

BOARD OF HEALTH AGENDA
June 26, 2024, 5:15 PM
County Courthouse, Room 302 (Ground Floor)

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.

Attendees Join link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m2635121dbbc80091a2b40f0ec9373439>

Webinar number:

2532 456 2563

Webinar password:

M3MvVJ3dab2 (63688533 when dialing from a phone or video system)

Join by phone

+1-415-655-0001 US Toll

Access code: 253 245 62563

*Mute personal devices upon entry

1. Call to Order. Welcome Guests. Order of the Agenda. Request to pull items from Consent Agenda – 5 minutes
2. Public Comment-*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided.* minutes

For those wishing to make written public comment regarding an agenda item, you must e-mail Gina Holt at gina.holt@eauclairecounty.gov at least 90 minutes prior to the start of the meeting. Your email will be shared with the Board of Health. If you wish to make a verbal comment, please attend the meeting in person and you will be called on during the public comment session.
3. Staff presentation – Community Health Promotion Division-15 minutes
4. Consent Agenda- 5 minutes
 - a. Approve Minutes from May 15, 2024, Board of Health Meeting-enclosed
 - b. Approval of Grant/Contract related budget adjustments-enclosed

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.

5. Business Item (Action Required)-*10 minutes*
 - a. Approve Immunization Supplemental COVID Program Funding-enclosed
 - b. Approve Social Isolation and Livable Communities ARPA Grants-enclosed
6. Other information items from staff for the Board-*10 minutes*
 - a. Health Department Report-enclosed
 - Cortney Nicholson, Community Health Educator, 5 years
 - b. 2025 Budget update-enclosed
 - c. Fee Discussion-enclosed
 - d. Director Performance Review Mid-Point Update-enclosed
7. Board member informational items-*10 minutes*
 - a. Public Health Policy/Advocacy
 - WPHA/WAHL DAB Policy and Advocacy Committee-enclosed
 - b. Standing committee updates
 - City Council: [City Council Agendas | City of Eau Claire, Wisconsin \(eauclairewi.gov\)](http://eauclairewi.gov)
 - County Board: [2022 Meeting Agendas & Minutes | Eau Claire County \(eau-claire.wi.us\)](http://eau-claire.wi.us)
 - Ground Water Advisory Committee: [Groundwater Advisory | Eau Claire County \(eau-claire.wi.us\)](http://eau-claire.wi.us)
 - County Opioid Taskforce: [Opioid Task Force | Eau Claire County](http://eau-claire.wi.us)
8. Requests from Board members for future agenda items to be given consideration-*5 minutes*
9. Next business meeting – **July 31st one week later than usual**
10. Adjourn

Advancing Health Equity Among Youth in Eau Claire County

Project Overview, Data, & Future Collaboration





Eau Claire City-County
Health Department



United Way of the
Greater Chippewa Valley

Grant Partners

This grant was a partnership effort between Eau Claire County youth serving agencies including:

Grant Goals

The goal of this grant was to

- Develop a comprehensive understanding of available local data that focuses on child health equity outcomes.
- Assess data.
- Implement an organizational or system-level change based on data.
- Use this learning to consider sustainable ways to continue to improve child health equity outcomes in Eau Claire County.



Local Child Health Data Indicators

- Grant partners reviewed data indicators that were publicly available as well as accessible through their own agencies.
- To help organize the data indicators, the team reviewed existing data frameworks.
- A data framework for this project was developed based on state, national, and international frameworks.

Framework

Our framework organized data into five domains, each of which plays an important role in child health outcomes. The five domains grant partners chose were:

- Economics
- Education
- Environmental Health & Physical Safety
- Mental, Emotional, & Social Health
- Physical Health





Priority Focus Area: School Connectedness

- Grant partners identified **school connectedness** as the indicator of focus.
- The data showed a large disparity among certain populations.
- We had the ability to impact with the project period.
- To measure school connectedness, we looked at **Eau Claire County middle and high school students' sense of belonging in school.**



Local Data

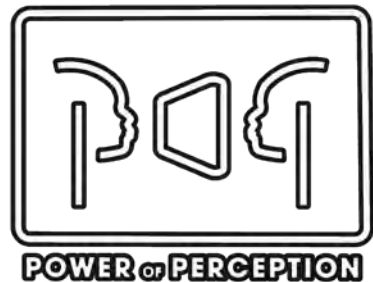
Local data show that the following populations are all **less likely to feel they belong at school** than their peers:

- High school students
- Female students
- LGBTQIA+ students
- Black, Indigenous, and People of Color (BIPOC) students
- Students receiving low grades (C's or below)
- Students who receive special education services
- Students who report a disability/chronic health condition
- Students who report a mental health concern
- Students who are food insecure



Gathering Voices From Youth

In October 2023, we gathered voices from at-risk youth about their sense of school belonging.



Gathering Voices From Youth

Six community agencies collected survey and interviews including:



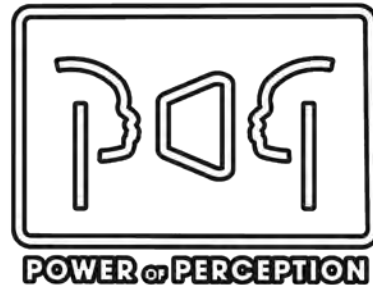
Community Pilot Projects

In February 2024, **nine community agencies** in Eau Claire County were awarded grant funding through this project to **implement new or expanded community improvement initiatives** that address school connectedness for Eau Claire County at-risk youth in middle and/or high school.



Community Pilot Projects

These community
agencies included:





Preparing for Future Collaboration

Monitor Child and Youth Health Disparities as a Community:

Investigate and develop a list of appropriate and available countywide data indicators and establish a yearly report on child and youth health equity

Convene a Child & Youth Health Equity Collaborative:

Pilot a collaborative model to regularly review data and take action to improve child and youth wellbeing.

Advancing Health Equity Among Youth in Eau Claire County

Data from the 2021 Youth Risk Behavior Survey

Disproportionately Impacted Youth

Local data shows that the following populations are **less likely to feel like they belong at school**:

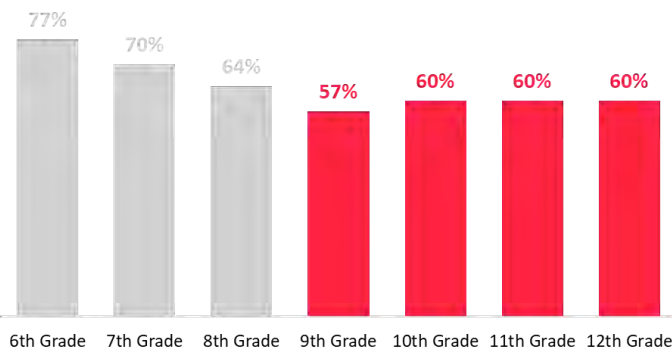
- High school students
- Female students
- LGBTQIA+ students
- Black, Indigenous, and People of Color (BIPOC) students
- Students receiving low grades (Cs or below)
- Students who receive special education services
- Students who report a disability/chronic health condition
- Students who report a mental health concern
- Students who are food insecure

*The following data is the percent of students who “strongly agree” or “agree” that they feel like they belong at school.

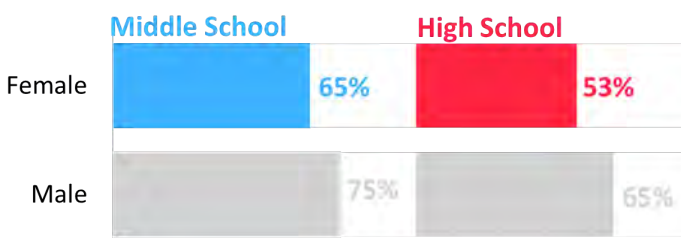
Students in high school are less likely to feel like they belong at school



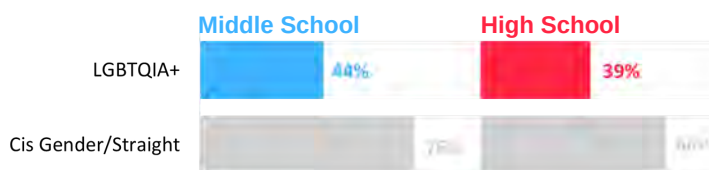
Students in high school are less likely to feel like they belong at school



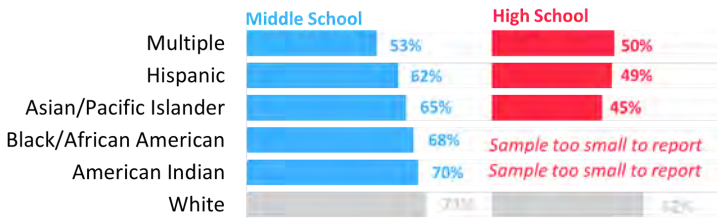
Female students are less likely to feel like they belong at school



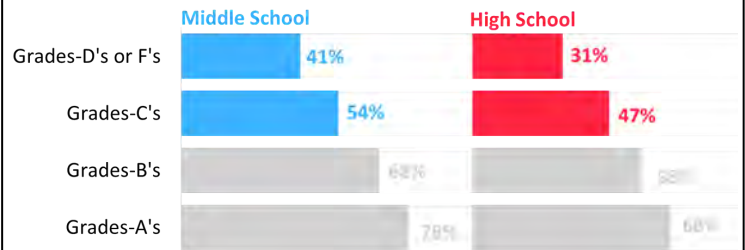
LGBTQIA+ students are less likely to feel like they belong at school



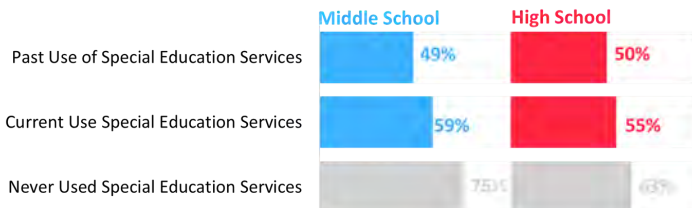
BIPOC students are less likely to feel like they belong at school



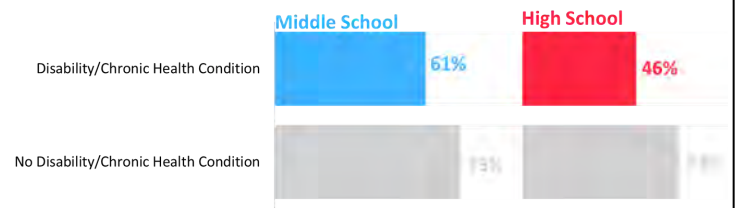
Students with lower grades are less likely to feel like they belong at school



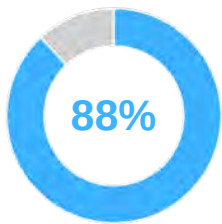
Students who **previously used or currently use special education services** are less likely to feel like they belong at school



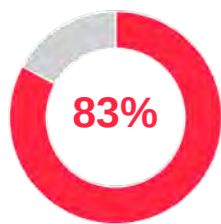
Students who **report a disability/chronic health condition** are less likely to feel like they belong at school



Mental Health

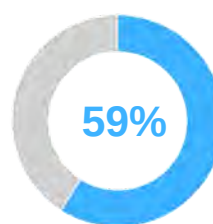


Eau Claire County high school students who don't feel they belong at school also have a mental health concern

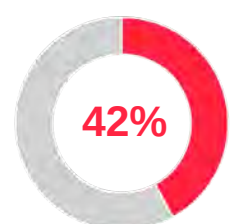


Eau Claire County middle school students who don't feel they belong at school also have a mental health concern

Food Insecurity



Eau Claire County middle school students who experience food insecurity feel like they belong at school



Eau Claire County high school students who experience food insecurity feel like they belong at school

For More Youth Data

For more health-risk behavior data of Eau Claire County's middle and high school students, visit the Eau Claire Health Alliance website at echealthalliance.org and see the Data tab with "Youth Risk Behavior Survey Data" reports or by scanning the QR code here.



**May 15, 2024 Board of Health Meeting
County Courthouse, Room G-302**

The Board of Health convened in open session at 5:15 pm.
The meeting was called to order by Don Bodeau.

Board Members Present:

Quorum is reached

Don Bodeau
Mark Kaeding
Catherine Wildenberg
Terry Miskulin
Terri Nordin
David Hirsch
True Vue (virtual)

Absent:

Joshua Miller

Staff Members Present:

Lieske Giese
Marisa Stanley
Hannah Artz
Gina Holt

1. Call to Order. Walk through remote meeting process. Welcome Guests. Order of the Agenda. Request to pull items from the Consent Agenda -5 minutes
2. Public Comment-*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided.*
3. Health Department Program Presentation on Beach Closings-15 minutes
4. Consent Agenda (Action Required-approved for full content)- 5 minutes
 - a) Approval of minutes from April 24, 2024, meeting
 - b) Approval of Grant/Contract related budget adjustments
 - c) Approval of Stipend

Motion to approve Consent Agenda: Mark Kaeding

2nd Motion: Terry Miskulin

Motion Carried: Yes (unanimous vote)

5. Business Item (Action Required)-15 minutes

- a) Approval to waive the fee for influenza vaccination during the 2024-2025 influenza season.
 - The health department is the vaccinator of last resort after providers and pharmacies.
 - Vaccination outreach goes primarily to those that are high risk and who have barriers to access.
 - The “Get the Shot” campaign is still active in the Chippewa Valley.

Motion to approve waiving the fee for influenza vaccination during the 2024-2025 influenza season : Catherine Wildenberg

2nd Motion: Terry Nordin

Motion Carried: Yes (unanimous vote)

- b) Approval of Eau Claire Community Foundation Safe Sleep funding
 - Educational materials and sleep sacks will be provided for up to 30 families.

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- It is a needed resource in the community that the health department has done in the past.

Motion to approve Eau Claire Community Foundation Safe Sleep Funding: Mark Kaeding

2nd Motion: Terry Miskulin

Motion Carried: Yes (unanimous vote)

- c) Approval of Michigan Public Health Institute (MPHI) Data Across Sectors for Health (DASH) funding
- The goal of this project is to improve death review team data systems. The three teams in Eau Claire County – Overdose Fatality Review Team, Suicide Death Review Team, and Child Death Review Team will improve the use of data that will result in recommendations that have a positive impact in the community.
 - We are in the co-design phase working on all the details.
 - This moves us forward in terms of how we share data between different entities.
 - The work ties into the HD strategic plan and the foundations of public health
 - There are several community entities that have also received this funding.

Motion to approve Michigan Public Health Institute Data Across Sectors for Health funding:

Catherine Wildenberg

2nd Motion: David Hirsch

Motion Carried: Yes (unanimous vote)

6. Other information items from staff for the Board-25 *minutes*

a) Health Department Report

- Safe water and testing is a priority for the Health Department-the promotion was well received by the community.
- Kay Bogumill, Public Health Nurse, 36 years of service retirement certificate.
- The housing survey will be starting up again. This year the survey will be on the East side of Eau Claire.
- Measles update discussion.

b) 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

- The 2025 budget will be on the Board of Health agenda in June and July and through the end of the year.
- The board of health has final approval of the Health Department Budget. This happens in December.
- The budget is built around what we anticipate the City and County tax levy may be as well as other anticipated revenue sources.
- We try to mirror the City and County cost of living/inflationary increase amounts for staff.
- Health insurance premiums are a large part of our personnel budget. The health insurance premiums for 2025 will not be more than 3% as long as all City Employees meet requirements.
- A new capital improvement plan (CIP) will be prepared for review and approval at the July BOH meeting. The health department has historically not been part of the City or County CIP. Capital purchases are based on replacement schedules for office updates and equipment purchase over \$5,000
- The largest portion of our funding comes from grants, which are not always secure.

- Most of the grant funding is flat so it doesn't increase with inflation.
 - COVID grant funding was significant over the past two years (ARPA) and will likely be gone in 2025.
 - A few long-term supported grants are ending in 2024 with no current sustainable funding source identified to continue this important work.
 - Grant writing takes a lot of time and work. We currently aren't tracking the amount of time to write and complete -vs- the return on investment. A future agenda item could be discussing what goes into deciding to apply for grants.
 - Budgets historically have been built using fund balance for operations. Some years we have not had to use it due to bringing in new revenue sources or cutting costs.
 - There has been no indication from the City or County that there will be specific budget cuts to the Health Department but both have budget concerns which may be reflected in our levy conversations.
- c) Health Department Communicable Disease and Clinical Services Division Update
- There was not an ability to fund both a Clinical Services Division Manager and a Communicable Disease manager long term and the Divisions had cross over of people and functions, so the two divisions have combined.
 - Emergency Preparedness has moved out of the Communicable Disease division with the Marisa Stanley managing.
- d) ARPA Update
- ARPA funds have allowed us to remain fiscally whole in 2023/2024 providing consistent programs and service based on our strategic plan, community health priorities, and long standing BOH priorities.
 - Overview provided of various ARPA projects.
- e) Board of Health website overview-
- Lieske walked through what the Board of Health website updates that Gina facilitated to clean up the site.
7. Board member informational items-20 *minutes*
- a) Public Health Policy/Advocacy
- WPHA/WAHL DAB policy and lobby group is working on budget and policy priorities for 2025-2027.
- b) Standing committee updates
- City Council: no report
 - County Board: HSHS Prevea Closure and how to find viable work arounds for the lack of health care.
 - Ground Water Advisory Committee: Meeting was last week; funding was a large part of the discussion. The next meeting will be in three months.
 - Opioid Taskforce: has not met since previous meeting.
8. Requests from Board members for future agenda items to be given consideration-5 *minutes*
9. Next business meeting – June 26, 2024
10. Adjourn at 6:55 pm

Fact Sheet – 6/26/2024 Board of Health Meeting

Agenda Item 4.b

Grant/Contract Related Budget Adjustments

Attached are grant/contract related budget adjustments which impact the 2024 budget.

Budget Implication: Decrease 2024 budget by \$36,600.

Staff recommendation: Approve budget adjustment as indicated.

Name	Funding Source	Description	Contract Start	Contract End	Contract Amount	In Budget	Increase (Decrease) in Budget
Immunization	US Department of Health Services	Budgeted amount was estimated based on previous contract. No significant changes in activities.	01/01/24	12/31/24	\$21,714	\$20,600	\$1,100
Title X	US Department of Health and Human Services	Budgeted amount was estimated based on previous contract. We are working with State and counties on next steps with NP consoritum model given this decrease in funding.	04/01/24	03/31/25	\$176,379	\$229,000	(\$52,600)
Communicable Disease	State of Wisconsin General Purpose Revenue	Budgeted amount was estimated based on previous contract. No significant changes in activities.	07/01/24	06/30/25	\$7,090	\$7,000	\$100
Mobilizing Communities for a Just Response	US Department of Health and Human Services	No change in activities. No cost extension to continue activities from 06/01/24 - 05/31/25.	01/01/22	05/31/25	\$84,102	\$84,102	\$0
WIC Breastfeeding Peer Counseling	United States Department of Agriculture	Initial budgeted amount was estimated based on previous year's funding level. The increased amount will be used to cover our Breastfeeding Peer Counselor staff time and increased caseload.	01/01/24	12/31/24	\$33,420	\$29,600	\$3,800
Family Foundations ARP 2	Maternal, Infant and Early Childhood Home Visiting Grant Program	Additional American Rescue Plan funding to be used to provide grocery cards for Nurse-Family Partnership clients.	10/01/23	09/30/24	\$38,500	\$27,500	\$11,000
			Total		\$361,205	\$397,802	-\$36,600

Fact Sheet – Board of Health Meeting 6/26/24**Agenda Item 5.a****Immunization COVID 19 Supplemental Funding**

The Health Department Communicable and Clinic Services Division received \$107,100 from Wisconsin Department of Health Services as supplemental funding for COVID-19 immunizations. These funds will strengthen the ECCCHD immunization program and increase vaccine accessibility throughout the community with an overall goal to increase immunization uptake and access to immunizations in the community.

These funds will support staff time for immunization clinics, continuing education, purchase of equipment and supplies to increase capacity and efficiency of vaccine clinics and increase outreach efforts with the goal of improving vaccination rates. Funding will be used to support overall community education on vaccines through social media campaigns.

Efforts to improve vaccination rates are already being planned. The Communicable and Clinical Services Division is currently planning to send out a reminder recall letter to parents of Eau Claire County resident, ages 18 months to 5 years, who have not received at least one dose of the MMR vaccine. This letter will be provided in multiple languages and will include a reminder to stay up to date on annual flu and COVID vaccines.

Below is 2024 data for recommended vaccines for children in our targeted mailing group. Also noted below is data for coverage of seasonal COVID-19 and Influenza vaccine coverage in adults that make up a large portion of the workforce.

- Percentage of children that have completed primary vaccine series by 24 months (including MMR) – 65%
- Percentage of children that have 1 dose of MMR vaccine by 24 months – 74%
- Percentage of children that have all school required vaccines by age 6 (including 2 doses of MMR) – 71%
- Percentage of children that have 2 doses of MMR vaccine by age 6 – 76%
- Percentage of individuals 18-49 that received at least 1 dose of the 2023-24 COVID-19 vaccine – 9.9%
- Percentage of individuals 18-49 that received 1 dose of the 2023-24 influenza vaccine – 21.8%

Budget Implications:

Funding in the amount of \$107,100 to cover staff and supplies as described through June 30th 2025.

Staff Recommendation:

Accept the \$107,100 Supplemental funding.

Fact Sheet – 06/26/2024 Board of Health Meeting**Agenda Item 5.b****Approval of Social Isolation and Livable Communities ARPA Grants**

The health department, in partnership with the Eau Claire Agency and Disability Resource Center (ADRC) applied for American Rescue Plan Act (ARPA) funding from the Wisconsin Department of Health Services (DHS), Division of Public Health to improve outcomes for people living with disabilities and older adults. ARPA provided qualifying states with federal funding for Medicaid home and community-based services (HCBS) activities. The DHS invested some of these federal funds to implement a statewide grant program focused on addressing the epidemic of loneliness and isolation amongst older adults and people with disabilities. There were two grant components that applicants could apply to, one related specifically to social isolation and one related to livable communities. Both are further described below and more information is available at the DHS website [American Rescue Plan Act: Social Connection | Wisconsin Department of Health Services](#). Eau Claire was funded for both components.

These grants provide us an opportunity to fund staff to provide additional staffing capacity for our collaboratives to consider the populations of older adults and people living with disabilities in our prevention and action-team efforts. It also provides an opportunity to reach out to new partners who support these populations and provides us an opportunity to fund some specific short term “shovel-ready” projects that meet local needs related to these populations. This grant will provide the ADRC and Health Department the resources to enhance a local coalition (Eau Claire Health Alliance) and develop innovative and relevant solutions that address the unique needs of local populations and communities. As a grant recipient we will be expected to work collaboratively with a diverse base of local partners in understanding current resources for supporting older adults and people with disabilities, developing prevention strategies, identifying gaps and needs, and creating local solutions. This funding supports our focus on health equity.

Social Isolation and Loneliness grant: This grant was awarded to various public and private organizations to create effective ways to help people feel more connected and less isolated. The research has shown that high-quality relationships can help people live longer, healthier lives. Social connection can help reduce the risk of chronic disease and serious illness. Mental health and chronic disease are key health priorities in Eau Claire. Eau Claire was awarded \$93,178.00. These funds are supporting staffing and specific projects with partners including the City of EC Senior Center, the City of Augusta Senior Center, and various improvements to City and County infrastructure in Fall Creek, Augusta, and Harstad Park.

Livable Communities grant: This grant was awarded and will support solutions for people to connect, get around, or stay engaged with greater ease. The goal is to improve the built environment where older people and people with disabilities live so they can be independent and be involved in their communities longer, avoiding the need for expensive care or moving away from home. Mental health and physical activity are key health priorities in Eau Claire. Eau Claire was awarded \$96,654.00. These

funds are supporting staffing and specific transit and street projects in the City of Eau Claire, Augusta, Altoona, and Fall Creek.

A total of \$189,832 of ARPA funding was awarded from June 1, 2024 through March 31, 2025. \$69,914 will be utilized for staffing of this short term project. The remainder (\$117,918) will be utilized by partner organizations to support infrastructure projects to improve social isolation and livability in jurisdictions across Eau Claire County.

Budget Implication:

Addition of FTE to the budget for this effort. Pass through of the project funding to various municipal entities.

Staff recommendation:

Approve the Social Isolation and Livable Communities ARPA funding from the Wisconsin Division of Public Health.

Board of Health Meeting 6/26/24

Agenda Item 6.a

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

New Summer Learners



Three AHEC (Area Health Education Center) interns and another summer learner started at the health department on June 4.

Alexis Boehm is working with Communicable and Clinical Services Division for her internship with the AHEC program. Alexis is completing communicable disease investigation and vaccine follow up. She has assisted with tick drags, restaurant inspections, and water testing.

Mollesya Yang is working with the Policy and Systems Division for her 8-week internship with the AHEC program. She's assisting staff with projects to help move forward the Community Health Improvement Planning process. She's also working with the Eau Claire Health Alliance and staff members to develop a member recognition/retention plans, social media posts, and more.

Natalie Goetzke is a Senior Nursing student at the University of Wisconsin - Eau Claire and will be working with the Community Health Promotion Division for her AHEC internship. She is originally from Dodgeville, WI. Being from a small town has influenced her interest in public health nursing having learned the importance of

taking care of her community. Natalie will assist with chronic disease prevention efforts, including supporting nutritional education at the Lake Street Farmers market, and supporting the Wellness Committee.

Lauren Graham is a Public Health student from the University of Wisconsin - Eau Claire. She will be working with the Community Health Promotion Division this summer to support the Lake Street Farmers Market and Veggin' Out program.

WPHA Annual Conference

This year the Health Department was able to send five staff members to the WPHA-WALHDAB Annual conference in the Wisconsin Dells from May 21st – May 23rd, 2024.

This year's conference was "Moving Public Health to the Next Level" and is always a wonderful opportunity for staff to create connections and learn from public health professionals throughout the state.

The work of the Eau Claire City-County Health Department was also well represented this year. Nicole Kragness and Grant Zastoupil presented on the proactive housing program and Sarah Seifert showcased how to elevate analytics for public health communication.



Additionally, Lieske Giese was honored with the “Health Officer of the Year” award. Lieske was nominated by her peers, and they had this to say about her:

Lieske is a force, she is a true public health leader in our association and anybody who knows Lieske can agree with that.

Lieske has always, always been tireless in her advocacy for public health.

Lieske can always be counted on to have an unwavering voice for health departments.



Staff had a great time at the conference, and we’re excited to see what the 2025 conference brings!

