet or the electronic systems of the Department.</p>	<p><i>Systems and Health Department policies. Removed some bullets covered in the electronic communication policy. Added language covering support of systems by Eau Claire County. Changes also support accreditation requirements.</i></p>
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		including discharge, and termination or limitation of access of the violator to the Internet or the electronic systems of the Department.	All health department data is backed up and supported by the Eau Claire County Information Systems Department to ensure data retention.	
Confidentiality of Records	8.12	It is the Department's policy to ensure that information, operations and activities of the Department and specific clients and Employees are kept confidential to the greatest possible extent. If, during the course of employment, you acquire confidential or proprietary information about the Department and/or its clients or Employees, such information is to be handled in strict confidence and not to be discussed with others. Employees are also responsible for the internal security of such information. Employees found to be violating this policy are subject to disciplinary action, up to and including termination. All new hires and all Employees are required annually to successfully complete HIPAA training.	It is the Department's policy to ensure that information, operations and activities of the Department and specific clients and Employees are kept confidential to the greatest possible extent. If, during the course of employment, you acquire confidential or proprietary information about the Department and/or its clients or Employees, such information is to be handled in strict confidence and not to be discussed with others. Employees are also responsible for the internal security of such information. In order to maintain confidentiality, employees may be assigned specific access to private drives containing sensitive information. This information should only be utilized by those with access. Employees are prohibited from using another person's access, files, systems, software or data without permission. Employees are responsible for ensuring the confidentiality of their records in all work settings whether on-site or off-site, using methods including, but not limited to, locking records in file cabinets, shredding unneeded sensitive documents, and limiting discussions of sensitive information to secure spaces. Employees found to be violating this policy are subject to disciplinary action, up to and including termination. All new hires and all Employees are required annually to successfully complete HIPAA training.	<i>Added language with specific information regarding access and handling of confidential information. Changes also support accreditation requirements.</i>
Travel Reimbursement	8.19	Staff members are paid a mileage rate that matches the state mileage rate for work related travel. State rates can be found on the Department of Administration (DOA) website at	Staff members are paid a mileage rate as determined by the State of Wisconsin in the biannual compensation plan. Refer to the	<i>Updated language to remove variable link and refer employees to the full Travel-Training Policy.</i>

		https://doa.wi.gov/Documents/DEO/PocketTravelGuide2015-2017.pdf or on the shared drive at K:\1-Handbook\HandbookPolicies\PocketTravelGuide2015-2017.pdf .	Travel-Training Policy for additional information and links to current rates.	
Hotel and Motel Expenses	8.21	State rates can be found on the Department of Administration (DOA) website at https://doa.wi.gov/Documents/DEO/PocketTravelGuide2015-2017.pdf or on the shared drive at K:\1-Handbook\HandbookPolicies\PocketTravelGuide2015-2017.pdf . Areas outside the State shall be considered on an individual basis. The room rate at the site of the convention, seminar or meeting, whether in-state or out-of-state will be allowed. Receipts are required before reimbursement will be made. If breakfast is provided at no extra cost by the hotel, and hotel room rate is higher than the limit, the breakfast reimbursement can be added to the room rate up to the actual cost of the room or the limit of the room rate and breakfast, whichever is lower.	Refer to the Travel-Training Policy for links to state rates. Out-of-state travel will utilize the Maximum Reimbursement for Lodging in High-Cost-Out-of-State Cities document issued by the State of Wisconsin. Exceptions to both in-state and out-of-state lodging will be considered on an individual basis. Please see the Travel and Training Policy for additional information.	<i>Updated language to remove variable link and refer employees to the full Travel-Training Policy.</i>
Travel Time Outside of Regularly Scheduled Working Hours	8.23	Remove entire section: Travel time exceeding normal work hours to out of town required training will be compensated. Staff is expected when possible to adjust their schedules to accommodate required training and travel time. Compensatory time at straight time is allowable with Supervisory approval for exempt Staff. Non-exempt Staff who work in excess of 40 hours per week due to travel/training and are not able to adjust/flex their schedule will be paid or receive compensatory time at time and one half with Supervisory approval.	This is covered in the Travel-Training Policy more completely.	<i>No cost implications</i>

Fact Sheet – 12/13/2023 Board of Health Meeting**Agenda Item 5.e****Leave Payout Option 2023**

In 2021, the Board of Health approved employees at the Eau Claire City-County Health Department an option to receive a payout for vacation hours rather than carrying them over to the following year. This was largely due to the inability for many employees to utilize their vacation hours during the public health emergency declared for the COVID-19 pandemic. Since that time, there has been considerable focus in the department to encourage and plan for regular use of accrued leave so that employees are not carrying over more than 120 vacation hours, prorated by FTE, as of their anniversary date per health department policy.

A request to amend the ECCCHD handbook to allow an increase in total carryover hours to 200, prorated by FTE, is coming forward this month. This is in line with the City of Eau Claire policy and also takes into account the longevity of many employees who accrue larger balances during the course of a year. Along with this request, we would like to offer one final opportunity to employees to bring down their balances to help with leave maintenance.

We are proposing that employees may opt for a voluntary payout of any accrued vacation over 80 hours as of the 12/1/2023 payroll period prior to the end of 2023. This will allow them to start their accruals in 2024 and mitigate risks to exceeding carry over balance limits. In conjunction with a higher carryover limit, if approved, we believe this will be a benefit to our employees for leave use flexibility. We will additionally continue facilitating planful vacation use by our staff as a priority.

Budget Implication:

If all employees that were eligible chose to cash out all of their hours over 80, which we don't expect to happen, then the total fiscal impact in 2023 would be \$73,847.66.

Staff recommendation: Approve the optional cash out of approved vacation balances.

Prepared by Tegan Ruland, Operations



Board of Health Meeting 12/13/23

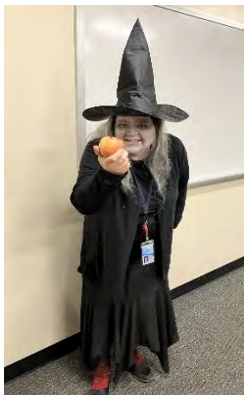
Agenda Item 6.a

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

Halloween Potluck:

The Sunny Connections team for the health department coordinated our annual Halloween Potluck. Awards were given for the best individual costume, team costume and Halloween food. A large number of our employees were able to participate and share a meal and camaraderie! Winners of the contests are shared below:

Best Individual Costume
Sheila Pelzel, Nurse Practitioner



Best Team Costume
Communicable Disease



Best Food
Graveyard (prepared by Jackie Krumenauer)



New Health Department Baby:

Tristin Faust, Chemist/Microbiologist II, in our Environmental Health Lab welcomed Lainey Ann to her family on Monday, October 23, 2023. Mom, baby, and family are all doing well.



City of EC Holiday Parade:

On Friday, December 1st, several staff represented the Health Department in the Clearwater Winter Parade. This was the first time we've participated in this parade. The 2023 theme was Festival of Cartoons and the Health Department float included a Paw Patrol-themed truck decorated with lights and Paw Patrol characters. Staff also walked alongside the float to hand out candy and other dog-related Health Department "swag" while in costume as Paw Patrol characters. Several staff members' children also

participated by riding or walking and handing out candy. Everyone who helped to decorate or walk in the parade had a great time and looks forward to participating again in the future.



Nursing Student Work:

The health department collaborates with several academic nursing programs ranging from Associates Degree Nursing (ADN) to Doctor of Nursing Practice (DNP) to provide clinical and project based experiences in the public health field. In 2023, we precepted 61 ADN students, 16 Bachelors of Science in Nursing (BSN) students, 1 Masters of Science in Nursing (MSN) student, and 4 DNP students. These experiences include providing services in a health department reproductive health clinic, partnering with a community-based program to provide

health education to young people with disabilities, and providing vision screenings to Eau Claire County schools. Health department staff also participate in career development programs through UWEC aimed at exposing college and high school students to nursing careers in public health. In addition, Abby Hinz, Family Planning Nurse Practitioner, has partnered with the Race, Ethnicity, Gender and Sexuality Studies (REGSS) program at UWEC (formerly Women's Studies) for the last 6 or so years for their capstone externship. This externship collaborates with the health department family planning clinic to provide students experience with sexual health outreach and education in the community.

Wisconsin Well Woman Program:

October was Breast Cancer Awareness Month. The Wisconsin Well Woman Program (WWWP) increased marketing and attended several events to spread the importance of screening. The Milwaukee Burger Company, Hudson location, invited us to participate in their "Burgers for Boobs" fundraiser. At this fundraiser, purchases of food and drinks are counted, along with raffles, a silent auction, and games that are promoted throughout the whole night. Anni Vitriago and Gina Holt, Program Specialists, were onsite at the October 18th event to greet people and remind them that October is Breast Cancer Awareness month. People were invited to play a game and win a small WWWP gift, and to take a WWWP flyer. Milwaukee Burger Company contributes a percentage of their proceeds to our local Well Woman Program.



Chippewa Valley Free Clinic (CVFC) Women's Health Night:

The CVFC held their annual Women's Health Night on October 25. It was the largest event they have had to date. Anni Vitriago, Program Specialist, was in attendance to assist with the event which offered mobile mammography through Marshfield Clinic, PAP/pelvic exams, vaccinations, and other services. Anni also provided translation for Spanish speakers. Additional information about the event may be found in the CVFC Volunteer Newsletter [Volunteer Newsletter - Nov \(2\).pdf](#).

Health Sciences Career Day:

Abby Hinz, Nurse Practitioner in the Family Planning Clinic, participated in the CESA 10 Health Sciences Career Day co-hosted by UWEC and Mayo Clinic College of Medicine and Science. This event brought over 250 students from 12 districts in the region that are interested in health sciences careers with the goal of exposing them to the variety of opportunities they can pursue in this area. Abby participated on a nursing panel exploring education in the nursing field and different areas of nursing, including public health!

Water/Wastewater Shadow Experience:

On November 6th, 2023, UWEC Environmental Public Health students came through the lab for a water and wastewater class job shadow. This job shadow provides experience for the students to observe the work in the lab. The students learned about various drinking water, surface water, and pool/whirlpool sampling and testing. They were able to learn about the nitrate analysis procedure along with observing our two new testing pieces of equipment from our chemist. This group also observed our microbiologists interpret bacteria water sample results. They also learned about the continuous efforts of the lab to provide the community with up-to-date education and outreach about the importance of private well water testing, ongoing research, and training to keep up with new scientific research and regulations. This field trip is valuable to our public health students and is completed annually with our lab team.

Great Lakes Beach Association Conference:

One of our lab team members attended a 3-day beach conference in Sturgeon Bay, WI, October 16-18th, 2023. Throughout this conference, she learned various improved techniques of beach program management, new scientific testing methods, community science & outreach, and was able to explore 2 local beaches with recent remediation updates. She also used this opportunity to network with other beach managers & scientists, along with connecting with product experts.

Youth AODA prevention training:

On October 19th, 108 students from Eau Claire County middle and high schools attended the SAFE (Students Advocating for Excellence) training at the Altoona Fish House. SAFE are student groups in Eau Claire County schools supported by the

ECCCHD Community Health Promotion Division to engage and educate about alcohol, tobacco, drugs, and other topics important to youth. The day-long training focused on education, advocacy, and leadership. Throughout the day students listened to and participated in activities around substance misuse, mental health, healthy relationships and cyber safety and left with tools that could help them make a change in their schools and communities.



Opioid and overdose prevention partnership with Eau Claire County DHS, CJCC, Sheriff's Office:

ECCCHD Community Health Promotion Division staff have participated in two programs with county partners to address opioids in Eau Claire County.

