

PROCEEDINGS OF THE BOARD OF HEALTH MEETING  
TUESDAY, JANUARY 12, 2021 5:00 PM  
Virtual Meeting

Present: Richard Schadewald, Kim Schanock, Cynthia Brown-Sullivan, Karen Sanchez, Susan Molenaar, Edward Morales

Excused: None

Others Present: Anna Destree, Andrea Kressin, Ted Shove, Erik Pritzl, Katrina Nordyke, Christine Counard, Chris Culotta, Janet Kazmierczak, Doug Gieryn

1. Call Meeting to Order

2. Approve / Modify Agenda

MOTION: To approve agenda.

Brown-Sullivan / Schanock

MOTION CARRIED.

3. Approve / Modify Minutes of November 10, 2020

MOTION: To approve the minutes from November 10, 2020

Brown-Sullivan / Sanchez

MOTION CARRIED.

4. Public Health Office Report

a. COVID-19 Budget Update

Anna shared information on response funding from the State of Wisconsin for 2021. One award will be a \$50,000 base plus population for contact tracing and the second award is \$250,000 base plus population will be for testing, contact tracing, surveillance, and vaccine administration.

b. Staffing Update.

Anna stated they will be posting for three Registered Nurse (RN) positions this week. The RN positions will focus more on direct services such as vaccinations and communicable disease follow up. Anna stated the Public Health Nurses will focus more on the population-based services. For the foreseeable future they will be working on COVID especially as they enter mass clinic and vaccination phase. Anna stated they have a Public Health Nurse position open as well as a Registered Sanitarian position. Anna announced Public Health Strategist Rebecca Nyberg's retirement after 31 years of service. Anna stated they are looking at how they could fund an epidemiologist to pull together health data.

5. Position Title Change Update and Discussion About Nurse Manager position

a. Nurse Manager and Community Engagement Manager title changed to Public Health Manager.

Anna stated they are having difficulty hiring a Nurse Manager. Anna stated they have consulted with others and Department of Health Services and have learned that a generalized nursing program in statute is overseen by the Board of Health and the Local Health Officer. Oversight of the staff that carryout the generalized nursing program can have other credentials than what is laid out in statute. A part of that is ensuring that there is a policy in place and a structure that allows for nursing related questions and concerns to be addressed which is separate from the programmatic questions and concerns that would be addressed through their relationship with the medical advisor as well as through a policy which identifies a charge or lead nurse that could assist with that. Anna stated they have changed both the Community Engagement Manager and

the Public Health Nurse Manager titles to be Public Health Managers. The biggest change that allowed them to do this was the credentials so that either position could be interchangeable. Regarding the Public Health Manager overseeing Community Engagement, they added that they could have a Public Health Nurse Degree and visa versa with the Public Health Manager overseeing nurses we have added other equivalent degrees. That is a permanent change specific to the titles. To address the temporary hiring concern, they have put into place two more interim managers which they intend to be six-month appointments, unless they are able to hire the Public Health Manager position sooner. Anna stated given the current ICS structure and the struggles they are having they wanted to bring this forward to the Board of Health for discussion.

b. Perspectives from another LHD and DHS.

Anna stated she invited Winnebago County Health Officer Doug Gieryn to talk about his experience and how different reporting structures can look. Doug Gieryn stated they are a 50-person agency. Their organizational structure is operating in more of a public health organization structure than an ICS organization structure at this point. He stated they went to a public health supervisor model around 2012. They have their nurses in multiple divisions and as they progress to Public Health 3.0 to address social detriments of health by looking at population level than an individual level. They have one nurse supervisor in their communicable disease division. All the nurses in the other two divisions are part of the response. They use their communicable disease supervisor as their nurse lead or clinical lead if there is a question about anything related to clinical service or nurse duties or responsibilities. The nurses that work in the other divisions are purposely integrated with other staff, community health strategists and other staff to bring that multi-dimensional professional approach to population health. Doug stated they are seeing as public health is evolving, they are relying on other disciplines in addition to nursing to accomplish their objectives. He stated if they had to have a nurse as a supervisor it would really limit them in terms of the skill sets that are available for public health that can advance public health forward. He found those interested in administration, planning, coordinating and the management of people as opposed to direct services that nurses traditionally provide.

Doug stated with the evolution of Public Health to 3.0 to population health it has been a challenge for many nurses especially those nurses that have been working in Public Health for decades. They got into public health because they want to do direct services. Doug stated when you start asking them help do strategy and community level work, you need to give them the skills if they don't have them. You need to help them understand how their experience can enhance the population as opposed to an individual. Anna stated their goal is to become modernized through accreditation and it has been in their current strategic plan but COVID has set them back in efforts. Anna stated they are unable to hire a nurse for the position but know they can hire someone as a manager who can still work with the team and drive their objectives and goals and move forward. Anna stated she brought this to the Board of Health to hear their thoughts. Erik Pritzl stated they brought to the Board of Health for guidance because they think it is important to hear what the Board of Health has to say about the positions and the structure. Dr. Brown-Sullivan stated she is in health care administration and has her master's in health care administration and a lot of it has to do with population in public health. She 100% agrees with Anna that the move for public health is population health. She thinks the supervisor role should be someone that is focused on that type of strategy and addressing the health needs and looking at the bigger picture. She thinks it is equally important to have public health nurses to do direct care with people. Dr. Morales stated he agrees and thinks that Public Health has moved to population management and he thinks in addition to Winnebago he appreciates the comments. Mr. Schadewald asked what the time frame is. Anna stated right now they have interim appointments in place, and they would like to get a permanent position hired. Anna stated if they feel that there is general acceptance of this, they will want to move forward as soon as they can

because it has been open for 4 months or greater. Anna stated the position descriptions state they could have master's in public health, nursing degree, master's in public administration, or health care administration. They added many degrees that they would consider for the position.