Reproductive Health

Abby Hinz, Anni Vitriago, and Gracie Kressin attended a SURRGing Forward: Antibiotic Resistant Gonorrhea - Resources & Preparedness Regional Meeting put on by HCET on Tuesday, 5/14/24. At the event, Kyla Quigley, Epidemiology Coordinator with the STI Unit – SURRG Program of WI DHS presented on WI DHS’ Antibiotic Resistant Gonorrhea (ARGC) Program including background, diagnostic and resource information. Following Kyla's presentation, attendees then participated in a facilitated discussion about jurisdiction-specific STI monitoring and follow-up. Lastly, attendees were asked to review the current draft of WI DHS' Antibiotic Resistant Gonorrhea Outbreak Response Plan and provide feedback. The event on 5/14 was just one of several regional meetings being held across the State before the response plan is finalized later this year.

NNPHI Annual Conference

Marisa Stanley, Assistant Director, was able to attend the National Network of Public Health Institutes Annual Conference in New Orleans, LA from May 21-23, 2024. The theme of the conference was “building pathways to improve public health” and featured national speakers addressing health equity, workforce development, and public health infrastructure. It was a great opportunity to connect with national leaders and learn about news tools and frameworks for addressing local public health issues.

Preparedness Exercise

On May 1st, 2024, health department staff participated in an extremely hazardous substance release tabletop exercise with other local, regional, state, and federal partners. This half day exercise was led by the U.S. Environmental Protection Agency with support from the Eau Claire County Local Emergency Planning Committee (LEPC). Cascades Tissue Company volunteered to play as the test subject for this exercise and where the hypothetical chemical release originated. This exercise provided a great way for different community partners to test and share their capabilities and roles as it relates to this type of incident and provided a glimpse into how this response would unfold. There were many lessons learned and those lessons will be used to strengthen local response plans.

APHL Annual Conference

Savannah Bergman, a microbiologist in our laboratory, recently travelled to Milwaukee, WI to attend the Association of Public Health Laboratory Annual Meeting. This conference is an in-person event that brought together 1,000 leaders, scientists, influencers, and partners to share issues, trends and best practices in laboratory science and public health today. During this conference she learned new technologies & trends in environmental health, food safety, emerging infectious diseases, workforce development & her personal favorite: “Weird Science: Solving Public Health Puzzles”. Throughout this 4-day conference, there were multiple opportunities to connect with other laboratory professionals, networking receptions and wellness events. During one of their wellness walks, she went to see the Bronze Fonz, she is also pictured above with a local lab director, that she met through APHL, from Louisville, Kentucky & APHL’s mascot, Flat Labby!



APHL Workforce Development Committee Assignment

Savannah Bergman, a microbiologist in our laboratory, was selected by the Association of Public Health Laboratories (APHL) to serve as a liaison on their Workforce Development Committee! This committee focuses on strategies to solve current and future workforce needs, steer training and continuing education, and promote & encourage diversity in the workforce. This position is a one-year provisional term starting July 1, 2024-June 30, 2025, with an optional extension of an additional two-year appointment based on engagement & contributions to the team. The lab expects that this opportunity will be mutually beneficial for APHL and our department. As part of this effort, Savannah will be attending a 3 day in-person orientation in August at the APHL headquarters in Bethesda, MD. APHL has been an important collaboration for our ES lab team, connecting them with local, state & federal laboratorians offering a variety of skillsets & knowledge, program development & expansion and training opportunities (both in person and virtual). The services and offerings that APHL provides have helped grow and improve our laboratory programs and many other public health labs across the country!

WI Local Lab Capacity Workgroup

The Wisconsin Association of Local Health Departments and Boards (WALHDAB) recently formed a statewide workgroup to evaluate potential opportunity to grow overall capacity and connection among local health department laboratories in Wisconsin, most notably around water testing. Matt Steinbach, Environmental Sciences Division Manager was one of 10 people selected for this workgroup, as a representative of the Western Region and as a representative from a larger public health lab. This workgroup met virtually in late-May to lay the framework for a working session later this summer. Eau Claire's representation on this workgroup is important, as it provides an opportunity to identify areas where ECCCHD's lab may be able to assist other local health departments, where additional internal capacity building may be beneficial, as well as potential opportunities where partnership and cooperation may improve the effectiveness and efficiency of our current laboratory programs.

2023 Access to Care Report

In late 2023, Eau Claire City-County Health Department facilitated a point-in-time collaborative Access to Care Assessment of Eau Claire County (ECC) with the HealthWatch Eau Claire Coalition (HWECC) to better understand how well people can access health care services in ECC. This included identification of populations who face greater obstacles when seeking healthcare and determining potential systems threats and opportunities to improve access to care in our community. The report contains data on access to care in Eau Claire County in five areas: healthcare, mental health, dental health, insurance, and poverty levels.

The assessment was completed ahead of the HSHS Sacred Heart Hospital in Eau Claire, HSHS St. Joseph's Hospital in Chippewa Falls, and Prevea Clinics, therefore not included in the report. Yet, the report provides pertinent insight into the health care access experience looked like ahead of the closures.

Read the [Eau Claire County 2023 Access to Care Report](#)

Kick-Off to Summer Party

Health Department Managers hosted a Kick-Off to Summer party for staff on May 29. It was held at the Altoona Fish House where we enjoyed Bingo, pizza, and lots of camaraderie!



Professional Photos

We were able to offer an opportunity for all regular full-time and regular part-time employees to have professional photos taken by a photographer from Sharp Photo & Portrait on June 13. The primary goal for the photos within the department is to put faces to names in places like Outlook, org charts, and the internal SharePoint site. They will not be shared on public sites or with clients without employee permission. Employees, however, will be able to use the files for other personal reasons if they choose, which could include things like social media profile pictures, conference bios, etc. This effort was part of our strategic plan priorities around workforce development.

H5N1 Update

In past spring and summer seasons, outbreaks of avian influenza A/H5N1 have been identified in wild birds and commercial and backyard bird flocks nationwide, including Wisconsin. Recently, influenza A/H5N1 has also been identified in cattle and other mammal species on farms in multiple states. Since April 1, 2024, CDC has confirmed three human H5N1 A(H5N1) infections among farm workers who had been exposed to infected dairy cattle in Texas and Michigan. Two of the human cases only had conjunctivitis as the symptom. The third case had acute respiratory illness symptoms. While the overall risk of human infection remains very low, these exposures to the H5N1 A(H5N1) bird flu virus are the first instances of likely mammal to human transmission. For more information on the current bird flu situation in cattle, see [Current H5N1 Bird Flu Situation in Dairy Cows | Avian Influenza \(Flu\) \(cdc.gov\)](#). The health department has been working with partners on prevention and to prepare for potential human cases.

Measles Update

As of June 6, 2024, a total of 151 measles cases were reported by 22 jurisdictions: Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New Mexico, New York City, New York State, Ohio, Pennsylvania, Vermont, Virginia, Washington, West Virginia, and Wisconsin. Since Wisconsin recorded a case of measles on April 26, 2024, there have been no new measles cases reported in Wisconsin. We are now beyond the incubation period of when we would expect to see secondary cases and have had none. ECCCHD has been preparing their response to a case or an outbreak of measles in Eau Claire County or nearby since early April. The team has done outreach to healthcare providers, schools, and daycares to create awareness and encourage vaccination and testing as appropriate. The team has been working with EC PHEP partners on measles response protocol, vaccination clinic plans, and shared social media messaging. For more information on measles cases in the U.S. see [Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#).

Immunize WI Grant

The Eau Claire City-County Health Department Immunization Program has completed the one year Immunize Wisconsin grant cycle. This was a onetime award of \$50,000 with the goal of increasing the number of adolescents ages 11-18 in Eau Claire County who initiate and or complete HPV, Tdap, and Meningococcal vaccine series. In the final months of this grant, the health department pushed out a communication campaign on Facebook and through posters in the Oakwood Mall and local laundromats. Additionally, we provided gas cards to families seeking vaccine to address barriers of transportation. This barrier was identified earlier in the grant cycle through expert interviews with local providers and community champions.

PRIDE

Eau Claire Pride in the Park is a place where local businesses and advocacy organizations come together with our community to share in and support an inclusive environment. This year's Pride in the Park was well attended. Family planning clinic staff tabled at this event giving out a variety of swag, education, and Mpox vaccines. This year we were able to use Mpox grant funding to purchase Simple Health Kit and distributed 42 kits at Pride. Simple Health Kits are at home STI, HIV, and syphilis testing kits. At-home tests allow people who may not otherwise get tested for STIs get tested. The test kits test for chlamydia and gonorrhea genitally, orally and rectally, as well as trich genitally, and HIV and syphilis

through a blood specimen.

Also at Pride in the Park this year, Eau Claire Health Alliance volunteers joined health department staff Emily Carlson to share information on vaping, alcohol, opioids, recovery, and ECHA Conversation Cards. Over 400 people stopped by our booth. We also had folks add their stories to the You Are Not Alone poster - sharing their journeys or reasons why they are substance free. [Check out our social media to see more!](#)



Hmong Youth Day

The Eau Claire Health Alliance participated in Hmong Youth Day on May 11th. Over 250 youth and families stopped by our table for a chance to spin the wheel and answer a question from our ECHA Connect with Me Conversation Cards. We also shared resources and information about tobacco, consent, and physical activity, and offered sets of the ECHA Conversation Cards to parents and families. The youth were excited to bring their Hmong Youth Day Passports around to all the booths, and parents/caregivers followed along, also checking out the resources. It was a great way to engage the whole family!



McKinley Family Night

Emily Carlson, Community Health Educator with the Community Health Promotion Division, attended McKinley High School Family Night. Parents, caregivers, families and friends of McKinley students were invited to take a tour of the school, listen to presentations on programs, visit resource tables, and get to know McKinley staff at a cookout. Though a smaller event, it was an opportunity to connect with families about resources available at the health department including the How to Quit Vaping Guide, the Little Recovery Book, This Packet Could Save a Life, medication lock boxes, and the ECHA Conversation Cards.



Alcohol and Tobacco Compliance checks

Alison Harder, Public Health Specialist and Kate Torkelson, Community Health Educator, conducted alcohol and tobacco compliance checks in partnership with Eau Claire Police Department and Altoona Police Department. Compliance checks are conducted throughout the year to ensure that establishments are not selling alcohol or tobacco products to minors.

Two Eau Claire County youth along with Eau Claire City-County Health Department employees checked 27 tobacco businesses in the city of Eau Claire, City of Altoona and county. 100% of the businesses passed the tobacco compliance checks. Tobacco checks are conducted as part of WI Wins, a statewide effort involving teams of adults and youth working to prevent sales of tobacco products to anyone younger than 18 years old.

20 alcohol establishments were checked, and three sold alcohol to the underage buyers. ECPD officers responded to the sales immediately to alert the sellers that they had sold alcohol to a minor. Retailers who have sold to minors often have the opportunity to attend the Retailer ID Check Training taught by ECCCHD & ECPD for a reduced or waived fine.

Eau Claire Health Alliance Substance Misuse Action Team: Award received

Eau Claire Health Alliance members and health department staff attended the annual summit of the Northwoods Coalition, a network of coalitions dedicated to substance use prevention in Wisconsin, along with over 35 coalition members from across the state. At the meeting, the Substance Misuse Action Team of the Eau Claire Health Alliance received the 2023 Marshfield Clinic Health System Outstanding Partner in Community Health award. Meagan Otto from Northwoods Coalition presented the award to the team at the summit, sharing, “The Substance Misuse Action Team has been looked to as a leader in meeting community needs related to harm reduction while also maintaining a focus on prevention and have been more than willing to share their time and resources to assist other Northwoods Coalition member coalitions in replicating success in communities all across the state. This is the type of collective impact that ends epidemics and leading the effort is our amazing partner, The Substance Misuse Action Team.” The team was represented by ECCCHD staff Alison Harder and Sarah Dillivan Pospisil, and Substance Misuse Action Team co-chair and At the Roots CEO Renee Sommer.



(Left to right): Renee Sommer (SMAT Co-chair), Meagan Barnett (Northwoods Coalition/MCHS), Darcy Vanden Elzen (MCHS), Alison Harder (SMAT Coordinator), Meagan Otto (Northwoods Coalition/MCHS), Sarah Dillivan-Pospisil (SMAT member/Northwoods Coalition board member)

Community Health Promotion Division: AODA prevention

Alison Harder and Kate Torkelson attended the City of Altoona alcohol liquor licensing meeting on May 1st. This annual meeting brings together city clerks, law enforcement, public health, and alcohol retailers to share updates. Kate and Alison shared information with partners at the meeting about compliance checks, Retailer ID Check Trainings, and other education and resources available for retailers in the county.

Opioid misuse and overdose prevention

In April, Wisconsin ranked #1 in the nation during the Spring 2024 Drug Take-Back with a total of 55,122 pounds collected. Overall, Wisconsin had 286 collection sites. This included Altoona Police Department and the new location at the Eau Claire County Government Center, in partnership with the Eau Claire County Sheriff's Office.

Peggy O'Halloran, Chelsie Klatt, and Sarah Dillivan-Pospisil attended the **2024 Opioids, Stimulants, and Trauma Summit**. The annual event highlights prevention, harm reduction, treatment, and recovery strategies related to opioids, stimulants, and trauma. The event is organized by the Wisconsin Department of Health Services.



Private Well PFAS Update

As you may recall from the January report, ECCCHD was made aware of an elevated PFAS/PFOS result at a well within Eau Claire County in late 2023. The team then followed up with nearby homeowners to help educate them on public health guidance, laboratory & testing options, and potential next steps. The Department has subsequently completed an additional 3 rounds of sampling since the initial follow-up, each revealing at least 1 well with elevated PFAS levels. During follow-up, our chemist, Anna Hilger, assists interested homeowners in their process of PFAS sampling through on-site well water collection, shipping facilitation, coordination with the testing laboratory, and helps interpret the results. Sampling and shipping have been provided at no cost to interested well owners. Well owners are responsible for paying for the cost of testing. When a private well owner is notified that their drinking water exceeds the recommended health level, ECCCHD staff work with them to identify solutions for clean water, such as filtration, bottled water, or a new well. These homeowners have seemed grateful for the support they received in this process. Each round of sampling takes approximately 4-6 weeks to accommodate the various steps in the process including: neighborhood notifications, response, sample kit ordering and delivery, sample collection and shipping, laboratory processing/testing/quality assurance, data reporting, and well owner follow-up.

To date, 28 samples have been collected and tested in the Town of Drammen, and 10 of those samples have been above the recommended health level. 2 additional samples have been collected in the Town of Brunswick, both of which exceeded recommended health levels. The most recent batch of samples (collected from 5/16-5/24) had a much higher number and rate of high results than prior batches. 7 of the 12 total exceedances came from this batch, with an exceedance rate of 77.8% (7 of 9). Prior to this batch, the highest number of exceedance in a batch had been 2. After receiving the results from this latest batch, staff quickly initiated discussions with State (WDNR and WDHS) agencies to update them on recent developments and evaluate potential next steps in the process, specifically related to further community outreach and testing. Another batch of notification letters has been sent out to nearby well owners to facilitate another round of sampling in this area. We will continue to keep BOH informed about this situation as we learn more.

Additional information about PFAS and its health effects can be found here:

WI DNR: <https://dnr.wisconsin.gov/topic/PFAS>

WI DHS: <https://www.dhs.wisconsin.gov/chemical/pfas.htm>

Lake Street Farmers Market

The first Tuesday in June kicked off the Lake Street Farmers Market. This market will be hosted at the Eau Claire Government Center each Tuesday 11:30 - 3:30, through September.

Janessa VandenBerge, Public Health Specialist and interns Natalie Goetzke and Meleah Myhrwold of the Community Health Promotion Division coordinate the market and provide healthy recipes and samples along with information about chronic disease prevention. The Lake Street Farmers Market is a smaller mid-week market option for residents and staff of the government center looking for healthy local items. Local vendors include those selling produce, flowers, jam, honey, farm raised meats, coffee, breads, baked goods, handmade soap, and many more locally made items.

This year, the health department received funding from Marshfield Clinic to increase outreach within the neighborhood and to both WIC clients and older adults who participate in farmers market voucher programs to encourage market attendance. The Historic Randall Park Neighborhood Association has helped by posting market signs throughout the neighborhood, and information about the market has been shared with both WIC and ADRC clients.

Public Health Vending Machine



The Public Health Vending Machine project supports a vending machine containing both Narcan and Fentanyl test strip kits. The vending machine is located in the Eau Claire County jail lobby and is a partnership with the Eau Claire County Sheriff's Office.

In May, a group of health department staff from the Community Health Promotion Division and Eau Claire Health Alliance volunteers met to put together 400 fentanyl test strip kits for the vending machine. Each fentanyl test strip kit contains: 5 fentanyl test strips, 5 tubes of sterile water, 5 measuring scoops, 5 mixing containers, and instructions available in English, Spanish, and Hmong. Thank you to everyone that helped put these kits together!



Presentation at STI Engage Conference in Washington DC

Staff from the Centers for Disease Control - Division of STD Prevention asked health department staff Gina Schemenauer and Anni Vitriago to co-present with them about their Mpox outreach work that was funded through the CDC Mpox Response grant. They shared successes from our partnerships with organizations like UWEC, Planned Parenthood, Vivent Health, and The Firehouse Bar, as well as different outreach strategies that have been successful to increase Mpox awareness, education, and vaccination in our community. Their presentation was attended by over 50 people, and very well received. They were very proud to represent the Eau Claire City-County Health Department on a national landscape. They also attended sessions to learn more about how we can help youth become more comfortable getting sexual health services, new clinical guidelines on the use of doxycycline for bacterial sexually transmitted infection prevention, the growing market of STI home testing kits and how they are being utilized by clinics, and much more. They will bring this information back to the Clinical Services Division so they see how it could improve/impact our services.

Vision Screenings

This school year (2023-2024), the ECCHD partnered with CVTC and Prevent Blindness Wisconsin to offer vision screenings to all schools in Eau Claire county. CVTC nursing students were trained in how to administer the vision screening using the Sloan Vision Chart. Students in Kindergarten and 1st grade in 19 area schools received the vision screening. In total, 1,526 children were screened and 213 of those children were referred for further eye examination. This partnership will be continued in the 2024-2025 school year.





Eau Claire City-County
Health Department

Service Recognition Certificate

*In recognition of 5 years
of faithful and dedicated service
to the health department
and community.*

This certificate is presented to

Cortney Nicholson
Community Health Educator

Signature Director/Health Officer

Date: 06/26/24

Signature President, Board of Health

Date:06/26/24

Informational Item – 6/26/2024 Board of Health Meeting
Agenda Item 6.b
2025 Budget Update

Our 2025 budget preparations have started. As a reminder, the budget timeline is listed below.

Timeline

- Discuss broad budget considerations at May Board of Health meeting
- Present departmental budget priorities and assumptions for brief review at June BOH meeting
- Draft budget presented at July BOH meeting for review and approval
- Submit draft budget to City and County in July/August
- Meetings with City and County leadership and fiscal staff to discuss budget – May through November
- Joint meeting between City, County, and health department to review Equalized Value and property tax levy funding from City and County in August
- Fees reviewed and approved at August BOH meeting
- City Manager and County Administrator present their recommended budgets in Fall (typically September) which includes Health Department levy
- Health Department provides overview of budget to County Finance & Budget Committee and City Council if requested in Fall
- Tax levy discussed and adopted as part of City and County Budget in November during legislative meetings
- Final health department budget confirmed/approved at December BOH meeting

Budget Information

Expenses

- Personnel – Wages and benefits account for approximately 86% of the 2024 adopted budget
 - Economic wage increases used for City and County have not been finalized for 2025. The 2024 economic wage increases were: Health Department – 2.5%, County – 3%, and City – 1.25% in January and 1.25% in July. A 2.5% economic wage increase is estimated to cost \$123,900 in 2025.
 - Employee step increase are estimated to cost \$84,500
 - Health insurance premiums – Premiums will not exceed an increase of 3% for 2025, contingent upon 90% or greater City-wide participation in the health promotion program in 2024 per Group Health agreement. As is true every year we also will likely have changes in chosen plans by employees which impacts overall cost – ie. changing from a family plan to a single plan.
 - WRS contributions – The employer contribution is currently 6.9% and we are typically notified by the State of any changes in July.
 - Employee retirements –We are aware of 1 planned retirement in 2025, and 12 employees are eligible based on years of service and age.

- We are estimating overall personnel costs will decrease due to positions that have not been filled following retirements and the ending of grant-funded positions. We are continuing to work through the details of this as we develop strategy for the 2025 budget.
- Other – Contractual Services, Utilities, Fixed Charges, Supplies, Contributions & Other Payments, Capital Purchases, and Other Financing Uses make up the remaining 14% of the 2024 adopted budget
 - A rental agreement with the County is in progress and we will have more information related to 2025 rent in July. We anticipate increases.
 - Capital purchases are based on our replacement schedules for office updates and equipment purchases over \$5,000. The new Capital Improvement Plan (CIP) will be prepared prior to July BOH Meeting.
 - We are working to not increase non-personnel items whenever possible.

Revenue

- Uncertain tax levy funding from the City and the County. The tax levy split between City and County is based on equalized value and typically connected to net new construction which is finalized in mid-August. Final tax levy allocations are approved by City Council and County Board. Historically these allocations have not covered inflationary increases. We are working to assure at least an increase that is similar to what the City and County receive from net new construction and what other departments receive for increased costs for existing personnel.
- Funding for federal grants is unknown and we are aware of some known and likely funding decreases from federal sources. Proposed federal and state budgets for next fiscal year are still uncertain at this time. Often ongoing federal grants are flat funded which results in challenges due to increasing personnel and non-personnel costs.
- A couple of remaining small COVID grants will carryover into 2025 but the larger COVID response and recovery funding sources are ending in 2024 or have already ended. We were fortunate to recently receive what we believe to be some of the final COVID ARPA funding that will go until Spring, 2025 but then will not be available in future years.
- A few long-term, community supported grants are ending in 2024 or 2025 with no current sustainable funding source identified to continue this important work including efforts related to mental health, opioids/harm reduction, other substance misuse, and other topics.
- Fees continue to be reviewed to partially or wholly support costs but are expected to be relatively flat in 2025.
- The 2024 adopted budget included a \$190,041 budgeted use of fund balance due to increased costs and decreased grant funding. We anticipate needing to build a budgeted use of fund balance for operations into the budget for 2025 and we will work to identify cost saving measures or identify new funding or other revenue sources.

Additional working assumptions:

- Priorities continue to include Community Health Assessment priorities, Strategic Plan priorities, and addressing gaps related to Foundational Public Health Services and mandated services.
- Long term efforts will be needed to continue working on having more sustainable strategies related to health department budget. This is in process, but more is needed at the local, state, and national level.
- The 2024 budget had very little “buffer” in it to help resolve deficits. This will also be true of the 2025 budget. Without new revenue sources which likely will be less available, there will be a loss of staffing capacity and an impact on programs and services.

Info Sheet- 06/26/2024 Board of Health Meeting

Agenda Item 6.c

Health Department Fee Framework Discussion

The ECCCHD has a variety of fees for departmental services, products, permits and licenses. Annually the department develops and administers fees to assure the health of the public is protected and that the cost of essential programs is covered appropriately. The Board of Health is the policy body that reviews and ultimately establishes Health Department Fees *or* recommends fees for establishment by another policy body – City Council or County Board. Prior to the setting of fees for the upcoming year, the Board reviews and considers potential changes to fees, changes to fee policy, and other fee related issues for the department to consider.

The costs of services, licenses, and products are partially or wholly covered by fees charged. Annually, fees are analyzed by staff and the Health Department Fee Policy (attached) is utilized to develop an updated fee schedule as part of budget process. Updated fees are provided to the Board of Health for review and approval typically in August. Fee changes occur for a variety of reasons including:

- Changes to staffing and associated costs including hourly rate + benefits
- Changes to indirect costs including administrative overhead
- Changes to other costs including supplies, training, equipment
- Changes to staff time allocation due to new or modified program requirements
- Progressive/intentional increases to fees to capture higher % of actual costs if not at 100%

Since 2013, with some exceptions, department fees have been set at amounts intended to recoup between 70-100% of the projected program costs. Among the many factors considered when determining the actual target % of costs covered for each fee include, but are not limited to:

- Importance to public health and safety
- Historical trends and future projections in related costs and revenue
- Implications of fee changes on individuals and businesses
- Limitations in contractual language and other legal restrictions

The current 2024 fee schedule, approved in August 2023, is included in the attached chart for your reference. Fees are grouped by program area and the chart is designed to provide some historic information, including the % change from the previous year, and the % of that program/service/product cost that was projected to be covered with each fee in 2024.

The ECCCHD Comprehensive Fee Setting, Deviation, and Unpaid Invoice Reconciliation Policy is attached. This policy was reviewed and approved in February 2024.

The 2025 fees will be presented by staff for Board consideration at the August BOH meeting. This is prior to knowing actual expenses or revenue for 2024. When preparing a fee proposal, staff utilize

2024 year-to-date amounts, actual calculations from earlier years, observed trends, and anticipated changes for the future year that may influence the projected revenue/expenses.

Below are some of the changes that staff are currently expecting to include in the 2025 fee proposal:

- Slight adjustments in the Health Department contribution of DATCP program license fees (food, pools, campgrounds, lodging) due to an increase in the amount we are required to pay DATCP per license. Total fee amounts in these programs may be adjusted to accommodate this change. If not increased, the Health Department would receive less revenue from licenses issued in this program in 2025 than the current license year.
- A reduction in the Body Art Facility licensing program fees to accommodate an increasing trend in the number of licenses issued for facility relocation and change in ownership.
- The Reproductive Health Clinic is currently working on completing a cost analysis which may prompt significant changes to the fees proposed in this program in August. However, the implications of this analysis is not yet known.

This meeting discussion is to provide an opportunity to review current fees, collect input on these potential changes, hear BOH proposed considerations related to future fees, and to discuss any of the changes likely to be proposed in advance of considering the 2025 fee schedule in August 2024.



Category: Departmental

Subject: Comprehensive Fee Setting, Deviation, and Unpaid Invoice Reconciliation Policy

Date: February 28, 2024

Purpose:

This policy outlines the considerations utilized by the Eau Claire City-County Health Department (ECCCHD) to develop and administer appropriate fees for services, products, permits, and licenses. This policy also describes the framework of the ECCCHD fee schedule and applicable work responsibilities for each program area. This policy explains the circumstances in which the ECCCHD may exempt fees or issue modified charges for fee-eligible services to adjust billing practices when presented with unique situations and/or clientele. This policy also describes the manners in which the ECCCHD may manage any unpaid invoices including fee-related and other departmental invoices. The overall purpose of this policy is to assure that revenue from fees appropriately supports quality programs and services.

