

**LINCOLN COUNTY
BOARD OF HEALTH**
Lincoln County Health & Human Services Building
607 N. Sales Street, Suite 202, 3rd Floor Conference Room 1
Thursday, December 5, 2019
NOTE NEW TIME: 5:00 P.M.

AGENDA

1. Call to Order and Introductions
2. Approve Minutes of Previous Meeting
3. Q & A on Written & Financial Reports
4. Public Health 3.0
 - a. Health Equity
 - b. Reaccreditation
5. Overview of the Performance Management and Quality Improvement Plan
6. Review of Mass Clinic Planning and Exercise
7. Agenda Items and Next Meeting
8. Public Comment
9. Adjournment

Distribution:

Mike Loka, Dora Gorski, Patricia Voermans, Chuck Bolder, Derek Woellner, Susan Weith, Brenda Mueller, and Dr. Jeffrey Moore

Robert Lee - County Board Chairman

Division of Health – Rhinelander

Jason Hake- Administrative Coordinator

County Board Supervisors

Department Heads

News Media

Bulletin Boards

News Media-Notified on _____ at _____ m. by _____

Service Center-Posted on _____ at _____ m. by _____

Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of this meeting. Please do so as early as possible so that proper arrangements can be made. Requests are kept confidential.

While there may be a quorum of the Law Enforcement / EMS / Judicial Committee present, no Law Enforcement / EMS / Judicial business will be conducted at this meeting.

GENERAL REQUIREMENTS:

1. Must be held in a location which is reasonably accessible to the public.
2. Must be open to all members of the public unless the law specifically provides otherwise.

NOTICE REQUIREMENTS:

1. In addition to any requirements set forth below, notice must also be in compliance with any other specific statute.
2. Chief presiding officer or his/her designee must give notice to the official newspaper and to any members of the news media likely to give notice to the public.

MANNER OF NOTICE:

Date, time, place, and subject matter, including subject matter to be considered in a closed session, must be provided in a manner and form reasonably likely to give notice to the public.

TIME FOR NOTICE:

1. Normally, a minimum of 24 hours prior to the commencement of the meeting.
2. No less than 2 hours prior to the meeting if the presiding officer establishes there is a good cause that such notice is impossible or impractical.

EXEMPTIONS FOR COMMITTEES AND SUB-UNITS:

Legally constituted sub-units of a parent governmental body may conduct a meeting during the recess or immediately after the lawful meeting to act or deliberate upon a subject which was the subject of the meeting, provided the presiding officer publicly announces the time, place, and subject matter of the sub-unit meeting in advance of the meeting of the parent governmental body.

PROCEDURE FOR GOING INTO CLOSED SESSION:

1. Motion must be made, seconded, and carried by roll call majority vote and recorded in the minutes.
2. If motion is carried, chief presiding officer must advise those attending the meeting of the nature of the business to be conducted in the closed session, and the specific statutory exemption under which the closed session is authorized.

STATUTORY EXEMPTIONS UNDER WHICH CLOSED SESSIONS ARE PERMITTED:

1. Deliberation of judicial or quasi-judicial matters. Sec. 19.85(1)(a)
2. Considering dismissal, demotion, or discipline of any public employee or the investigation of charges against such person and the taking of formal action on any such matter; provided that the person is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action is taken. The person under consideration must be advised of his/her right that the evidentiary hearing be held in open session and the notice of the meeting must state the same. Sec. 19.85(1)(b).
3. Considering employment, promotion, compensation, or performance evaluation data of any public employee. Sec. 19.85(1)(c).
4. Considering strategy for crime detection or prevention. Sec. 19.85(1)(d).
5. Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session. Sec. 19.85(1)(e).
6. Considering financial, medical, social, or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of specific charges, which, if discussed in public would likely have an adverse effect on the reputation of the person referred to in such data. Sec. 19.85(1)(f).
7. Conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. Sec. 19.85(1)(g).
8. Considering a request for advice from any applicable ethics board. Sec. 19.85(1)(h).

CLOSED SESSION RESTRICTIONS:

1. Must convene in open session before going into closed session.
2. May not convene in open session, then convene in closed session and thereafter reconvene in open session with twelve (12) hours unless proper notice of this sequence was given at the same time and in the same manner as the original open meeting.
3. Final approval or ratification of a collective bargaining agreement may not be given in closed session.

BALLOTS, VOTES, AND RECORDS:

1. Secret ballot is not permitted except for the election of officers of the body or unless otherwise permitted by specific statutes.
2. Except as permitted above, any member may require that the vote of each member be ascertained and recorded.
3. Motions and roll call votes must be preserved in the record and be available for public inspection.

USE OF RECORDING EQUIPMENT:

The meeting may be recorded, filmed, or photographed, provided that it does not interfere with the conduct of the meeting or the rights of the participants.