- In partnership with the Departments of Human Services, Criminal Justice, and the Sheriff's Office, ECCCHD participated in the BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program Peer Recovery Support Services Mentoring Initiative. This program paired Eau Claire County with a team in Winthrop, MA to learn about their Community and Law Enforcement Assisted Recovery (CLEAR) program, a successful peer support deflection program in that community. A team of Eau Claire County representatives, including from ECCCHD met monthly with the Winthrop team over the spring and summer, and had a site visit in August where the team saw the work of the Winthrop CLEAR program in action. The team of county staff will apply this learning to new peer services efforts planned in Eau Claire County.
- Ongoing collaboration between the departments also resulted in the funding of a \$350,000 grant to the Sheriff's Office from the Wisconsin Department of Health Services to fight the ongoing opioid crisis. As part of this project, ECCCHD will help to coordinate and provide training to law enforcement and county staff on opioids, overdose, and effective strategies for opioid prevention, harm reduction, and treatment.

Eau Claire County Government Center Farmers Market Summary:

The Eau Claire County Government Center Farmers Market completed its 6th season on Tuesday, September 19th. This season, 12 local vendors joined our farmers market offering products including produce and flowers, breads and baked goods, and locally made honey and hand soap. Like the last few years, the farmers market featured fruit and vegetable taste testing and healthy lifestyle education with information on nutrition, physical activity, and chronic diseases. Throughout the season, we distributed 425 fruit and vegetable samples and 1,473 educational materials including kitchen utensils and exercise gear. We look forward to continuing to provide a farmers market to our employees and community in the 2024 season.

National Prescription Drug Take-Back Day:

Twice a year, in the Spring and the Fall, National Prescription Drug Take-Back events are hosted by the Wisconsin Department of Justice (DOJ) and the Drug Enforcement Administration (DEA) and are coordinated locally by the Eau Claire County Sheriff's Office, Altoona Police Department, Marshfield Clinic Health System, Eau Claire City-County Health Department, and the Eau Claire Health Alliance coalition.

Wisconsin Attorney General Josh Kaul held a press conference at the Altoona Police Department to announce the National Prescription Drug Take-Back Day happening on Saturday, October 28th. The Eau Claire City-County Health Department was invited to speak about the impact of opioid use and the importance of safe medication disposal.



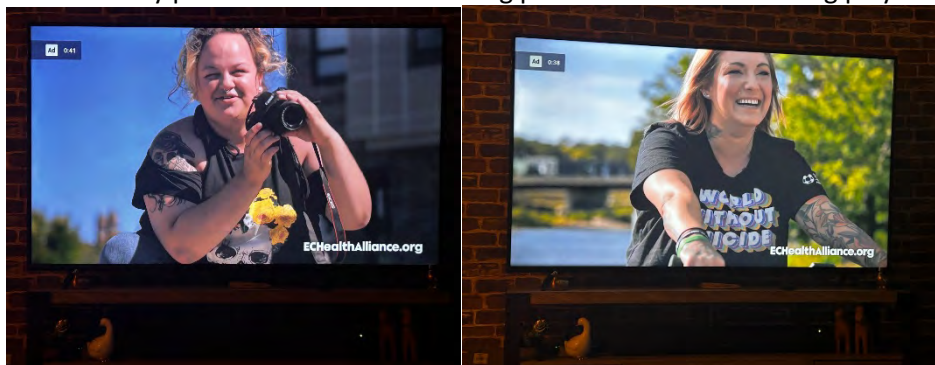
On Saturday, October 28th, two locations in Eau Claire and Altoona participated in the biannual event to encourage community members to safely dispose of medications. Between the permanent locations and the Drug Take-Back event, 922 pounds of medication was collected.



Opioid and Overdose Community education:

During the month of October, our new video, *Addiction Can Happen to Anyone. So Can Recovery.* was streamed on smart devices and had a reach of 43,058 impressions in Eau Claire County. The 30-second video includes people from our community who have been impacted by substance use and now are in recovery. The video highlights that recovery is possible. Watch the video here: <https://www.youtube.com/watch?v=11AHJ-u79IE&feature=youtu.be>

A community partner shared the following pictures of the video being played as an ad on the discovery channel.



Community Health Promotion: Alcohol and Other Drug Prevention:

Sarah Dillivan-Pospisil has been selected as a Northwoods Coalition Advisory Board member. Northwoods Coalition is the largest and oldest network of coalitions dedicated to substance use prevention in Wisconsin. Representatives from coalitions in a 35-county region, including the 11 Wisconsin Tribal Nations, serve on a non-governing advisory board to help shape policies, practices and programs to address public health issues arising from use of alcohol and other drugs.

Suicide Prevention:

Chelsie Klatt, Public Health Nurse in the Community Health Promotion Division, continues to participate in the statewide Prevent Suicide Wisconsin Steering Committee. At the most recent meeting, the group learned of the new [self-harm data dashboard](#) that can be used by communities to inform their injury and violence prevention efforts. Chelsie has also worked closely with Medical College of Wisconsin to update and improve the suicide death review reporting dashboard. This dashboard is utilized by 13 other suicide death review teams across the state to enter data obtained from local case reviews.

Locally, ECCCHD is helping to support representatives from Mental Health Action Teams in Eau Claire, Dunn, and Chippewa counties come together quarterly to identify and implement local suicide prevention initiatives based on Chippewa Valley data and needs identified. Tools like these dashboards help this group to focus strategies to address local areas of concern. The next Chippewa Valley Suicide Prevention meeting will be held in early 2024 and will include a review of local data and updates on local initiatives.

Alcohol and Tobacco Retailer ID check training:

On November 15th, 34 people attended an alcohol and tobacco retailer ID check training. This is taught in partnership with the Eau Claire Health Alliance, Eau Claire City County Health Department, and the Eau Claire Police Department. Participants learned impacts of underage drinking & tobacco use, how to correctly read an ID, how to spot fake IDs, and how to deny sales to minors. The next training will be in April.

Speaker’s Taskforce on Childhood Obesity:

On November 3, 2023, the Speaker’s Taskforce on Childhood Obesity held an Informational Session at the Eau Claire Family Resource Center (ECFRC). Dr Mark Gideonson (Augusta Family Medicine), Dr Jennifer Eddy (ECFRC Director) and Beth Draeger, Healthy Beginnings Division Manager ECCCHD, spoke on the impact of childhood obesity in the Chippewa Valley and the importance of funding initiatives that support preventing childhood obesity. Pictured below are Taskforce members, ECFRC staff, Dr. Mark Gideonson and Beth Draeger. Later that afternoon, the Taskforce held a public hearing at which Lieske provided testimony.



HOSA-Future Healthcare Professionals Fall Leadership Conference:

On October 27, 2023, the Health Department was invited to participate in this year’s HOSA Fall Leadership Conference at UWEC. HOSA is a national organization that empowers high school students to become future health professionals. The students were given a case study related to lead poisoning in children and worked through how different health professionals would assist in the case. Nolan Fadness (Environmental Health) and Bev Walden (PHN, Healthy Beginnings Division) presented to approximately 100 students the role they have at the health department and how it relates to handling elevated lead cases. They then discussed other roles that Environmental Health Specialists and Public Health Nurses have in a health department and shared the education/experience it takes to become one.

Respiratory Update:

In addition to influenza-associated hospitalizations and pediatric deaths, WI DPH has made COVID-19 and RSV-associated hospitalizations and pediatric deaths reportable as of November 1, 2023. Influenza, RSV, and COVID-19 activity are continuing to increase and most regions in WI are now at moderate levels of Influenza-like Illness (ILI). As of 12/5/2023, 34 cases of COVID-19 associated hospitalizations, 4 cases of RSV-associated hospitalizations, and 3 cases of influenza-associated hospitalizations in EC County residents have been reported. Through social media, broadcast media, and social media, ECCCHD has been encouraging community members to get vaccinated. This is the first year vaccines are available for all 3 of these illnesses.

COVID-19 Update:

COVID-19 activity in Eau Claire County has continued to increase with the start of respiratory season. The COVID-19 wastewater level in Eau Claire is at a “very high” level. We continue to use wastewater and hospitalization data to monitor the spread and impact of COVID in our community. As of November 1st, individual cases of COVID-19 are no longer reportable to public health and COVID-19 Associated Hospitalizations and COVID-19 Associated Pediatric Deaths are now reportable. As of December 1st, there have been 24 COVID-19 Associated Hospitalizations.

The Health Department is not offering mass COVID-19 vaccination clinics this fall, but people who don't have health insurance or people whose insurance doesn't cover vaccinations can get a fall COVID-19 vaccine at the Health Department at no cost through the federal *Bridge to Access Program* or the Vaccine for Children Program. People who have health insurance should plan to get the vaccine at their doctor's office or local pharmacy. Most health insurance plans will fully cover the cost of getting the fall COVID-19 vaccine at an in-network provider.

School Illness-Related Absenteeism Surveillance Program:

The Eau Claire City-County Health Department has relaunched an illness-related absenteeism surveillance program with the Eau Claire Area School District. This program was put on hold due to school closures and significant COVID-19 reporting needs during the COVID-19 pandemic. With the relaunch, the Eau Claire Area School District reports the daily number of illness-related absences for each grade and school to the health department. Using this data, our department has developed a dashboard, which is shared with the school district, to help identify trends of illness within a given school increase and to work with the school on mitigation efforts to prevent potential outbreaks. This type of surveillance is also being used as an early indicator for disease trends in our community. The illness-related absenteeism surveillance program has been an excellent addition to increasing our department's syndromic surveillance efforts, where we are also monitoring Emergency Department data via ESSENCE and weekly reports from Mayo. In coming years, we hope to expand this program to include other schools within Eau Claire County to gain a better understanding of disease trends across the county.

2023 Adolescent Mass Vaccination Clinics:

The ECCCHD held 5 vaccination clinics as part of an annual mass vaccination exercise required by PHEP. Influenza, Tdap, meningococcal, and HPV vaccines were offered. Four of the five clinics were held on site at the schools. South, Northstar and Delong Middle Schools were agreeable to holding the clinics during their school hours for students unable to make it after school. Written consent was collected prior to clinic for these students receiving vaccines without parents onsite. Clinics were then open from 3:30 – 5 pm for the public to bring their students in for vaccination. Fall Creek held a clinic during their school day and collected consents from parents to allow student vaccination onsite. A clinic was also held at the Fairchild Community Center for the public to attend. Each clinic was staffed with at least 6 public health nurses and 2 assisting personnel. Student immunization records were verified in WIR and the appropriate vaccine given by public health nurses at 2 private stations. Information was sent home with students and their families as to which vaccines they received. The clinics are a successful joint cooperation event between the ECCCHD and the participating school districts. A total of 236 vaccines were given at the clinics this year including: Influenza 172, Tdap 16, HPV 24, Meningococcal 24.

Workforce Assessment:

All local and state health department employees in Wisconsin are participating in a workforce assessment that is being done “to evaluate and quantify the background, capacity, and needs of the governmental public health workforce in Wisconsin”. The data collected will inform future training and development opportunities from DPH for local health agencies. The assessment can meet DHS 140 requirements and PHAB (Re)accreditation Requirement 8.2.1A-b if⁴³ the response rate is sufficient and the data is incorporated into workforce development or related plans which we

anticipate doing. All participating health departments will receive an aggregate summary report of their staff's data. More information from this assessment will be available later in 2024.

Eau Claire County Legislative Breakfast:

The health department leadership participated in a legislative breakfast held with county board, county department leadership and Wisconsin legislators representing this part of the State. Discussion included a variety of topics of shared interest including housing and addiction related issues. Individual conversations were held with local legislators about specific public health priorities.