Scope:

This policy shall be applicable to those portions of fees for which the monetary payment is received by the ECCCHD and the Board of Health maintains governing authority. This policy is further supplemented by the ECCCHD fee manual, which provides additional background information about fee-related programs and the process and procedures that are utilized to implement this policy. In addition to fee invoices, the unpaid invoice reconciliation process may also apply to other invoices issued by ECCCHD.

References:

ECCCHD Fee Manual (Administration-Approved Procedures)

ECCCHD Fee Schedule (Adopted by BOH Annually)

Fee Setting Process:

ECCCHD maintains a variety of fees for departmental services, products, permits, and licenses. Most departmental fees are associated with environmental health and clinical services. Annually, the department develops a schedule of fees to assure the health of the public is protected and that the cost of each program area is covered appropriately. The BOH is the policy body that reviews and ultimately establishes all Health Department Fees. In some instances, the BOH sets only the Health Department portion of a fee that is ultimately established by another policy body – Eau Claire City Council or Eau Claire County Board. In these instances, the BOH recommends a fee to another policy body for consideration and adoption.

Fees are proposed, reviewed, and adopted during the annual budget process with implementation on January 1st of the following year with specific exceptions as required. Prior to the setting of fees for the upcoming year, the Board is notified of potential substantive changes to fees and other fee-related issues, most often at the June BOH meeting. This provides an opportunity for the department to present and receive feedback on potential changes that may be considered, while also providing a forum for BOH members to ask questions and present other ideas to consider. Proposed fee changes for the subsequent year are brought to the Board of Health (BOH) for action in August with appropriate notice given. In August, the current and proposed fee schedules are presented to the BOH. Fees are grouped by program area and the chart is designed to provide some historical context, including the % change from the previous year, and the % of that program/service/product cost that was projected to be covered with each fee in the previous year. Any new services or products that require a fee may be brought forward to the BOH for approval at this time or may be brought earlier if desired.

Proposed fee amounts are established by ECCCHD staff while considering many factors that may influence the potential cost and revenue in each program area. Staff analyze each program annually using data obtained in prior and current years. The information assessed includes staff time allocation, associated costs, and revenue trends. Factors that may influence projected cost and revenue include but are not limited to such things as: 1) changes to staff time allocation due to new or modified program requirements, 2) changes to staff costs due to personnel transitions or altered salary or benefit compensation, 3) changes to other operational costs such as supplies, equipment, training, and travel, and 4) associated socioeconomic impacts. Any anticipated changes that may occur in the future year that could influence the projected revenue/expenses are also considered. Staff shall strive to identify and implement methods to further refine cost calculations for the purpose of accurately depicting the direct and indirect cost of each program and service. Such modifications could also influence projected costs.

For many programs, ECCCHD attempts to cover at least 85% and up to 100% of the projected program costs for the upcoming year with fee revenue. The amount covered by fee revenue may vary by program area but is generally proposed to be set at the highest rate determined to be practical by staff. In some instances, the amount that may be charged may be limited or otherwise reduced due to such factors as: 1) restrictions set forth by contractual, grant, rule, or other applicable requirements, 2) implications of fee changes on individuals and businesses, 3) other supplemental external funding sources (e.g., program grants), and 4) competitive market considerations. In those programs with less than 85% coverage by fees and other external revenue, staff shall be able to provide clear rationale for the extent of tax levy support for the program area. In some programs (laboratory and clinical service fees), the percentage covered by fees is calculated by the cost to administer the individual service rather than the entire program.

Fee Deviation Overview:

In some circumstances, ECCCHD may elect to adjust the amount charged for services or products beyond those set in the approved standard fee schedule. Such instances are outlined below:

- A. **Fee Increases.** For situations in which the ECCCHD is requested to conduct related, but nonstandard work that would result in extra costs being incurred by the department, an additional fee may be requested to facilitate the work. In any such instance, the modified fee amount must be amenable to all parties prior to the service being authorized.
- B. **Fee Reductions.** As determined to be practical, fee reductions (via reduced payment or reimbursement) may be granted to accommodate:
 - 1. Governing bodies and/or cooperating agencies that are either contributing to the ECCCHD budget and/or subject to the same tax base as the ECCCHD.
 - i. The rate of fee reductions granted to city/county governmental entities shall be based on the ratio of city/county tax levy used to fund the ECCCHD unless otherwise agreed upon;
 - ii. This provision is utilized at the discretion of ECCCHD in the program areas that are most heavily subsidized by city/county tax levy (e.g., public health laboratory).
 - iii. One example of this being executed is the discount provided to Eau Claire County Municipalities (Eau Claire, Augusta, Altoona, Fall Creek, Fairchild) for the laboratory analyses of routine drinking water compliance samples;
 - 2. Situations in which a declared Public Health Emergency results in a prolonged and significant reduction in the payee's services and operations and the services intended to be provided by ECCCHD in association with an established fee;
 - 3. Limited-period promotional pricing to encourage increased awareness and participation in a departmental program; and
 - 4. Other contracts or projects at the discretion of the ECCCHD Health Director/Officer. If such a reduction has the potential to have a significant fiscal impact, the Health Director/Officer shall consult with the BOH President prior to authorization.
- C. **Fee Exemptions.** As deemed appropriate, fees may be waived to accommodate:

1. Routine laboratory testing associated with an obtained license or permit for which the ECCCHD incorporates laboratory costs into license and permit cost calculations;
2. Instances of a satisfactory inspection, including resolution of violations at a licensed facility or residential rental unit, at the discretion of the ECCCHD;
3. Sampling and testing of Health Department identified recreational waters in the City of Eau Claire and Eau Claire County in accordance with the Department's standard monitoring procedures;
4. Collection of routine drinking water compliance samples for Eau Claire County Municipalities (Eau Claire, Augusta, Altoona, Fall Creek, Fairchild);
5. Special public services conducted in relation to an ongoing or emerging public health emergency at the discretion of the ECCCHD;
6. Department conducted assessment, sampling, and analyses of lead contamination in homes containing children with elevated blood lead levels within Eau Claire County;
7. Sampling and analyses of homes for methamphetamine contamination within Eau Claire County, as requested by law enforcement;
8. Testing of newborn drinking water for those contaminants presented as free-of-charge through the newborn program for qualifying Eau Claire County residents;
9. Administration of influenza vaccine for determined high risk groups;
10. Tuberculosis skin testing for individuals involved in case contact investigations; and
11. Title X program requirements for the Clinical Services division stipulates that any client at or below 100% of the federal poverty level must not be charged.

D. Other Deviations.

1. Fees for supplies may be increased or decreased by the amount that the supply cost changes during the year without additional BOH approval. The BOH will be notified of any supply fee change through the monthly health department update report.
2. When capacity allows, ECCCHD may occasionally be requested to assist another local Health Department or other entity with the implementation of a program or service. In such instances, ECCCHD shall analyze the projected cost to provide that service on a case-by-case basis and negotiate an amenable rate. The rate charged shall be no higher than the anticipated full cost of the service, including anticipated indirect charges. Due to potential variability in scope, fees for services to other entities are likely to differ from those charged for like services in Eau Claire County. Therefore, contractual service fees are likely to deviate from the established fee schedule.
3. The Health Department utilizes a Sliding Fee Scale accordingly for clients who pay privately for specific supplies and service when Federal Poverty guidelines are released by state. The Sliding Fee Scale is typically updated in early spring without additional BOH approval. The scale will be applied to previously approved fees. The BOH will be notified of Sliding Fee Scale change through the monthly health department update report. Title X program requirements for the Clinical Services division states that charges be made in accordance with a schedule of discounts based on ability to pay for clients with family incomes between 101% and 250% of the federal poverty level.
4. In consultation with the BOH president, the Director/Health Officer retains the authority to deny requests or impose additional restrictions where it is determined that activities may exhaust health department resources.

Unpaid Invoice Reconciliation Process Overview:

In some instances, ECCCHD may not receive payment for services rendered. When invoices have been left unpaid for an extended period, ECCCHD may utilize the following options outlined below:

- A. **Write-off.** Per applicable regulations and at the discretion of the ECCCHD, outstanding invoices may be written-off to enable the closure of long-standing invoices that have been left unpaid and are either ineligible for other collection methods or have otherwise been deemed impractical for further pursuit of payment.
- B. **Tax-Roll.** Per applicable regulations and at the discretion of the ECCCHD, the balance of unpaid invoice(s) that have been issued to an individual or entity that owns property within the City of Eau Claire or elsewhere

within Eau Claire County may be transferred to the property tax bill of the respective individual or entity, to obtain payment in a successive year.

- C. **Collections.** Per applicable regulations and at the discretion of the ECCCHD, eligible outstanding invoices may be referred to the Wisconsin Department of Revenue (DOR) for collections.

In consideration of applicable regulations, ECCCHD retains the authority to modify or discontinue any services or partnership that may result in recurring payment collection issues.

Policy and Procedure Review:

This policy will be reviewed annually and revised on an as needed basis by the ECCCHD Management Team under the review and approval of the Health Director/Officer and final approval by the Board of Health.

Proposed 2024 Health Department fees and licenses

Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes
City	Bee Keeping	Pre-inspection Fee	N/A	N/A	\$95.00	\$95.00	\$95.00	0%	8%	
City/ Board of Health		License - City of Eau Claire Ordinance	Decr in 2021 (City Portion)	2019 (City Portion)	\$10 City \$35 Health	\$10 City \$35 Health	\$10 City \$35 Health	0%		
City		Operating without a License - City of Eau Claire Ordinance	N/A	N/A	\$150.00	\$150.00	\$150.00	0%		
Board of Health		License - Eau Claire County Ordinance	New in 2023	N/A	N/A	\$35.00	\$35.00	0%		
Board of Health		Operating without a License Fee - Eau Claire County Ordinance	New in 2023	N/A	N/A	\$70.00	\$70.00	0%		
City		Penalty/Late Fee	N/A	N/A	\$36.00	\$36.00	\$36.00	0%		
City		Re-inspection Fee	2018	N/A	\$125.00	\$125.00	\$125.00	0%		
City	Poultry Keeping	Pre-inspection Fee	N/A	N/A	\$95.00	\$95.00	\$95.00	0%	13%	
City/ Board of Health		License - City of Eau Claire Ordinance	Decr in 2021 (City Portion)	N/A	\$10 City \$50 Health	\$10 City \$50 Health	\$10 City \$50 Health	0%		
City		Operating without a License - City of Eau Claire Ordinance	Decr in 2021 (City Portion)	N/A	\$120.00	\$120.00	\$120.00	0%		
Board of Health		License - Eau Claire County Ordinance	N/A	N/A	\$35.00	\$35.00	\$35.00	0%		
Board of Health		Operating without a License Fee - Eau Claire County Ordinance	N/A	N/A	\$70.00	\$70.00	\$70.00	0%		
City		Penalty/Late Fee	N/A	N/A	\$36.00	\$36.00	\$36.00	0%		
City		Re-inspection Fee	N/A	N/A	\$125.00	\$125.00	\$125.00	0%		
City/ Board of Health	Refuse & Recycling - City Approves the Fee	License - Refuse Hauler/Vehicle	2023	Decr in 2019	\$96 City \$41 Health	\$96 City \$45 Health	\$96 City \$42 Health	-2%	99%	
City		Operating without a License Fee - Refuse Hauler/Vehicle	2023	N/A	\$274.00	\$282.00	\$276.00	-2%		
City/ Board of Health		License - Recyclables Hauler/Vehicle	2023	Decr in 2019	\$33 City \$41 Health	\$33 City \$45 Health	\$33 City \$42 Health	-4%		
City		Operating without a License Fee - Recyclables Hauler/Vehicle	2023	N/A	\$148.00	\$156.00	\$150.00	-4%		
City/ Board of Health		License - Refuse/Recycler Combination/Vehicle	2023	Decr in 2019	\$129 City \$82 Health	\$129 City \$90 Health	\$129 City \$84 Health	-3%		
City		Operating without a License Fee - Refuse/Recycler Combination/Vehicle	2023	N/A	\$422.00	\$438.00	\$426.00	-3%		
City		Penalty/Late Fee	N/A	N/A	\$100.00	\$100.00	\$100.00	0%		
City		Reinspection Fee	2018	N/A	\$125.00	\$125.00	\$125.00	0%		
City/ Board of Health	Massage Parlor - City Approves the Fee	License - Massage Facility	Decr in 2017	2016	\$85 City \$10 Health	\$85 City \$10 Health	\$85 City \$10 Health	0%	98%	
City	Housing - City Approves the Fee	Inspection Fee	N/A	N/A	\$90.00	\$90.00	\$90.00	0%	33%	*One time fee
City		Re-inspection Fee	N/A	N/A	\$125.00	\$125.00	\$125.00	0%		
City		Rental Registration Fee*	N/A	N/A	\$5.00	\$5.00	\$5.00	0%		
City		Housing Advisory Board Filing Fee	N/A	N/A	\$50.00	\$50.00	\$50.00	0%		
Board of Health	Tattoo/Body Piercing Program	Body Art Practitioner's Education Verification Fee*	Decr in 2023	N/A	\$80.00	\$10.00	\$10.00	0%	70%	*One time practitioner fee 100% of allowable costs are covered under DSPS
Board of Health		Plan Review Fee - Tattoo Facility	2023	2019	\$180.00	\$185.00	\$167.00	-10%		
Board of Health		Pre-Inspection Fee - Tattoo Facility	2023	2019	\$180.00	\$185.00	\$167.00	-10%		
Board of Health		Permit Fee - Tattoo Facility	2023	2019	\$359.00	\$370.00	\$333.00	-10%		
Board of Health		Operating without a License Fee - Tattoo Facility	2023	2019	\$718.00	\$740.00	\$666.00	-10%		
Board of Health		Plan Review Fee - Body Piercing Facility	2023	2019	\$180.00	\$185.00	\$167.00	-10%		
Board of Health		Pre-Inspection Fee - Body Piercing Facility	2023	2019	\$180.00	\$185.00	\$167.00	-10%		
Board of Health		Permit Fee - Body Piercing Facility	2023	2019	\$359.00	\$370.00	\$333.00	-10%		
Board of Health		Operating without a License Fee - Body Piercing Facility	2023	2019	\$718.00	\$740.00	\$666.00	-10%		
Board of Health		Plan Review Fee - Combination Tattoo/Body Piercing Facility	2023	2019	\$333.00	\$343.00	\$309.00	-10%		
Board of Health		Pre-Inspection Fee - Combination Tattoo/Body Piercing Facility	2023	2019	\$333.00	\$343.00	\$309.00	-10%		
Board of Health		Permit Fee - Combination Tattoo/Body Piercing Facility	2023	2019	\$665.00	\$685.00	\$617.00	-10%		
Board of Health		Operating without a License Fee - Combination Tattoo/Body Piercing Facility	2023	2019	\$1,330.00	\$1,370.00	\$1,234.00	-10%		
Board of Health		Permit Fee - Temporary Body Art Facility	2023	2019	\$665.00	\$370.00	\$333.00	-10%		
Board of Health		Operating without a License Fee - Temporary Body Art Facility	2023	2019	\$1,330.00	\$740.00	\$666.00	-10%		
Board of Health		Penalty/Late Fee	N/A	N/A	\$100.00	\$100.00	\$100.00	0%		
Board of Health		Reinspection Fee	2018	N/A	\$125.00	\$125.00	\$125.00	0%		
Board of Health	Mobile and Manufactured Home Program	Pre-Inspection Fee - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	Decr in 2019	\$321.00	\$321.00	\$334.00	4%	71%	99% of allowable costs are covered under DSPS
Board of Health		License - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	Decr in 2019	\$642.00	\$642.00	\$668.00	4%		
Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (1 to 20 Sites)	2020	Decr in 2019	\$1,284.00	\$1,284.00	\$1,336.00	4%		
Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	Decr in 2019	\$454.00	\$454.00	\$472.00	4%		
Board of Health		License - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	Decr in 2019	\$907.00	\$907.00	\$944.00	4%		
Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (21 to 50 Sites)	2020	Decr in 2019	\$1,814.00	\$1,814.00	\$1,888.00	4%		
Board of Health		Pre-Inspection Fee - Manufactured and Mobile Home Community (51 to 100 Sites)	2020	Decr in 2019	\$564.00	\$564.00	\$587.00	4%		
Board of Health		License - Manufactured and Mobile Home Community License (51 to 100 Sites)	2020	Decr in 2019	\$1,127.00	\$1,127.00	\$1,173.00	4%		
Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (51 to 100 Sites)	2020	Decr in 2019	\$2,254.00	\$2,254.00	\$2,346.00	4%		
Board of Health		Pre-Inspection Fee - Mobile Home Community (101 to 175 Sites)	2019	Decr in 2019	\$709.00	\$709.00	\$738.00	4%		
Board of Health		License - Manufactured and Mobile Home Community License (101 to 175 Sites)	2020	Decr in 2019	\$1,418.00	\$1,418.00	\$1,475.00	4%		
Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (101 to 175 Sites)	2020	Decr in 2019	\$2,836.00	\$2,836.00	\$2,950.00	4%		

Proposed 2024 Health Department fees and licenses

Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes
Board of Health	Mobile and Manufactured Home Program (Continued)	Pre-Inspection Fee - Manufactured and Mobile Home Community (176 or More Sites)	2020	Decr in 2019	\$754.00	\$754.00	\$785.00	4%	71%	99% of allowable costs are covered under DSPS
Board of Health		License - Manufactured and Mobile Home Community License (176 or More Sites)	2020	Decr in 2019	\$1,508.00	\$1,508.00	\$1,569.00	4%		
Board of Health		Operating without a License Fee - Manufactured and Mobile Home Community (176 or more Sites)	2020	Decr in 2019	\$3,016.00	\$3,016.00	\$3,138.00	4%		
Board of Health		Penalty/Late Fee	N/A	N/A	\$100.00	\$100.00	\$100.00	0%		
Board of Health	Lodging Program	Reinspection Fee	2018	N/A	\$125.00	\$125.00	\$125.00	0%	95%	
Board of Health		Pre-inspection Fee - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2023	2019	\$129.00	\$133.00	\$133.00	0%		
Board of Health		License - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2023	2019	\$257.00	\$265.00	\$265.00	0%		
Board of Health		Operating without a License Fee - Hotel/Motel (1 to 4 Rooms)/Tourist Rooming House	2023	2019	\$514.00	\$530.00	\$530.00	0%		
Board of Health		Pre-inspection Fee - Hotel/Motel (5 to 30 Rooms)	2023	2019	\$166.00	\$171.00	\$171.00	0%		
Board of Health		License - Hotel/Motel (5 to 30 Rooms)	2023	2019	\$332.00	\$342.00	\$342.00	0%		
Board of Health		Operating without a License Fee - Hotel/Motel (5 to 30 Rooms)	2023	2019	\$664.00	\$684.00	\$684.00	0%		
Board of Health		Pre-inspection Fee - Hotel/Motel (31 to 99 Rooms)	2023	2019	\$266.00	\$274.00	\$274.00	0%		
Board of Health		License - Hotel/Motel (31 to 99 Rooms)	2023	2019	\$531.00	\$547.00	\$547.00	0%		
Board of Health		Operating without a License Fee - Hotel/Motel (31 to 99 Rooms)	2023	2019	\$1,062.00	\$1,094.00	\$1,094.00	0%		
Board of Health		Pre-inspection Fee - Hotel/Motel (100 to 199 Rooms)	2023	2019	\$360.00	\$371.00	\$371.00	0%		
Board of Health		License - Hotel/Motel (100 to 199 Rooms)	2023	2019	\$720.00	\$742.00	\$742.00	0%		
Board of Health		Operating without a License Fee - Hotel/Motel (100 to 199 Rooms)	2023	2019	\$1,440.00	\$1,484.00	\$1,484.00	0%		
Board of Health		Pre-inspection Fee - Hotel/Motel (200 or More Rooms)	2023	2019	\$450.00	\$464.00	\$464.00	0%		
Board of Health		License - Hotel/Motel (200 or More Rooms)	2023	2019	\$900.00	\$927.00	\$927.00	0%		
Board of Health		Operating without a License Fee - Hotel/Motel (200 or More Rooms)	2023	2019	\$1,800.00	\$1,854.00	\$1,854.00	0%		
Board of Health		Pre-inspection Fee - Bed & Breakfast Establishment	2023	2019	\$178.00	\$183.00	\$183.00	0%		
Board of Health		License - Bed & Breakfast Establishment	2023	2019	\$355.00	\$366.00	\$366.00	0%		
Board of Health		Operating without a License Fee - Bed & Breakfast Establishment	2023	2019	\$710.00	\$732.00	\$732.00	0%		
Board of Health		Penalty/Late Fee	N/A	N/A	\$100.00	\$100.00	\$100.00	0%		
Board of Health	Re-Inspection Fee	2018	N/A	\$125.00	\$125.00	\$125.00	0%			
Board of Health	Recreational Water Program	Pre-Inspection Fee - Simple: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$418.00	New	84%	-Complete licensing restructure in 2024
Board of Health		License - Simple: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$836.00	New		
Board of Health		Operating without a License Fee - Simple: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$1,672.00	New		
Board of Health		Pre-Inspection Fee - Simple: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$480.00	New		
Board of Health		License - Simple: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$960.00	New		
Board of Health		Operating without a License Fee - Simple: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$1,920.00	New		
Board of Health		Pre-Inspection Fee - Simple: Year Round Pool	New in 2024	N/A	N/A	N/A	\$523.00	New		
Board of Health		License - Simple: Year Round Pool	New in 2024	N/A	N/A	N/A	\$1,045.00	New		
Board of Health		Operating without a License Fee - Simple: Year Round Pool	New in 2024	N/A	N/A	N/A	\$2,090.00	New		
Board of Health		Pre-Inspection Fee - Simple: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$600.00	New		
Board of Health		License - Simple: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$1,200.00	New		
Board of Health		Operating without a License Fee - Simple: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$2,400.00	New		
Board of Health		Pre-Inspection Fee - Moderate: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$498.00	New		
Board of Health		License - Moderate: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$996.00	New		
Board of Health		Operating without a License Fee - Moderate: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$1,992.00	New		
Board of Health		Pre-Inspection Fee - Moderate: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$564.00	New		
Board of Health		License - Moderate: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$1,128.00	New		
Board of Health		Operating without a License Fee - Moderate: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$2,256.00	New		
Board of Health		Pre-Inspection Fee - Moderate: Year Round Pool	New in 2024	N/A	N/A	N/A	\$623.00	New		
Board of Health		License - Moderate: Year Round Pool	New in 2024	N/A	N/A	N/A	\$1,245.00	New		
Board of Health		Operating without a License Fee - Moderate: Year Round Pool	New in 2024	N/A	N/A	N/A	\$2,490.00	New		
Board of Health		Pre-Inspection Fee - Moderate: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$705.00	New		
Board of Health		License - Moderate: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$1,410.00	New		
Board of Health		Operating without a License Fee - Moderate: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$2,820.00	New		
Board of Health		Pre-Inspection Fee - Complex: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$590.00	New		
Board of Health		License - Complex: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$1,180.00	New		
Board of Health		Operating without a License Fee - Complex: Seasonal Pool	New in 2024	N/A	N/A	N/A	\$2,360.00	New		
Board of Health		Pre-Inspection Fee - Complex: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$660.00	New		
Board of Health		License - Complex: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$1,320.00	New		
Board of Health		Operating without a License Fee - Complex: Seasonal Pool w/ Features	New in 2024	N/A	N/A	N/A	\$2,640.00	New		
Board of Health		Pre-Inspection Fee - Complex: Seasonal Pool w/ 3 or More Features	New in 2024	N/A	N/A	N/A	\$748.00	New		
Board of Health		License - Complex: Seasonal Pool w/ 3 or More Features	New in 2024	N/A	N/A	N/A	\$1,496.00	New		
Board of Health		Operating without a License Fee - Complex: Seasonal Pool w/ 3 or More Features	New in 2024	N/A	N/A	N/A	\$2,992.00	New		
Board of Health		Pre-Inspection Fee - Complex: Year Round Pool	New in 2024	N/A	N/A	N/A	\$738.00	New		
Board of Health		License - Complex: Year Round Pool	New in 2024	N/A	N/A	N/A	\$1,475.00	New		
Board of Health		Operating without a License Fee - Complex: Year Round Pool	New in 2024	N/A	N/A	N/A	\$2,950.00	New		
Board of Health		Pre-Inspection Fee - Complex: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$825.00	New		
Board of Health		License - Complex: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$1,650.00	New		
Board of Health		Operating without a License Fee - Complex: Year Round Pool w/ Features	New in 2024	N/A	N/A	N/A	\$3,300.00	New		