LEGAL INTERPRETATION:

1. The Wisconsin Attorney General will give advice concerning the applicability or clarification of the Open Meeting Law upon request.
2. The municipal attorney will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

PENALTY:

Upon conviction, any member of a governmental body who knowingly attends a meeting held in violation of Subchapter IV, Chapter 19, Wisconsin Statutes, or who otherwise violates the said law shall be subject to forfeiture of not less than \$25.00 nor more than \$300.00 for each violation.

LINCOLN COUNTY BOARD OF HEALTH
THURSDAY, OCTOBER 31, 2019 – 6:00 P.M.
Health & Human Services Building

MEMBERS PRESENT: Mike Loka, Dora Gorski, Patricia Voermans, Dr. J. Moore, Brenda Mueller, Chuck Bolder, Derek Woellner

DEPARTMENT HEAD: Shelley Hersil

MEMBERS ABSENT: Sue Weith (excused)

VISITORS PRESENT: Hunter Lane

1. Call to Order and Introductions: Call to order by Mike.
2. Approve minutes of previous meeting:
Motion by Chuck, second by Pat to approve the previous meeting minutes. All ayes, motion carried.
3. Q & A on Written and Financial Reports:
Motion by Dora, seconded by Mike to place the written and financial reports on file. All ayes, motion carried.
4. Tobacco Prevention and Control Update:
Shelley shared the WI WINS Results for 2019. Lincoln County is at 94% with two establishments that sold. Tobacco 21 pending legislative bills were reviewed with the committee. The current bill does not define tobacco products nor addresses future tobacco products. Also vaping shops are not licensed. A draft resolution to support Tobacco 21 could come out early next year for the Board's review. Shelley gave an update on lung disease caused by vaping. Currently there are no cases in Lincoln County.
5. Approval of the Enforcement Designee for Ordinance 11.04:
Human Health Hazards. Motion by Mike, seconded by Brenda to designate Jeremy Blankenship to enforce Ordinance 11.04 on behalf of the Board of Health. All ayes, motion carried.
6. Employee Recruitment and Retention of Employees:
Shelley reviewed LCHD staff suggestions on employee retention. Shelley will review with administration and give the Board an update early next year.
7. Water Quality Patricia Voermans:
Pat reviewed a summary of the water quality conference break-out session she attended that was presented by Wisconsin Green Fire. They reviewed a report entitled: Opportunities Now: An analysis of priority issues and action for Wisconsin's Natural Resources. The session reviewed recommendations and standards for water quality in Wisconsin.
8. Agenda Items and next meeting:
Next meeting Thursday, December 5, 2019 at 5:00 p.m. Note new time.
9. Public Comment: None.
10. Adjournment: Motion by Dora to adjourn the meeting at 7:17 p.m., seconded by Dr. Moore. All ayes, motion carried.

Minutes submitted by S. Hersil

Lincoln County Health Department (LCHD)
Board of Health Update from October 24, 2019 – November 27, 2019

Special Scheduled Meeting Attended by Director

Date	Meetings	Location
11/14/2019	LCHD assisted in hosting Community of Practice Meeting	Rhineland

General Public Health

- Meeting occurred on October 31st with Health Department, UW Extension, MAPS, to further discuss alternatives to suspension for vaping. Want to have students take an online course on vaping as an alternative to suspension for a vaping offense.

Live Well Lincoln

- Marshfield Clinic has expanded their Recovery Corp Program to Lincoln County. There are currently 4 Recovery Coaches for Lincoln, Langlade and Marathon Counties. The Recovery Corp Program can be utilized by individuals with a substance use disorder or by a person who has been affected by someone with a substance use disorder.

Environmental Health

- **DNR issued a non-compliance letter to Highway 51 Truck stop/Friendship House.** They had been working with DSPS and DNR to install a blending system due to one of two wells having a high arsenic level. The goal was to blend the water between the two wells to bring the overall level into compliance. During a recent inspection, DNR found out that Highway 51 had turned on the blending system without approval. DNR was there to inspect the equipment prior to allowing the use of the blending equipment. This potentially exposed the public to increased arsenic for about two weeks. Diane from DNR says the risk is low as it is a “chronic contaminate”. The well with increased arsenic is currently off line and not supplying public water.
- **Rodeway Inn has purchased a new round of POU filters** on October 23, 2019, which expire on January 01, 2020. We are currently waiting on DSPS to approve the Rodeway Water Management Plan and to allow the chlorination pump to be turned on. Once these two items are approved, the POU filters could be removed. Rodeway/US Water would continue to test their water quarterly while notifying guests of risks of risks of legionella.
- **Silver Birch Supper Club: Boil Water Advisory lifted** on November 19, 2019.
- **Change to Multijurisdictional Temporary and Mobile Restaurant Licenses**
Multijurisdictional Temporary and Mobile Restaurant licenses will be issued based on where the business operation is located. (*Example- a multijurisdictional mobile restaurant with a base in Fond du Lac will receive a Fond du Lac County Health Department License*). DATCP will no longer automatically be issuing all multijurisdictional licenses. New licensing requests received on or after October 29, 2019 in agent areas will be forwarded to the agent health departments for licensing and fee collection.