6. Board of Health Orientation and Overview – DHS Chris Culotta

Chris Culotta stated his three objectives for the presentation were 1) Introducing public health 2) Reviewing legal aspects and 3) Comparing responsibility and authority. Chris stated Wisconsin has 85 health departments and 11 recognized tribes. Chris stated he works for the Department of Health Services, Division of Public Health, Office of Policy Practice Alignment, and he is the Northeast Region Director as well as the 140 Rule Program Supervisor for DHS. Every five years in statute and rule they do a review of health departments. Chris stated some required services of local health departments are surveillance and investigation, communicable disease control, other disease prevention, emergency preparedness and response, health promotion, human health hazard control, policy and planning, leadership, and organizational competencies, generalized public health nursing services. Chris stated there are three department levels.

**Level I** = Required Services

**Level II** = Required Services + focus on workforce development, strategic plan, performance management plan, and quality improvement

**Level III** = Required Services + Level II focus + adoption of a performance management system, and engagement with community and departments as “chief health strategist”

Chris stated the functions of the Public Health Officer are to , manage the day-to-day functions of the health department in compliance with state requirements, create an annual report, recommend and gather input for long-term goals of the health department and community, using strategic planning and Community Health Improvement Planning, work with Human Services Director to develop and recommend budget, and recommend community-wide policies to promote health and well-being for board approval. Chris said Anna and Erik are positioning Brown County to become public health accreditation ready.

Chris stated Board of Health member expectations are to educate themselves on their community and its public health status, educate themselves on the board and local department's history, goals, achievements, and current situation, review statutes, administrative rules and local policies, participate fully in open, constructive dialogue regarding local public health both in and out of meetings, function as a policy-maker not as an administrator, link the community and the local health department, represent public health to the community, stand behind decisions of the board and its director/health officer and anticipate trends likely to affect the local health department. Erik Pritzl also suggested Board of Health members review local health ordinances.

Chris stated all public health entities are responsible for some aspects of each of the following function. No one function is more important than another.

- Policy Development - Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules to which it is subject.
- Resource Stewardship - Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform public health services essential to your community.
- Legal Authority - Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.

- Partner Engagement - Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.
- Continuous Improvement - Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the board of health's ability to meet its responsibilities.
- Oversight Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance to support the public health agency in achieving measurable outcomes.

7. Community Engagement Unit Update

Katrina stated they are continuing their community engagement outreach projects and moving them forward as well as developing new ones as appropriate. The two most important updates are they are working to finalize the Community Health Assessment. Katrina stated they are engaged in disseminating information about vaccination to our community partners.

8. Nursing Unit Update

Andrea stated nursing activities related to communicable disease are holding steady, with no significant updates or changes to operations beyond the new management oversight for the team.

a. Vaccine update

Brown County Public Health is vaccinating internal staff on Friday and planning on vaccinating eligible Health & Human Services' staff next week. They are in the early planning stages for West side mass clinic location for mass clinic planning efforts. They are partnering with key community partners for rollout as they move through next phases. Clinic will be free to the public. They are exploring a few potential locations. Andrea stated Prevea Health is mobilizing a mass clinic site on the East side at UWGB. Andrea stated as they move through vaccination phases, they will update this group as they learn more related to eligibility and opening vaccination options to more populations.

Andrea stated there are a few key points related to vaccine distribution in Brown County:

- Stayhealthybc.com website is updated with vaccine information and a referral system.
- When they reach out, Eligible 1As will receive an email with how to connect with healthcare partners when they reach out. If they already have a healthcare partner who they are working with, they are re-routing them to the partner for vaccine administration scheduling.
- Ineligible 1As will receive information on waiting until future phases.
- They are proactively reaching out to populations who are newly eligible or who may be eligible soon with information on how to request vaccine through healthcare partners (referral system). This includes dental practices, and other community partners who have been reaching out to BCPH with questions.
- They also developed a Bilingual FAQs (English/Spanish currently, Hmong, Somali IP) and great information on website at [www.stayhealthybc.com](http://www.stayhealthybc.com)
- Andrea stated the State Disaster Medical Advisory Committee (SDMAC) draft guidance has come out which opens vaccination to Fire and Police personnel as of Jan. 18. This begins their first small steps into Phase 1B. They are waiting for more information outlining who may be eligible in this phase beyond those groups, but draft guidance seems to indicate that it may be

aging populations, school and childcare staff, and specialty populations. They are in the process of actively reaching out to police and fire agencies in the area to share the news that DHS has expanded eligibility as of 1/18.