Proposed 2024 Health Department fees and licenses

Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes
Board of Health	Recreational Water Program (Continued)	Pre-Inspection Fee - Complex: Year Round Pool w/ 3 or More Features	New in 2024	N/A	N/A	N/A	\$935.00	New	84%	-Complete licensing restructure in 2024
Board of Health		License - Complex: Year Round Pool w/ 3 or More Features	New in 2024	N/A	N/A	N/A	\$1,870.00	New		
Board of Health		Operating without a License Fee - Complex: Year Round Pool w/ 3 or More Features	New in 2024	N/A	N/A	N/A	\$3,740.00	New		
Board of Health		Penalty/Late Fee	N/A	N/A	\$100.00	N/A	\$100.00	New		
Board of Health		Re-Inspection Fee	2018	N/A	\$125.00	N/A	\$125.00	New		
Board of Health	Retail Food Establishment - Serving Meals	Plan Review Fee - Complex: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$900.00	\$927.00	3%	82%	-Both Retail Food Categories (Serving Meals and NOT Serving Meals) are combined when calculating the % covered by fees
Board of Health		Pre-inspection Fee - Complex: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$900.00	\$927.00	3%		
Board of Health		License - Complex: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$1,800.00	\$1,854.00	3%		
Board of Health		Operating without a License Fee - Complex: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$3,600.00	\$3,708.00	3%		
Board of Health		Plan Review Fee - Complex: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$733.00	\$784.00	\$808.00	3%		
Board of Health		Pre-inspection Fee - Complex: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$733.00	\$784.00	\$808.00	3%		
Board of Health		License - Complex: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,465.00	\$1,568.00	\$1,616.00	3%		
Board of Health		Operating without a License Fee - Complex: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$2,930.00	\$3,136.00	\$3,232.00	3%		
Board of Health		Plan Review Fee - Complex: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$635.00	\$680.00	\$700.00	3%		
Board of Health		Pre-inspection Fee - Complex: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$635.00	\$680.00	\$700.00	3%		
Board of Health		License - Complex: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,270.00	\$1,359.00	\$1,400.00	3%		
Board of Health		Operating without a License Fee - Complex: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$2,540.00	\$2,718.00	\$2,800.00	3%		
Board of Health		Plan Review Fee - Complex: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$525.00	\$562.00	\$579.00	3%		
Board of Health		Pre-inspection Fee - Complex: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$525.00	\$562.00	\$579.00	3%		
Board of Health		License - Complex: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,050.00	\$1,124.00	\$1,158.00	3%		
Board of Health		Operating without a License Fee - Complex: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$2,100.00	\$2,248.00	\$2,316.00	3%		
Board of Health		Plan Review Fee - Complex: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$388.00	\$400.00	3%		
Board of Health		Pre-inspection Fee - Complex: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$388.00	\$400.00	3%		
Board of Health		License - Complex: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$775.00	\$799.00	3%		
Board of Health		Operating without a License Fee - Complex: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$1,550.00	\$1,598.00	3%		
Board of Health		Plan Review Fee - Moderate: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$645.00	\$665.00	3%		
Board of Health		Pre-inspection Fee - Moderate: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$645.00	\$665.00	3%		
Board of Health		License - Moderate: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$1,290.00	\$1,329.00	3%		
Board of Health		Operating without a License Fee - Moderate: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$2,580.00	\$2,658.00	3%		
Board of Health		Plan Review Fee - Moderate: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$515.00	\$552.00	\$569.00	3%		
Board of Health		Pre-inspection Fee - Moderate: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$515.00	\$552.00	\$569.00	3%		
Board of Health		License - Moderate: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,030.00	\$1,103.00	\$1,137.00	3%		
Board of Health		Operating without a License Fee - Moderate: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$2,060.00	\$2,206.00	\$2,274.00	3%		
Board of Health		Plan Review Fee - Moderate: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$458.00	\$490.00	\$505.00	3%		
Board of Health		Pre-inspection Fee - Moderate: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$458.00	\$490.00	\$505.00	3%		
Board of Health		License - Moderate: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$915.00	\$980.00	\$1,010.00	3%		
Board of Health		Operating without a License Fee - Moderate: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,830.00	\$1,960.00	\$2,020.00	3%		
Board of Health		Plan Review Fee - Moderate: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$383.00	\$410.00	\$422.00	3%		
Board of Health		Pre-inspection Fee - Moderate: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$383.00	\$410.00	\$422.00	3%		
Board of Health		License - Moderate: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$765.00	\$819.00	\$844.00	3%		
Board of Health		Operating without a License Fee - Moderate: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,530.00	\$1,638.00	\$1,688.00	3%		
Board of Health		Plan Review Fee - Moderate: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$280.00	\$289.00	3%		
Board of Health		Pre-inspection Fee - Moderate: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$280.00	\$289.00	3%		
Board of Health		License - Moderate: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$560.00	\$577.00	3%		
Board of Health		Operating without a License Fee - Moderate: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$1,120.00	\$1,154.00	3%		
Board of Health		Plan Review Fee - Simple: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$475.00	\$490.00	3%		
Board of Health		Pre-inspection Fee - Simple: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$475.00	\$490.00	3%		
Board of Health		License - Simple: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$950.00	\$979.00	3%		
Board of Health		Operating without a License Fee - Simple: >\$1,000,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$1,900.00	\$1,958.00	3%		
Board of Health		Plan Review Fee - Simple: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$375.00	\$402.00	\$414.00	3%		
Board of Health	Pre-inspection Fee - Simple: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$375.00	\$402.00	\$414.00	3%			
Board of Health	License - Simple: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$750.00	\$803.00	\$828.00	3%			
Board of Health	Operating without a License Fee - Simple: \$500,000 - \$999,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,500.00	\$1,606.00	\$1,656.00	3%			
Board of Health	Plan Review Fee - Simple: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$335.00	\$359.00	\$370.00	3%			
Board of Health	Pre-inspection Fee - Simple: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$335.00	\$359.00	\$370.00	3%			
Board of Health	License - Simple: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$670.00	\$717.00	\$739.00	3%			
Board of Health	Operating without a License Fee - Simple: \$100,000 - \$499,999 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,340.00	\$1,434.00	\$1,478.00	3%			
Board of Health	Plan Review Fee - Simple: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$278.00	\$297.00	\$306.00	3%			
Board of Health	Pre-inspection Fee - Simple: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$278.00	\$297.00	\$306.00	3%			
Board of Health	License - Simple: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$555.00	\$594.00	\$612.00	3%			
Board of Health	Operating without a License Fee - Simple: \$25,000 - \$100,000 sales (Retail Food - Serving Meals)	2023	Decr in 2022	\$1,110.00	\$1,188.00	\$1,224.00	3%			

Proposed 2024 Health Department fees and licenses											
Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes	
Board of Health	Retail Food Establishment - Serving Meals (Continued)	Plan Review Fee - Simple: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$218.00	\$225.00	3%	82%	-Both Retail Food Categories (Serving Meals and NOT Serving Meals) are combined when calculating the % covered by fees	
Board of Health		Pre-inspection Fee - Simple: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$218.00	\$225.00	3%			
Board of Health		License - Simple: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$435.00	\$449.00	3%			
Board of Health		Operating without a License Fee - Simple: <\$25,000 sales (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$870.00	\$898.00	3%			
Board of Health		Plan Review Fee - Pre-Packaged (PP) (Retail Food - Serving Meals)	2023	2020	\$174.00	\$187.00	\$193.00	3%			
Board of Health		Pre-inspection Fee - Pre-Packaged (PP) (Retail Food - Serving Meals)	2023	2020	\$174.00	\$187.00	\$193.00	3%			
Board of Health		License - Pre-Packaged (PP) (Retail Food - Serving Meals)	2023	2020	\$348.00	\$373.00	\$385.00	3%			
Board of Health		Operating without a License Fee - Pre-Packaged (PP) (Retail Food - Serving Meals)	2023	2020	\$696.00	\$746.00	\$770.00	3%			
Board of Health		License - Transient Retail Food (Retail Food - Serving Meals)	N/A	N/A	\$200.00	\$200.00	\$200.00	0%			
Board of Health		Operating without a License Fee - Transient Retail Food (Retail Food - Serving Meals)	N/A	N/A	\$400.00	\$400.00	\$400.00	0%			
Board of Health		Plan Review Fee: Mobile Base - Complex (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$338.00	\$348.00	3%			
Board of Health		Pre-inspection Fee: Mobile Base - Complex (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$338.00	\$348.00	3%			
Board of Health		License: Mobile Base - Complex (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$675.00	\$696.00	3%			
Board of Health		Operating without a License Fee: Mobile Base - Complex (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$1,350.00	\$1,392.00	3%			
Board of Health		Plan Review Fee: Mobile Base - Moderate (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$246.00	\$254.00	3%			
Board of Health		Pre-inspection Fee: Mobile Base - Moderate (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$246.00	\$254.00	3%			
Board of Health		License: Mobile Base - Moderate (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$492.00	\$507.00	3%			
Board of Health		Operating without a License Fee: Mobile Base - Moderate (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$984.00	\$1,014.00	3%			
Board of Health		Plan Review Fee: Mobile Base - Simple (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$209.00	\$215.00	3%			
Board of Health		Pre-inspection Fee: Mobile Base - Simple (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$209.00	\$215.00	3%			
Board of Health		License: Mobile Base - Simple (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$417.00	\$430.00	3%			
Board of Health		Operating without a License Fee: Mobile Base - Simple (Retail Food - Serving Meals)	New in 2023	N/A	N/A	\$834.00	\$860.00	3%			
Board of Health		Plan Review Fee - Special Organization (SO) (Retail Food - Serving Meals)	2023	N/A	\$201.00	\$215.00	\$222.00	3%			
Board of Health		Pre-inspection Fee - Special Organization (SO) (Retail Food - Serving Meals)	2023	N/A	\$201.00	\$215.00	\$222.00	3%			
Board of Health		License - Special Organization (SO) (Retail Food - Serving Meals)	2023	N/A	\$401.00	\$430.00	\$443.00	3%			
Board of Health		Operating without a License Fee - Special Organization (SO) (Retail Food - Serving Meals)	2023	N/A	\$802.00	\$860.00	\$886.00	3%			
Board of Health		Inspection Fee - Temporary/Mobile (Retail Food - Serving Meals)	N/A	N/A	\$60.00	\$60.00	\$60.00	0%			
Board of Health		Penalty/Late Fee (Retail Food - Serving Meals)	2018	N/A	\$100.00	\$100.00	\$100.00	0%			
Board of Health		Re-Inspection Fee (Retail Food - Serving Meals)	N/A	N/A	\$125.00	\$125.00	\$125.00	0%			
Board of Health		Retail Food Establishment - Not Serving Meals	Plan Review Fee - Complex: >\$1,000,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$805.00	\$830.00			3%
Board of Health	Pre-inspection Fee - Complex: >\$1,000,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$805.00	\$830.00	3%			
Board of Health	License - Complex: >\$1,000,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$1,610.00	\$1,659.00	3%			
Board of Health	Operating without a License Fee - Complex: >\$1,000,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$3,220.00	\$3,318.00	3%			
Board of Health	Plan Review Fee - Complex: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$588.00	\$606.00	3%			
Board of Health	Pre-inspection Fee - Complex: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$588.00	\$606.00	3%			
Board of Health	License - Complex: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$1,176.00	\$1,212.00	3%			
Board of Health	Operating without a License Fee - Complex: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$2,352.00	\$2,424.00	3%			
Board of Health	Plan Review Fee - Complex: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$476.00	\$491.00	3%			
Board of Health	Pre-inspection Fee - Complex: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$476.00	\$491.00	3%			
Board of Health	License - Complex: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$952.00	\$981.00	3%			
Board of Health	Operating without a License Fee - Complex: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$1,904.00	\$1,962.00	3%			
Board of Health	Plan Review Fee - Complex: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$366.00	\$377.00	3%			
Board of Health	Pre-inspection Fee - Complex: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$366.00	\$377.00	3%			
Board of Health	License - Complex: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$731.00	\$753.00	3%			
Board of Health	Operating without a License Fee - Complex: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$1,462.00	\$1,506.00	3%			
Board of Health	Plan Review Fee - Complex: <\$25,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$240.00	\$248.00	3%			
Board of Health	Pre-inspection Fee - Complex: <\$25,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$240.00	\$248.00	3%			
Board of Health	License - Complex: <\$25,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$480.00	\$495.00	3%			
Board of Health	Operating without a License Fee - Complex: <\$25,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$960.00	\$990.00	3%			
Board of Health	Plan Review Fee - Moderate: >\$1,000,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$570.00	\$588.00	3%			
Board of Health	Pre-inspection Fee - Moderate: >\$1,000,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$570.00	\$588.00	3%			
Board of Health	License - Moderate: >\$1,000,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$1,140.00	\$1,175.00	3%			
Board of Health	Operating without a License Fee - Moderate: >\$1,000,000 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$2,280.00	\$2,350.00	3%			
Board of Health	Plan Review Fee - Moderate: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$414.00	\$427.00	3%			
Board of Health	Pre-inspection Fee - Moderate: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$414.00	\$427.00	3%			
Board of Health	License - Moderate: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$828.00	\$853.00	3%			
Board of Health	Operating without a License Fee - Moderate: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$1,656.00	\$1,706.00	3%			
Board of Health	Plan Review Fee - Moderate: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$343.00	\$354.00	3%			
Board of Health	Pre-inspection Fee - Moderate: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)		New in 2023	N/A	N/A	\$343.00	\$354.00	3%			
Board of Health	License - Moderate: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$686.00	\$707.00	3%				
Board of Health	Operating without a License Fee - Moderate: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$1,372.00	\$1,414.00	3%				

Proposed 2024 Health Department fees and licenses											
Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes	
Board of Health		Plan Review Fee - Moderate: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$266.00	\$274.00	3%	82%	-Both Retail Food Categories (Serving Meals and NOT Serving Meals) are combined when calculating the % covered by fees	
Board of Health		Pre-inspection Fee - Moderate: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$266.00	\$274.00	3%			
Board of Health		License - Moderate: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$532.00	\$548.00	3%			
Board of Health		Operating without a License Fee - Moderate: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$1,064.00	\$1,096.00	3%			
Board of Health		Plan Review Fee - Moderate: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$213.00	\$219.00	3%			
Board of Health		Pre-inspection Fee - Moderate: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$213.00	\$219.00	3%			
Board of Health		License - Moderate: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$425.00	\$438.00	3%			
Board of Health		Operating without a License Fee - Moderate: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$850.00	\$876.00	3%			
Board of Health		Plan Review Fee - Simple: >\$1,000,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$411.00	\$424.00	3%			
Board of Health		Pre-inspection Fee - Simple: >\$1,000,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$411.00	\$424.00	3%			
Board of Health		License - Simple: >\$1,000,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$822.00	\$847.00	3%			
Board of Health		Operating without a License Fee - Simple: >\$1,000,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$1,644.00	\$1,694.00	3%			
Board of Health		Plan Review Fee - Simple: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$382.00	\$393.00	3%			
Board of Health		Pre-inspection Fee - Simple: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$382.00	\$393.00	3%			
Board of Health		License - Simple: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$763.00	\$786.00	3%			
Board of Health		Operating without a License Fee - Simple: \$500,000 - \$999,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$1,526.00	\$1,572.00	3%			
Board of Health		Plan Review Fee - Simple: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$323.00	\$333.00	3%			
Board of Health		Pre-inspection Fee - Simple: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$323.00	\$333.00	3%			
Board of Health		License - Simple: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$646.00	\$666.00	3%			
Board of Health		Operating without a License Fee - Simple: \$100,000 - \$499,999 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$1,292.00	\$1,332.00	3%			
Board of Health		Plan Review Fee - Simple: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$253.00	\$261.00	3%			
Board of Health		Pre-inspection Fee - Simple: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$253.00	\$261.00	3%			
Board of Health		License - Simple: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$506.00	\$522.00	3%			
Board of Health		Operating without a License Fee - Simple: \$25,000 - \$100,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$1,012.00	\$1,044.00	3%			
Board of Health		Plan Review Fee - Simple: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$155.00	\$160.00	3%			
Board of Health		Pre-inspection Fee - Simple: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$155.00	\$160.00	3%			
Board of Health		License - Simple: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$310.00	\$320.00	3%			
Board of Health		Operating without a License Fee - Simple: <\$25,000 sales (Retail Food - NOT Serving Meals)	New in 2023	N/A	N/A	\$620.00	\$640.00	3%			
Board of Health		License - Non-Processing (55) (Retail Food - NOT Serving Meals)	2023	2020	\$207.00	\$222.00	\$229.00	3%			
Board of Health		Operating without a License Fee - Non-Processing (55) (Retail Food - NOT Serving Meals)	2023	2020	\$414.00	\$444.00	\$458.00	3%			
Board of Health		License - Transient Retail Food (Retail Food - NOT Serving Meals)	Decr in 2020	2018	\$150.00	\$150.00	\$150.00	0%			
Board of Health		Operating without a License Fee - Transient Retail Food (Retail Food - NOT Serving Meals)	Decr in 2020	N/A	\$300.00	\$300.00	\$300.00	0%			
Board of Health		License - Mobile Retail Prepackaged Food (Retail Food - NOT Serving Meals)	N/A	N/A	\$150.00	\$150.00	\$150.00	0%			
Board of Health		Operating without a License Fee - Mobile Retail Prepackaged Food (Retail Food - NOT Serving Meals)	N/A	N/A	\$300.00	\$300.00	\$300.00	0%			
Board of Health		License - Micro Market (Individual) (Retail Food - NOT Serving Meals)	N/A	N/A	\$40.00	\$40.00	\$40.00	0%			
Board of Health		Operating without a License Fee - Micro Market (Individual) (Retail Food - NOT Serving Meals)	N/A	N/A	\$80.00	\$80.00	\$80.00	0%			
Board of Health		License - Micro Market (Multiple in Same Facility) (Retail Food - NOT Serving Meals)	N/A	N/A	\$60.00	\$60.00	\$60.00	0%			
Board of Health		Operating without a License Fee - Micro Market (Multiple in Same Facility) (Retail Food - NOT Serving Meals)	N/A	N/A	\$120.00	\$120.00	\$120.00	0%			
Board of Health		Penalty/Late Fee (Retail Food - NOT Serving Meals)	N/A	N/A	\$100.00	\$100.00	\$100.00	0%			
Board of Health		Re-Inspection Fee (Retail Food - NOT Serving Meals)	2018	N/A	\$125.00	\$125.00	\$125.00	0%			
Board of Health		Satellite Kitchen	2020	2019	\$265.00	\$279.00	\$279.00	0%			
Board of Health		Limited Food Preparation	2020	2019	\$350.00	\$368.00	\$368.00	0%			
Board of Health		Unlimited Food Preparation	2020	2019	\$475.00	\$499.00	\$499.00	0%			
Board of Health		Unlimited Food Preparation and Transport	2020	2019	\$579.00	\$608.00	\$608.00	0%			
Board of Health		Plan Review Fee - Campground (1 to 25 Sites)	2023	2019	\$152.00	\$155.00	\$155.00	0%			
Board of Health		Pre-inspection Fee - Campground (1 to 25 Sites)	2023	2019	\$152.00	\$155.00	\$155.00	0%			
Board of Health		License - Campground (1 to 25 Sites)	2023	2019	\$303.00	\$310.00	\$310.00	0%			
Board of Health		Operating without a License Fee - Campground (1 to 25 Sites)	2023	2019	\$606.00	\$620.00	\$620.00	0%			
Board of Health		Plan Review Fee - Campground (26 to 50 Sites)	2023	2019	\$198.00	\$202.00	\$202.00	0%			
Board of Health		Pre-inspection Fee - Campground (26 to 50 Sites)	2023	2019	\$198.00	\$202.00	\$202.00	0%			
Board of Health		License - Campground (26 to 50 Sites)	2023	2019	\$395.00	\$403.00	\$403.00	0%			
Board of Health		Operating without a License Fee - Campground (26 to 50 Sites)	2023	2019	\$790.00	\$806.00	\$806.00	0%			
Board of Health		Plan Review Fee - Campground (51 to 100 Sites)	2023	2019	\$251.00	\$256.00	\$256.00	0%			
Board of Health		Pre-inspection Fee - Campground (51 to 100 Sites)	2023	2019	\$251.00	\$256.00	\$256.00	0%			
Board of Health		License - Campground (51 to 100 Sites)	2023	2019	\$501.00	\$512.00	\$512.00	0%			
Board of Health		Operating without a License Fee - Campground (51 to 100 Sites)	2023	2019	\$1,002.00	\$1,024.00	\$1,024.00	0%			
Board of Health		Plan Review Fee - Campground (101 to 199 Sites)	2023	2019	\$273.00	\$279.00	\$279.00	0%			
Board of Health		Pre-inspection Fee - Campground (101 to 199 Sites)	2023	2019	\$273.00	\$279.00	\$279.00	0%			
Board of Health		License - Campground (101 to 199 Sites)	2023	2019	\$546.00	\$557.00	\$557.00	0%			
Board of Health		Operating without a License Fee - Campground (101 to 199 Sites)	2023	2019	\$1,092.00	\$1,114.00	\$1,114.00	0%			
Board of Health		Plan Review Fee - Campground (200 or more Sites)	2023	N/A	\$276.00	\$282.00	\$282.00	0%			
Board of Health		Pre-inspection Fee - Campground (200 or more Sites)	2023	N/A	\$276.00	\$282.00	\$282.00	0%			
Board of Health		License - Campground (200 or more Sites)	2023	N/A	\$552.00	\$564.00	\$564.00	0%			
Board of Health		Operating without a License Fee - Campground (200 or more Sites)	2023	N/A	\$1,104.00	\$1,128.00	\$1,128.00	0%			

Proposed 2024 Health Department fees and licenses										
Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes
Board of Health	Campground Program (Continued)	License - Special Event Campground (1 to 25 Sites)	2023	2019	\$303.00	\$310.00	\$310.00	0%	98%	-Complete Educational/Recreational Camp Re structure in 2024
Board of Health		Operating without a License Fee - Special Event Campground (1 to 25 Sites)	2023	2019	\$606.00	\$620.00	\$620.00	0%		
Board of Health		License - Special Event Campground (26 to 50 Sites)	2023	2019	\$395.00	\$403.00	\$403.00	0%		
Board of Health		Operating without a License Fee - Special Event Campground (26 to 50 Sites)	2023	2019	\$790.00	\$806.00	\$806.00	0%		
Board of Health		License - Special Event Campground (51 to 99 Sites)	2023	2019	\$501.00	\$512.00	\$512.00	0%		
Board of Health		Operating without a License Fee - Special Event Campground (51 to 99 Sites)	2023	2019	\$1,002.00	\$1,024.00	\$1,024.00	0%		
Board of Health		License - Special Event Campground (100 to 199 Sites)	2023	2019	\$546.00	\$557.00	\$557.00	0%		
Board of Health		Operating without a License Fee - Special Event Campground (100 to 199 Sites)	2023	2019	\$1,092.00	\$1,114.00	\$1,114.00	0%		
Board of Health		License - Special Event Campground (200 or more Sites)	2023	N/A	\$552.00	\$564.00	\$564.00	0%		
Board of Health		Operating without a License Fee - Special Event Campground (200 or more Sites)	2023	N/A	\$1,104.00	\$1,128.00	\$1,128.00	0%		
Board of Health		Plan Review Fee - Simple: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$155.00	New		
Board of Health		Pre-inspection Fee - Simple: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$155.00	New		
Board of Health		License - Simple: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$310.00	New		
Board of Health		Operating without a License Fee - Simple: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$620.00	New		
Board of Health		Plan Review Fee - Simple: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$168.00	New		
Board of Health		Pre-inspection Fee - Simple: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$168.00	New		
Board of Health		License - Simple: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$336.00	New		
Board of Health		Operating without a License Fee - Simple: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$672.00	New		
Board of Health		Plan Review Fee - Moderate: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$164.00	New		
Board of Health		Pre-inspection Fee - Moderate: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$164.00	New		
Board of Health		License - Moderate: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$328.00	New		
Board of Health		Operating without a License Fee - Moderate: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$656.00	New		
Board of Health		Plan Review Fee - Moderate: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$179.00	New		
Board of Health		Pre-inspection Fee - Moderate: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$179.00	New		
Board of Health		License - Moderate: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$358.00	New		
Board of Health		Operating without a License Fee - Moderate: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$716.00	New		
Board of Health		Plan Review Fee - Complex: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$178.00	New		
Board of Health		Pre-inspection Fee - Complex: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$178.00	New		
Board of Health		License - Complex: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$355.00	New		
Board of Health		Operating without a License Fee - Complex: Educational/Recreational Facility	New in 2024	N/A	N/A	N/A	\$710.00	New		
Board of Health		Plan Review Fee - Complex: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$198.00	New		
Board of Health		Pre-inspection Fee - Complex: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$198.00	New		
Board of Health		License - Complex: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$395.00	New		
Board of Health	Operating without a License Fee - Complex: Educational/Recreational Facility w/ Hospitality	New in 2024	N/A	N/A	N/A	\$790.00	New			
Board of Health	Penalty/Late Fee	N/A	N/A	\$100.00	\$100.00	\$100.00	0%			
Board of Health	Re-Inspection Fee	2018	N/A	\$125.00	\$125.00	\$125.00	0%			
Board of Health	Wells	Permit Fee - Well	2009	2009	\$75.00	\$75.00	\$75.00	0%	100%	
Board of Health	POWTS Permits	Permit Fee - Non-Pressure In-Ground < 1000gpd	2020	2016	\$498.00	\$498.00	\$498.00	0%	94%	-All POWTS program fees (including annual maintenance charges) are combined to calculate % of program covered through fees
Board of Health		Permit Fee - Non-Pressure In-Ground 1001-4999gpd	2020	2016	\$899.00	\$899.00	\$899.00	0%		
Board of Health		Permit Fee - Non-Pressure In-Ground 5000-8000gpd	2020	2016	\$1,115.00	\$1,115.00	\$1,115.00	0%		
Board of Health		Permit Fee - Non-Pressure In-Ground > 8000gpd	2020	2016	\$1,331.00	\$1,331.00	\$1,331.00	0%		
Board of Health		Permit Fee - In-Ground Pressure < 1000gpd	2020	2016	\$889.00	\$889.00	\$889.00	0%		
Board of Health		Plan Review Fee- In-Ground Pressure < 1000gpd	N/A	N/A	\$250.00	\$250.00	\$250.00	0%		
Board of Health		Permit Fee - In-Ground Pressure 1001-4999gpd	2020	2016	\$1,095.00	\$1,095.00	\$1,095.00	0%		
Board of Health		Permit Fee - In-Ground Pressure 5000-8000gpd	2020	2016	\$1,290.00	\$1,290.00	\$1,290.00	0%		
Board of Health		Permit Fee - In-Ground Pressure > 8000gpd	2020	2016	\$1,452.00	\$1,452.00	\$1,452.00	0%		
Board of Health		Permit Fee - At-Grade, Mound, Drip, Sand Filters < 1000gpd	2020	2016	\$933.00	\$933.00	\$933.00	0%		
Board of Health		Plan Review Fee - At-Grade, Mound, Drip, Sand Filters < 1000gpd	N/A	N/A	\$250.00	\$250.00	\$250.00	0%		
Board of Health		Permit Fee - At-Grade, Mound, Drip, Sand Filters 1001-4999gpd	2020	2016	\$1,333.00	\$1,333.00	\$1,333.00	0%		
Board of Health		Permit Fee - At-Grade, Mound, Drip, Sand Filters 5000-8000gpd	2020	2016	\$1,582.00	\$1,582.00	\$1,582.00	0%		
Board of Health		Permit Fee - At-Grade, Mound, Drip, Sand Filters > 8000gpd	2020	2016	\$1,798.00	\$1,798.00	\$1,798.00	0%		
Board of Health		Permit Fee - Holding Tanks < 1000gpd	2020	2016	\$498.00	\$498.00	\$498.00	0%		
Board of Health		Permit Fee - Holding Tanks 1001-4999gpd	2020	2016	\$563.00	\$563.00	\$563.00	0%		
Board of Health		Permit Fee - Holding Tanks 5000-8000gpd	2020	2016	\$617.00	\$617.00	\$617.00	0%		
Board of Health		Permit Fee - Holding Tanks > 8000gpd	2020	2016	\$649.00	\$649.00	\$649.00	0%		
Board of Health		Permit Fee - Other Modification to Existing System (e.g. Pre-Treatment devices)	2020	2016	\$498.00	\$498.00	\$498.00	0%		
Board of Health		Transfer/Renewal Fee	N/A	N/A	\$30.00	\$30.00	\$30.00	0%		
Board of Health		Permit Fee - Privy, Composting Toilet, Incinerating Toilet	2023	N/A	\$70.00	\$195.00	\$195.00	0%		
Board of Health		Permit Fee - New Connection, Reconnection to Existing System	New in 2023	N/A	N/A	\$70.00	\$70.00	New		
Board of Health		Inspection Fee - New Connection, Reconnection to Existing System (only required when system >3 yrs old)	New in 2023	N/A	N/A	\$125.00	\$125.00	New		