Communicable Disease and Prevention

- **Infections with Measles Virus Cause Long-term Damage to the Immune System**
A recent article published in Science shows evidence that infections with measles virus cause long-term damage to the immune system, which leaves children at risk of illness from other pathogens. The study compared the immune systems of children who had measles virus infections to those who did not due to vaccination and showed that measles can significantly diminish previously-acquired immune memory.

- **NEW Drug-Resistant TB Treatment Guidelines and CDC Antibiotic Resistance Threats Report November 18**

The CDC announced the release of new practice guidelines for the Treatment of Drug-Resistant Tuberculosis. The new guidelines provide recommendations for treating multidrug-resistant tuberculosis (MDR TB) and extensively drug-resistant tuberculosis (XDR TB), as well as isoniazid-resistant TB. The recommendations prioritize orally-administered medications to make treatment more tolerable and improve patient outcomes; and provide guidance on the choice and number of drugs to use during treatment. Importantly, the recommendations address treatment of contacts to drug-resistant TB cases to prevent future drug-resistant TB disease. Recommendations also cover treatment length, the role of surgery, practices for treating special populations, and monitoring treatment.

Public Health Preparedness

- During October and November we tested our medical countermeasures and dispensing capabilities. We completed seven school based flu clinics. Clinics were set up similar to how they would be during a real mass immunization event. Staff were assigned to ICS roles, floor plans were developed, ICS forms were utilized, risk communication components were tested and volunteers were utilized. A total of 656 students received the flu vaccine.

Legislative Update

Youth Tobacco Epidemic Act

The Reversing the Youth Tobacco Epidemic Act has passed out of the House Energy & Commerce Committee. This bill marks the first time that a full committee of Congress has voted to prohibit all flavored tobacco products, including flavored e-cigarettes and menthol cigarettes.

See attachment WPHA and WALHDAB Affordable and Quality Housing Policies Impact Health

Affordable and Quality Housing Policies Impact Health

HOUSING IS A PUBLIC HEALTH ISSUE

Our homes, and those of our neighbors, play a critical role in shaping our health and the health of the whole community. Housing is related to health through several pathways. Housing is a substantial expense, reflecting the largest single monthly expenditure for many individuals and families. Strategies focused on improving housing policies have resulted in better health through reductions of malnutrition, depression, anxiety, and injury - such as lead poisonings. It is important to ensure all individuals have access to and are able to maintain a safe and affordable home regardless of race, ethnicity, income or any other factors.



Priority Areas for Housing

- *Expand low income housing tax credits for developers and rental assistance vouchers for renters*
- *Fund programs to eliminate / abate lead paint, soil and pipes, including but not limited to a statutory provision requiring that lead remediation dollars be used for that dedicated purpose.*

Expand Low Income Housing Tax Credits for Developers and Rental Assistance Vouchers for Renters

BACKGROUND

Affordable housing policies help promote healthy families and communities. Low income housing tax credits (LIHTC) are a way to incentivize affordable housing development. Evidence shows that LIHTC allocations must be balanced between higher opportunity neighborhoods and neighborhoods with higher poverty rates and minority populations, and that market-based approaches to housing must include supports for both developers and renters.

KEY POINTS

- **Programs that designate funds for low income families and individuals can decrease disparities in access to quality housing and housing-related health outcomes.**
- **Housing rehabilitation efforts** in low income and declining neighborhoods may also have positive effects on neighborhood quality and stability.
- **LIHTC are reducing poverty rates** in high-poverty neighborhoods.
- Strategically allocating units in low income and impoverished areas, along with other factors, help grow the economy in these areas.
- **In 2017, in Wisconsin, more than 180,000 children lived in poverty.** 49% of Wisconsin's children in poverty were living in a household that spends more than 1/3 of its income on housing costs.

LEGISLATIVE REQUEST

Please support efforts to expand low income housing tax credits for developers, and provide rental assistance for renters in order to support healthy families and communities.



WALHDAB

Public Health In Action

Wisconsin Association of Local Health Departments and Boards



Fund Programs and Update Statutory Provisions to Eliminate and Abate Lead Hazards in Paint, Soil and Pipes

BACKGROUND

According to the Wisconsin Department of Health Services, “In Wisconsin, childhood lead poisoning is a housing-based disease caused most frequently by swallowing, and sometimes breathing in, dust from lead-based paint in older homes. This disease affects our most vulnerable citizens—young children. Lead causes injury to the brain and other body systems and can last a lifetime and across generations. Fortunately, it is entirely preventable.” Lead water pipes and lead in soil are also sources of lead contamination in parts of Wisconsin. In Wisconsin, children under the age of 6 are the population most vulnerable to the effects of lead exposure.

Lead interferes with the normal development of a child’s brain and can result in lower IQ, learning difficulties, reduced educational achievement, and greater likelihood of behavior problems like aggression, hyperactivity and delinquency.

Lead hazard remediation can be prohibitively expensive for homeowners, and sources of funding support vary widely by community.