Interviews City EDI coordinator:

Lieske participated in interviews for the vacant Equity, Diversity, and Inclusion coordinator position for the City of Eau Claire. The health department has historically had a strong connection and partnership with the person in this position. After interviews the City made a decision to promote an internal candidate to a leadership and supportive role for the work and hold the full position open. We will continue to work closely with this person and with the City team on these issues.

Invest Health National Convening:

In 2016, the Health Department spearheaded an application to be part of the Robert Wood Johnson Foundation initiative for mid-sized cities entitled Invest Health. We were one of 50 cities chosen nationwide to work on the connection between place and health. As described by RWJ, "The initiative provided a starting point for cross-sector leaders in small to mid-size cities across the country to strategize and align with community development finance experts, local, regional and national philanthropic networks, and public funding streams to build healthier, more equitable communities. Over the course of the initiative, Reinvestment Fund supported Invest Health city teams as they developed strategies for improving resident well-being in neighborhoods facing the biggest barriers to health and opportunity." More information on this is at: [About - Invest Health](#) In November, all the Invest Health Teams were invited to participate in a 3 day convening to continue learning and engaging around health equity issues. The original team was mostly retired (!) but Lieske attended along with 5 new people including the City Manager, the new City Community Development Director. We anticipate that more opportunities will be available in 2024 to look at this connection between planning, economic development and health. Pictures of the Eau Claire team and an example of art done by a resident artist to capture some of the learning of the conference are below.





Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of 10 years
of faithful and dedicated service
to the health department
and community.*

This certificate is presented to

Tegan Ruland

Operations/Clinical Services Division Manager

Signature Director/Health Officer

Date: 12/13/2023

Signature President, Board of Health

Date: 12/13/2023



Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of 10 years
of faithful and dedicated service
to the health department
and community.*

This certificate is presented to

Cortney Sperber

Policy and Systems Division Manager

Signature Director/Health Officer

Date: 12/13/2023

Signature President, Board of Health

Date: 12/13/2023

Information Sheet – 12/13/2023 Board of Health Meeting**Agenda Item 6.b****Workforce Development Team Update**

ECCCHD has a Workforce Development Plan and a cross-divisional team that focuses on our internal workforce. Twice a year we bring an update to the BOH related to this work. The roles of the workforce development team (WDT) as outlined in the updated ECCCHD Workforce Development Plan are:

1. Assisting management to plan for future workforce needs.
2. Providing guidance for recruitment, training the future workforce, including orientation and process for interns and student experiences, and retention.
3. Assisting in developing a strong on-boarding process for new employees and tracking the demographics of the Health Department employees for succession planning.
4. Coordinating training resources for staff to enhance linkages of training needs to existing opportunities.
5. Providing guidance and direction to employees regarding completion of their training each year.
6. Administering the Core Competency Assessment. Ensuring the bi-annual assessment is completed and analyzed for training development.
7. Providing recommendations to management for maintaining an environment promoting employee well-being.

In accordance with PHAB 2.0 Reaccreditation Standards, the workforce development team finished updating its plan in November 2023. Subcommittees focused on new employee orientation processes and learner experiences at the Health Department have also continued to meet and work on their specific goals.

Additionally, work has begun on the three activities the workforce development team was identified as a lead or support on in the 2023-2025 Strategic Plan. These are listed below:

- Activity 2.2.1: By March 2024, determine an internal, multi-directional, and sustainable employee recognition plan.
- Activity 2.2.4: By December 2025, develop a departmental training plan that addresses expanding current staff knowledge and skills.
- Activity 2.3.5: By December 2025, hold three trainings for all staff to increase awareness and understanding of our budget and budget tools.

Prepared by Emily Dejka for the Operations Division

12/13/2023 Board of Health Agenda Item 6.c

Eau Claire City-County Health Department Plans/Policy documents DRAFT 09/18/2023

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				

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 595	James Taylor Ballweg	Relating to: immunity for certain controlled substances offenses for aiders and aided persons. Companions: AB 634	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 173	Sortwell S. Johnson Doyle	Relating to: grants to prevent suicide by firearm and making an appropriation. (FE) Companions: SB 205	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 634	Rozar Ortiz-Velez C. Anderson	Relating to: immunity for certain controlled substances offenses for aiders and aided persons. Companions: SB 595	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 268	Wanggaard Taylor Cowles	Relating to: Department of Revenue enforcement and providing a penalty. (FE) Companions: AB 273	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring
WI 2023-2024 SB 263	Quinn Cabral-Guevara Cowles	Relating to: 100-day prescription drug supplies under SeniorCare and amending an administrative rule related to 100-day prescription drug supplies permitted under SeniorCare. (FE) Companions: AB 259	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 465	Allen Vos Armstrong	Relating to: prohibiting gender transition medical intervention for individuals under 18 years of age. Companions: SB 480	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 732	Roys Taylor Agard	Relating to: public funding for pregnancy counseling organizations.	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 734	Roys Agard Carpenter	Relating to: the elimination of certain abortion-related regulations.	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 110	Ballweg Felzkowski Carpenter	Relating to: extension of eligibility under the Medical Assistance program for postpartum women. (FE) Companions: AB 114	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 114	Rozar Kurtz Allen	Relating to: extension of eligibility under the Medical Assistance program for postpartum women. (FE) Companions: SB 110	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 668	Plumer Rozar Callahan	Relating to: licensure of dental therapists; extending the time limit for emergency rule procedures; providing an exemption from emergency rule procedures; providing an exemption from rule-making procedures; and granting rule-making authority. (FE) Companions: SB 689	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 689	Felzkowski Hutton James	Relating to: licensure of dental therapists; extending the time limit for emergency rule procedures; providing an exemption from emergency rule procedures; providing an exemption from rule-making procedures; and granting rule-making authority. (FE) Companions: AB 668	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 612	Sortwell Goeben Rozar	Relating to: waivers from workplace immunization requirements.	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 145	Testin Cabral- Guevara Roys	Relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority. (FE) Companions: AB 154	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 154	Magnafici Armstrong Behnke	Relating to: advanced practice registered nurses, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority. (FE) Companions: SB 145	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 610	Sortwell Goeben Rozar	Relating to: waivers from immunization requirements at institutions of higher education.	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 259	Hurd Edming Schraa	Relating to: 100-day prescription drug supplies under SeniorCare and amending an administrative rule related to 100-day prescription drug supplies permitted under SeniorCare. (FE) Companions: SB 263	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 AB 273	Spiros Drake C. Anderson	Relating to: Department of Revenue enforcement and providing a penalty. (FE) Companions: SB 268	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring
WI 2023-2024 SB 312	Wimberger Cowles Ballweg	Relating to: programs and requirements to address perfluoroalkyl and polyfluoroalkyl substances. Companions: AB 312	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring
WI 2023-2024 AB 312	Mursau Swearingen Behnke	Relating to: programs and requirements to address perfluoroalkyl and polyfluoroalkyl substances. Companions: SB 312	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 418	Carpenter Larson Roys	Relating to: purchasing and distributing vaccines, granting rule-making authority, and making an appropriation. (FE) Companions: AB 427	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 427	Subeck Joers C. Anderson	Relating to: purchasing and distributing vaccines, granting rule-making authority, and making an appropriation. (FE) Companions: SB 418	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 469	L. Johnson Hesselbein Agard	Relating to: allowing the enactment of family and medical leave ordinances. (FE) Companions: AB 478	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 AB 478	Subeck Bare C. Anderson	Relating to: allowing the enactment of family and medical leave ordinances. (FE) Companions: SB 469	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 58	Cowles Testin Ballweg	Relating to: nitrate contamination and the well compensation grant program. (FE) Companions: AB 64	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 11	Jacque Spreitzer Cabral- Guevara	Relating to: expanding the treatment alternatives and diversion programs. (FE) Companions: AB 17	WPHA-WALHDAB Clients WPHA-WALHDAB Internal

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 177	Joint Legislative Council	Relating to: fatality review teams and granting rule-making authority. Companions: AB 188	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 17	Tittl Goyke C. Anderson	Relating to: expanding the treatment alternatives and diversion programs. (FE) Companions: SB 11	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 434	Sortwell Gustafson Stubbs	Relating to: indoor air quality inspection and evaluation program for public schools. (FE) Companions: SB 444	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring
WI 2023-2024 SB 444	Cowles Wanggaard	Relating to: indoor air quality inspection and evaluation program for public schools. (FE) Companions: AB 434	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 474	Spreitzer Carpenter Roys	Relating to: discrimination in employment, housing, public accommodations, education, insurance coverage, national guard, jury duty, and adoption and in the receipt of mental health or vocational rehabilitation services. Companions: AB 501	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 501	Neubauer Snodgrass Cabrera	Relating to: discrimination in employment, housing, public accommodations, education, insurance coverage, national guard, jury duty, and adoption and in the receipt of mental health or vocational rehabilitation services. Companions: SB 474	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 436	Subeck C. Anderson Andraca	Relating to: requiring an employer to provide reasonable break time and accommodations for an employee who is breastfeeding the employee's child to express breast milk for the child. (FE) Companions: SB 430	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 205	James Ballweg Cabral- Guevara	Relating to: grants to prevent suicide by firearm and making an appropriation. (FE) Companions: AB 173	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 188	Joint Legislative Council	Relating to: fatality review teams and granting rule-making authority. Companions: SB 177	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 262	Jacque Larson Smith	Relating to: open alcohol containers in or on all-terrain or utility terrain vehicles. Companions: AB 260	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 260	Mursau Andraca Palmeri	Relating to: open alcohol containers in or on all-terrain or utility terrain vehicles. Companions: SB 262	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 345	Quinn Bradley Feyen	Relating to: grants to Choose Life Wisconsin and making an appropriation. (FE) Companions: AB 344	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 343	Quinn Ballweg Hutton	Relating to: the definition of abortion. Companions: AB 357	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 AB 377	Dittrich Rettinger Callahan	Relating to: designating athletic sports and teams operated or sponsored by public schools or private schools participating in a parental choice program based on the sex of the participants. Companions: SB 378	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 AB 378	Dittrich Rettinger Callahan	Relating to: designating University of Wisconsin and technical college sports and athletic teams based on the sex of the participants. Companions: SB 377	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 480	Stroebe Tomczyk Knodl	Relating to: prohibiting gender transition medical intervention for individuals under 18 years of age. Companions: AB 465	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 377	Knodl Quinn Marklein	Relating to: designating University of Wisconsin and technical college sports and athletic teams based on the sex of the participants. Companions: AB 378	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 211	Felzkowski Cabral- Guevara James	Relating to: permitting pharmacists to prescribe certain contraceptives, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty. (FE) Companions: AB 176	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 176	Kitchens Magnafici Duchow	Relating to: permitting pharmacists to prescribe certain contraceptives, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty. (FE) Companions: SB 211	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 430	Ballweg Agard Cabral- Guevara	Relating to: requiring an employer to provide reasonable break time and accommodations for an employee who is breastfeeding the employee's child to express breast milk for the child. (FE) Companions: AB 436	WPHA-WALHDAB Clients WPHA-WALHDAB Internal