Proposed 2024 Health Department fees and licenses											
Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes	
Board of Health	POWTS Permits (Continued)	Permit Fee - Public/Commercial Non-Pressure In-Ground <1000gpd	2020	2016	\$498.00	\$498.00	\$498.00	0%	94%	-All POWTS program fees (including annual maintenance charges) are combined to calculate % of program covered through fees	
Board of Health		Plan Review Fee - Public/Commercial Non-Pressure In-Ground <1000gpd	N/A	N/A	\$250.00	\$250.00	\$250.00	0%			
Board of Health		Permit Fee - Public/Commercial Non-Pressure In-Ground 1001-2000gpd	2020	2016	\$899.00	\$899.00	\$899.00	0%			
Board of Health		Plan Review Fee - Public/Commercial Non-Pressure In-Ground 1001-2000gpd	N/A	N/A	\$325.00	\$325.00	\$325.00	0%			
Board of Health		Permit Fee - Public/Commercial Non-Pressure In-Ground 2001-5000gpd	2020	2016	\$1,115.00	\$1,115.00	\$1,115.00	0%			
Board of Health		Plan Review Fee - Public/Commercial Non-Pressure In-Ground 2001-5000gpd	N/A	N/A	\$400.00	\$400.00	\$400.00	0%			
Board of Health	Other POWTS	Filling and Review Fee - Soil & Site Evaluation Report (Full Report)	N/A	N/A	\$50.00	\$50.00	\$50.00	0%	94%	-All POWTS program fees (including annual maintenance charges) are combined to calculate % of program covered through fees	
Board of Health		Soil Boring Review Fee: (1-4 Borings)	New in 2023	N/A	N/A	\$35.00	\$35.00	New			
Board of Health		Soil Boring Review Fee: (5-9 Borings)	New in 2023	N/A	N/A	\$50.00	\$50.00	New			
Board of Health		Soil Boring Review Fee: (10-24 Borings)	New in 2023	N/A	N/A	\$70.00	\$70.00	New			
Board of Health		Soil Boring Review Fee: (25-49 Borings)	New in 2023	N/A	N/A	\$100.00	\$100.00	New			
Board of Health		Soil Boring Review Fee: (50-99 Borings)	New in 2023	N/A	N/A	\$150.00	\$150.00	New			
Board of Health		Soil Boring Review Fee: (100 or more Borings)	New in 2023	N/A	N/A	\$225.00	\$225.00	New			
Board of Health		Application Fee - Wisconsin Fund	N/A	N/A	\$120.00	\$120.00	\$120.00	0%			
Board of Health	Incinerator	Subdivision Plat Review Fee (5 or more lots)	N/A	N/A	\$50.00	\$50.00	\$50.00	0%	92%	Reduction incorporates proposed change in scope of work associated with licensing	
Board of Health		License - Incinerator	Decr in 2023	Decr in 2019	\$79.00	\$25.00	\$25.00	0%			
Board of Health		Operating without a License Fee - Incinerator	Decr in 2023	N/A	\$158.00	\$50.00	\$50.00	0%			
Board of Health		Penalty/Late Fee	N/A	N/A	\$100.00	\$100.00	\$100.00	0%			
Board of Health	Public Health Laboratory (Individual Services)	Re-Inspection Fee	2018	N/A	\$125.00	\$125.00	\$125.00	0%	100%	*Private samples not accepted ^Requires advanced scheduling	
Board of Health		Laboratory Fee - Total Coliform (Includes E.Coli presence/absence)	2023	2019	\$21.00	\$23.00	\$25.00	9%			
Board of Health		Laboratory Fee - Heterotrophic Plate Count	2019	2018	\$27.00	\$30.00	\$32.00	7%			
Board of Health		Laboratory Fee - Nitrate – Nitrogen	2023	2019	\$21.00	\$23.00	\$25.00	9%			
Board of Health		Laboratory Fee - pH (water)	2023	2018	\$10.00	\$11.00	\$12.00	9%			
Board of Health		Laboratory Fee - Total Hardness (quantitative)	2023	2019	\$38.00	\$40.00	\$30.00	-25%			
Board of Health		Laboratory Fee - Fluoride	2023	2019	\$21.00	\$23.00	\$25.00	9%			
Board of Health		Laboratory Fee - Spore Ampules	2023	2019	\$17.00	\$19.00	\$20.00	5%			
Board of Health		Laboratory Fee - Copper	2023	2019	\$23.00	\$25.00	\$30.00	20%			
Board of Health		Laboratory Fee - Manganese	2023	2019	\$23.00	\$25.00	\$30.00	20%			
Board of Health		Laboratory Fee - Zinc	2023	2019	\$23.00	\$25.00	\$30.00	20%			
Board of Health		Laboratory Fee - Magnesium	2023	2019	\$23.00	\$25.00	\$30.00	20%			
Board of Health		Laboratory Fee - Cadmium	2023	2019	\$31.00	\$31.00	\$30.00	-3%			
Board of Health		Laboratory Fee - Cobalt	New in 2024	N/A	N/A	N/A	\$30.00	New			
Board of Health		Laboratory Fee - Chromium	2023	2019	\$31.00	\$31.00	\$30.00	-3%			
Board of Health		Laboratory Fee - Arsenic	2023	2019	\$31.00	\$31.00	\$30.00	-3%			
Board of Health		Laboratory Fee - Calcium	2023	2019	\$23.00	\$25.00	\$30.00	20%			
Board of Health		Laboratory Fee - Iron	2023	2019	\$23.00	\$25.00	\$30.00	20%			
Board of Health		Laboratory Fee - Nickel	2023	2019	\$23.00	\$25.00	\$30.00	20%			
Board of Health		Laboratory Fee - Lead	2023	2019	\$31.00	\$31.00	\$30.00	-3%			
Board of Health		Laboratory Fee - Methamphetamine*	2023	2019	\$45.00	\$65.00	\$75.00	15%			
Board of Health		Laboratory Fee - E. coli (Quantitative)^	2023	2019	\$27.00	\$30.00	\$32.00	7%			
Board of Health		Laboratory Fee - pH (food)*	2023	N/A	\$21.00	\$23.00	\$25.00	9%			
Board of Health		Laboratory Fee - Sterility verification* ^	N/A	N/A	\$31.00	\$34.00	\$37.00	9%			
Board of Health		Laboratory Fee - Pseudomonas	N/A	2018	\$27.00	\$30.00	\$32.00	7%			
Board of Health		Water Sample Bottle Shipping Fee (less than 5 bottles)	New in 2024	N/A	N/A	N/A	\$5.00	New			
Board of Health	Water Sample Bottle Shipping Fee (5 bottles or more)	New in 2024	N/A	N/A	N/A	\$10.00	New				
Board of Health	Public Health Laboratory (Private Drinking Water Bundles)	Metals Bundle (Includes lead, copper, arsenic, iron, manganese, hardness, zinc, cadmium, cobalt, chromium, nickel)	N/A	N/A	N/A	\$120.00	\$88.00	-27%	100%	Proposed price reduction associated with increased efficiency of new metals analysis instrument	
Board of Health		Homeowners Bundle (Includes total coliform (w/ E.coli), nitrate, lead, copper, arsenic)	N/A	N/A	N/A	\$100.00	\$80.00	-20%			73%
Board of Health		Homeowners Plus Bundle (Includes total coliform (w/ E.coli), nitrate, lead, copper, arsenic, iron, manganese, hardness, zinc, cadmium, cobalt, chromium, nickel)	New in 2024	N/A	N/A	N/A	\$120.00	New			100%
Board of Health		Newborn Bundle (Includes total coliform (w/ E.coli), nitrate, lead, copper, fluoride)	N/A	N/A	N/A	\$95.00	\$75.00	-21%			56%
Board of Health	Radon	Short-term Radon Test Kit 9	2015	N/A	\$10.00	\$10.00	\$10.00	0%	100%		
Board of Health		Short-term Radon Test Kit 9 - Non Tax	2015	N/A	\$10.00	\$10.00	\$10.00	0%			
Board of Health		Long-term Radon Test Kit	2015	N/A	\$25.00	\$25.00	\$25.00	0%			
Board of Health		Long-term Radon Test Kit - Nontax	2015	N/A	\$25.00	\$25.00	\$25.00	0%			
Board of Health	Prenatal Care Coordination	Prenatal Care - Risk Assessment	2023	2022	\$115.00	\$117.00	\$124.00	6%	-	Fees represent cost to HD. Reimbursement received at MA rates.	
Board of Health		Prenatal Care - Plan Development	2023	2022	\$115.00	\$117.00	\$124.00	6%			
Board of Health		Prenatal Care Education - Ongoing Care Coordination - In Office - RN/RD - Per Visit	2023	2022	\$57.00	\$59.00	\$93.00	58%			
Board of Health		Prenatal Care Education - Ongoing Care Coordination - Home Visit - RN/RD - Per Visit	2023	2022	\$115.00	\$117.00	\$124.00	6%			
Board of Health		Prenatal Care Case Management and Documentation RN or RD - Per 15 Minutes	2022	2021	\$29.00	\$29.00	\$31.00	7%	-		

Proposed 2024 Health Department fees and licenses

Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes	
Board of Health	Communicable Disease	TB Case Management - per 15 minutes	2022	2021	\$29.00	\$29.00	\$31.00	7%	-	Fees represent cost to HD. Reimbursement received at MA rates.	
Board of Health		TB Oral Med Administration - 15 Mmin	2022	2021	\$29.00	\$29.00	\$31.00	7%	-		
Board of Health		TB DOT Symptom/Treatment Monitoring 15 min 99401	2022	2021	\$29.00	\$29.00	\$31.00	7%	-		
Board of Health		TB DOT Symptom/Treatment Monitoring 30 min 99402	2023	2022	\$57.00	\$58.00	\$62.00	7%	-		
Board of Health		TB DOT Symptom/Treatment Monitoring 45 min 99403	2023	2022	\$86.00	\$87.00	\$93.00	7%	-		
Board of Health		TB DOT Symptom/Treatment Monitoring 60 min 99404	2023	2022	\$115.00	\$116.00	\$124.00	7%	-	Fees represent cost to HD. Reimbursement received at MA rates.	
Board of Health		TB Pt Education and Guidance - 15 min	2022	2021	\$29.00	\$29.00	\$31.00	7%	-		
Board of Health		TB Skin Test	2023	2021	\$37.00	\$38.00	\$40.00	5%	100%		
Board of Health		TB Travel for DOT ≥ 45 minutes	2023	N/A	\$86.00	\$88.00	\$93.00	6%	-	Fees represent cost to HD. Reimbursement received at MA rates.	
Board of Health		TB Travel for DOT ≥ 60 minutes	2023	N/A	\$115.00	\$117.00	\$124.00	6%	-	Fees represent cost to HD. Reimbursement received at MA rates.	
Board of Health		Hepatitis B Vaccine	Decr in 2023	2022	\$90.00	\$75.00	\$149.00	99%	100%	Increase in cost per dose due to vaccine price increase and switching to 2 dose series from 3 dose series. Total 2 dose series costs \$22 more than total 3 dose series for 2024.	
Board of Health		Influenza Vaccine	2019	N/A	NA	NA	NA	0%	N/A	Fee exempt 2022-2024 flu seasons, 2024-2025 to be reviewed in Spring of 2024.	
Board of Health		HIV Test	2019	N/A	\$30.00	\$30.00	\$30.00	0%	100%		
Board of Health		Reproductive Health	Initial Eval/Mgmt (12-17 yrs) 99384	2019	2018	\$330.00	\$330.00	\$330.00	0%	-	Fees represent cost to HD. Reimbursement received at MA rates.
Board of Health			Initial Eval/Mgmt (18-39 yrs)99385	2019	2018	\$330.00	\$330.00	\$330.00	0%	-	
Board of Health	Initial Eval/Mgmt (40-64 yrs) 99386		2019	2018	\$330.00	\$330.00	\$330.00	0%	-		
Board of Health	Periodic Re-eval/Mgmt (12-17 yrs) 99394		2019	2018	\$330.00	\$330.00	\$330.00	0%	-		
Board of Health	Periodic Re-eval/Mgmt (18-39 yrs) 99395		2019	2018	\$330.00	\$330.00	\$330.00	0%	-		
Board of Health	Periodic Re-eval/Mgmt (40-64 yrs) 99396		2019	2018	\$330.00	\$330.00	\$330.00	0%	-		
Board of Health	Dispensing Fee-New Fee April 2017		N/A	N/A	\$190.00	\$190.00	\$190.00	0%	-		
Board of Health	Dispensing Fee - Method by Mail March 2023		New in 2023	N/A	N/A	\$115.50	\$115.50	0%	-		
Board of Health	Reproductive Health - Wet Mount		Decr in 2018	N/A	\$14.00	\$14.00	\$14.00	0%	-		
Board of Health	Reproductive Health - Urinalysis		Decr in 2018	N/A	\$7.00	\$7.00	\$7.00	0%	-		
Board of Health	Reproductive Health - Hemoglobin		Decr in 2019	Decr in 2018	\$8.00	\$8.00	\$8.00	0%	-		
Board of Health	Reproductive Health - Office Visit new pt 20 minute 99202		2021	2019	\$190.00	\$190.00	\$190.00	0%	-		
Board of Health	Reproductive Health - Office Visit new pt 30 minute 99203		2021	2019	\$280.00	\$280.00	\$280.00	0%	-		
Board of Health	Reproductive Health - Office Visit new pt 45 minute 99204		2021	2019	\$420.00	\$420.00	\$420.00	0%	-		
Board of Health	Reproductive Health - Office Visit established pt 5 minute 99211		2021	2019	\$50.00	\$50.00	\$50.00	0%	-		
Board of Health	Reproductive Health - Office Visit established pt 10 minute 99212		2021	2019	\$110.00	\$110.00	\$110.00	0%	-		
Board of Health	Reproductive Health - Office Visit established pt 15 minute 99213		2021	2019	\$190.00	\$190.00	\$190.00	0%	-		
Board of Health	Reproductive Health - Office Visit established pt 25 minute 99214		2021	2019	\$280.00	\$280.00	\$280.00	0%	-		
Board of Health	Reproductive Health - Pregnancy		2018	2016	\$21.00	\$21.00	\$21.00	0%	-		
Board of Health	Reproductive Health - Glucose		Decr in 2018	2016	\$11.00	\$11.00	\$11.00	0%	-		
Board of Health	Reproductive Health - Lab handling fee		2020	2016	\$24.00	\$24.00	\$24.00	0%	-		
Board of Health	Reproductive Health - Scope of Cervix 57452		2021	2019	\$270.00	\$270.00	\$270.00	0%	-		
Board of Health	Reproductive Health - Biopsy of Cervix 57455		2021	2019	\$355.00	\$355.00	\$355.00	0%	-		
Board of Health	Reproductive Health - Biopsy of Cervix and Curettage 57454		2021	2019	\$380.00	\$380.00	\$380.00	0%	-		
Board of Health	Reproductive Health - Lesions 1-14 (male) 17110		2021	2019	\$275.00	\$275.00	\$275.00	0%	-		
Board of Health	Reproductive Health - Lesions 15+ (male)17111		2021	2019	\$330.00	\$330.00	\$330.00	0%	-		
Board of Health	Reproductive Health - Lesions Anal (female) 46900		2021	2019	\$600.00	\$600.00	\$600.00	0%	-		
Board of Health	Reproductive Health - Lesions Vulva (female)56501		2021	2019	\$330.00	\$330.00	\$330.00	0%	-		
Board of Health	Reproductive Health - Nexplanon Insertion		2021	2019	\$340.00	\$340.00	\$340.00	0%	-		
Board of Health	Reproductive Health - Nexplanon Removal		2021	2019	\$390.00	\$390.00	\$390.00	0%	-		
Board of Health	Reproductive Health - Nexplanon Insertion and Removal		2021	2019	\$560.00	\$560.00	\$560.00	0%	-		
Board of Health	Reproductive Health - IUD Insertion		2021	2019	\$180.00	\$180.00	\$180.00	0%	-		
Board of Health	Reproductive Health - IUD Removal		2021	2019	\$235.00	\$235.00	\$235.00	0%	-		
Board of Health	Reproductive Health - Chlamydia Testing		New in 2024	N/A	N/A	N/A	\$40.00	New	-		
Board of Health	Reproductive Health - Gonorrhea Testing		New in 2024	N/A	N/A	N/A	\$40.00	New	-		
Board of Health	Reproductive Health - Trichomonas Vaginalis Testing	New in 2024	N/A	N/A	N/A	\$40.00	New	-			
Board of Health	Reproductive Health - Vaccine Administration Fee	New in 2024	N/A	N/A	N/A	\$29.00	New	-			
Board of Health	Reproductive Health - HPV Vaccine	New in 2024	N/A	N/A	N/A	\$269.00	New	-			
Board of Health	Reproductive Health - Outside Labs, Medications and Supplies	N/A	N/A	Varies	Varies	Varies	N/A	-			

Proposed 2024 Health Department fees and licenses

Entity That Approves the Fee	Program	Proposed 2024 Health Department fees and licenses <i>(Revised Category Names in Red)</i>	Year of Last Increase (or Decrease)	Year of Prior Increase (or Decrease)	2022 Approved Fees	2023 Approved Fees	2024 Approved Fee	% Change 2023 to 2024	% of cost covered	Notes
Board of Health	Lead Program	Blood Lead Testing	2023	2021	\$55.00	\$57.00	\$61.00	7%	-	Fees represent cost to HD. Reimbursement received at MA rates.
Board of Health		Initial Investigation	2023	Decr in 2022	\$922.00	\$956.00	\$1,004.00	5%	-	
Board of Health		Follow-up Clearance Investigation	2023	Decr in 2022	\$346.00	\$359.00	\$376.00	5%	-	
Board of Health		Nursing Education Home Visit	2023	2022	\$172.00	\$176.00	\$186.00	6%	-	

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Elizabeth Giese - Health Department Director

Performance Objectives - January - December, 2024 **Select/Sample Results to date July, 2024**

<p>1. Provide leadership in the development and implementation of prioritized services and sustainable funding strategies with a specific focus on implementation of the 2023-2025 Strategic Plan.</p>	<ul style="list-style-type: none"> • Continued implementation of Strategic Plan and new Performance Measures for the department with progress as expected on key priorities. • Working with Management Team including Finance Director on current 2024 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. • Working with team to update Program Cost Summary document to capture more complete data on all of our program areas including FTE, budget amounts, mandates, and reach in the county. • Reviewing the results of the Foundational Public Health Services assessment done in 2023 which documents staffing, funding, and capacity related to Foundational and Community directed services. Waiting for State results of this assessment to more completely consider next steps. • Continuing work on internal budgeting policies and procedures to reflect more consistent strategies related to sustainable funding. • Negotiating contract with a facilitator to work with MT, staff, and BOH to begin process of potential changes connected to foundational public health services and connected updates to budgeting processes and staffing.
<p>2. Implement strategies to continue to strengthen relationships with key government appointed and elected officials in the City of Eau Claire, other ECC municipalities, and Eau Claire County.</p>	<ul style="list-style-type: none"> • Facilitate regular meetings with Eau Claire County Administrator and City of Eau Claire Manager to discuss priorities. • Attend or listen to City Council and County Board meetings and work sessions to track leadership priorities and issues. Provide input to leadership and elected officials on health department related topics on the agenda. • Attend all City Department Head and County Department Head meetings to build relationships with key leadership. • Communicate directly to core group of county and municipal elected and appointed leaders to be sure they are aware of key public health and departmental issues and events. • Wrote a recent grant with a focus on providing financial resources for key municipal projects across Eau Claire County. • Connected with City of Augusta, City of Altoona, and City of Eau Claire leadership related closure of HSHS and Prevea facilities in their jurisdictions. • Attended the new County Board member “bus tour” that introduced county board members to county government resources to build relationships.

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<p>3. Provide leadership for local and regional efforts focused on provision of foundational public health services/capabilities and state mandates.</p>	<ul style="list-style-type: none"> • One of the Local health department representatives to State initiated discussion about Foundational Public Health Services. • Participating in WALHDAB engagement with the State on transformation efforts connected to the Public Health Infrastructure Grant. • Did overview/orientation for BOH and staff on foundational services. • Working with staff to update the Program Cost Summary document outlining state mandates connected to programs. • Participated in February and May discussions with health department leadership related to policy and advocacy opportunities related to foundational and required public health services funding.
<p>4. Provide leadership related to public health policy at a local and state level.</p>	<ul style="list-style-type: none"> • Completed work with Legal Authority State WALHDAB committee that reviewed local public health authority, particularly related to communicable disease in Wisconsin and developed training, technical assistance resources, and templates. Key presenter for statewide training. • 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. Providing leadership on the development of the updated state Budget and Policy priorities. Reviewer of WPHA Resolutions. • Local health department representative to collaborative Healthcare-Public Health Taskforce representing policy and practice issues of local governmental public health. This group provides cross-sector leadership on key response issues. Representatives include State health officer, leaders from key associations including WALHDAB, WPHA, WI Hospital Association, Pharmacy Association, Primary Care Association, other. • Member of 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 with regular recommendations to the Secretary and Governor. • Participated in community conversations and State level interactions with Secretary’s and Governor’s office related to policy connected to the closure of healthcare facilities. Developed community data report to provide resource for policy and practice decisions. • Provided input on local policy issues related to a variety of topics including the built environment, water quality, and alcohol licensing. • 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 housing, code enforcement, EDI which all could influence local policy.

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	<ul style="list-style-type: none"> • Implementing collaborative grant focused on developing and testing strategies and policies across the county with key partners related to MCH equity issues with health department as fiscal agent. • 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. This document which could support policy, will be available in early July.
<p>5. Provide leadership for ECCCHD national public health re-accreditation process completion.</p>	<ul style="list-style-type: none"> • The Health Department submitted all required documentation for re-accreditation process in Spring, 2024 and is awaiting PHAB feedback for next steps. • Preparing for site-visit later in the year.
<p>6. Support successful onboarding, orientation, and engagement of Board of Health members – new MD, relatively new RN, new County Board representative.</p>	<ul style="list-style-type: none"> • Provided onboarding and orientation to new MD member and new County Board member to the BOH. • Continued to regularly engage with the BOH President related to critical health department topics. • Continued work with leadership at City and County related to appointment processes and membership requirements. • Regularly connect with BOH members to answer questions, provide updates, and encourage active engagement. • Worked with staff to update the BOH website and orient all BOH members to this resource.

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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.

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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.



2023-2024 Legislative Session Highlights

The 2023-2024 state legislative session, which began on January 3, 2023, has ended. The State Assembly held its final floor date for the regular session on February 22, 2024, and the State Senate held its final regular session day on March 12, 2024. While the Senate reconvened on May 14, 2024, for a “Veto Review” session day, during which they voted to override the Governor’s vetoes of nine bills, it appears unlikely that the Assembly will also reconvene to vote to attempt to override these vetoes. Furthermore, it does not appear likely at this time that either chamber will reconvene before the November general election.

The following are highlights from the current biennial budget law, as well as other relevant legislation introduced during the 2023-2024 legislative session.

2023-2025 Biennial Budget Law

- **Free and Charitable Clinics:** Increases grant funding for free and charitable clinics by \$750,000 annually.
- **Personal Care Reimbursement:** Increases Medicaid personal care reimbursement rates by \$12.9 million in 2023-24 and \$25.4 million in 2024-25.
- **Aging and Disability Resource Centers (ADRCs):** Increase funding by \$2.5 million in 2023-24 and \$5 million in 2024-25.
- **Crisis Urgent Care and Observation Facilities:** Provide \$10 million in 2023-24 for regional behavioral health crisis urgent care and observation facilities.
- **FoodShare Employment and Training Program (FSET):** Provide \$7 million in 2023-24 and \$5.4 million in 2024-25 to fund costs of projected increases in the number of individuals who would participate in the FSET program in 2023-25.
- **Wisconsin Shares Childcare Subsidy Program:** Provide \$27,000,000 in FY 2024-25 to (1) set a single initial eligibility and phase-out threshold for Wisconsin Shares subsidies at 200% of the federal poverty level and (2) reduce the co-payment rate for program participants.
- **Childcare Revolving Loan Fund:** Create a new program under the Wisconsin Economic Development Corporation (WEDC) to support a revolving loan fund for childcare providers and appropriate \$15 million.

- *NOTE: Governor Evers used his line-item veto authority to allow these funds to be distributed to childcare providers in the form of grants.*
- **Main Street Housing Rehabilitation Revolving Loan Fund:** Provide \$100 million for the main street housing rehabilitation revolving loan fund under the jurisdiction and control of WHEDA.
 - *This program was created by Assembly Bill 265, which WPHA and WALHDAB support, and was signed into law by Governor Evers.*
- **Commercial-to-Housing Conversion Revolving Loan Fund:** Provide \$100 million for the commercial-to-housing conversion revolving loan fund under the jurisdiction and control of WHEDA.
 - *This program was created by Assembly Bill 268, which WPHA and WALHDAB support, and was signed into law by Governor Evers.*
- **Increasing Shared Revenue – Annual Transfer to the Local Government Fund:** In 2024-25, transfer from the general fund to the local government fund 20% of the sales and use taxes imposed in that fiscal year (estimated at \$1,567.6 million). In 2025-26 and subsequent fiscal years, the amount transferred from the general fund to the local government fund will be equal to the amount transferred the year before, plus an amount necessary to allow funding levels to increase by the percentage change in estimated sales tax collections.