KEY POINTS

- **A Greater proportion of children in Wisconsin test positive for blood lead** compared to the national average. The Center for Disease Control and Prevention (CDC) blood lead reference level for initiating public health actions to prevent further exposure and mitigate health effects is 5 micrograms per deciliter. It is estimated that over 500,000 children in Wisconsin have Blood Lead Levels (BLL) at or above this level.
- **Young children and fetuses are the most vulnerable to the effects of lead.** Their bodies are developing at an incredibly fast pace. The most common way that young children are exposed to lead is from chipping and peeling paint that becomes lead-tainted dust.
- **Childhood lead poisoning occurs at higher rates among families with lower incomes**, those living in older homes, and those residing in urban areas than their counterparts.

Resources: www.dhs.wisconsin.gov/lead/index.htm, www.countyhealthrankings.org/reports/state-reports/2019-wisconsin-report

LEGISLATIVE REQUEST

Please dedicate legislative efforts and increase funding to abate lead-contaminated soil, paint, and water, and allow for change in state statute to require that lead hazard remediation funds be used for that dedicated purpose in order to comprehensively and adequately address this ongoing public health issue.

LINCOLN COUNTY



EXPENSES-OCTOBER 2019

FOR 2019 10

JOURNAL DETAIL 2019 10 TO 2019 10

ACCOUNTS FOR:	HEALTH DEPARTMENT FUND	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
23000054 HEALTH DEPARTMENT FUND								
23000054 511000	PUBLIC HEALTH SALA	553,955	553,955	455,645.04	43,872.51	.00	98,309.96	82.3%
2019/10/000028	10/11/2019 PRJ	21,930.01	REF PAYROL					
2019/10/000114	10/25/2019 PRJ	21,942.50	REF PAYROL			WARRANT=191011 RUN=2	GENERAL	
						WARRANT=191025 RUN=2	GENERAL	
23000054 511000 10120	PREVENTION SA	0	0	3,603.75	.00	.00	-3,603.75	100.0%*
23000054 520000	PUBLIC HEALTH FRIN	246,550	246,550	157,284.90	16,336.95	.00	89,265.10	63.8%
2019/10/000028	10/11/2019 PRJ	8,146.83	REF PAYROL					
2019/10/000114	10/25/2019 PRJ	8,190.12	REF PAYROL			WARRANT=191011 RUN=2	GENERAL	
						WARRANT=191025 RUN=2	GENERAL	
23000054 520000 10120	PREVENTION FR	0	0	275.68	.00	.00	-275.68	100.0%*
23000054 531010	AUDITING SERVICES	1,530	1,530	.00	.00	.00	1,530.00	.0%
23000054 531320	CONTRACTED SERVICE	800	800	.00	.00	.00	800.00	.0%
23000054 551000	LIABILITY INSURANC	5,800	5,800	6,263.17	6,263.17	.00	-463.17	108.0%*
2019/10/000138	10/28/2019 GEN	6,263.17	REF DL					
						ALLOCATE GEN LIABILITY INS		
23000054 552001	PUBLIC HEALTH TELE	1,800	1,800	2,261.44	199.10	.00	-461.44	125.6%*
2019/10/000033	10/10/2019 API	29.23	VND 007771 PO					
2019/10/000033	10/10/2019 API	14.85	VND 007771 PO			GRANITE TELECOMMUNIC TELEPHONE		324333
2019/10/000117	10/23/2019 GEN	154.67	REF LK			GRANITE TELECOMMUNIC TELEPHONE		324333
2019/10/000123	10/24/2019 API	.35	VND 005069 PO			VERIZON WIRELESS	OCTOBER PHONE CHARGES	
						CELL PHONES		324707
23000054 554001	PRINTING ALLOCATIO	4,400	4,400	2,223.00	183.14	.00	2,177.00	50.5%
2019/10/000116	10/23/2019 GEN	183.14	REF LK					
						OCTOBER COPY CHARGES		
23000054 555000	PUBLIC HEALTH TRAV	7,800	7,800	3,482.96	480.50	.00	4,317.04	44.7%
2019/10/000007	10/01/2019 APM	-24.36	VND 999579 PO			JOHNSON, JENNIFER	MILEAGE	
2019/10/000009	10/01/2019 API	24.36	VND 999579 PO			JOHNSON, JENNIFER	REISSUE CHECK #321620	324202
2019/10/000124	10/24/2019 API	31.85	VND 999346 PO			KLADE, MARY	MILEAGE	324647
2019/10/000124	10/24/2019 API	183.86	VND 999554 PO			KRUEGER, KAREN	MILEAGE	324650
2019/10/000148	10/30/2019 API	400.00	VND 400283 PO			WI PUBLIC HEALTH ASS	MEMBERSHIP DUES	9500
2019/10/000216	10/31/2019 API	14.79	VND 800100 PO			KWIK TRIP INC	FUEL	325190