Dr. Morales asked how people can get their vaccination. Andrea stated at this time they are asking designated representatives from agencies be the ones to contact them with information as to how many eligible employees that they might have. Andrea stated our website [www.stayhealthybc.com](http://www.stayhealthybc.com) will have future developments.

Kim asked how they are recruiting volunteers and how to mobilize the community. Anna stated they utilize WEAVR <https://weavrwi.org/> for volunteers. Anna stated anyone who wants to help should register at that site.

9. Contact Tracing Update – Christine stated we did see a bump in cases around the holidays.

10. Environmental Update

Ted stated for the COVID-19 Response a total of 433 consultations were conducted, broken into three main categories: schools and daycares; long term care facilities; and general business. There were four onsite consultations, two onsite projects completed (i.e. educational video, enhanced recommendations, etc.). During this period, the heightened response was in the Long-Term Care Facility segment with additional staff resources deployed to meet demand. For LTCFs during November and December, bimonthly data pulls showed a potential correlation. While there was a decrease in overall testing, the percentage of positive tests in the 70-90 year old group decreased. However, just about every other age segment remained consistent and did not decrease. Overall, the Environmental Health Team ramped up expertise, remained flexible, and made possible the ability to scale up response capacity to demands for assistance. Ted stated they are recruiting for a vacated sanitarian position.

Ted stated the current licensing data includes the following:

- Since March 2020, approximately 230 licensed facilities closed, which was about 11% of the total licenses countywide.
- As of today, currently licensed plus delinquent facilities for this year: 2,146 compared to 2,199 last year, a decrease of 2-3% overall (when including the closures)
- They are still receiving on a frequent basis new license requests across the spectrum of licensing.
- When factoring total license count, about half makes up restaurant and taverns.
- During the pandemic, the EH Team has worked extensively with the local chapters of the Tavern League and Restaurant Associations, including “COVID-19 audits” for safety protocols, separate from their routine inspection. This provided the operator to ask questions and provide real time guidance without the regulatory element from the routine inspection side.
- On September 16, 2020, the County Board approved a one-time 50% fee reduction of certain licenses. To date, that has resulted in approximately \$221,082 in refunds.
- The county is currently batch processing these refunds.
- During the COVID-19 response, there were a lot of questions surrounding license renewals for the 2020-21 license year. Normally license renewals are due by July 1<sup>st</sup>, which include payment and any changes to contact information, etc.
- In August, the first renewal reminders were sent out to be due September 1<sup>st</sup>.
- The formal renewal was followed up with a CodeRED message, website notification, and social media messaging.
- Direction was received that the County Board would consider a further extension on September 17<sup>th</sup>. The approval included a 30-day grace period. Renewals were due by November 1<sup>st</sup> without penalty.

- They were transmitted via US mail, social media, and website update (i.e. stayhealthybc.com landing page (top portion))
- An additional renewal reminder was sent via US mail and website update to only those operators that had not renewed during the first part of November. The renewal reminder included language that indicated the facility would be at risk of facility closure beginning on December 1<sup>st</sup>.
- As of December 16<sup>th</sup>, there have been nearly 60 additional attempts by phone and email to contact the remaining 16 facilities that include 20 licenses, with no progress toward renewal.
- In years past, a single renewal reminder is mailed and those facilities that refuse to pay are “placarded”. What that means is the facility is closed because of operating without a valid license, which is outlined in both state law and county code.
- With the COVID-19 pandemic, the County Board’s decision to extend renewal due dates three months, and additional reminders, the holiday season fell within the time staff would go out to begin placarding. Beginning in January, staff will begin the placarding process. Of the 20 licenses, this includes:
  - 6 Tourist Rooming Houses
  - 3 Mobile Restaurants
  - 1 Tattoo Establishment
  - 3 – Combined Taverns and Restaurants
  - 1 Tavern
  - 2 small, limited food prep operations.
- When the inspection staff go to these facilities, the operator will have the option to make immediate arrangements to pay or close.
- The operator has 30 days, by County Code to appeal the closure decision to this board.
- Provided there is no appeal, or the board does not overturn the action, the facility will be removed from HealthSpace, the state database for food operation licensing.
- At this point, those that will pay versus close would be required to pay the 50% reduced license fee plus the late fee.
- For operators that remain close, upon re-opening (after the 30-day appeal window), they would be responsible for current and outstanding fees, including:
  - 3-year repeat violation fees, if any.
  - Operating without a license fee.
  - New license fee; and
  - Pre-inspection fee (30%).

Dr. Morales asked about the appeal process. Ted stated if someone wanted to appeal, they would just let us know and we would calendar it for the next Board of Health meeting.

11. Comments from the Public  
None.

12. Adjournment / Next Meeting Schedule - NEXT MEETING: March 9, 2021 5:00 PM

MOTION: To adjourn meeting  
MOTION CARRIED.

Morales / Schanock

Respectfully submitted,  
Patti Zich