2023-2024 Legislative Session Priority – Maintaining Local Health Officer Authority

- **Registered as “Other” – Assembly Bill 245/Senate Bill 301:** This underlying bill was an historic piece of legislation that increased the amount of revenue the state shares with municipal and county governments. When this bill was introduced, the shared revenue rates had not been updated for many years. Bearing that in mind, as well as inflationary pressures, there was increasing pressure for the state legislature to pass a bill to increase the amount of shared revenue going to local governments so that they can continue to pay for essential services for their residents. As this bill addressed such a critical issue, it was considered to be “veto proof.”
 - The original version of this shared revenue bill included a provision that prohibited a local health officer (LHO) from taking actions that exceed 14 days to protect businesses and their respective customers from communicable diseases, unless the appropriate local governing body approved one or more 14-day extensions of that action. Proponents of this provision included the LHO provision in this much larger shared revenue bill, as they knew that it was a “must pass” bill, which would make it difficult to extract the LHO provision from it.
 - While WPHA and WALHDAB opposed the LHO provision in this bill, both organizations supported increasing the amount of shared revenue that was provided to local governments. This rationale is

- why WPHA and WALHDAB registered as “Other” on this broader legislation.
- WPHA/WALHDAB’s lobbyists performed the following tasks in order to aggressively lobby against the inclusion of the provision limiting LHO authority:
 - Drafted and sent a memo to the entire legislature requesting that legislators remove the provision limiting local health officer authority from this legislation.
 - Drafted a legislative action alert to all WPHA/WALHDAB members requesting that they contact their respective legislators (along with a suggested email template) asking that they do not cosponsor or support this legislation unless the LHO provision is removed.
 - Drafted testimony for the Assembly Committee on Local Government’s hearing on Assembly Bill 245 requesting that the provision limiting local health officer authority be removed from the bill. This testimony was delivered verbally at this hearing by Robin Lankton, past WALHDAB president and first-vice chair of the Board of Health for Madison and Dane County.
 - Drafted and submitted written testimony at the Senate Committee on Shared Revenue, Elections, and Consumer Protection’s hearing on Senate Bill 301 also requesting that they remove the provision limiting LHO authority.
 - Aggressively lobbied legislators, particularly legislative leadership, on the LHO provision.
- **Final Result** – As a result of WPHA and WALHDAB member advocacy, in concert with Hoven Consulting’s aggressive lobbying, the LHO provision was made less harmful. Instead of limiting public health orders to 14 days, the provision in the shared revenue bill that is now law allows LHOs to issue mandates to close a business in order to control an outbreak or epidemic of communicable for up to 30 days. The local municipal or county board of health may approve one extension that may last up to 30 days. Also, any such order may not distinguish between “essential” and “nonessential” businesses. Governor Evers signed Assembly Bill 245 on June 20, 2023.

Other 2023-2024 Legislative Session Priority

- **Registered in Support – Senate Bill 430/Assembly Bill 436:** This legislation required employers to provide reasonable break time and accommodations for an employee who is breastfeeding the employee’s child to express breast milk for the child. WPHA/WALHDAB submitted written testimony in support of Senate Bill 430 to the Senate Committee on Labor, Regulatory Reform, Veterans and Military Affairs at a hearing on this bill. The Senate did not take any further action on this bill after the committee hearing.

2023-2024 Lobbying Registrations - Highlights

- **Support – Enactment of Assembly Bill 1100:** Allows a local health officer in a Level III local health department (e.g., City of Milwaukee) to hold a degree or educational credential higher than a master’s degree in the field of public health, public administration, health administration, or similar field as determined by DHS. DHS requested this technical change to statute. Governor Evers signed this bill on March 29, 2024.
- **Support – Enactment of Senate Bill 689:** Creates a dental therapist occupational license. Dental therapists must work under the supervision of a dentist and must practice in federally defined dental shortage areas or in areas where at least half of the patient base are Medicaid beneficiaries, are uninsured, etc. Governor Evers signed this bill on January 31, 2024.
- **Support – Enactment of Assembly Bill 1013:** Creates a statewide healthy food incentive program – also known as a “double dollars” program – that provides food stamp recipients additional benefits when purchasing fruits and vegetables from participating retailers, including grocers and farmer’s markets. Governor Evers signed this bill on March 22, 2024.
- **Support – Enactment of Assembly Bill 265:** Creates a main street housing rehabilitation revolving loan fund and loan fund program. Under this program, owners of rental housing may apply to the Wisconsin Housing and Economic Development Authority (WHEDA) for loans to cover costs associated with repairing or updating housing that is at least 40 years old, has not been significantly updated in 20 years and is located on a second or third floor of a building that has a commercial use on the ground floor. Governor Evers signed this bill on June 22, 2023.
- **Support – Enactment of Assembly Bill 268:** Creates a commercial-to-housing conversion revolving loan fund and loan fund program. Under this program, a housing developer could apply to WHEDA for a construction loan to convert a vacant commercial building to workforce or senior housing units. Governor Evers signed this bill on June 22, 2023.
- **Support – Senate Passage of Senate Bill 110:** Extends Medicaid coverage for postpartum women for one year. This legislation passed the Senate overwhelmingly, but the Assembly did not vote on it before the end of the legislative session.
- **Support – Assembly Bill 858/Senate Bill 808:** Repeals a prohibition enacted as part of Assembly Bill 245 (discussed above) that an LHO may not issue a public health order to close a business for longer than 30 days unless the local governing body approves an extension of 30 days. Neither the Assembly nor the Senate took any action on this bill before the Legislature adjourned for the session.

- **“Other” Position – Assembly and Senate Passage of Senate Bill 312:** Creates grant programs to prevent and remediate PFAS contamination in drinking water and the environment, as well as makes changes to the authority of the state Department of Natural Resources related to PFAS. WPHA/WALHDAB registered as “Other” on this legislation as both organizations support the grant programs but are concerned about the changes to DNR authority. Governor Evers vetoed this bill on April 9, 2024. On May 14, the Senate successfully voted to override this veto. However, it is unlikely that the Assembly will attempt a veto override vote. Even if the Assembly makes such an attempt, there are likely not enough votes to override this veto.
- **Oppose – Assembly Joint Resolution 6/Senate Joint Resolution 5:** Modifies the state constitution to require legislative oversight on state executive branch decisions on spending federal funds. This resolution originally passed both the Senate and Assembly during the 2021-2022 legislative session. As is required by the state constitution, it was approved a second time – during the 2023-2024 legislative session – in order to be placed on ballots statewide for voter consideration. This item will be included on the August 2024 primary election ballot. Please note that the Governor neither signs nor vetoes joint resolutions.
- Other bill registrations may be viewed on the Wisconsin Ethics Commission’s website at the following links:
 - [WPHA Bill Registrations](#)
 - [WALHDAHDAB Bill Registrations](#)
 - *Note: After clicking on the links above, scroll down to “Lobbying Interests,” then “Legislative Bills/Resolutions” to review the bill registrations.*

Governor Signs Bill Creating New State Legislative District Maps

- On December 22, 2023, the State Supreme Court issued a ruling that Wisconsin’s state legislative district maps are unconstitutional and the maps for each such district must be redrawn before the 2024 elections. State Supreme Court justices voted 4-3 in favor of this ruling. The decision focused on specific state legislative districts that include non-contiguous portions of land, which the court found violated the state constitution.
 - Specifically, the court ruled that the legislature must redraw the boundaries for each state Assembly and state Senate district in advance of the August 2024 primary election. If the legislature and Governor Evers were not able to agree on legislation creating new district boundaries, the court noted that it would decide on the new boundaries. As a practical matter, the state Elections Commission noted that new district boundaries needed to be finalized by March 15, 2024.

- In January 2024, the parties to the case submitted various proposed state legislative district maps to the court and the court-appointed consultants reviewed these maps and provided their analysis to the court on February 1. However, in mid-February, the Legislature passed a bill with the version of state legislative district maps that Governor Evers previously submitted to the court. This legislation passed both chambers of the Legislature with mostly Republican votes and was sent to the Governor. On February 19, 2024, Governor Evers signed this legislation. As such, these new legislative district maps have taken effect for legislative candidates who are elected in November 2024.

Governor Creates Task Force on the Healthcare Workforce

- On January 29, 2024, Governor Tony Evers signed an executive order creating the Governor’s Task Force on Healthcare Workforce. According to the Governor’s press release on this topic:
 - *“The task force will be charged with studying the workforce challenges facing the state’s healthcare system, including recruitment and retention, identifying ways to improve patient care and alleviate the burdens on the healthcare workforce, exploring educational and training pathways to grow a sustainable healthcare workforce, and creating an action plan with solutions related to workforce development, industry innovation, education, and training for consideration in the governor’s 2025-27 biennial budget.”*
- The task force is chaired by Lieutenant Governor Sara Rodriguez, a registered nurse with a master’s degree in public health, who has worked for both the U.S. Centers for Disease Control and Prevention and as a chronic disease director for the state of Colorado.
- The task force will be co-chaired by state Department of Workforce Development Secretary Amy Pechacek and state Department of Health Services Secretary Kirsten Johnson. Prior to being named DHS Secretary, Kirsten Johnson led the City of Milwaukee Health Department, as well as the Washington-Ozaukee Health Department. Also, she is a former WPHA president and WALHDAB member.
- Task Force members also include representatives from institutions of higher education, medical providers, patient advocacy organizations, among others.
- For more information, please visit the [task force’s website](#).

Major Political and Budget Dates

- **June 3, 2024:** Candidates for state office submit nomination papers.
- **August 13, 2024:** Partisan Primary Election

- **September 15, 2024:** Executive branch agencies submit FY2025-2027 budget requests to the Governor.
- **November 5, 2024:** General Election
- **January 6, 2025:** Inauguration and beginning of 2025-2026 legislative session.

POLICY PRIORITIES WE WILL LEAD

A strong, well-funded, well-staffed, resilient public health workforce is essential.



Build and retain **public health infrastructure** through increased and more flexible public health **funding** (see separate *Budget Priorities* document)



Preserve public health **statutory responsibility** for communicable disease control and other essential public health functions (*i.e., uphold critical public health laws/regulations, and reverse damaging rollbacks of public health authority*)



Directly address gaps in health at both statewide and local community levels, emphasize **root-cause prevention** of those health gaps, and infuse health in all policies



Recruit and retain public health workers in Wisconsin and create and improve protections for public health workers



Support “**best practice**” **public health policies**, including, but not limited to immunization policies

For more information about WPHA-WALHDAB Policy Priorities or Budget Priorities, visit www.wpha.org/page/CurrentLegislative

WPHA • WALHDAB POLICY AGENDA

2023 – 2024

POLICY PRIORITIES WE WILL SUPPORT



Community Preventive Services

- Securing Medicaid expansion and prevention reimbursement
- Advocating for community health workers
- Supporting access to comprehensive reproductive healthcare and health services



Safe Communities & Criminal Justice Reform

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



Environmental Health

- Water quality
- PFAS
- Climate change
- Lead and other toxins



Income Stability & Employment

- Paid family leave
- Earned income tax credits
- Family caregiver tax credits



Access to Affordable and Safe Housing

- Expand low-income housing tax credit for developers
- A robust abatement fund for lead hazards in paint, soil and pipes



Supporting Families and Healthy Birth Outcomes

- Universal school meals for all
- Affordable childcare
- Robust literacy and transportation support services



Expanding Civic Engagement

- Increased opportunities for voting rights, engagement and fair maps



WHO WE ARE

The Wisconsin Public Health Association (WPHA) is the state’s largest professional membership organization for public health workers and includes those working in both governmental and nongovernmental sectors. The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is the professional organization representing leaders and workers in local governmental public health.



Public Health is what we do, collectively, to assure the conditions in which all people can be healthy.¹ These conditions go far beyond access to quality healthcare or making individual healthy choices.

WPHA and WALHDAB understand that strong public policy in support of public health is essential to the health, wellbeing, and productivity of Wisconsin residents. But there is significant room for improvement². When Wisconsinites aren’t healthy, they’re not productive, their families and communities become less secure, and healthcare costs go up for everyone.

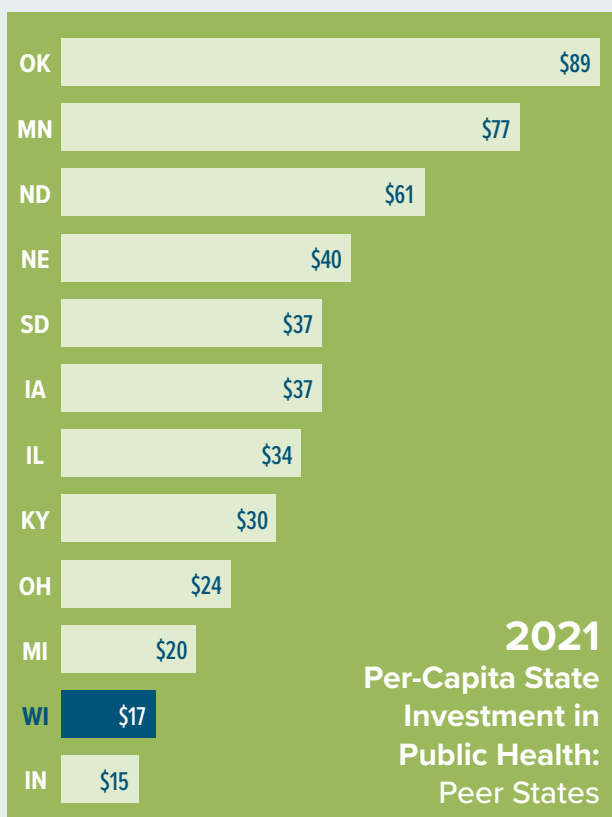
1. <https://jamanetwork.com/journals/jama/article-abstract/382688>

2. <https://uwmadison.app.box.com/s/u1tnv0e04uezf8o2wkwfnewj9n2va8w7x>

BACKGROUND

Wisconsin needs a strong, well-funded public health system, including both local governmental health agencies and non-governmental community-based partners, in order to collectively assure the conditions in which people can be healthy¹. But Wisconsin is lagging behind.

In 2021, Wisconsin ranked 42nd out of 50 states with the lowest budget funding for public health² investing only \$17/person when compared to the median investment of \$36/person in the United States.



Poor public health funding results in poor health outcomes for everyone³. Unfunded mandates and reliance on short-term “ARPA” funds leave local health departments insecure. A stable public health system is good for Wisconsin.

Increasing investment to the U.S. median (\$34-\$36/ person) requires \$100M+ additional per year. The Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) urge lawmakers to start investing now to create stable, healthier communities across Wisconsin.

1. <https://jamanetwork.com/journals/jama/article-abstract/382688>

2. Among the 50 US states plus the District of Columbia. <http://statehealthcompare.shadac.org/rank/117/per-personstate-public-health-funding> Data not available for 5 states in 2021. Note: \$17/person refers only to state budget funding. When federal and state funds are combined, Wisconsin invests only \$72/person/yr in public health, which is tied for the worst per capita funding of any state.

3. <https://uwmadison.app.box.com/s/u1tnv0e04uezf8o2wfknewj9n2va8w7x>

BUDGET PRIORITIES

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PRIORITIES

1 Sustained Funding for Local Health Departments – \$18 million

- Strengthen Wisconsin’s underfunded local public health infrastructure
- Pay for administering nearly two-dozen unfunded state mandates
- Enable local communities to implement public health strategies more effectively and equitably
- Improve additional core functions:
 - › Develop effective strategies to respond quickly to public health emergencies
 - › Communicate important, accurate data and information to the public in a timely manner
 - › Improve quality and performance

2 Communicable Disease Grants for Local Health Departments – \$10 million

This specific role of local public health departments requires targeted funding. Unmanaged spread of communicable diseases, like Hepatitis C, Influenza, Lyme Disease, and others, increases employer costs due to employees’ illness. Help Wisconsinites stay well.

3 Local Grants for Community-Based Organizations, Hospitals, and Local Health Departments to Address Community-Specific Health Gaps – \$30 million

Hospitals and local health departments maintain strong action plans, but they need prevention funding to accomplish their communities’ health priorities.

For more information about WPHA-WALHDAB Policy Priorities, visit www.wpha.org/page/CurrentLegislative

WE URGE LAWMAKERS TO INCREASE FUNDING FOR

Environmental Health

- Windows Plus Lead Exposure Prevention Program
- Lead screening and outreach grants

Maternal and Child Health

- Expanded eligibility for Birth to 3 Program
- Black women and infants’ health
- Extended postpartum medical assistance eligibility

Community Health

- Services proven to work, like cancer screenings, substance use prevention, and mental wellness programs
- Community Health Medical Assistance Benefit
- Community Health Workers
- Medication-assisted Treatment (MAT) reimbursement for individuals with substance use disorder
- Tobacco and vaping prevention

From: Hoven Consulting
Date: May/June 2024
RE: Spring Forecast – 2024 State Legislative Election Cycle – Top Tier Races

Political Landscape

The purpose of this memo is to outline the likely most competitive races for both the state Assembly and state Senate during the 2024 election cycle. Now that the Legislature has adjourned their legislative session, the 2024 election cycle is in full campaign mode. Wisconsin's state legislative and congressional district maps were finalized earlier this spring, which will create a number of very competitive races for control of the Wisconsin legislature. This, coupled with Milwaukee hosting the Republican National Convention in July and Wisconsin's status as one of the foremost battleground states this year for control of the Presidency and the U.S. Senate, will make for a very interesting 2024 election year.

Our intention is to provide you with an initial analysis of the 2024 election cycle so that you are able to make informed policy decisions with the 2025-2026 state legislative session in mind. As the year progresses, we will provide you with a pre-primary election report, a post-primary election report, a post-general election report on the various races, including those at the federal level, as well as polling data.

As 2024 is a presidential election year, this will very likely increase voter turnout throughout Wisconsin. One could argue that this presidential election is not only a referendum on the term of the incumbent president, Democrat Joe Biden, but also on his predecessor, former president Donald Trump, which will have an impact the various down-ballot races in Wisconsin.

In addition to the presidential race, Wisconsin is also facing a U.S. Senate race with incumbent two-term Democratic U.S. Senator Tammy Baldwin of Madison. She is facing Republican businessman Eric Hovde of the Madison area, who appears to not be facing any significant primary challengers. Hovde also unsuccessfully ran in the 2012 U.S. Senate primary election, losing to former long-time Republican Governor Tommy Thompson – who ultimately lost to then-U.S. Representative Tammy Baldwin. This race could be quite close, but Tammy Baldwin has proven to be a tough competitor in her past two statewide elections, as she has expanded her support beyond the traditional Democratic areas of Milwaukee and Dane (which includes Madison) counties. This is already a closely watched race, as it could determine which party controls the U.S. Senate.

Farther down the ballot, all of Wisconsin's eight U.S. House members are up for election. The two most contentious races among the eight are the seats held by Republican U.S. Representative Derrick Van Orden – who represents a seat that includes much of western Wisconsin and some of central Wisconsin (Platteville, La Crosse, Eau Claire, and Stevens Point) and Republican U.S. Representative Bryan Steil – whose district includes southeast Wisconsin and portions of southcentral Wisconsin (Kenosha, Racine, Beloit, Janesville, and some southern Milwaukee suburbs). Van Orden likely holds the seat that is most at danger of flipping to a Democratic candidate. He is facing the following Democrats: small business owner Rebecca Cooke of Eau Claire – who ran for this seat in 2022 – state Representative Katrina Shankland of Stevens Point, and activist Eric Wilson from Eau Claire. Steil holds a somewhat safer seat, although he recently gained a top-tier Democratic opponent – Peter Barca of Kenosha. Barca actually held this seat in 1993-1994, represented Kenosha in the state Assembly for a number of years (including as minority leader) and, most recently, as the secretary of the state Department of Revenue.

The following is a list of key campaign and election dates:

- **May 24, 2024:** Deadline for incumbents not running for re-election to file notice of non-candidacy.
- **June 3, 2024:** Candidates submit nomination papers to the Wisconsin Elections Commission.
- **August 13, 2024:** Partisan primaries for state legislative races.
- **November 5, 2023:** General election
- **January 6, 2025:** State legislative inauguration

State Government Elections

■ Overview

Both houses of the Wisconsin Legislature currently have Republican majorities (Assembly – 64-35; Senate 22 to 10 with 1 vacancy in a heavily Democratic district in Milwaukee). All 99 Assembly seats are up for election. In the Senate, 16 of 33 seats are up – eight of these seats feature GOP incumbents and four of them are open seats.

The current political wisdom is that Assembly Republicans are in position to maintain control following the 2024 election due to the number of Republican seats that are viewed as safe or strong for the GOP, in addition to the high number of GOP incumbents. However, due to 2024 redistricting, the number of highly competitive seats has increased under the new district maps. As such, it is possible that Assembly Republicans may lose a small number of seats, but not enough to lose the majority. Under the newly created state legislative maps, 45 Assembly districts lean Democratic, 46 Assembly districts lean Republican, and 8 Districts are “Toss Up” districts.

Likewise, it is expected Senate Republicans will also maintain control of that body in 2024. However, the GOP may also lose seats in this chamber due to the increase of competitive seats because of 2024 redistricting. In order to take control of this chamber, 13 Democratic candidates would have to win Senate seats in November, which is unlikely. However, it is significant that each Senate seat up for election this year features a Democratic candidate, which has not occurred in more than two decades. Under the newly enacted state legislative maps, 14 Senate districts lean Democratic, 15 Senate districts lean Republican, and 4 Senate districts are “Toss Up” districts.

■ State Assembly

The following is a summary of the most competitive state Assembly races in 2024:

Assembly District 21 – Southeast Milwaukee County

- Incumbent is Rep. Jessie Rodriguez (R-Oak Creek), who is a member of the Joint Finance Committee.
- The new district includes Oak Creek, portions of the city of Milwaukee, and a portion of Greenfield. The City of South Milwaukee is no longer in her district.
 - The new district shifts 4% in favor of Democrats. Based on the last two statewide elections, it is a 53% Democratic district.
- As this is written, she has not yet announced whether she is running for re-election.
- The only announced candidate is David Marsteller (D-Milwaukee).

Assembly District 26 – Sheboygan Area

- No incumbent was drawn into this district, but Rep. Amy Binsfeld (R-Sheboygan) will move into this district from just north of this district.
- The new district includes all of the City of Sheboygan. Oostburg is no longer included in this district.
 - The new district shifts 12% in favor of Democrats. Based on the last two statewide elections, this is a 52% Democratic district.
- The only other announced candidate is Joe Sheehan (D-Sheboygan).

Assembly District 30 – Twin Cities Suburbs (River Falls, Hudson)

- Incumbent is Rep. Shannon Zimmerman (R-River Falls), who is a member of the Joint Finance Committee.
- The new district now includes all of the City of River Falls but loses a large rural area north of Hudson.
 - The new district shifts 5% in favor of Democrats. Based on the last two statewide elections, it is a 51% Republican district.
- Rep. Zimmerman has announced his re-election bid and Alison Page (D-River Falls) has also announced her candidacy.

Assembly District 51 – Southwestern Wisconsin

- Incumbent is Rep. Todd Novak (R-Dodgeville).
- The new district now includes a portion of Dane County (Mount Horeb), in addition to Mineral Point, Dodgeville, and Darlington. His district loses the communities of Spring Green and Monroe.
 - The new district shifts 5% in favor of Democrats. Based on the last two statewide elections, it is a 54% Democratic district.
- Rep. Novak, Robert Harlow (D-Barneveld), and Elizabeth Grabe (D-Mount Horeb) have announced their candidacies.

Assembly District 53 – Fox Valley (Neenah, Menasha)

- No incumbent lives within the boundaries of this new district.
- This district is just comprised of Neenah and Menasha. Prior to the 2024 redistricting, both communities were included in separate Assembly districts.
 - The new district shifts 15% in favor of Democrats. Based on the last two statewide elections, it is a 52% Democratic district.
- The only announced candidate is Don Merkes (D-Menasha).

Assembly District 61 – Southwest Milwaukee County

- No incumbent lives within the boundaries of this new district.
- This district is comprised of several Milwaukee suburbs (Hales Corners, Greendale, Greenfield), as well as a portion of the City of Milwaukee.
 - The new district shifts 13% in favor of Democrats. Based on the last two statewide elections, it is a 51% Democratic district.
- Rep. Bob Donovan (R-Greenfield) has announced that he will move into this district to run for re-election. LuAnn Bird (D-Hales Corners) is also running for this seat.

85th Assembly District – Wausau Area

- No incumbent lives within the boundaries of this new district.
- This district is comprised of the Wausau and the suburban community of Weston. It no longer includes the suburbs of Schofield and Rothschild and a large swath of rural area east of Wausau.
 - The new district shifts 2% in favor of Democrats. Based on the last two statewide elections, it is a 51% Republican district.
- Rep. Pat Snyder (R-Schofield) has announced that he is running and will move into the district. Yee Ziong (D-Weston) is the other announced candidate.

88th Assembly District – Eastern Green Bay Suburbs

- No incumbent lives within the boundaries of this new district.
- This district is comprised of the eastern Green Bay suburbs of De Pere (all), Allouez, and Bellevue. Previously, it included a portion of Green Bay, a portion of De Pere, and a large rural area south of Green Bay, but not Allouez.
 - This new district shifts 5% in favor of Democrats. Based on the last two statewide elections, it is a 50.5% Republican district.
- The announced candidates are Phil Collins (R-De Pere), Ben Franklin (R-De Pere), and Christy Welch (D-De Pere).

89th Assembly District – City of Green Bay and Western Suburbs

- No incumbent lives within the boundaries of this new district.
- This district is comprised of a significant portion of the City of Green Bay and the eastern suburb of Ashwaubenon.
 - This new district shifts 16% in favor of Democrats. Based on the last two statewide elections, it is a 51% Democratic district.
- The announced candidates are Ryan Spaude (D-Green Bay) and Patrick Buckley (R-Green Bay).

92nd Assembly District – Northwest Wisconsin

- Rep. Clint Moses (R-Menomonie) is the incumbent and has announced that he is running for re-election.
 - Rep. Moses currently serves as chair of the Assembly Health Committee and is a practicing chiropractor.
- This district is comprised of Menomonie, Chippewa Falls, and rural areas in between both communities. The district has essentially shifted towards the east, as it did not include Chippewa Falls previously.
 - This new district shifts 8% in favor of Democrats. Based on the last two statewide elections, it is a 52% Republican district.
- The following people have also announced their candidacy for this seat: Joseph Plouff (D-Menomonie) and Caden Berg (D-Chippewa Falls).

94th Assembly District – La Crosse Area

- Rep. Steve Doyle (D-Onalaska) is the incumbent and has announced that he is running for re-election.
- This La Crosse-area district is comprised of suburb Onalaska, Holmen, West Salem, and rural areas north of La Crosse.
 - This new district makes no effective shift towards either Democrats or Republicans post-redistricting. Based on the last two statewide elections, it is a 50% Republican/50% Democratic district.
- Ryan Huebsch (R-Onalaska) is the only other announced candidate.