LINCOLN COUNTY



EXPENSES-OCTOBER 2019

FOR 2019 10

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ACCOUNTS FOR:	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
0023 HEALTH DEPARTMENT FUND							
23000054 555000 PUBLIC HEALTH TRAV 2019/10/000219 10/31/2019 API	-150.00 VND	004697 PO					9552
23000054 561100 PUBLIC HEALTH OFFI	6,146	15,146	9,162.71	250.59	.00	5,983.29	60.5%
2019/10/000123 10/24/2019 API	37.99 VND	005069 PO					324707
2019/10/000148 10/30/2019 API	102.49 VND	002825 PO					9467
2019/10/000157 10/31/2019 API	17.95 VND	006942 PO					324821
2019/10/000219 10/31/2019 API	92.16 VND	002825 PO					9535
23000054 561101 PUBLIC HEALTH POST	1,700	1,700	1,430.72	.00	.00	269.28	84.2%
23000054 561214 PUBLIC HEALTH VACC	11,800	11,800	4,211.76	146.26	.00	7,588.24	35.7%
2019/10/000034 10/10/2019 API	73.13 VND	003209 PO					324406
2019/10/000034 10/10/2019 API	73.13 VND	003209 PO					324406
23000054 570000 STATE GRANT OPERAT	500	500	127.50	.00	.00	372.50	25.5%
23000054 571000 FOOT CARE OPERATIO	400	632	304.97	12.92	.00	327.03	48.3%
2019/10/000148 10/30/2019 API	12.92 VND	002825 PO					9467
23000054 571002 10120 PREVENTION OP	500	500	3,842.41	.00	.00	-3,342.41	768.5%*
2019/10/000008 10/01/2019 APM	-38.43 VND	000319 PO					324203
2019/10/000009 10/01/2019 API	38.43 VND	000319 PO					
TOTAL HEALTH DEPARTMENT FUND	843,681	852,913	650,120.01	67,745.14	.00	202,792.99	76.2%
23000057 HEALTH DEPARTMENT OUTLAY							
23000057 581001 OPERATING FIXED AS	20,000	20,000	23,049.50	.00	.00	-3,049.50	115.2%*
TOTAL HEALTH DEPARTMENT OUTLAY	20,000	20,000	23,049.50	.00	.00	-3,049.50	115.2%
23005554 ENVIRONMENTAL HEALTH							
23005554 560000 ENVIRONMENTAL HEAL	1,200	1,200	635.64	-82.00	.00	564.36	53.0%

LINCOLN COUNTY



EXPENSES-OCTOBER 2019

FOR 2019 10

JOURNAL DETAIL 2019 10 TO 2019 10

ACCOUNTS FOR: 0023	HEALTH DEPARTMENT FUND	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
2019/10/000148	10/30/2019 API	-82.00 VND	700071 PO		SHERATON MADISON HOT OSTHOFF RESORT CREDIT			9496
23005554	571000 PRIVATE WELL OPERA	800	800	384.22	.00	.00	415.78	48.0%
TOTAL ENVIRONMENTAL HEALTH		2,000	2,000	1,019.86	-82.00	.00	980.14	51.0%
23005654 COMMUNICABLE DISEASE								
23005654	554001 GYT-PRINTING ALLOC	0	0	28.46	.00	.00	-28.46	100.0%*
23005654	560000 CLINIC SUPPLIES	1,600	1,600	1,041.46	138.96	.00	558.54	65.1%
2019/10/000148	10/30/2019 API	47.02 VND	002825 PO	AMAZON.COM	SUPPLIES			9467
2019/10/000219	10/31/2019 API	91.94 VND	002825 PO	AMAZON.COM	SUPPLIES			9535
23005654	571000 GYT -MISCELLANEOUS	0	0	199.50	.00	.00	-199.50	100.0%*
23005654	571000 20100 COMMUNICABLE	0	0	3,798.61	.00	.00	-3,798.61	100.0%*
TOTAL COMMUNICABLE DISEASE		1,600	1,600	5,068.03	138.96	.00	-3,468.03	316.8%
23005754 TOBACCO GRANT								
23005754	511000 10121 TOBACCO SALAR	0	0	3,758.12	173.10	.00	-3,758.12	100.0%*
2019/10/000028	10/11/2019 PRJ	173.10 REF	PAYROL		WARRANT=191011	RUN=2 GENERAL		
23005754	520000 10121 TOBACCO FRING	0	0	2,032.48	92.86	.00	-2,032.48	100.0%*
2019/10/000028	10/11/2019 PRJ	92.86 REF	PAYROL		WARRANT=191011	RUN=2 GENERAL		
23005754	554001 10121 TOBACCO PRINT	75	75	56.48	2.18	.00	18.52	75.3%
2019/10/000116	10/23/2019 GEN	2.18 REF	LK		OCTOBER COPY CHARGES			