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 451	Gustafson C. Anderson Armstrong	Relating to: exempting tobacco bars from the public smoking ban. Companions: SB 471	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 471	Knodl Nass Tomczyk	Relating to: exempting tobacco bars from the public smoking ban. Companions: AB 451	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 301	Felzkowski Cabral - Guevara James	Relating to: county and municipal aid; imposing a city sales tax and an additional county sales tax to pay the unfunded actuarial accrued liability of city and county retirement systems; requiring newly hired city and county employees of certain city agencies and counties to be enrolled in the Wisconsin Retirement System; fire and police commissions of first class cities; eliminating the personal property tax; reporting certain crimes and other incidents that occur on school property or school transportation; advisory referenda; local health officers; local public protection services; exceptions to local levy limits; local regulation of certain quarry operations; emergency services; local approval of projects and activities under the Warren Knowles-Gaylord Nelson Stewardship 2000 Program; requiring a referendum; and granting rule-making authority. (FE) Companions: AB 245	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring
WI 2023-2024 AJR 6	Wittke Sortwell Armstrong	Relating to: the appropriation authority of the legislature and the allocation of moneys Wisconsin receives from the federal government (second consideration). Companions: SJR 5	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 442	Spreitzer Roys	Relating to: eliminating personal conviction exemption from immunizations. Companions: AB 429	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 300	Jacque Quinn Stroebe	Relating to: prohibitions on the use of public employees and public property for activities relating to abortion. (FE) Companions: AB 247	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 AB 429	Subeck Ratcliff J. Anderson	Relating to: eliminating personal conviction exemption from immunizations. Companions: SB 442	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AJR 72	Subeck Shelton C. Anderson	Relating to: recognizing August as Immunization Awareness Month in Wisconsin. Companions: SJR 65	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 245	Kurtz Rodriguez Vos	Relating to: county and municipal aid; imposing a city sales tax and an additional county sales tax to pay the unfunded actuarial accrued liability of city and county retirement systems; requiring newly hired city and county employees of certain city agencies and counties to be enrolled in the Wisconsin Retirement System; fire and police commissions of first class cities; eliminating the personal property tax; reporting certain crimes and other incidents that occur on school property or school transportation; advisory referenda; local health officers; local public protection services; exceptions to local levy limits; local regulation of certain quarry operations; emergency services; local approval of projects and activities under the Warren Knowles-Gaylord Nelson Stewardship 2000 Program; requiring a referendum; and granting rule-making authority. (FE) Companions: SB 301	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring
WI 2023-2024 SJR 65	Carpenter Cabral-Guevara Larson	Relating to: recognizing August as Immunization Awareness Month in Wisconsin. Companions: AJR 72	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 AB 247	Behnke Wichgers Bodden	Relating to: prohibitions on the use of public employees and public property for activities relating to abortion. (FE) Companions: SB 300	WPHA-WALHDAB Clients WPHA-WALHDAB Internal

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 304	Vos August Swearingen	Relating to: creating the Division of Alcohol Beverages attached to the Department of Revenue; the regulation of alcohol beverages and enforcement of alcohol beverage laws; interest restrictions relating to, and authorized activities of, brewers, brewpubs, wineries, manufacturers, rectifiers, wholesalers, and retailers; shipping alcohol beverages by means of fulfillment houses and common carriers; the consumption of alcohol beverages in a public place; creating a no-sale event venue permit; creating an operator's permit; liquor licenses transferred from one municipality to another; retailers' authorized activities; liquor license quotas; the safe ride program; the presence of underage persons and conduct of other business on licensed premises; the occupational tax on alcohol beverages; repealing a rule promulgated by the Department of Revenue; granting rule-making authority; and providing a penalty. (FE) Companions: SB 332	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 332	LeMahieu Feyen Testin	Relating to: creating the Division of Alcohol Beverages attached to the Department of Revenue; the regulation of alcohol beverages and enforcement of alcohol beverage laws; interest restrictions relating to, and authorized activities of, brewers, brewpubs, wineries, manufacturers, rectifiers, wholesalers, and retailers; shipping alcohol beverages by means of fulfillment houses and common carriers; the consumption of alcohol beverages in a public place; creating a no-sale event venue permit; creating an operator's permit; liquor licenses transferred from one municipality to another; retailers' authorized activities; liquor license quotas; the safe ride program; the presence of underage persons and conduct of other business on licensed premises; the occupational tax on alcohol beverages; repealing a rule promulgated by the Department of Revenue; granting rule-making authority; and providing a penalty. (FE) Companions: AB 304	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Monitoring
WI 2023-2024 SB 378	Knodl Quinn Marklein	Relating to: designating athletic sports and teams operated or sponsored by public schools or private schools participating in a parental choice program based on the sex of the participants. Companions: AB 377	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 7	Jacque Ballweg Cowles	Relating to: use of epinephrine delivery systems and standing orders for epinephrine. (FE) Companions: AB 9	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 356	James	Relating to: grants to prevent suicide by firearm and making an appropriation. (FE) Companions: AB 355	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 AB 344	Nedweski Rozar Allen	Relating to: grants to Choose Life Wisconsin and making an appropriation. (FE) Companions: SB 345	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 357	Magnafici Rozar Allen	Relating to: the definition of abortion. Companions: SB 343	WPHA-WALHDAB Clients WPHA-WALHDAB Internal
WI 2023-2024 SB 279	Stafsholt Quinn	Relating to: service of alcohol beverages on retail licensed premises by underage persons. Companions: AB 286	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 AB 286	Green Bodden Kitchens	Relating to: service of alcohol beverages on retail licensed premises by underage persons. Companions: SB 279	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 341	Roys L. Johnson Agard	Relating to: coverage of maternity and newborn care under health insurance policies and plans and granting rule-making authority. Companions: AB 340	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 340	Vining Drake Andraca	Relating to: coverage of maternity and newborn care under health insurance policies and plans and granting rule-making authority. Companions: SB 341	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 AB 267	Penterman Brooks Emerson	Relating to: housing rehabilitation loans awarded by the Wisconsin Housing and Economic Development Authority. (FE) Companions: SB 297	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 268	Summerfield Brooks Emerson	Relating to: commercial-to-housing conversion revolving loan fund and loan program. (FE) Companions: SB 295	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 264	Armstrong O'Connor Brooks	Relating to: residential housing infrastructure revolving loan fund and revolving loan program. (FE) Companions: SB 293	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 265	Hurd Brooks Emerson	Relating to: a main street housing rehabilitation revolving loan fund and loan program. (FE) Companions: SB 294	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 294	Jagler Quinn Feyen	Relating to: a main street housing rehabilitation revolving loan fund and loan program. (FE) Companions: AB 265	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 293	Quinn Jacque Cabral-Guevara	Relating to: residential housing infrastructure revolving loan fund and revolving loan program. (FE) Companions: AB 264	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 297	Stroebe Quinn Jacque	Relating to: housing rehabilitation loans awarded by the Wisconsin Housing and Economic Development Authority. (FE) Companions: AB 267	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 SB 295	Feyen Quinn Jacque	Relating to: commercial-to-housing conversion revolving loan fund and loan program. (FE) Companions: AB 268	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 9	Sortwell Goeben Shankland	Relating to: use of epinephrine delivery systems and standing orders for epinephrine. (FE) Companions: SB 7	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 241	Rozar Baldeh Binsfeld	Relating to: regulation of tanning facilities. (FE) Companions: SB 261	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 298	Roys Agard Carpenter	Relating to: eliminating certain abortion prohibitions. Companions: AB 218	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 148	Penterman Macco Allen	Relating to: disenrollment of ineligible individuals from and redeterminations of eligibility for the BadgerCare Plus program and database confirmation for public assistance program eligibility. (FE) Companions: SB 245	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SB 245	Stafsholt Cabral - Guevara Felzkowski	Relating to: disenrollment of ineligible individuals from and redeterminations of eligibility for the BadgerCare Plus program and database confirmation for public assistance program eligibility. (FE) Companions: AB 148	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 AB 218	Subeck Emerson C. Anderson	Relating to: eliminating certain abortion prohibitions. Companions: SB 298	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support
WI 2023-2024 AB 64	Kitchens Novak Shankland	Relating to: nitrate contamination and the well compensation grant program. (FE) Companions: SB 58	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Support

Bill	Sponsors	Title	Lists
WI 2023-2024 SB 130	Stroebel Roys Ballweg	Relating to: the face-to-face requirement for retail sales of alcohol beverages and remote orders for the sale of alcohol beverages to be delivered or picked up on retail licensed premises. (FE) Companions: AB 127	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 AB 127	Duchow Myers J. Anderson	Relating to: the face-to-face requirement for retail sales of alcohol beverages and remote orders for the sale of alcohol beverages to be delivered or picked up on retail licensed premises. (FE) Companions: SB 130	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose
WI 2023-2024 SJR 5	Marklein Ballweg Cabral-Guevara	Relating to: the appropriation authority of the legislature and the allocation of moneys Wisconsin receives from the federal government (second consideration). Companions: AJR 6	WPHA-WALHDAB Clients WPHA-WALHDAB Internal Position Oppose

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The State of State-level Public Health Advocacy:

Findings and Implications from a 50-state Scan

Prepared for **The Network for Public Health Law**

Based on a 50-state Analysis Conducted by:

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INTRODUCTION

Life expectancy in the United States was 76.4 years in 2021—the lowest point this measure has reached since the mid-1990s. In this important metric of overall health status, the United States has fallen further and further behind other developed countries, despite spending more on health care per person than other countries. The decline also is unevenly distributed, with the likelihood of an early death higher in the South and Midwest than the Northeast and West, according to a recent *Washington Post* analysis. The disparities in death rates, the authors note, “can be traced to decisions that local and state lawmakers made years ago on whether to implement cigarette taxes, invest in public health or tighten seat-belt regulations, among other measures.”¹

Investments in public health funding reflect these inconsistencies. In Arizona, state public health funding was just \$15 per person in 2021. The good news was that this was up from \$8 per person a decade prior. The bad news? It was still among the lowest in the United States. Next door in New Mexico, state public health funding happened to be the highest in the country at \$159 per person in 2021, more than three times the 2011 level of \$51 per person. These funding and policy fluctuations contribute to a public health system that varies considerably and sometimes inexplicably, from year to year and from one jurisdiction to another.²

Despite these variations, some commonalities are evident across jurisdictions, no matter how public health is organized and funded in any given state. In general, public health has been **chronically underfunded** and has **faced serious challenges to its legal underpinnings**.³ In part, this is because public health is **misunderstood** and **undervalued**. And the COVID-19 global pandemic—the event public health had been warning of and trying to prepare for since 1918—unleashed more **backlash** than support for public health functions designed to protect

This study and report adopt an inclusive definition of advocacy from Bolder Advocacy: “The term ‘**advocacy**’ encompasses a broad range of activities—including research, public education, lobbying, and voter education—that can **influence public policy**.”

¹ Weber R, Diamond D, Keating D. How Red-State Politics are Shaving Years Off American Lives. October 3, 2023. *The Washington Post* online edition. Accessed via https://www.washingtonpost.com/health/interactive/2023/republican-politics-south-midwest-life-expectancy/?itid=lk_inline_manual_30.

² SHADAC analysis of per capita funding, 2011 and 2021, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org. Accessed via <https://statehealthcompare.shadac.org/map/117/person-state-public-health-funding#a/4/154>

³ Trust for America’s Health. 2022. *The Impact of Chronic Underfunding on America’s Public Health System: Trends, Risks, and Recommendations, 2022*. Issue Report from the Trust for America’s Health. Available from: <https://www.tfah.org/wp-content/uploads/2022/07/2022PublicHealthFundingFINAL.pdf>.

the public's health. These trends reflect another commonality: for a variety of reasons that have been compounding over decades, **advocacy** on behalf of the public's health and public health agencies has fallen short.

What is the current state-level capacity for public health advocacy in the United States? How can it be strengthened? To find out, a team of public health attorneys contracted by the Network for Public Health Law⁴ researched specific markers of advocacy capacity and interviewed key respondents in 50 states and the District of Columbia between March and June 2023. Respondents included state and local health department representatives, elected officials, lobbyists, and partners in other sectors and organizations, although the specific type of respondent was different in each state. Regardless of their specific titles, current roles, or locations, all respondents represent voices from the field who are advocates for the health and well-being of everyone in their respective states.