■ **State Senate**

The following is a summary of the most competitive state Senate races in 2024:

8th Senate District – Northern Milwaukee Suburbs

- Sen. Duey Stroebel (R-Saukville) is the incumbent and has announced that he is running for re-election.
- Sen. Stroebel’s northern Milwaukee suburban district has changed dramatically, as it now includes Port Washington, all of Cedarburg, Mequon, and portions of Milwaukee County (Brown Deer, Bayside, Fox Point, and Whitefish Bay).
 - This new district shifts 3% in favor of Democrats. Based on the last two statewide elections, it is a 51% Republican district.
- Jodi Habush Sinykin (D-Whitefish Bay) is the only other announced candidate.

14th Senate District – Southcentral Wisconsin North of Madison (and a portion of Madison)

- Sen. Joan Ballweg (R-Markesan) has announced that she will move into this district and run for re-election.
- This district includes Wisconsin Dells, Baraboo, Richland Center, Portage, the Madison suburbs of DeForest and Windsor, as well as a portion of Madison. Previously, this district was broken into three separate districts.
 - This new district shifts 14% in favor of Democrats. Based on the last two statewide elections, it is a 52% Democratic district.

- Sarah Keyeski (D-Lodi) and Christopher Unterberger (D-Wisconsin Dells) are the other two declared candidates.

18th Senate District – Fox Valley

- No incumbent lives within the boundaries of this new district.
- This district includes much of the Fox Valley, including Oshkosh, Neenah, Menasha, and Appleton. This district no longer includes a great deal of rural area north and west of the prior Senate district.
 - This new district shifts 10% in favor of Democrats. Based on the last two statewide elections, it is a 54% Democratic district.
- As this is written, the declared candidates are: Kristin Alfheim (D-Appleton), Joseph Carman (D-Appleton), Dr. Anthony Phillips (R-Appleton), Blong Yang (R-Appleton).

30th Senate District – Green Bay and Suburbs

- Three incumbent senators have been drawn into this district – Eric Wimberger (R-Green Bay), Andre Jacque (R-De Pere), and Rob Cowles (R-Green Bay), however, none of them are running in this district. [Wimberger is running for re-election in the 2nd Senate district northwest of Green Bay, Jacque is running for Congress, and Cowles opted not to run for re-election.]
- This district includes most of the City of Green Bay, as well as suburban Allouez, Ashwaubenon, De Pere, and Bellevue). This district was previously comprised of area included in three separate Senate districts.
 - This new district shifts 7% in favor of Democrats. Based on the last two statewide elections, it is a 52% Democratic district.
- As this is written, the only declared candidates are Jamie Wall (D-Green Bay) and Jim Rafter (R-Green Bay).

WPHA Resolution Calling for a Ceasefire and an Examination of the Public Health Implications of the Israel-Hamas War

Whereas, a world in which we value each other, honor our connectedness, and work together to change the structures of marginalization will bring peace, safety, and conditions for all of us to thrive.

Whereas, Since October 7, 2023, over 30,000 Palestinians in Gaza have been killed by Israeli attacks, in response to Hamas's brutal attack that killed over 1,200 people in Israel and have held over 200 people in hostage.¹

Whereas, because of their Palestinian, Arab, or Jewish identities and family histories, thousands of Wisconsinites are directly impacted by the continued trauma of October 7th, the ongoing violence against the civilian population of Palestine, and continued captivity of all hostages.

Whereas, Palestinians in Gaza are facing a humanitarian crisis of unprecedented scale due to the ongoing indiscriminate bombing, ground invasion, limited clean water, food, and medical supplies, and displacement, carried out by the Israeli government.

Whereas, this conflict is perpetuating a dangerous lack of access to housing, medical, and basic needs, compounding this health and humanitarian crisis that existed prior to October 7th.²

Whereas, this violence is an extension of a decades-long conflict stemming from failed policies inflicted on both Israelis and Palestinians.^{3,4,5}

Whereas, Palestinians and Israelis have long history of generational trauma that has jeopardized their sense of safety and security which all people deserve.^{6,7}

Whereas, the conflict has increased Antisemitic and Islamophobic sentiments and hate crimes across US communities and abroad.⁸

Whereas, the conflict has highlighted the mass confiscations of Palestinian land and property, demolitions and prejudicial restrictions on home construction, illegal proliferation of Israeli settlements, forced detentions, torture, unjust arrests and a lack of due process for Palestinian prisoners that predate the Hamas attacks on October 7th and have negatively impacted the health of Palestinians.⁹

¹ United Nations Office for the Coordination of Humanitarian Affairs-occupied Palestinian territory. Hostilities in the Gaza Strip and Israel | <https://www.ochaopt.org/>

² Mills D et al. Unique barriers to care and outcomes of pediatric acute lymphoblastic leukemia treatment in Gaza city, occupied Palestinian territory. 2017. Journal of Global Oncology. Volume 3, Number 2

³ "Israeli Attacks Wipe out Entire Families in Gaza." Amnesty International, 20 Oct. 2023, www.amnesty.org/en/latest/news/2023/10/damning-evidence-of-war-crimes-as-israeli-attacks-wipe-out-entire-families-in-gaza/.

⁴ "The Crisis Shows the Failure of Israeli Policy towards Palestinians, Says Shlomo Brom." The Economist, www.economist.com/by-invitation/2023/10/10/the-crisis-shows-the-failure-of-israeli-policy-towards-palestinians-says-shlomo-brom.

⁵ "Stephen Walt: US, Israeli Strategy on Palestine Has Failed." Www.aljazeera.com, www.aljazeera.com/program/the-bottom-line/2023/10/12/stephen-walt-us-israeli-strategy-on-palestine-has-failed.

⁶ Dashorst P, Mooren TM, Kleber RJ, de Jong PJ, Huntjens RJC. Intergenerational consequences of the Holocaust on offspring mental health: a systematic review of associated factors and mechanisms. Eur J Psychotraumatol. 2019 Aug 30;10(1)

⁷ Dayyeh et al., Traumatic experiences of the Nakba: A case study of the first generation. Eur J of Social Sciences. 2018;57(7)

⁸ Singh, Kanishka, and Kanishka Singh. "US Antisemitic, Islamophobic Incidents Surge with War, Advocates Say." Reuters, 26 Oct. 2023, www.reuters.com/world/us/us-antisemitic-islamophobic-incidents-surge-with-war-advocates-say-2023-10-25/.

⁹ Amnesty International. "ISRAEL'S OCCUPATION: 50 YEARS OF DISPOSSESSION." Amnesty.org, 7 June 2017, www.amnesty.org/en/latest/campaigns/2017/06/israel-occupation-50-years-of-dispossession/.

Whereas, the International Court of Justice have ruled that some acts committed by the Israeli government appear to be capable of falling within the Genocide Convention.¹⁰

Whereas, the Wisconsin Public Health Association asserts that racism is a public health crisis affecting our society and Wisconsin public health organizations have determined that racism is an important root cause of poor health and of health disparities, and have dedicated their work toward dismantling racism and advancing systemic changes aimed at improving the health and lives of marginalized people. The work in advancing systemic changes goes beyond race, but also assesses the intersectionality of other forms of social hierarchy.

Whereas, there has been a growing number of non-binding ceasefire resolutions brought forth and voted in favor for by communities in Wisconsin and the American Public Health Association.^{11,12,13}

THEREFORE, BE IT RESOLVED THAT THE WISCONSIN PUBLIC HEALTH ASSOCIATION:

Calls for a permanent ceasefire to end the ongoing violence in Gaza; calls for humanitarian assistance including medicine, food and water, to be sent into the impacted region; and calls for the immediate and unconditional release of all hostages.

Encourages public health professionals to ensure they reduce discrimination and harassment against marginalized religious and ethnic groups within their own institutions and their communities.

Encourages public health professionals to condemn acts of genocide and dehumanization of people while also reflecting on how this applies in our everyday work in Wisconsin by developing educational sessions at the WPHA annual conference to address:

- Effective ways to increase civic engagement, including methods such as deliberative dialogues as a strategy for building common ground and solidarity.
- Advancing public health narratives for health equity, social justice, and environmental justice
- Health in All Policies approaches that address discrimination and inequities which lead to large disparities in education, employment, infrastructure development, land ownership, housing policies, and other forms of social determinants of health.

Encourages Wisconsin Public Health schools, programs and organizations to integrate frameworks and principles of Peace through Health.¹⁴

FISCAL IMPACT

- A. Time and training investment of up to 10 hours by WPHA to invite and engage members in statewide training in frameworks and principles of peace through health.
- B. Invest time during an annual meeting or conference through a breakout session with invited experts (not to exceed \$1500 in honorariums and travel expenses).

¹⁰ ICJ Ruling: Key Takeaways from the Court Decision in Israel Genocide Case. 26 Jan. 2024, www.reuters.com/world/middle-east/key-takeaways-world-court-decision-israeli-genocide-case-2024-01-26/.

¹¹ Madison City Council calls for ceasefire in Gaza in unanimous vote. 6 Dec 23, <https://madison365.com/madison-city-council-calls-for-ceasefire-in-gaza-in-unanimous-vote/>

¹² Milwaukee County Board calls for a permanent cease-fire in Gaza. 21 Mar 2024 <https://www.jsonline.com/story/news/politics/2024/03/21/milwaukee-county-board-calls-for-a-permanent-cease-fire-in-gaza/73020783007/>

¹³ APHA Urges Biden to Call for Immediate Ceasefire in Israel-Hamas Conflict. 17 Nov 23 <https://www.medpagetoday.com/publichealthpolicy/publichealth/107429>

¹⁴ Namer Y, Wandschneider L, Middleton J, Davidovitch N and Razum O (2021) How can Schools of Public Health Actively Promote Peace?. Public Health Rev 42:1604459. doi: 10.3389/phrs.2021.1604459

2024 RESOLUTION: Ethical Guidelines for Artificial Intelligence in Healthcare and Public Health

WHEREAS, the use of Artificial Intelligence (AI) in healthcare is rapidly expanding, offering significant benefits in improving patient outcomes, enhancing healthcare delivery, and advancing medical research; and

WHEREAS, ethical considerations surrounding the use of AI in healthcare are paramount, including issues of patient consent, privacy, data security, algorithmic bias, and transparency^{1,2,3,4}; and

WHEREAS, the World Health Organization (WHO) has emphasized the importance of ethics in digital health and the necessity for guidelines to ensure equitable, safe, and effective use of AI in healthcare⁵; and

WHEREAS, disparities in healthcare access and outcomes persist, and AI has the potential to either mitigate or exacerbate these disparities, depending on its implementation⁶; and

WHEREAS, the integration of AI in healthcare necessitates a multidisciplinary approach involving healthcare providers, patients, AI developers, ethicists, and policymakers⁷; and

WHEREAS, ongoing research indicates potential risks associated with AI, including the perpetuation of existing biases in healthcare, misinterpretation of AI recommendations, and over-reliance on AI decision-making^{8,9}; and

WHEREAS, transparency in AI algorithms and decision-making processes is essential for trust and accountability in healthcare, with patients and providers needing clarity on how AI tools reach conclusions¹⁰; and

WHEREAS, AI in healthcare must adhere to the highest standards of data protection and privacy, ensuring patient confidentiality and security of health information^{11,12}; and

WHEREAS, continuous monitoring, evaluation, and regulation of AI in healthcare are necessary to address evolving ethical, legal, and social implications¹³; and

WHEREAS, there is an urgent need for comprehensive guidelines and frameworks to govern the ethical use of AI in healthcare, ensuring it aligns with the values and needs of patients, healthcare providers, and society^{14,15}, and

WHEREAS, recognizing the critical connection between AI in healthcare and public health, it is essential to acknowledge and address the potential for AI to impact health equity and exacerbate health disparities, underscoring the importance of ethical considerations in its deployment¹⁶.

THEREFORE, BE IT RESOLVED That The Wisconsin Public Health Association:

1. Encourages the development and implementation of robust ethical guidelines for AI in healthcare, focusing on patient safety, equity, transparency, and accountability.
2. Calls for deep and broad collaboration to establish standards and best practices for AI in healthcare, ensuring alignment with health goals and ethical principles.
3. Acknowledges the importance of partnerships with other organizations in advancing the ethical guidelines and implementation of AI in healthcare to amplify impact and ensure broader adoption of best practices.
4. Urges healthcare organizations and governments to invest in education and training for healthcare professionals on the ethical use of AI, enhancing their ability to integrate AI tools effectively and responsibly.
5. Recommends ongoing research and dialogue on the ethical implications of AI in healthcare, fostering a culture of continuous learning and adaptation to emerging technologies.
6. Calls for the establishment of regulatory frameworks and oversight bodies to monitor the development and application of AI in healthcare, ensuring compliance with ethical standards and protection of patient rights.
7. Encourages active participation and input from diverse stakeholders, including patients, healthcare professionals, ethicists, and technologists, in the development of AI applications in healthcare, ensuring that these technologies are inclusive and responsive to the needs of all.
8. Emphasizes the importance of addressing algorithmic bias and ensuring that AI tools are designed and implemented in a manner that promotes health equity and reduces disparities.
9. Recommends transparency in AI algorithms and decision-making processes in healthcare, enabling patients and providers to understand and trust AI-based recommendations and actions.
10. Urges stringent data protection and privacy measures in AI healthcare applications, safeguarding patient confidentiality and the integrity of health information.
11. Calls for the establishment of mechanisms for reporting, reviewing, and addressing ethical concerns and adverse events related to AI in healthcare, ensuring continuous improvement and accountability.
12. Commits to providing training and educational resources for public health practitioners to enhance their understanding of AI's limitations and ethical considerations, ensuring informed and responsible use of AI in healthcare

Fiscal Impact / Measures of Success:

The above “Be It Resolved” statements are satisfactorily completed if WPHA’s members vote to adopt this resolution and it becomes WPHA’s official public position on the issue. No additional staff time or money would necessarily be required. However, if there are legislative or other proposals that occur in the future on this topic, this resolution would serve to help a) guide the WPHA WALHDAB Joint Policy and Advocacy Committee in any position it might wish to take on the proposal(s), and b) guide WPHA members who may wish to devote additional time and energy advocating on legislative, organizational, or other proposals related to this topic.

References

1. Char, D. S., Shah, N. H., & Magnus, D. (2018). Implementing machine learning in health care - addressing ethical challenges. *The New England Journal of Medicine*, 378(11), 981-983. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5962261/>
2. Vayena, E., Blasimme, A., & Cohen, I. G. (2018). Machine learning in medicine: Addressing ethical challenges. *PLoS Medicine*, 15(11), e1002689. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6219763/>
3. Grote, T., & Berens, P. (2020). On the ethics of algorithmic decision-making in healthcare. *Journal of Medical Ethics*, 46(3), 205-211. <https://pubmed.ncbi.nlm.nih.gov/31748206/>
4. Mittelstadt, B. (2019). Principles alone cannot guarantee ethical AI. *Nature Machine Intelligence*, 1(11), 501-507. <https://www.nature.com/articles/s42256-019-0114-4>
5. World Health Organization. (2021). Ethics and governance of artificial intelligence for health: WHO guidance. Geneva: World Health Organization. <https://www.who.int/publications/i/item/9789240029200>
6. Rajkomar, A., Hardt, M., Howell, M. D., Corrado, G., & Chin, M. H. (2018). Ensuring fairness in machine learning to advance health equity. *Annals of Internal Medicine*, 169(12), 866-872. <https://www.who.int/publications/i/item/9789240029200>
7. Topol, E. J. (2019). High-performance medicine: The convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44-56. <https://www.nature.com/articles/s41591-018-0300-7>
8. Parikh, R. B., Teeple, S., & Navathe, A. S. (2019). Addressing bias in artificial intelligence in health care. *JAMA*, 322(24), 2377-2378. <https://jamanetwork.com/journals/jama/fullarticle/2756196>
9. Gerke, S., Minssen, T., & Cohen, G. (2020). Ethical and legal challenges of artificial intelligence-driven healthcare. *Artificial Intelligence in Healthcare*, 295-336. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332220/>
10. Farhud DD, Zokaei S. Ethical Issues of Artificial Intelligence in Medicine and Healthcare. *Iran J Public Health*. 2021;50(11):i-v. doi:10.18502/ijph.v50i11.7600. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8826344/>
11. Price, W. N., & Cohen, I. G. (2019). Privacy in the age of medical big data. *Nature Medicine*, 25(1), 37-43. <https://www.nature.com/articles/s41591-018-0272-7>
12. Rumbold, J. M., & Pierscionek, B. (2017). The effect of the General Data Protection Regulation on medical research. *Journal of Medical Internet Research*, 19(2), e47. <https://pubmed.ncbi.nlm.nih.gov/28235748/>

13. Reddy, S., Allan, S., Coghlan, S., & Cooper, P. (2020). A governance model for the application of AI in health care. *Journal of the American Medical Informatics Association*, 27(3), 491-497. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7647243/>
14. Luxton, D. D. (2020). Artificial intelligence in psychological practice: Current and future applications and implications. *Professional Psychology: Research and Practice*, 51(5), 470-478. <https://psycnet.apa.org/record/2013-39417-001>
15. Gerke, S., Babic, B., Evgeniou, T., & Cohen, I. G. (2020). The need for a system view to regulate artificial intelligence/machine learning-based software as medical device. *NPJ Digital Medicine*, 3, 53. <https://pubmed.ncbi.nlm.nih.gov/32285013/>
16. Abramoff MD, Tarver ME, Loyo-Berrios N, et al. Considerations for addressing bias in artificial intelligence for health equity. *NPJ Digit Med*. 2023;6(1):170. Published 2023 Sep 12. doi:10.1038/s41746-023-00913-9

DRAFT

WPHA Firearm Violence Resolution

Whereas firearm violence is a public health crisis, as declared by the American Public Health Association.

Whereas firearm violence claims thousands of lives—over 48,830 in 2021—in the United States and is a preventable health issue.

Whereas evidence-based policies, including waiting periods for firearm purchase, and practices, including secure storage of firearms, exist for firearm injury and violence prevention.

Whereas a comprehensive public health approach involves defining and monitoring firearm violence in our state, identifying risk and protective factors for firearm violence, developing, and testing firearm violence prevention strategies, and assuring the widespread adoption of effective firearm violence prevention activities.

Whereas firearm violence affects people of all ages, races, genders, and other identities but also disproportionately impacts minoritized communities, including BIPOC community members, and is a threat to health equity.

Whereas firearm violence includes both interpersonal violence as well as self-directed violence, including suicide.

Whereas firearms are the leading cause of death among children in the U.S. since 2020.ⁱ

Whereas Black children and teens in the U.S. are 17 times more likely than their white peers to die by gun homicide.ⁱ

Whereas since the COVID-19 pandemic the rise in non-fatal shootings has been disproportionately shouldered by Black and Latinx adults in Wisconsin.ⁱⁱ

Whereas two-thirds of incidents of firearm violence in Wisconsin are suicides.

Whereas firearm suicide disproportionately claims the lives of White men in Wisconsin, and particularly men between the ages of 45 and 54.ⁱⁱⁱ

Whereas 50% of intimate partner violence (IPV) homicides against women happen with firearms.ⁱⁱⁱ

Whereas firearms are the most used method of suicide in Wisconsin (51% in 2020), with higher proportions among veterans and those living in rural areas.^v

Whereas the greater than 1,200% rise between 2001 and 2020 in 9mm pistol manufacturing in the US is significant related to pediatric firearm mortality.^{vi}

Whereas firearm violence costs Wisconsin \$8.4 billion annually, \$144.3 million is paid by taxpayers.^{vii}

Whereas the American Public Health Association “recognizes a comprehensive public health approach to addressing this growing crisis is necessary.”^{viii}

Therefore, be it resolved that the Wisconsin Public Health Association

1. Asserts that firearm violence is a public health crisis that affects our entire society and has disproportionate impacts on minoritized and marginalized communities
2. Affirms that firearm violence can be prevented
3. Advocates for relevant local and state policies aimed at addressing firearm violence, including universal background checks and red flag laws, which are associated with reductions in suicidal behavior
4. Educates its members, through virtual and in-person offerings, about different aspects of firearm violence and firearm violence prevention
5. Partners with other organizations addressing firearm violence

References

- ⁱ Goldstick, J., Cunningham, R., & Carter, P. (2022). *The New England Journal of Medicine*, 386, 1955-1956.
- ⁱⁱ Tomas, C.W., Flynn-O'Brien, K.T., Harris, J., Kostleac, C., Moore, R., Cassidy, L., & deRoon-Cassini, T.A. (2023). Increase in traumatic injury burden amidst COVID-19 was disproportionately shouldered by racial and ethnic minority patients: An urban case study. *Trauma*, 1-9.
- ⁱⁱⁱ APHA Conference Presentation: Disarming Intimate Partner Violence Offenders: An analysis of federal and state firearm prohibitor laws in the United States, 1991-2020.
- ^v "Suicide in Wisconsin: Impact and Response Report-July 1, 2021-June 30, 2022. <https://www.dhs.wisconsin.gov/publications/p02657a-22.pdf>
- ^{vi} Tomas, C., Fumo, N., Kostelac, C.A., Flynn-O'Brien, K., Levas, M., Moore, R., deRoon-Cassini, T.A., & Hargarten, St. (2023). Trends in firearm production and firearm deaths in U.S. youth. *Preventive Medicine*, 175, 1076684
- ^{vii} "How does gun violence impact the communities you care about. Everystat
- ^{viii} American Public Health Association: Topics and Issues: Gun Violence. <https://www.apha.org/topics-and-issues/gun-violence>

Voting as a Social Determinant of Health

WHEREAS, the ability to participate in fair and accessible elections is a fundamental right essential to a thriving democracy;^{1,2}

WHEREAS, disparities in access to the voting process disproportionately impact marginalized communities and can exacerbate health inequities;^{3,4}

WHEREAS, studies suggest a correlation between civic engagement, including voting, and overall community well-being and health outcomes;^{5,6,7}

WHEREAS, actions and policies that limit access and participation contribute to systemic injustices that influence health outcomes, particularly in vulnerable populations;^{8,9,10, 11}

BE IT RESOLVED, the Wisconsin Public Health Association (WPHA) acknowledges the potential impact of voting as a social determinant of health;

BE IT RESOLVED that WPHA will actively advocate for policies and initiatives aimed at ensuring equitable access to the voting process for all individuals, regardless of socioeconomic status, race, ethnicity, or other determinants of health;

¹ “A share in the sovereignty of the state, which is exercised by the citizens at large, in voting at elections is one of the most important rights of the subject, and in a republic ought to stand foremost in the estimation of the law. It is that right, by which we exist a free people...” -Alexander Hamilton, A Second Letter from Phocion, April 1784

² The United Nations emphasizes that elections are a vital part of democratic processes. Department of Political and Peacebuilding Affairs. (n.d.). Elections. United Nations. Retrieved from <https://dppa.un.org/en/elections>

³ Kuk, J., Hajnal, Z., & Lajevardi, N. (2022). A disproportionate burden: strict voter identification laws and minority turnout. *Politics, Groups, and Identities*, 10(1), 126-134. <https://doi.org/10.1080/21565503.2020.1773280>

⁴ American Public Health Association. (n.d.). Advancing Health Equity through Protecting and Promoting Access to Voting. Retrieved from <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2023/01/18/Access-to-Voting>

⁵ Nelson, C., Sloan, J., & Chandra, A. (2019). Examining Civic Engagement Links to Health: Findings from the Literature and Implications for a Culture of Health. RAND Corporation. <https://doi.org/10.7249/RR3163>

⁶ Schraufnagel, S. (2022). Civic Engagement and Public Health: A Q&A with a Leading Researcher on Voting Laws. Network for Public Health Law. Retrieved from <https://www.networkforphl.org/news-insights/civic-engagement-and-public-health-a-qa-with-a-leading-researcher-on-voting-laws/>

⁷ Nerone, G. (n.d.). Healthy democracy: How voting impacts well-being. University Health Services – UW–Madison. Retrieved from <https://www.uhs.wisc.edu/voting-and-health/>

⁸ Hing, A. (2018). The right to vote, the right to health: Voter suppression as a determinant of racial health disparities. *Journal of Health Disparities Research and Practice*, 12(6), Article 5. Retrieved from <https://digitalscholarship.unlv.edu/jhdrp/vol12/iss6/5/>

⁹ Brennan Center for Justice. (2021, May 6). Florida enacts sweeping voter suppression law. Brennan Center for Justice. <https://www.brennancenter.org/our-work/analysis-opinion/florida-enacts-sweeping-voter-suppression-law>



¹⁰ Totenberg, N. (2022, March 28). DeSantis signs controversial 'Don't Say Gay' bill into law. NPR. <https://www.npr.org/2022/03/28/1089221657/dont-say-gay-florida-desantis>

¹¹ Reuters. (2022, June 24). U.S. Supreme Court overturns abortion rights landmark. Retrieved from <https://www.reuters.com/world/us/us-supreme-court-overturns-abortion-rights-landmark-2022-06-24/>

BE IT FURTHER RESOLVED that WPHA commits to collaborating with partner organizations, policymakers, and community leaders to address barriers to voting and promote initiatives that enhance civic engagement and political participation;

STATEMENT OF IMPACT: Implementing these resolutions may involve minimal financial impact on WPHA, focusing primarily on advocacy efforts, collaboration initiatives, and educational campaigns. The potential impact on public health, however, is substantial, aiming to reduce disparities and improve overall community well-being by addressing voting as a critical social determinant of health.

DRAFT



WPHA-WALHDAB TOWN HALL: WHAT CAN YOU DO!

May 22, 2024

1

AGENDA

- 
Intro and Mission
- 
PA Committee
- 
Quick Review
Advocacy & Lobbying
- 
What you can do
- 
Discussion

2

DESCRIBE YOUR WORK IN POLICY

What's your policy experience?

- Local, state or Federal level
- Level of expertise (expert, novice, dabbler, not experience)

What have you done in policy?