LINCOLN COUNTY



EXPENSES-OCTOBER 2019

FOR 2019 10

JOURNAL DETAIL 2019 10 TO 2019 10

ACCOUNTS FOR:	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
0023 HEALTH DEPARTMENT FUND							
23005754 570000 10121 TOBACCO OPERA	200	200	70.57	.00	.00	129.43	35.3%
TOTAL TOBACCO GRANT	275	275	5,917.65	268.14	.00	-5,642.65	2151.9%
23006954 PUB HEALTH PREPAREDNESS GRANT							
23006954 511000 10128 PREPAREDNESS	29,065	29,065	25,844.02	1,636.68	.00	3,220.98	88.9%
2019/10/000028 10/11/2019 PRJ	818.34	REF PAYROL			WARRANT=191011	RUN=2	GENERAL
2019/10/000114 10/25/2019 PRJ	818.34	REF PAYROL			WARRANT=191025	RUN=2	GENERAL
23006954 520000 10128 PREPAREDNESS	7,232	7,232	4,805.05	232.59	.00	2,426.95	66.4%
2019/10/000028 10/11/2019 PRJ	116.39	REF PAYROL			WARRANT=191011	RUN=2	GENERAL
2019/10/000114 10/25/2019 PRJ	116.20	REF PAYROL			WARRANT=191025	RUN=2	GENERAL
23006954 554001 10128 PREPAREDNESS	3,953	3,953	697.20	217.06	.00	3,255.80	17.6%
2019/10/000116 10/23/2019 GEN	217.06	REF LK			OCTOBER COPY CHARGES		
23006954 570000 10128 PREPAREDNESS	1,500	1,500	14,992.64	751.08	.00	-13,492.64	999.5%*
2019/10/000123 10/24/2019 API	.07	VND 005069 PO			VERIZON WIRELESS	CELL PHONES	324707
2019/10/000123 10/24/2019 API	37.99	VND 005069 PO			VERIZON WIRELESS	CELL PHONES	324707
2019/10/000216 10/31/2019 API	7.63	VND 800100 PO			KWIK TRIP INC	FUEL	325190
2019/10/000219 10/31/2019 API	318.00	VND 000078 PO			MULTI MEDIA CHANNELS	FLU SHOTS ADS	9556
2019/10/000219 10/31/2019 API	120.00	VND 801262 PO			ASCENSION ST. MICHAEL	RESPIRATORY FIT REVIEW	9537
2019/10/000219 10/31/2019 API	267.39	VND 004697 PO			LANDS' END BUSINESS	SUPPLIES	9552
TOTAL PUB HEALTH PREPAREDNESS GRA	41,750	41,750	46,338.91	2,837.41	.00	-4,588.91	111.0%
23027854 ORAL HEALTH							
23027854 511000 ORAL HEALTH WAGE	5,000	5,000	3,252.50	695.00	.00	1,747.50	65.1%
2019/10/000028 10/11/2019 PRJ	355.00	REF PAYROL			WARRANT=191011	RUN=2	GENERAL
2019/10/000114 10/25/2019 PRJ	340.00	REF PAYROL			WARRANT=191025	RUN=2	GENERAL

LINCOLN COUNTY



EXPENSES-OCTOBER 2019

FOR 2019 10

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ACCOUNTS FOR:	HEALTH DEPARTMENT FUND	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
0023								
23027854	520000 ORAL HEALTH FRINGE	382	382	248.83	53.17	.00	133.17	65.1%
	2019/10/000028 10/11/2019 PRJ	27.16	REF	PAYROL		WARRANT=191011	RUN=2	GENERAL
	2019/10/000114 10/25/2019 PRJ	26.01	REF	PAYROL		WARRANT=191025	RUN=2	GENERAL
23027854	570000 SEAL A SMILE OPERA	2,200	2,200	1,828.18	366.22	.00	371.82	83.1%
	2019/10/000034 10/10/2019 API	43.75	VND	002354 PO		DNTLWORKS EQUIPMENT		SEAL A SMILE EXPENSE 324319
	2019/10/000124 10/24/2019 API	30.16	VND	999554 PO		KRUEGER, KAREN		MILEAGE 324650
	2019/10/000124 10/24/2019 API	1.86	VND	999626 PO		RICE, VICKY		MILEAGE 324689
	2019/10/000219 10/31/2019 API	21.67	VND	002825 PO		AMAZON.COM		SUPPLIES 9535
	2019/10/000219 10/31/2019 API	3.00	VND	300014 PO		WAL-MART COMMUNITY B		SUPPLIES 9572
	2019/10/000219 10/31/2019 API	1,278.90	VND	800431 PO		YOUNGS DRUG STORE		SUPPLIES 9574
	2019/10/000219 10/31/2019 API	-1,278.90	VND	800431 PO		YOUNGS DRUG STORE		SUPPLIES 9574
	2019/10/000219 10/31/2019 API	265.78	VND	800431 PO		YOUNGS DRUG STORE		SUPPLIES 9574
23027854	571000 DENTAL HEALTH OPER	0	0	177.28	.00	.00	-177.28	100.0%*
23027854	571001 ORAL HLTH COALITIO	0	4,898	1,082.72	.00	.00	3,815.28	22.1%
	TOTAL ORAL HEALTH	7,582	12,480	6,589.51	1,114.39	.00	5,890.49	52.8%
23030654 OPIOID MINI GRANT								
23030654	511000 10207 OPIOID GRANT	0	0	8,881.26	.00	.00	-8,881.26	100.0%*
23030654	520000 10207 OPIOID GRANT	0	0	679.44	.00	.00	-679.44	100.0%*
23030654	554001 10207 OPIOID GRANT	0	0	59.22	.00	.00	-59.22	100.0%*
23030654	561101 10207 OPIOID GRANT	0	0	80.60	.00	.00	-80.60	100.0%*
23030654	571000 10207 OPIOID OPERAT	0	0	10,435.46	.00	.00	-10,435.46	100.0%*