This report presents the findings and results of research and interviews covering all 50 states and the District of Columbia.

Preliminary findings from the scan, reflecting research on 20 states, were shared at a Public Health Advocacy Convening in Atlanta, Georgia in April 2023 to provide guidance for discussions on strengthening advocacy capacity. The Convening followed publication of a feasibility study conducted by Frey Evaluation for the Network for Public Health Law, *Fighting for the Public's Health*.⁵

Although the interviews and desktop research covered consistent topics in each state, some caveats are in order. First, the scan findings should be viewed as a point-in-time snapshot, rather than a more comprehensive portrait. The timeline and resources did not allow for extensive interviews of multiple players in every state. The team members did not conduct independent research of political and funding trends over time, nor did we analyze factors such as public health funding trends in each state or media coverage of public health in every state.

In this report, we present findings from interviews and consider implications for various audiences inside and outside public health, including advocates, public health allies and partners, and funders. We hope these observations and ideas will spark both motivation and tangible support for public health advocacy. As one respondent observed,

⁴ Quang ("Q") Dang, JD, Manel Kappagoda, JD, MPH, Emma Waugh, MPH, and Leslie Zellers, JD are the team that prepared the 50-state scan for the Network for Public Health Law.

⁵ The *Fighting for Public Health* feasibility study and report were funded by the Network for Public Health Law, Healthcare Georgia Foundation, and Montana Healthcare Foundation. The full report and an accompanying slide deck are available [here](#).

*“This is worth the investment. **Public health is at a tipping point** because of COVID and the policy and cultural moment. It’s an important time to invest in public health advocacy. Otherwise, we run the risk of health and wellness deteriorating if public health isn’t the voice.”*

The findings, each discussed in more detail below, are:

1. Public health has the **expertise and tools** to help all communities achieve health and well-being, but the **role and value of public health are often hidden and/or misunderstood**.
2. Members of the public health workforce and state/local public health leaders are **reluctant to rely on tools such as advocacy and lobbying that have served other sectors well**.
3. Public health measures in response to COVID have sparked ongoing **challenges to public health authority**, making advocacy even more difficult and essential.
4. **Health equity** is fundamental to public health and requires nuanced communication in some states/regions.
5. Many public health allies at the local and state levels remain **untapped resources** for protecting and promoting the public’s health, including supporting public health advocacy and lobbying efforts.
6. The **public health workforce** stepped up to protect all of us during COVID, despite not being at full strength going into the pandemic and being severely tested during the pandemic. COVID-related funding infusions are helpful but not sufficient unless sustained.

Following a discussion of these findings are **inter-related opportunities** to respond to them, including specific opportunities for funders. These opportunities include ways to:

- Elevate public health’s **value proposition**;
- Encourage **strategic deployment of advocacy and lobbying** on behalf of the public’s health;
- Counter **challenges to public health authority**;
- Fight for **health equity**, with or without the language of health equity;
- Tap the strengths, capabilities, and shared interests of **supportive allies**; and
- Support the **public health workforce**.

FINDINGS

Finding #1: Public health has the **expertise and tools** to help all communities achieve health and well-being, but the **role and value of public health are often hidden and/or misunderstood**.

Here's what we heard:

Everything about public health seems difficult to communicate: its scope, its (often invisible) successes, its nuances, its underlying data and disciplines ... the list goes on. This, in turn, makes advocacy of all kinds more difficult. When we advocate for public health, what exactly should we be advocating *for*? Respondents noted that these communication challenges are distinct from the public health discipline of *health education*, which conveys specific information about how individuals, populations, and communities can be healthier by changing behaviors and policies.

Adding to the challenge are organized **disinformation** campaigns that foment mistrust and organizations actively hostile to public health and all governmental agencies, as opposed to indifferent or uninformed. It is worth noting that COVID-related disinformation and distrust of government come from all parts of the political spectrum and are affecting other issues as well, such as immunization uptake in general.

Some mistrust of public health and government—particularly from communities that include black, indigenous, and people of color, or BIPOC—is the result not of disinformation but rather of being harmed or poorly served by state and local public health before and during COVID.

Interview respondents had many suggestions for improving public health messages in ways that support effective advocacy and build trust among the general public.

In general, respondents believe that **topic- or issue-specific appeals** are more effective than more general pitches for public health infrastructure and funding. These open up alliances (e.g., with chronic disease organizations for diabetes prevention) and opportunities to appeal to interests of particular constituencies (Governors, bipartisan legislatures), as is believed to be the case with responses to the opioid epidemic or behavioral health issues.

Many respondents called for public health messaging designed to appeal to more **politically conservative** decision-makers, particularly more moderate Republicans. An example of a recent successful effort to communicate public health's value among Republican state legislators, led by a Republican governor, Eric Holcomb, took place in

Indiana, where the GOP-controlled legislature endorsed a 1,500-percent increase in state funding for local health departments that contribute a 20 percent match. Participating Indiana counties (over 90%) will share \$75 million in state funding this year and \$150 million next year—up from \$7 million directed to local health departments in prior years.⁶

“If given the right arguments, Republicans would support [residents of this (red) state].”

Suggestions for public health messaging included focusing on the implications of public health or related policies (e.g., Medicaid expansion) for a **healthy, productive workforce** or the community’s **economic vitality, returns on investment (ROI)**, and/or **regionally relevant** themes (e.g., the American Heart Association’s Heart Healthy Hunting campaign in Appalachia).

“Public health bills have to be workforce bills, not public health bills.”

Another way to improve public health’s visibility and value is to highlight its importance in **underserved rural areas**, where local health departments are often an important (if not only) source of health care, especially given the pace and extent of rural hospital closures. One state is using COVID and mpox funds to create a course for the public health workforce on how to build trust and counter misinformation and disinformation (i.e., deliberate misinformation).

Challenges specific to communicating about equity in general, racial equity in particular, and social determinants of health are described separately below.

⁶ For more about the Indiana messages and strategies, see Messerly M. *A red state boosted public health funding by 1,500 percent. This is how they did it.* Politico, 7/13/2023. Accessed via <https://www.politico.com/news/2023/07/13/red-state-public-health-funding-indiana-00105982>.

Finding #2: Members of the public health workforce and state/local public health leaders are often **reluctant to rely on tools such as advocacy and lobbying that have served other sectors well.**

Here's what we heard:

The COVID-fueled backlash described above has discouraged an already skittish public health workforce to embrace the potential of stronger advocacy themselves and enlist lobbying from allies. Some members of the public health workforce (at all levels) misconstrue distinctions between broader advocacy and lobbying, some are constrained by state and local rules, training or temperament, and most are spread thin and not necessarily able to assume new training or responsibilities. Capacity among public health allies, who have more lobbying latitude than government employees, is also minimal in many places. However, respondents who were interviewed for this scan (some of whom were skilled public health professionals and lobbyists themselves) believe that public health cannot be strengthened and stabilized without lobbying. Indeed, lobbying is a necessary component of formulating and improving public policy. As one respondent put it,

“We [public health] care about how policy looks and affects people; lobbyists care about winning. Both are important.”

Several respondents noted that lobbying requires a constant presence and relationship-building, which in turn requires time and resources to cultivate these connections over time. Short and/or sporadic legislative sessions (e.g., 80 days every 2 years) make this even more difficult. As another respondent said,

*“The [public health] organizations are the subject matter specialists, but **the paid lobbyists have the relationships, make the calls, and get things through.**”*

Respondents described a variety of other challenges that impede effective lobbying on public health's behalf, including:

- **Lack of concrete training, guidance, and encouragement for the future public health workforce** (e.g., those pursuing undergraduate or graduate degrees in public health) and **current workforce**, especially on the

aspects of advocacy that are both allowable and needed (e.g., policy analysis and development, education and outreach to elected officials).

*“The public health workforce **underestimates and undervalues** how much it can actually advocate.”*

- **Need for greater resources for non-governmental organizations that could take on a lobbying portfolio more easily** than governmental public health, such as American Public Health Association (APHA) Affiliates, state associations of city and county health officials (SACCHOs), state Public Health Institutes (PHIs), and groups with shared purpose such as the American Heart Association (AHA), American Lung Association (ALA), and American Cancer Society (ACS). In some cases, these organizations have lobbyists on staff, others contract with lobbying firms. In many cases, their capacity is lean. Among the 52 APHA Affiliates, only 12 had registered lobbyists, according to the scan results. Another five Affiliates without registered lobbyists did have ties to other organizations (PHIs and local health department associations) with lobbying capacity, but this still means that two-thirds did not have access to registered lobbyists.
- **Confusion about the nuances of allowable funding for lobbying activities by non-profits**, such as whether funds generated from non-governmental sources such as an annual conference or individual donors can be used for lobbying within IRS limits and how to track and deploy these funds appropriately (i.e., accounting and fund management skills for 501(c)3s, 501(c)4s and 501(c)6s).

Finding #3: Public health measures in response to COVID have sparked ongoing challenges to public health authority, making advocacy even more difficult and essential.

Here’s what we learned:

Figures 1 and 2, below, summarize analyses conducted as part of the 50-state scan to determine which states had passed laws limiting public health authority, reallocating it, or strengthening public health between January 2021 and May 2022. Data sources for the figures are the Policy Surveillance Program database maintained by the Center for Public Health Law Research at Temple University’s School of Law⁷ and the Network for

⁷ Policy Surveillance Program Database of State Legislation Addressing Public Health Emergency Authority. Accessed via <https://lawatlas.org/page/state-legislation-addressing-public-health-emergency-authority>

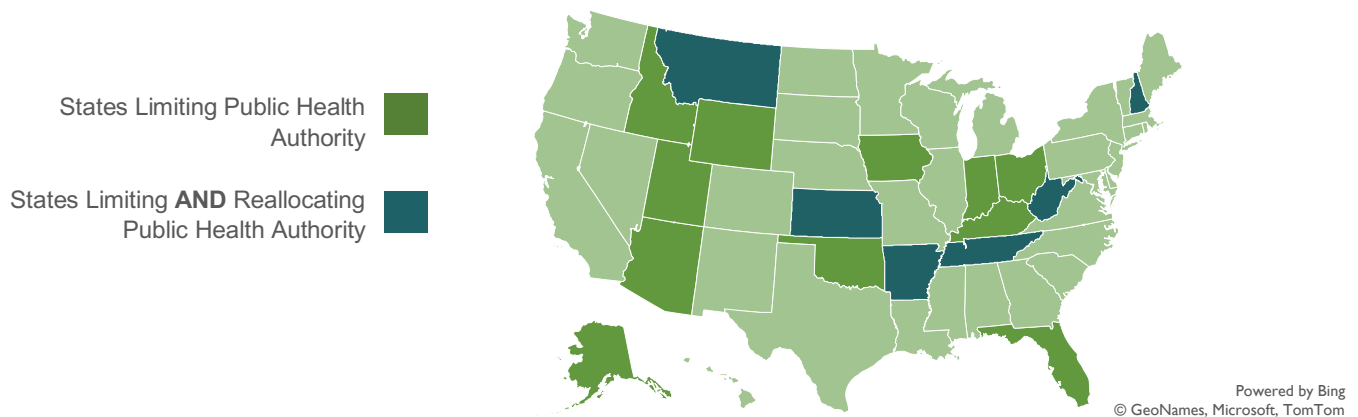
Public Health Law’s *Summary of Enacted Laws and Pending Bills Limiting Public Health Authority: the Second Wave*.⁸

Figure 1 shows the 17 states whose legislatures passed laws limiting public health authority. Many more such bills were attempted but not passed—in several cases, due to gubernatorial vetoes [MI, LA, KY]. In many cases, these threats to public health are ongoing. Of note, attempts to counter them—whether effective or not—consumed significant resources within public health agencies and among allies and partners, such as state public health association affiliates.