- Spokesperson
- Content expert
- Presenter
- Organizer
- Campaign manager

3



WPHA's mission to *build collective action to address root-causes and advance public health policy & practice* to achieve a vision for *a healthier, safer, and more equitable Wisconsin.*



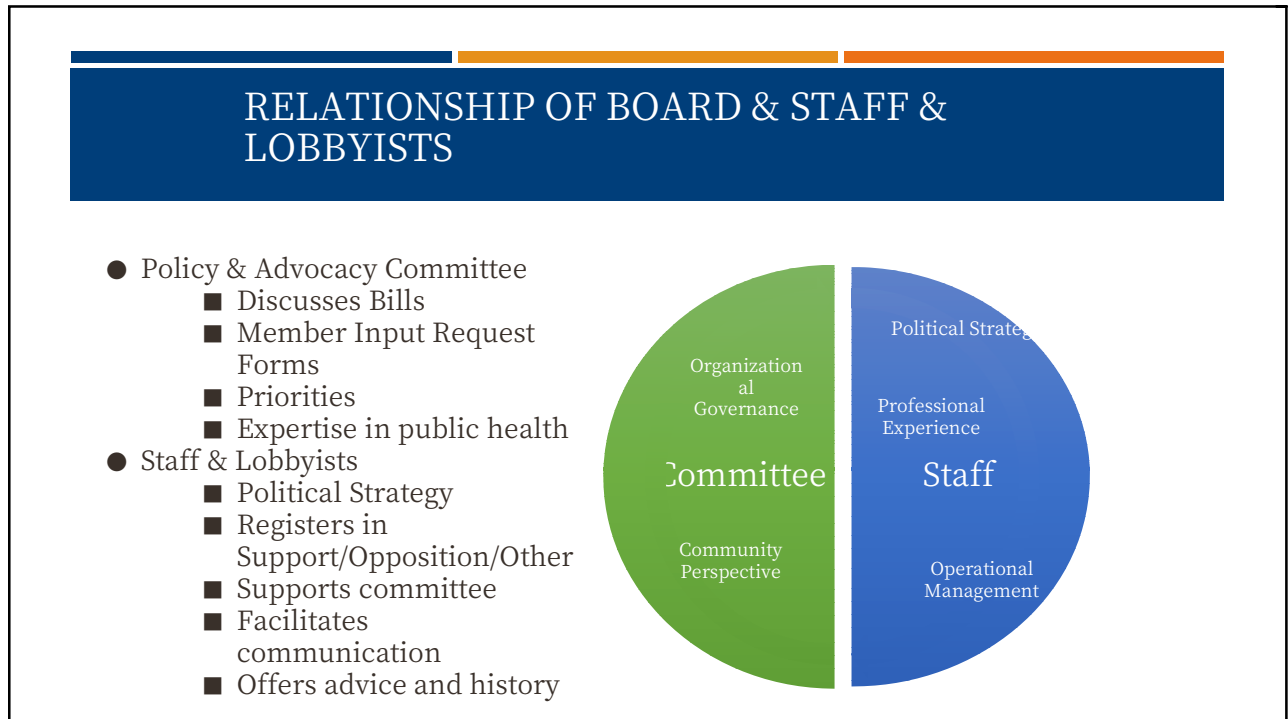
WALHDAB: WALHDAB is the statewide leader and voice for local governmental public health.

MISSION

4



5



6







WHAT'S LOBBYING?

9

LOBBYING: FEDERAL DEFINITION

Oral, written, or electronic communications to a covered legislative or executive branch official in an attempt to influence:

-  The formulation, modification, or adoption of federal legislation.
-  The administration or execution of a federal program or policy.
-  Formulation, modification, or adoption of a federal rule, regulation, executive order, policy, or position of the US government.
-  The nomination or confirmation of a person subject to confirmation by the Senate.

Source: <https://gov.gatech.edu/federal/federal-lobbying-guidelines>

10

DIRECT LOBBYING

CDC Guidance has 3 simple statements that are clear/helpful:

1. Refers to specific legislation or other executive order;
2. Reflects a point of view;
3. Contains an overt call to action.

APHA Presentation from ChangeLab Solutions, APHA 2020 Annual Meeting; <https://www.apha.org/Policies-and-Advocacy/Advocacy-for-Public-Health>

11

LOBBYING: IRS FORM 990

IRS Form 990 is used to report lobbying/advocacy/political activities and defines direct lobbying even more broadly and includes "any attempt to influence any legislation through communication with:

- (1) a member or employee of a legislative or similar body;
- (2) a government official or employee (other than a member or employee of a legislative body) who may participate in the formulation or the legislation, but if the principal purpose of the communication is to influence legislation only; or
- (3) the general public in a referendum, initiative, constitutional amendment, or similar procedure."

(APHA Presentation from ChangeLab Solutions, APHA 2020 Annual Meeting.)

12

LOBBYING: WISCONSIN DEFINITION

A communication must express a view on a specific legislative proposal that has been introduced before a legislative body (federal, state, or local) to a decision maker. This means working to influence the outcome of specific legislation—trying to get a bill passed or defeated—by communicating your or your organization’s views or position to those who participate in the formulation of the specific legislation—your Members of Congress, your state legislators, your local elected officials, or the staff of policy-makers.

Lobbying communications are:

“an oral or written communication with any agency official, elective state official, or legislative employee that attempts to influence legislative or administrative action.”

<http://docs.legis.wisconsin.gov/statutes/statutes/13/III/62/10g>

13



Federal: IRS **Grass roots** lobbying refers to efforts to influence legislation through an attempt to affect the opinions of the general public or any segment of the general public.



Direct and grassroots defined: *Direct* lobbying refers to attempts to influence a legislative body through communication with a member or employee of a legislative body, or with a government official who participates in formulating legislation. *Grass roots* lobbying refers to attempts to influence legislation by attempting to affect the opinion of the public with respect to the legislation and encouraging the audience to take action with respect to the legislation. In either case, the communications must refer to and reflect a view on the legislation. [IRS link](#)

GRASSROOTS LOBBYING

14

LOBBYING BOILS DOWN TO THREE ACTIONS:

- Refers to specific legislation or proposal
- Reflects a point of view



- And has an overt call to action: support, oppose or amend

15

OTHER IMPORTANT CONSIDERATIONS

What hat are you wearing?

- Your organization
- Your professional affiliation
- Yourself

16

Our Role in Educating Elected Officials

What folks need to know:

- What we do
- Partnerships
- Send annual reports; CHA/CHIP
- Educate at every opportunity!

17

QUESTIONS?

18



19

WHAT IS ADVOCACY AND NOT LOBBYING (STATE)

Communicating with legislators in a personal capacity;	Mass communications through the media;	Requests for information from the legislature, legislative employee, or an agency official;
Participation as a member in the deliberations of a committee of the legislature;	Lobbying of an agency official by another agency official a different agency or the same agency; and	An elective state official or legislative employee acting in an official capacity.

20

DISCUSSION

WHAT ARE YOUR QUESTIONS?

21

CANDIDATE EDUCATION

WHAT YOU CAN DO TO INCREASE KNOWLEDGE OF CANDIDATES NOW

22

EDUCATE THE PUBLIC

- Do: Hold community/candidate forums
- Do: Partner with other organizations
- Do: Keep the media in the loop
- Do: Provide information to anyone who for it
- Do: Distribute research and survey results
- Do: Provide candidates with information
- Do: Make event(s) known publicly

23

EDUCATE CANDIDATES ON ISSUES

- Do: Meet with all candidates
- Do: Provide the same opportunities to all candidates
- Do: Invite all of them to your organizational events
- Caution: Don't ask for a pledge of support
- Caution: Don't ask for a position

24

CANDIDATE APPEARANCES

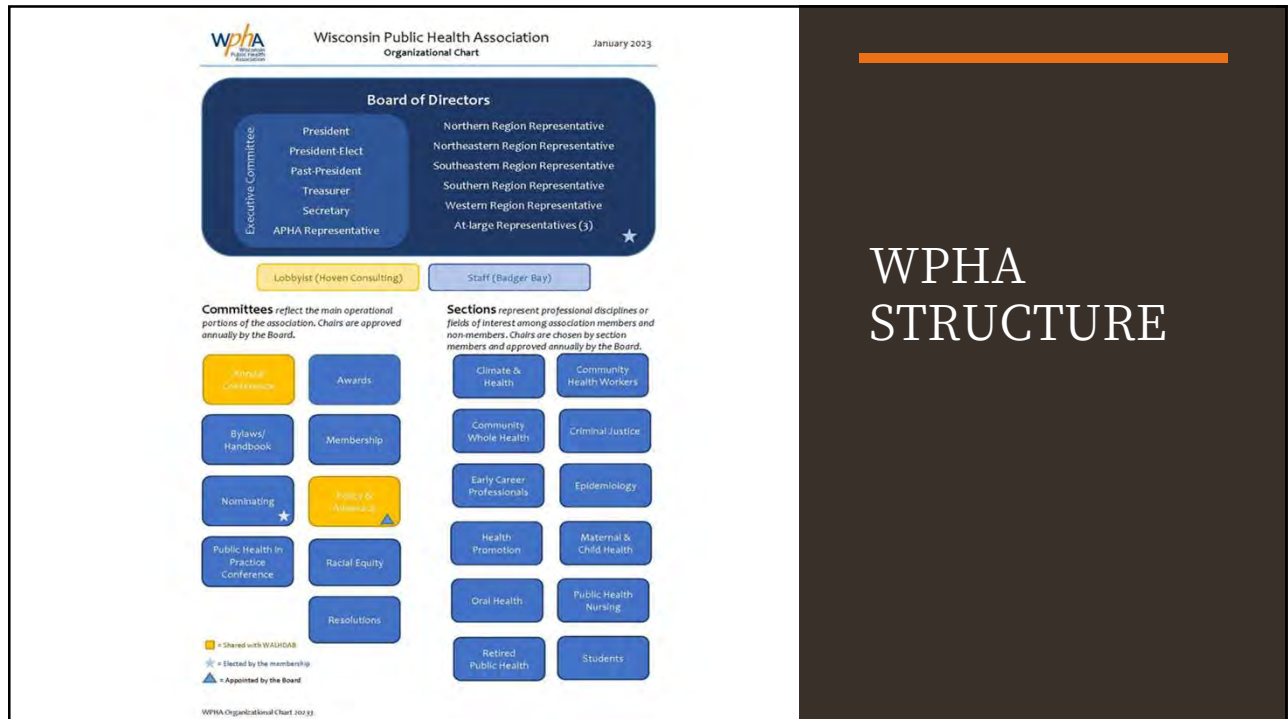
Do:

- ❑ Allow all candidate equal opportunity to speak and participate
- ❑ Do keep opportunities equal

Don't:

- ❑ Caution: Avoid political fundraising
- ❑ Caution: Avoid plugging a candidate

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WPHA STRUCTURE

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WALHDAB BOARD

Executive Committee	Board	Public Health Forward
<ul style="list-style-type: none">• Co-Presidents (Board of Health & Health Officer)• Past Co-Presidents (Board of Health & Health Officer)• Co-Presidents Elect (Board of Health & Health Officer)• Treasurer• Secretary	<ul style="list-style-type: none">• Regional Reps (Board of Health & Health Officer)• Preparedness Section (launching in first quarter 2023)• Environmental Health Section• Lab Section• WIC/Nutrition Section	<ul style="list-style-type: none">• Funding, Workforce, Legal

27



HOW WPHA & WALHDAB SUPPORT YOUR EFFORTS!

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AUDIENCE PARTICIPATION: WEBSITE



OPEN WPHA.ORG OR
WALHDAB.ORG

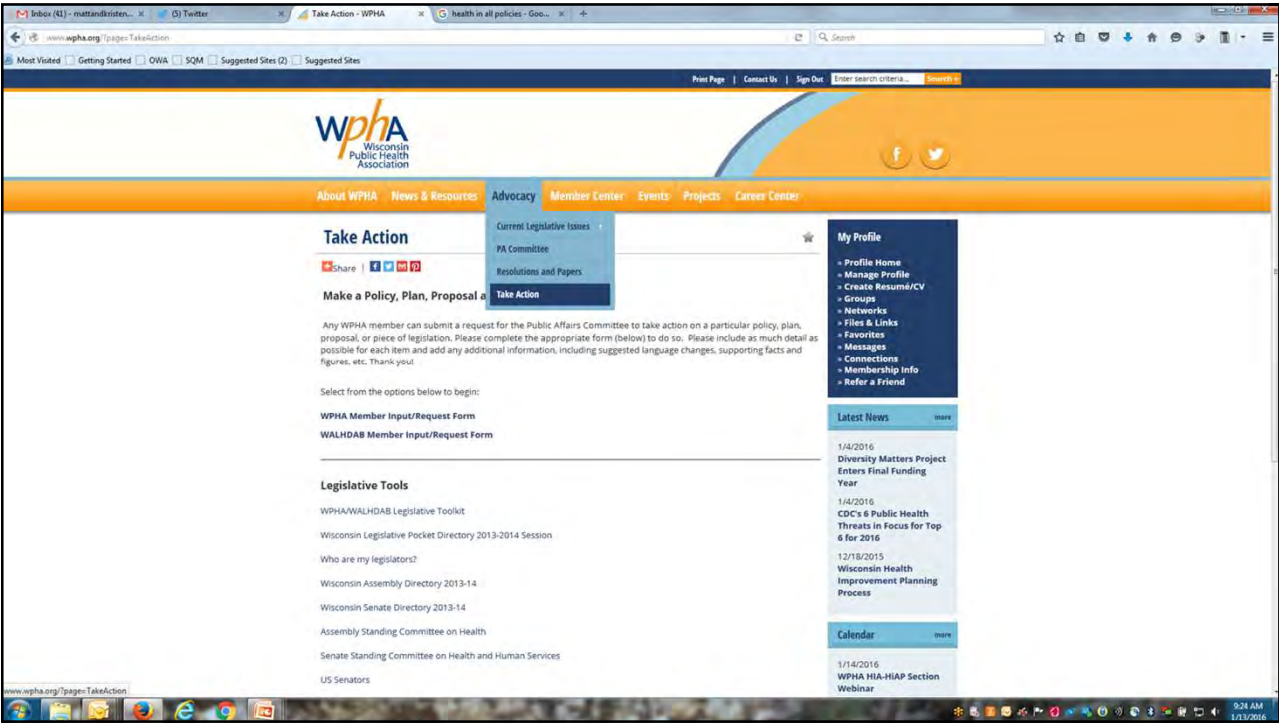


GO TO ADVOCACY TAB



LEARN HOW TO FOLLOW
LEGISLATION USING FAST
DEMOCRACY

29



The screenshot shows the WPHA website's 'Take Action' page. The header includes the WPHA logo and navigation tabs: 'About WPHA', 'News & Resources', 'Advocacy', 'Member Center', 'Events', 'Projects', and 'Career Center'. The 'Advocacy' tab is active, and a dropdown menu is open, showing options like 'Current Legislative Issues', 'PA Committee', 'Resolutions and Papers', and 'Take Action'. The main content area is titled 'Take Action' and includes a 'Make a Policy, Plan, Proposal' section with a form and instructions. Below this is a 'Legislative Tools' section with links to various resources. A right sidebar contains 'My Profile' and 'Latest News' sections.

30

80

The screenshot displays the legislative page for SB 262. At the top, a progress bar shows four stages: 'Introduced' (checked, May 02, 2023), 'Passed Senate', 'Passed Assembly', and 'Signed into Law'. The main content area features the title 'SB 262' and a 'Contact a legislator' button. Below the title, it identifies the bill as a 'Wisconsin Senate Bill' and provides a brief description: 'Relating to: open alcohol containers in or on all-terrain or utility terrain vehicles.' A row of social sharing buttons includes 'Share', 'Tweet', 'E-mail', 'Copy to clipboard', and 'Embed'. The 'Last Action' section notes 'Senate · Sep 05, 2023: Executive action taken'. The 'Latest Bill Text' section includes a 'Tracking' button and an 'Edit Notes' option. A sidebar on the left lists navigation options: SB 262, Close Bill, Overview, Bill Summary, Tweets, Similar Bills, Sponsors, News, Votes, Actions, Bill Texts, Documents, and Sources. At the bottom, a poll asks 'Do you support this bill?' with 'Yay' and 'Nay' options.

31

The graphic consists of three vertical bars of different colors: a thin orange bar on the left, a wide dark blue bar in the center, and a wide brown bar on the right. The text 'WHAT'S THE SINGLE MOST IMPORTANT ACTION YOU CAN TAKE?' is written in white, serif, all-caps font across the blue bar. The text 'MEET SOMEONE!' is written in white, serif, all-caps font across the brown bar.

32

KNOW YOUR LAWMAKERS: FOR EXAMPLE



Senate Health
Committee Chair:
Senator Rachael
Cabral-Guevara
[Senate District 19](#)
(R - Appleton)



Assembly Health, Aging and
Long-Term Care
Representative Clint P.
Moses
[Assembly District 29](#)
(R - Menomonie)

33

RELATIONSHIPS ARE CRITICAL

- Congratulate decision-makers
- Thank them for meeting with you
- Handwritten notes show extra effort
- Build bridges whenever possible



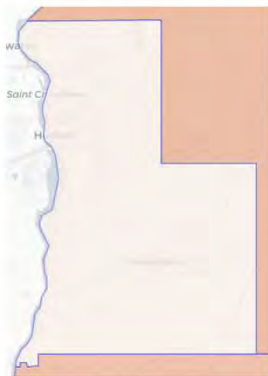
34

WHAT YOU CAN DO BETWEEN NOW AND NOVEMBER 1ST

- Learn about candidates
- Meet all candidates – ask them to coffee
- Send all candidates materials
- Go to candidate forums
- Invite all candidates to your organization
- Engage or host a candidate forum

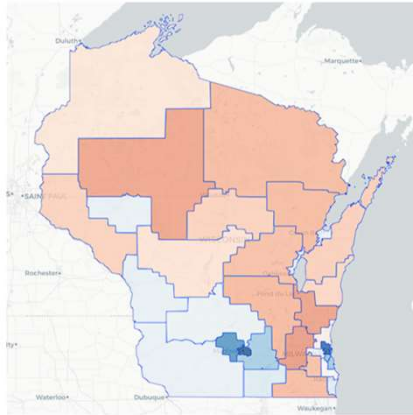
35

30th Assembly District



Lawmaker drawn in: Shannon Zimmerman (R-River Falls)
Lawmaker moving in: None
Announced candidates: Zimmerman, Alison Page (D-River Falls)
District performance: 52.6% Republican

Home - In House Features - 2024 Wisconsin Senate races



<https://www.wispolitics.com/2024/2024-senate-races/>

MEET THE CANDIDATES!

<https://www.wispolitics.com/2024/2024-assembly-races/>

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WHAT YOU CAN NOVEMBER 6 AND DECEMBER 31

- Congratulate all elected officials in your area
- Send a personal note
- Learn who their staff are and share basic information about your organization
- Ask how best connect with the office
- Plan on inviting officials to your events
- Keep track of opportunities to engage with officials by attending office hours or other events

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POLICY PRIORITIES WE WILL LEAD
A strong, well-funded, well-staffed, resilient public health workforce is essential.

- ✓ Build and retain public health infrastructure through increased and more flexible public health funding (see separate Budget Priorities document)
- ✓ Preserve public health statutory responsibility for communicable disease control and other essential public health functions (i.e., uphold critical public health laws/regulations, and reverse damaging rollbacks of public health authority)
- ✓ Directly address gaps in health at both statewide and local community levels, emphasize root-cause prevention of those health gaps, and reduce health in all policies
- ✓ Recruit and retain public health workers in Wisconsin and create and improve protections for public health workers
- ✓ Support "best practice" public health policies, including, but not limited to, immunization policies

WHO WE ARE
The Wisconsin Public Health Association (WPHA) is the state's largest professional membership organization for public health workers and includes those working in both governmental and non-governmental sectors. The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is the professional organization representing leaders and workers in local governmental public health. Public health is vital to the community, to assure the conditions in which all people can be healthy. These are conditions for the highest access to quality healthcare or making individual healthy choices.

WPHA and WALHDAB understand that strong public policy in support of public health is essential to the health, wellness, and productivity of Wisconsin residents. But there is a significant room for improvement. When Wisconsin's best health, they best practices, their law and ordinances become less secure, and healthcare costs grow for everyone.

1. <https://www.wisconsin.gov/about/dhs/2023/03/23/032303>
2. <https://www.wisconsin.gov/about/dhs/2023/03/23/032303>
3. <https://www.wisconsin.gov/about/dhs/2023/03/23/032303>

WPHA • WALHDAB POLICY AGENDA 2023 - 2024

POLICY PRIORITIES WE WILL SUPPORT

- ✓ **Community Preventive Services**
 - Strengthen Medicaid enrollment and prevention interventions
 - Advocating for community health workers
 - Supporting access to comprehensive reproductive healthcare and health services
- ✓ **Safe Communities & Criminal Justice Reform**
 - Increase treatment alternatives and diversion program (TAD) funding for mental health and substance use issues
 - Increased funding allocated to counties for juvenile justice services
- ✓ **Environmental Health**
 - Water quality
 - Air quality
 - Climate change
 - PFAS
 - Lead and other toxins
- ✓ **Income Stability & Employment**
 - Paid family leave
 - Earned income tax credits
 - Family caregiver tax credits
- ✓ **Access to Affordable and Safe Housing**
 - Expanded state income housing tax credit for developers
 - A school placement fund for lead hazards in parks and schools
- ✓ **Supporting Families and Healthy Birth Outcomes**
 - Universal school meals for all
 - Affordable childcare
 - Robust library and transportation support services
- ✓ **Expanding Civic Engagement**
 - Increased opportunities for voting rights, engagement and fair maps

BACKGROUND
Wisconsin needs a strong, well-funded public health system, including both local governmental health agencies and non-governmental community-based partners, in order to collectively assure the conditions in which people can be healthy. But Wisconsin is lagging behind.

In 2021, Wisconsin ranked 42nd out of 50 states with the lowest budget funding for public health¹ investing only \$77/person when compared to the median investment of \$86/person in the United States.

2021 Per-Capita State Investment in Public Health: Top States

State	Per-Capita Investment (\$)
VT	149
VT	148
VT	147
VT	146
VT	145
VT	144
VT	143
VT	142
VT	141
VT	140
VT	139
VT	138
VT	137
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Poor public health funding results in poor health outcomes for everyone². Unfunded mandates and reliance on short-term "ARPA" funds leave local health departments insecure. A stable public health system is good for Wisconsin.

Increasing investment to the U.S. median (\$14-\$36/person) requires \$300M+ additional per year. The Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) urge lawmakers to start investing now to create stable, healthier communities across Wisconsin.

PRIORITIES

1. **Sustained Funding for Local Health Departments – \$10 million**
 - Strengthen Wisconsin's underfunded local public health infrastructure
 - Pay for administering nearly two dozen affected state mandates
 - Enable local communities to implement public health strategies more effectively and equitably
 - Improve additional core functions:
 - 1. Develop effective strategies to respond quickly to public health emergencies
 - 2. Communicate important, accurate data and information to the public in a timely manner
 - 3. Improve equity and performance
2. **Communicable Disease Grants for Local Health Departments – \$10 million**

This specific role of local public health departments requires targeted funding. Unfunded grant of Communicable Diseases, the Hepatitis C, Influenza, Lyme Disease, and others, increases employer costs due to employee illness, hurt Wisconsinians stay well.
3. **Local Grants for Community-Based Organizations, Hospitals, and Local Health Departments to Address Community-Specific Health Gaps – \$10 million**

Hospitals and local health departments receive funding for their own, but they need prevention funding to accomplish their communities' health priorities.

WE URGE LAWMAKERS TO INCREASE FUNDING FOR

Environmental Health

1. Wisconsin Paid Leave Expansion Program
2. Lead screening and abatement grants

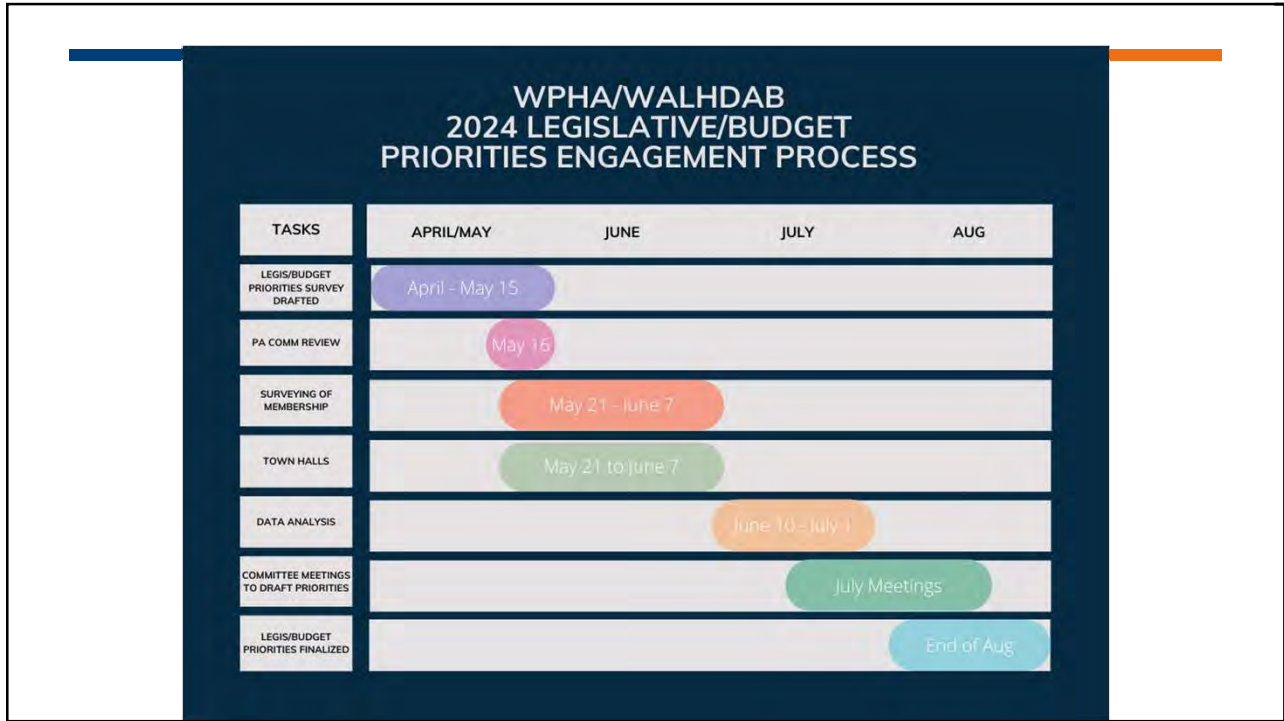
Maternal and Child Health

1. Expanded eligibility for Early & 2 Program
2. Black women and infant health
3. Expanded program medical assistance eligibility

Community Health

1. Senior program to work, live, care, strengthen, substitute care prevention, and mental wellness programs
2. Community health needs assessment grants
3. Community Health Workers
4. Medicaid-covered treatment (MCT) reimbursement for individuals with substance use disorder
5. Tobacco and vaping prevention

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Share your Policy Opinions



Help us shape our 2025-2026 public health priorities!

Scan the QR Code or Visit the Link Below!



<https://www.surveymonkey.com/r/XNQBRLC>

INPUT!!

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Don't be afraid of opposition, remember that a kite rises against the wind.



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CONTACT INFORMATION
wpha@badgerbay.co

WPHA.ORG

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What Are Your Ideas On:

- How would you like to engage in policy? (Monthly, share minutes, highlight specific bills and have guests?)
- What are other ways that you receive your information related to policy?

Legislative Priorities



Candidate Education