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ACCOUNTS FOR:	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
0023 HEALTH DEPARTMENT FUND							
TOTAL OPIOID MINI GRANT	0	0	20,135.98	.00	.00	-20,135.98	100.0%
23201054 AGENT STATUS PROGRAM							
23201054 511000 AGENT/DNR SALARIES	69,142	69,142	57,725.56	8,291.60	.00	11,416.44	83.5%
2019/10/000028 10/11/2019 PRJ	3,129.22	REF PAYROL			WARRANT=191011	RUN=2 GENERAL	
2019/10/000114 10/25/2019 PRJ	4,752.39	REF PAYROL			WARRANT=191025	RUN=2 GENERAL	
2019/10/000209 10/31/2019 API	409.99	VND 200007 PO		DWD-UI	OCT UNEMPLOYMENT		9524
23201054 520000 AGENT/DNR FRINGE	33,077	33,077	24,178.94	2,672.97	.00	8,898.06	73.1%
2019/10/000028 10/11/2019 PRJ	1,231.91	REF PAYROL			WARRANT=191011	RUN=2 GENERAL	
2019/10/000114 10/25/2019 PRJ	1,441.06	REF PAYROL			WARRANT=191025	RUN=2 GENERAL	
23201054 554001 AGENT/DNR PRINT	600	600	282.86	23.15	.00	317.14	47.1%
2019/10/000116 10/23/2019 GEN	23.15	REF LK			OCTOBER COPY CHARGES		
23201054 555000 AGENT/DNR TRAVEL-T	3,755	3,755	2,444.41	-16.53	.00	1,310.59	65.1%
2019/10/000148 10/30/2019 API	-82.00	VND 700071 PO			SHERATON MADISON HOT	OSTHOFF RESORT CREDIT	9496
2019/10/000216 10/31/2019 API	65.47	VND 800100 PO			KWIK TRIP INC	FUEL	325190
23201054 571000 AGENT OPERATIONS	11,000	11,000	10,854.26	208.26	.00	145.74	98.7%
2019/10/000123 10/24/2019 API	41.76	VND 005069 PO			VERIZON WIRELESS	CELL PHONES	324707
2019/10/000123 10/24/2019 API	1.38	VND 005069 PO			VERIZON WIRELESS	CELL PHONES	324707
2019/10/000148 10/30/2019 API	63.99	VND 002825 PO			AMAZON.COM	SUPPLIES	9467
2019/10/000219 10/31/2019 API	-16.99	VND 002825 PO			AMAZON.COM	SUPPLIES	9535
2019/10/000219 10/31/2019 API	112.46	VND 004697 PO			LANDS' END BUSINESS	SUPPLIES	9552
2019/10/000219 10/31/2019 API	5.66	VND 300014 PO			WAL-MART COMMUNITY B	SUPPLIES	9572
23201054 571002 DNR OPERATIONS	2,500	12,900	8,667.23	610.46	.00	4,232.77	67.2%
2019/10/000034 10/10/2019 API	598.00	VND 001809 PO			UW OSHKOSH-CONTINUIN	DNR WELL EXPENSE	324430
2019/10/000148 10/30/2019 API	12.46	VND 002825 PO			AMAZON.COM	SUPPLIES	9467
TOTAL AGENT STATUS PROGRAM	120,074	130,474	104,153.26	11,789.91	.00	26,320.74	79.8%
23201154 HEALTH DEPT MINIGRANTS							
23201154 570000 CRIBS FOR KIDS OPE	50	50	.00	.00	.00	50.00	.0%

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ACCOUNTS FOR: 0023 HEALTH DEPARTMENT FUND	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
23201154 570000 20110 HPLC TOMAHAWK	0	4,368	200.00	.00	.00	4,168.00	4.6%
23201154 570000 20111 DOT CHILD SAF	50	50	.00	.00	.00	50.00	.0%
23201154 571001 MENTAL HEALTH EXPE	0	0	2.36	.00	.00	-2.36	100.0%*
23201154 571002 NUTRITION COALITIO	0	2,544	2,136.53	.00	.00	407.47	84.0%
TOTAL HEALTH DEPT MINIGRANTS	100	7,012	2,338.89	.00	.00	4,673.11	33.4%
23201354 PRENATAL CARE MA							
23201354 554001 20130 PNCC PRINT	150	150	30.41	.67	.00	119.59	20.3%
2019/10/000116 10/23/2019 GEN	.67	REF LK					
23201354 570000 20130 PNCC OPERATIO	700	700	197.78	.00	.00	502.22	28.3%
TOTAL PRENATAL CARE MA	850	850	228.19	.67	.00	621.81	26.8%
TOTAL HEALTH DEPARTMENT FUND	1,037,912	1,069,354	864,959.79	83,812.62	.00	204,394.21	80.9%
TOTAL EXPENSES	1,037,912	1,069,354	864,959.79	83,812.62	.00	204,394.21	