Examples of laws that limited public health authority include prohibiting school districts and/or businesses from requiring masks or vaccines [OK, AL, IA, KS], prohibiting the Governor and/or state health officer from declaring or extending an emergency declaration [TN, ID, AZ], and an executive order prohibiting state agencies from requiring people to show proof of vaccination to enter public buildings [OK, IA].

In 6 of these 17 states, public health authority specifically was reallocated from the state health department to the legislature, Governor’s Office, legislature, or another agency (e.g., a merged Health and Human Services agency with a leader appointed by the Governor [IA]).

Figure 1: States Passing Laws **Limiting** Public Health Authority (n=17) and **Reallocating** Public Health Authority to Legislature or Other Body (n=6 of the 17)

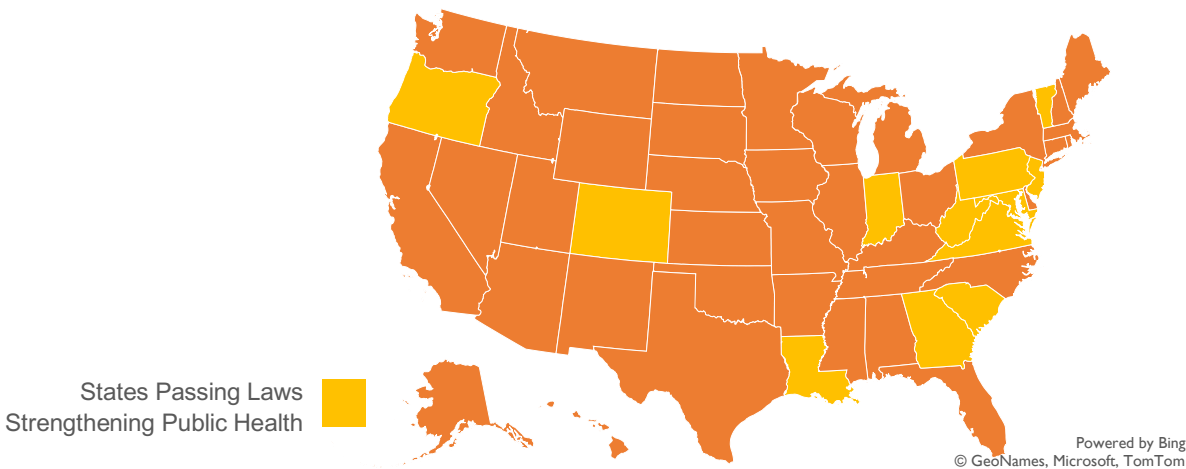


⁸ Network for Public Health Law 50-state Survey: *Summary of Enacted Laws and Pending Bills Limiting Public Health Authority: the Second Wave*. Prepared in collaboration with Act for Public Health partners, including the Center for Public Health Law Research at Temple University and the Association for State and Territorial Health Officials. Accessed via <https://www.networkforphl.org/resources/50-state-survey-summary-of-bills-introduced-to-limit-public-health-authority/>

Attempts to limit or reallocate public health authority do not map neatly onto red, blue, or even purple state configurations or degrees of public health centralization/ decentralization. In part, this is because several of these states have politically divided legislative chambers and/or governors and legislatures with leaders from different parties. Even in very conservative red states, blue and purple pockets (typically larger cities and suburbs) are part of the mix [OK]; some blue states have red or reddening rural areas and corridors as well [CA]. Across the country, demographic changes and civic engagement from younger and more diverse voters and candidates for elected office may further alter the *status quo* [GA]. However, respondents also noted that demographic changes and civic engagement may not be enough to counter gerrymandering and other voter suppression efforts intensifying in multiple states and regions [AZ, ID, WI, OH].

In 12 states, laws were passed that have the effect of strengthening public health. This included two states [IN and WV] that also passed laws limiting or reallocating public health authority. Although 12 states appear to have strengthened public health authority to some degree by specifically protecting emergency preparedness powers, several of these positive changes are much narrower in scope and impact (e.g., allowing pharmacists and other health professionals to offer vaccinations [GA] or requiring the collection of race and ethnicity data for a statewide immunization registry [CA]) than those limiting or reallocating public health authority.

Figure 2: States Passing Laws Strengthening Public Health (n=12)



It is noteworthy that during 2021-22, 29 of 50 states passed laws limiting or strengthening public health authority. Make no mistake, public health is political!

Finding #4: **Health equity** is fundamental to public health and requires nuanced communication in some states/regions.

Here's what we learned:

Most states (n=40) have an **office of health equity** or a similar body dedicated to tracking and addressing health equity gaps. Several others have policies or resources in place to perform a similar function (without a standalone office). As of August 2021, 12 states have **declared racism a public health crisis**;⁹ in some states that have not done so, local jurisdictions have taken this step. In at least four states, equity analyses are part of the legislative review process.

In many states, the term “health equity” is a starting point for discussions about public health. Despite how central these concepts are to public health, they are not well received in some states, where they have the effect of shutting down conversations and discussions instead of jump-starting or deepening them. Even in a state with general support for health equity, a respondent noted resistance to extending this concept to immigrants and refugees, which state public health staff countered with op-eds focused on the economic benefits and productivity that immigrants contribute to the state. In another state, the term “health equity” was removed from the statewide Health Improvement Plan.

Respondents described many ways to talk about equity without using the actual word: access to care, fairness, rural and disadvantaged communities, vulnerable populations (older adults, rural populations, and low-income people), or specific race, income, and rural disparities. In several states, the **rural/urban divide** is an important (or even the most important) element in the equity conversation.

“... [Using the word ‘equity’] is not just a preference or pushback but could actually provoke state reaction.”

“While it is hard to deny the facts around racial disparities, the challenge is to figure out a way to discuss health equity without making it immediately toxic.”

⁹ American Public Health Association. *Analysis: Declarations of Racism as a Public Health Crisis*. Accessed via <https://www.apha.org/Topics-and-Issues/Racial-Equity/Racism-Declarations>.

“[We’re a] long way off from talking about health equity. In most communities, [we’re] still just introducing the concept ... Community Health Centers in the state and the fight for Medicaid expansion all overlap with healthy equity, but ... Buzzwords and splashy DEI terms are not used.”

Finding #5: Many public health allies at the local and state levels remain **untapped resources for protecting and promoting the public’s health, including supporting public health advocacy and lobbying efforts.**

Here’s what we heard:

Although public health allies, as noted above, may themselves be stretched thin (especially in terms of lobbying capacity), this is not always the case. Some routinely join together for specific health issues and are connected to national organizations with related advocacy, communications, and messaging expertise.

In addition to those allies mentioned above (SACCHOs, state APHA and PHI affiliates, AHA, ALA, ACS affiliates), other allies mentioned during the scan include state-level Alzheimer’s Association chapters, health and hospital system advocacy organizations, Medicaid expansion coalitions, and groups advocating for the social determinants of health (transportation, education, housing), Tribal health organizations, rural health organizations/associations, and primary care associations, academia, justice and equity-related groups (environmental/climate justice, LGBTQIA and reproductive rights, voting rights, violence prevention, behavioral health).

Many respondents noted that **support for coordinating resources** across groups would be more useful in most places than creating new organizations for this purpose. However, some felt that new organizations and the flexibility they offer are needed, beyond a coordinating body. For example, some existing 501(c)3s would benefit from have the flexibility of a 501(c)4. Others might benefit from joining together a 501(c)3 and a 501(c)6 to create more latitude for lobbying.¹⁰

Whether new or knit together from existing networks, an organization, mechanism, or reliable forum is needed in most places for:

- **sharing advocacy models and lessons learned;**

¹⁰For descriptions of these types of organizations, see Bolder Advocacy’s resource library: <https://bolderadvocacy.org/resource-library/types-of-organizations/>.

- collectively **expanding situational awareness or scans** to understand the landscape in a political jurisdiction (state and/or local);
- anticipating and **reacting more nimbly to sudden challenges**; and
- **nurturing evolving networks and coalitions** that are able to adapt to changing environments to advocate for policies and laws that protect and promote health.

Finding #6: The **public health workforce** stepped up to protect all of us during COVID, despite not being at full strength going into the pandemic and being severely tested during the pandemic. COVID-related funding infusions are helpful but not sufficient unless sustained.

Here's what we heard:

Even before the COVID pandemic, many respondents and others reported the public health workforce in most local and state agencies was considered to be inadequate to meet multiple public health needs.¹¹ Some federal infusions of COVID-specific funding helped public health agencies respond to the pandemic but did not address other ongoing and expanding demands: other infectious disease outbreaks; chronic diseases; emergencies such as wildfires, floods, and heat waves; injuries; and behavioral health issues including substance use and suicide. A related unintended consequence of COVID-specific funding was a misperception that because public health had received significant COVID funding (most of which was not flexible), additional funding is no longer needed. In most states, public health “revenue stagnation” or cuts are anticipated, rather than increases.

The 50-state scan hints at the toll across the country. In Mississippi, nearly half of the state health department positions (47 percent) were unfilled as of December 2022, twice the pre-pandemic vacancy rate.¹² In Colorado, half the local health department directors were reported to have resigned or been fired during COVID. In Illinois, one in five state health department staff left during the pandemic, particularly experienced

¹¹See, for example, the de Beaumont Foundation's analysis of what would be required to fully staff state and local health departments to deliver a minimum package of public health services: *Staffing Up: Workforce Levels Needed to Provide Basic Public Health Services*. Accessed via <https://debeaumont.org/staffing-up/>

¹²LaFraniere S. Why Mississippi, a COVID Hotspot, Left Millions in Pandemic Aid Unspent. *New York Times*, February 13, 2023. Accessed via <https://www.nytimes.com/2023/02/13/us/politics/covid-public-health-departments.html?searchResultPosition=1>

administrators.¹³ **Among state health officers, only four pre-COVID leaders remained in place across all 50 states.** These losses represent decades of institutional knowledge and talent.

The turnover and vacancy rates reflect how difficult and demoralizing it has become to function in these roles. In several states, public health staff are reluctant to publicize data or programs that contradict their respective Governors' Offices, fearing retribution in terms of funding cuts and/or losing their positions and pensions. Even in states where public health is not under attack, some public health advocates shared they feel they must proceed with caution or “quiet advocacy.”

Advocacy in these circumstances is tricky, to say the least. Many respondents described the public health workforce in a defensive crouch—i.e., trying to protect remaining infrastructure and workforce rather than expand it. They also described fighting for the “least worst outcome,” or “blocking and tackling.” This defensive approach dovetails with more general public health workforce reluctance to engage in advocacy, perceptions about lobbying restrictions, and scarce bandwidth to pursue new tools and/or partnerships that could help.

OPPORTUNITIES TO RESPOND

Advocacy was not public health's strong suit, at either state or local levels, before COVID. As the findings from interviews and state-by-state scans affirm, both COVID and the increasingly polarized political landscape have made it even harder to advocate for public health. The upshot? Yes, **the challenges surrounding public health advocacy are profound, yet many opportunities to strengthen it exist in every environment.**

These opportunities—bright spots, potential models, and other suggestions from respondents—are compiled here, grouped into categories that mirror the findings above. Some require action and concrete support from funders, allies, and advocates; some from public health practitioners and partners, and many from all of these entities. Collectively, these opportunities have the potential to alter the advocacy landscape across many states and jurisdictions.

One important caveat: in some states, infusions of funding or practices from other states and regions perceived to be politically different are not welcome and would

¹³Rutecki J. *How a COVID-19 Exodus Affected Illinois Government Staffing, Salary Spending*. WTTW News, Chicago. April 21, 2023. Accessed via <https://news.wttw.com/2023/04/21/how-covid-19-exodus-affected-illinois-government-staffing-salary-spending>

undermine the cause. Instead, identifying models from nearby and/or politically similar states would carry more weight and feel more relevant.

I. Elevate Public Health's Value Proposition

Key opportunities include:

- Engage local advocates and community members to **customize public health messages to local/state contexts** to increase understanding, trust, and support.
- Communications experts can help state and local public health use **consistent messaging and framing to highlight public health's contributions**.¹⁴

Specific opportunities for **funders** include:

- Support **customizing of consistent messages for local/state contexts** (including advocacy and lobbying for specific goals).
- Support development, dissemination, training, technical assistance related to **communications messages, framing, and tools**, as well as evaluation of their effectiveness.
- Convene state and local health officials, sponsor advocacy days, fund advocacy training, and other ongoing support for **building advocacy capacity and motivation**.

What else? Additional suggestions include:

- Create/support an **affinity group for advocates trying to communicate public health's value in red states**, including tools and resources that address ROI, workforce implications, rural/urban divides, and shared values.
- Identify **public health "brand ambassadors"** in each state (ideally from outside public health) to cultivate relationships with legislators and "translate" public health for them.
- Create **materials** and toolkits that can reinforce common themes and still be tailored/customized to local situations (such as the cost/benefit-ROI framing discussed above), using language understood outside public health (e.g., "non-medical drivers of health" vs. "social determinants"), reflecting shared values (protecting

¹⁴ See, for example, guidance from the Berkeley Media Studies Group (<https://www.bmsg.org/>), Public Health Communications Collaborative (<https://publichealthcollaborative.org/>), the de Beaumont Foundation's *Talking Health; A New Way to Communicate About Public Health* (<https://debeaumont.org/books/talking-health-a-new-way-to-communicate-about-public-health/>), and state-specific resources such as the Michigan Association of Local Public Health's compilation of media and advocacy resources (<https://www.malph.org/mi-manual-public-health-leaders/media-and-advocacy>)

children, safe neighborhoods, productive workforce) and addressing equity in ways that honor and advance the goal but use different terms.

- **Address misinformation** in every way possible, through specific training, learning how to challenge instances of misinformation, and supporting others who share this mission (e.g., journalists/local journalism).¹⁵
- Create a **public health caucus, commission (such as Indiana’s and Maryland’s), or committee (e.g., the Texas House Committee on Public Health)** through the state legislature, or if one already exists, identify allies and strengthen relationships.

2. Encourage Strategic Deployment of Advocacy and Lobbying on Behalf of the Public’s Health

Key opportunities include:

- Build capacity and motivation among the existing and future public health workforce to **deploy a full range of advocacy tools** more assertively.
- Include **advocacy skills** in core competencies, undergraduate and graduate public health curricula, and ongoing professional development (including performance expectations for different roles).
- Bolster/expand **lobbying capacity**.

Specific opportunities for **funders** include:

- Encourage grantees to engage in legitimate, allowed **advocacy** activities (i.e., walk them towards the advocacy/lobbying line instead of away from it).
- Help public health and its allies advance **advocacy and lobbying for specific goals** (which may differ according to local/state contexts).

What else? Additional suggestions include:

- Provide **resources for non-governmental organizations to hire more lobbyists** (moving beyond products, talking points, technical assistance, etc.) so that they can build relationships, defend against attacks on public health, and secure funding for ongoing investments and rebuilding.
 - Specifically, hire and support successful lobbyists from *outside* public health. They are more likely to have the relationships and access public health generally lacks and can deploy public health expertise, but don’t necessarily

¹⁵ A resource for addressing misinformation is the Public Health Communications Collaborative’s Misinformation Alerts website and notifications, available here: <https://publichealthcollaborative.org/misinformation-alerts/>

need to have it themselves. Respondents suggested lobbyists from adjacent sectors such as state cancer, lung, heart, and brain health associations; hospitals and medical associations; climate change; and social justice groups.

- Use the insights of experienced lobbyists to help determine the appropriate focus of public health advocacy in each state/region—i.e., issue-specific advocacy, rebuilding infrastructure, non-medical drivers of health, etc.
- While it is imperative to increase the number of **lobbyists**, it is also important to make public health professionals at all levels more knowledgeable about and comfortable with both advocacy and lobbying (and how they can support lobbyists with their expertise). This could include training and education for the current and future workforce through academic institutions as well as technical assistance customized to specific states and scenarios via an **Advocacy Academy**.
- Provide **technical assistance and translation of public budgeting and appropriations** to public health organizations and allies that helps them understand state and local governmental budgeting processes, track how public funds are spent, use existing analyses of state and local budgets to further public health advocacy, and demonstrate the return on investment that strong public health represents.
- **Arm lobbyists with compelling ROI or cost/benefit data** that shows policymakers how public health interventions (and legislation associated with them) affects their constituents.

3. Counter Challenges to Public Health Authority

Key opportunities include:

- Share examples of **successful resistance** to (and preparation for) challenges to public health authority.
- Understand/disseminate the **variety and scope of challenges** in other states to be more prepared for them.
- **Match countering/challenging responses to varied local conditions** (i.e., red /blue state categories are not definitive).
- Enlist **support of allies** to counter challenges.

Specific opportunities for **funders** include:

- Research, test, disseminate specific communications **messages/framing that resonate in different political environments**.

- Support efforts to **track the legislative and litigation attacks on public health authority**.¹⁶
- Develop or support **campaigns and ads to counter** anti-public health messaging by explaining what public health contributes to overall health and well-being.

What else? Additional suggestions include:

- **Monitor precedents and playbooks designed to limit public health effectiveness** so that these can be countered in the moment and elsewhere.

4. Fight for Health Equity, With or Without the Language of Health Equity

Key opportunities include:

- Share **multiple ways to express the concept of health equity** that can be adapted to different situations. In particular, amplify examples from red states passing progressive policies using “red speak,” e.g., economic framing, community loyalty, faith-based values.
- Explore and adopt messaging that affirms a commitment to health equity using **other concepts and language** (e.g., fairness, opportunity).

Specific opportunities for **funders** include:

- Support development/testing of how to **make a strong case for health equity** across different political environments (as part of broader messaging); share knowledge/tools for how to do so.
- Provide **general operating support** to give grantees flexibility with how they address health equity in their state or region.

What else? Additional suggestions include:

- Share effective strategies from projects that address health equity via collaborative partnerships, such as the CDC Foundation’s Strategies to Repair Equity and Transform Community Health (STRETCH) initiative.¹⁷

¹⁶ For example, Act for Public Health (<https://actforpublichealth.org>) is a collaborative of public health law organizations that provides tracking and analysis of efforts to limit public health authority. Partners include Public Health Law Watch; the Public Health Law Center at Mitchell Hamline School of Law; the Center for Public Health Law Research at Temple University’s Beasley School of Law; ChangeLab Solutions; and the Network for Public Health Law.

¹⁷ For more details about the STRETCH Initiative, see <https://www.cdcfoundation.org/programs/stretch>.

5. Tap the Strengths, Capabilities, and Shared Interests of Supportive Allies

Key opportunities include:

- **Strengthen ties to allies** with the capacity and willingness to conduct **lobbying** on shared community health goals, such as state or regional hospital associations and chambers of commerce.
- Support **collaboration across existing health and health-related advocacy groups** to increase their impact.
- **Form new advocacy and lobbying coalitions or organizations**, where needed.

Specific opportunities for **funders** include:

- Provide general operating support for **coalitions and/or new organizations** (e.g., creating connections among 501(c)(3), 501(c)(4), and 501(c)(6) organizations and their funds)
- **Help states assess advocacy capacity within the state including local and regional** partners (e.g., fund more in-depth state-specific and/or regional scans).
- Share **examples of successful approaches** with potential for replication.

What else? Additional suggestions include:

- Seek, highlight, and engage **new or unheard voices**, such as youth, millennial donors, moderate Republicans, business/industry, Tribal representatives.

6. Support the Public Health Workforce

Key opportunities include:

- **Define and advocate for what full-strength public health offers communities** (e.g., coordinated prevention initiatives, health-promoting programs and policies, better health outcomes, better quality of life, increase in community economic potential and marketability).
- Rebuild public health infrastructure, workforce, and funding with **sustained investments**.

Specific opportunities for **funders** include:

- Continue to **document and advocate for what full-strength public health would entail and could offer** (including variations by state/region).

- **Use philanthropic leverage** to push for governmental funding of public health services.
- Provide **supplemental funding to state and local public health departments** while government funding is being rebuilt.

What else? Additional suggestions include:

- Systematically assess state and local public health funding, infrastructure, and workforce needs through **state commissions** and **reports with recommendations**. At least, these document the size and nature of the gap. At best, they have led to legislation to strengthen public health systems at the state and/or local levels (as was the case in Indiana) or bolster specific areas and initiatives such as behavioral health (as in Arizona, Ohio, Maryland, South Carolina, and many other states).

CONCLUSION

Alarm bells have been ringing for decades about the fragile status of public health’s infrastructure and the inadequate advocacy capacity available to muster ongoing support. These concerns are not new. What is new is a political backdrop of eroding trust in all public institutions, including public health; viral, potent, and persistent misinformation that has eroded hard-won gains against preventable disease; a lethal pandemic reminder of the life-and-death stakes for millions of people; and a political backlash challenging public health authority that is playing out in state legislatures, County commissions, City Councils, and school boards across the country. Yet, as this 50-state scan has documented, advocacy for the public’s health is taking place to varying ways in varying degrees of robustness in all 50 states.

The word “advocate” comes to us from the Latin *advocare*: literally, **to add a voice**. As the report of the April 2023 National Convening to Strengthen Public Health Advocacy noted, advocacy for the public’s health needs to take place in every possible venue, from street corners to faith organizations to boardrooms to legislative chambers. Coordinated, well-funded, and aligned efforts that add many voices alongside those of public health are crucial, but they need to be called forth. We hope this scan adds urgency and direction within public health and among its many allies to build a robust, equitable, nationwide system of advocacy for the public’s health, in states and communities throughout the country, within the next decade.

ACKNOWLEDGEMENTS

Across the country, advocates for the public’s health took time from their packed schedules to share insights and speak candidly about the state of advocacy in the places they know best: where they live and work. We are grateful to the state and local health department representatives, elected officials, lobbyists, and representatives from multiple sectors and organizations who agreed to be interviewed, shared ideas and resources, and patiently helped us learn about the nuances of a complex topic.

The interviews, desk research, and analyses for this report were conducted by the team of: Quang (“Q”) Dang, JD; Manel Kappagoda, JD, MPH; Emma Waugh, MPH; and Leslie Zellers, JD. Their deep knowledge provided a context for the insights from interviewees and made it possible to synthesize a vast amount of information within a streamlined timeline. Nicole Lezin wrote and edited this summary of the team’s findings. Maddy Frey, Martha Katz, and Gene Matthews helped to guide the project and align it with the advocacy feasibility study and 2023 Convening of partners and the recommendations that emerged from these initiatives.¹⁸

The CDC Foundation, de Beaumont Foundation, and Network for Public Health Law supported this work financially and conceptually as part of a larger initiative to assess and boost public health advocacy. This type of visionary support is a crucial ingredient for making effective advocacy a part of public health’s future.

¹⁸ *Fighting for the Public’s Health: Ideas for Action from an April 2023 National Convening to Strengthen Public Health Advocacy*. Available via <https://www.networkforphl.org/news-insights/fighting-for-the-publics-health/>

2024 Board of Health Calendar –
Showing typical suggested monthly topics
Subject to change

January 24

- Distribute final 2024 Board of Health calendar
- Develop Department Director Performance expectations
- Approve continuing grant for DNR Transient Non-community Water Systems
- Eau Claire Healthy Alliance update
- Strategic Plan Update
- Follow up from November worksession
- Quarterly Financial Update

February 28

- Performance Management Update
- Quarterly review of tracking BOH Priorities

March 27

- Board evaluation

April 24

- Summary of 2023 financial report
- Discuss 2023 Annual Report
- Eau Claire Healthy Alliance update
- Strategic Plan update
- Workforce Development Update
- Quality Improvement Plan Update
- Close out 2023 budget
- Quarterly Financial Update

May 15 (third Wednesday)

- Review budget development process. Initial input from the Board of Health for the proposed 2025 budget, including discussion of salary and health insurance for employees
- Quarterly review of tracking BOH Priorities

June 26

- Fee discussion
- Director Performance review mid-point update

July 24

- Annual review of Account Allocations/Fund Balance
- Approve draft of 2025 Health Department budget
- Strategic Plan Update

- Eau Claire Healthy Alliance Update
- Adopt Department budget/pay schedule for 2025
- Review and Approve Employee Handbook-personnel policies updated
- Quarterly financial update

August 28

- Adjust 2025 Budget proposal if needed (after the Joint Budget Team meeting)
- Review and approve/adopt 2025 Health Department fees, and fee related regulation and resolution changes
- Quarterly review of tracking BOH Priorities
- Performance Management Update

September 25

October 23

- Adjust 2025 Department budget by Board, if needed
- Question development and approval for Director performance review survey
- Single Audit Report
- Eau Claire Healthy Alliance Update
- Strategic Plan Update
- Workforce Development Update
- Quality Improvement Plan Update
- Quarterly Financial Update

November 13 (second Wednesday)

- BOH work session
- Quarterly review of tracking BOH Priorities

December 11 (second Wednesday)

- Department Director performance review (Closed session)
- Election of President and Vice-President for next calendar year
- Approve final 2025 Budget
- Review a draft of the 2025 Board of Health calendar
- Approve 2025 contracts with State Division of Public Health
- Board photo for the annual report

Elizabeth Giese - Health Department Director

Performance Objectives - January - December, 2023 **Select Results to date November 29th, 2023**
NOTE: italicized items have been added to the previously received July, 2023 mid-year report.

<p>1. Provide leadership for local/regional partnerships and community engagement prioritizing broad determinants of health and foundational public health services/capabilities.</p>	<ul style="list-style-type: none"> • Participated in/supported the hiring process for key City of Eau Claire leadership positions including: Community Development Director, Fire Chief, <i>EDI coordinator</i>. Participated in the hiring process for key County position – Human Services Director, <i>Finance Director</i>. All critical partnerships for the health department. • Continued regular engagement with leadership from Joining Our Neighbors Advancing Hope (JONAH) on key social determinant of health issues including poverty, incarceration, and housing. Participated in a JONAH event in Fairchild to connect with residents and stakeholders in that part of the county. • Strong linkages with new City Equity Diversity and Inclusion (EDI) coordinator (<i>position recently vacant and was part of hiring process</i>) and UWEC equity leads on community health equity priorities as well as organizational EDI strategies. • Engaged with UWEC on key leadership issues including partnerships with Student Senate on key student health issues, continued development of Academic Health Department concept, engagement on workforce/student placement federal grant, support of development of Public Health major, and development of the MPH program. • Successfully completed Year 5 of national public health accreditation (PHAB) <i>and applied</i> for Re-accreditation. • Participated in local and state policy and practice efforts related to PFAS and human health impacts. • Participate on County Board appointed Opioid Taskforce which is providing guidance to the County Board on Opioid Settlement dollars designated for Eau Claire County. • Participate on community taskforce charged with building awareness and creating partnerships to address challenges in Eau Claire County for individuals who are experiencing homelessness. • Participate on City of Eau Claire process improvement committees (EAUSTAT) related to health department, housing, code enforcement, EDI. • Implementing collaborative grant focused on developing and testing strategies related to MCH equity issues with health department as fiscal agent and City, School District, Human Services Department, and not-for-profits as key partners. • Provide leadership to the Community Health Assessment process with the addition of Dunn County to the previous collaboration of Eau Claire and Chippewa and including health care and United Way partners in the respective counties. Efforts underway to move to a social determinant of health focus in data collection for the 2023-2024 CHA. • <i>Coordinated the application for collaborative national grant funded through Invest Health on using community health data at a City level to impact policy and systems change.</i> • <i>Convened local Invest Health Team – all new players with retirements of former team members – to participate in national learning opportunity that included City Manager, City Planning Director, and others.</i> • <i>Developed partnership with new FQHC to focus on health care, oral health, and mental health access.</i> • <i>Participated in local cross-governmental training on Incident Command leadership.</i> • <i>Participated in UWEC Student Senate convening of community leaders focused on improving outcomes for student populations.</i> • <i>Participated in annual Eau Claire Health Alliance celebration and convening.</i>
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<p>2. Provide leadership at a state level related to public health policy and partnerships.</p>	<ul style="list-style-type: none"> • Active member to Legal Authority State WALHDAB committee that is reviewing local public health authority, particularly related to communicable disease in Wisconsin and developing training, technical assistance resources, and templates. <i>Asked to provide local perspective and leadership to statewide training planned by this group in 2024 on communicable disease authority.</i> • Named Chair for the State WALHDAB/WPHA Policy and Advocacy committee reviewing Wisconsin legislative and budget priorities and providing guidance on advocacy and lobbying priorities for WALHDAB and WPHA. • Continued as a member of the Medical College of Wisconsin's Consortium Board with the Advancing a Healthier Wisconsin Endowment providing funding on statewide public health education, practice and research projects. • Local health department representative to collaborative Healthcare-Public Health Taskforce related to COVID 19 and other shared topics. This group provides cross-sector leadership on key response issues and is developing a plan for potential next steps in advising the State. Representatives include State health officer, leaders from key associations including WALHDAB, WPHA, WI Hospital Association, Pharmacy Association, Primary Care Association, other. • Named to the Governor's Public Health Council, a state mandated oversight committee providing recommendations to the governor on public health, the State Health Plan, and public health emergency response. • <i>Invited participant in Statewide discussions with the Secretary of Children and Family Services related to child health outcomes, with the Speakers Taskforce on Childhood obesity, and with the Secretary of Health Services on opioid misuse prevention opportunities.</i>
<p>3. Provide leadership in the development and implementation of the internal policies, prioritized services, sustainable funding strategies, and workforce capacity with a specific focus on implementation of the 2023-2025 Strategic Plan.</p>	<ul style="list-style-type: none"> • Provided leadership in the development of the new Strategic Plan and Performance Measure updates for the department. • Leadership provided on updated Employee Handbook which was approved by the BOH. Additional potential changes being considered prior to the end of the year . • Working with Management Team including Finance Director on current 2023 budget to implement short- and long-term strategies to impact the operational deficit. Current use of fund balance for operations is anticipated to be significantly less than budgeted. • Development of Program Summary document to capture more completely data on all of our program areas including FTE, budget amounts, mandates, and reach in the county. • Working as a pilot county for the State in implementing the assessment for the Foundational Public Health Services which are documenting staffing, funding, and capacity related to Foundational and Community directed services. This assessment is being used in WI and across the nation as a way to capture the data to quantify the needs for workforce capacity and funding to deliver core public health services. • <i>Worked with City and County leadership on developing a shared proposal for 2024 tax levy funding for the City-County Health Department.</i> • <i>Updated Health Department handbook policies to better align with City and County efforts and to support staff outcomes.</i> • <i>Participated in County leadership learning opportunity related to Culture Change and improvement.</i> • <i>Participated in City leadership learning opportunity related to equity, diversity, and inclusion which focused reading a shared book and discussing bias and uncovering individual and organizational bias.</i>

	<ul style="list-style-type: none"> • <i>Supported staff engagement opportunities to continue to build a strong and positive workplace culture including all staff training, staff picnic and Halloween opportunities, staff Holiday parade participation, and other internal and externally focused engagement strategies.</i>
<p>4. Support successful onboarding, orientation, and engagement of Board of Health members.</p>	<ul style="list-style-type: none"> • Supported the transition of the President for the BOH from Merey Price to Don Bodeau including development of prioritized materials for orientation and support. • Developed recruitment materials, talked to prospective members, provided overview of roles/responsibilities for the nurse vacancy. • Worked with new leadership at City and County related to appointment processes. • Oriented new BOH members Catherine Wildenberg and Joshua Miller • Regularly connect with BOH members to answer questions, provide updates, and encourage active engagement. • <i>Worked with City and County staff to announce vacancies and recruit for 2024 BOH openings.</i> • <i>Connected with multiple potential BOH member candidates to answer questions, provide connection and resources, and provide instructions on application process.</i>

Below are the ongoing requirements for the Health Officer-Director position as a reminder.

Performance Evaluation – Ongoing Position Description requirements
1. Performance Objectives
Accomplishes current performance objectives established by BOH.
2. Policy Facilitation and Execution
Informs BOH of public health, personnel or organizational matters effecting Eau Claire City-County Health Department (ECCCHD), suggesting need for or change in policy.
Offers workable alternatives to the BOH for changes in policy, codes and ordinances.
Timely implements BOH actions in accordance with the intent of the BOH.
3. Strategic Planning and Implementation
Initiates and provides leadership in overall process of strategic planning.
Demonstrates the ability to effectively communicate relevant elements of strategic plan to staff and stakeholders.
Demonstrates flexibility in adjusting operational priorities to assist all divisions in meeting strategic goals.
Demonstrates knowledge of best practices in public health performance standards and incorporates these best practices into ECCCHD operations.
Provides BOH with periodic updates on strategic plan implementation.
Exhibits technical knowledge and competencies required of public health leaders.
Responsive to significant changes impacting ECCCHD or community.
Anticipates problems and develops effective approaches to solving them.
Effectively prioritizes goals and leads ECCCHD through any related changes.
Uses quality management tools and teams to continuously improve ECCCHD work processes.
5. Fiscal Management Skills
Develops and submits an annual budget to provide services at the level determined by the BOH.
Monitors operating expenditures and provides periodic reports to BOH.
Communicates and interprets budget and financial information in a clear and timely fashion.
Applies sound business management and accounting principles in controlling, monitoring, safeguarding and allocating resources consistent with the needs and goals of the ECCCHD.
6. People Management Skills
Conducts professional relationships and activities fairly, honestly and legally.
Fosters ethical behavior throughout the organization through personal example, management practices and training.
Delegates authority and responsibility, not just tasks.
Demonstrates sound judgment and decision-making in the handling of personnel actions.
Interactions and decisions contribute to staff feeling valued and gives credit to others when appropriate.
Fosters an environment that encourages open communication and continuous learning.

Assigns accountability, coordinates efforts, and oversees follow through to ensure results are achieved.
7. Communication Skills
Demonstrates concise, clear and understandable written and verbal communication targeted to audience.
Demonstrates ability to effectively persuade or influence others.
Promotes ECCCHD goals, achievements and requirements to appropriate people in the community and government, representing both the interests of the ECCCHD and the community.
8. Regulatory Enforcement
Responds to public health emergencies and initiates corrective actions and responses pursuant to federal, state and local laws, statutes and external communications.
Sees to the timely and fair enforcement of local, state and federal codes and ordinances within the ECCCHD purview.
9. Community Relationships
Develops and maintains effective working relationships with peers and leaders throughout city/county/state government and community.
Demonstrates availability, responsiveness and approachability in dealings with general public, media, government and community officials.
Builds alliances with community partners to promote and achieve essential services of public health.