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	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
GRAND TOTAL	1,037,912	1,069,354	864,959.79	83,812.62	.00	204,394.21	80.9%

** END OF REPORT - Generated by Becky Dallman **

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ACCOUNTS FOR:	ORIGINAL	REVISED	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE	PCT
0023 HEALTH DEPARTMENT FUND	APPROP	BUDGET				BUDGET	USED
23000054 HEALTH DEPARTMENT FUND							
23000054 435500 10119 HEALTH CHECK	-3,800	-3,800	-2,335.88	-272.62	.00	-1,464.12	61.5%*
2019/10/000098 10/18/2019 CRP	-272.62 REF 64511					/RG	
23000054 435500 10120 STATE HEALTH	-31,076	-31,076	-27,389.00	-7,316.00	.00	-3,687.00	88.1%*
2019/10/000023 10/07/2019 CRP	-3,648.00 REF 64371					/RG	
2019/10/000023 10/07/2019 CRP	-3,668.00 REF 64371					/RG	
23000054 435510 10120 PREVENTION GR	-6,570	-6,570	-3,346.00	-3,316.00	.00	-3,224.00	50.9%*
2019/10/000023 10/07/2019 CRP	-3,316.00 REF 64371					/RG	
23000054 461900 FOOT CARE REVENUES	-11,000	-11,000	-9,742.00	-933.00	.00	-1,258.00	88.6%*
2019/10/000022 10/04/2019 CRP	-160.00 REF 64355					/RG	
2019/10/000022 10/04/2019 CRP	-359.00 REF 64355					/RG	
2019/10/000041 10/10/2019 CRP	-72.00 REF 64421					/RG	
2019/10/000041 10/10/2019 CRP	-288.00 REF 64421					/RG	
2019/10/000136 10/25/2019 CRP	-36.00 REF 64604					/RG	
2019/10/000136 10/25/2019 CRP	-18.00 REF 64604					/RG	
23000054 461920 MISCELLANEOUS REVE	0	0	-514.52	-452.46	.00	514.52	100.0%
2019/10/000098 10/18/2019 CRP	-400.00 REF 64511					/RG	
2019/10/000136 10/25/2019 CRP	-52.46 REF 64604					/RG	
23000054 465910 HEALTH DEPT PUBLIC	-23,000	-23,000	-3,760.50	-826.00	.00	-19,239.50	16.4%*
2019/10/000022 10/04/2019 CRP	-17.00 REF 64355					/RG	
2019/10/000041 10/10/2019 CRP	-40.00 REF 64421					/RG	
2019/10/000041 10/10/2019 CRP	-17.00 REF 64421					/RG	
2019/10/000041 10/10/2019 CRP	-120.00 REF 64421					/RG	
2019/10/000098 10/18/2019 CRP	-55.00 REF 64511					/RG	
2019/10/000098 10/18/2019 CRP	-160.00 REF 64511					/RG	
2019/10/000098 10/18/2019 CRP	-120.00 REF 64511					/RG	
2019/10/000098 10/18/2019 CRP	-80.00 REF 64511					/RG	
2019/10/000136 10/25/2019 CRP	-120.00 REF 64604					/RG	
2019/10/000136 10/25/2019 CRP	-17.00 REF 64604					/RG	
2019/10/000136 10/25/2019 CRP	-80.00 REF 64604					/RG	

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ACCOUNTS FOR: 0023	HEALTH DEPARTMENT FUND	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
23000054 473500	PRSYL SERVICES	-6,400	-6,400	-4,826.25	-1,361.25	.00	-1,573.75	75.4%*
2019/10/000041	10/10/2019 CRP	-1,361.25 REF 64425		HEALTH		NON-DEPARTMENTAL	/RG	
23000054 473510	MAPS SCHOOL SERVIC	-100,400	-100,400	-66,960.00	-11,160.00	.00	-33,440.00	66.7%*
2019/10/000041	10/10/2019 CRP	-11,160.00 REF 64425		HEALTH		NON-DEPARTMENTAL	/RG	
23000054 474000	INTER DEPARTMENT S	-98,000	-98,000	-67,239.00	.00	.00	-30,761.00	68.6%*
23000054 485000	IMMUNIZATION DONAT	-1,200	-1,200	-1,635.00	-325.00	.00	435.00	136.3%
2019/10/000022	10/04/2019 CRP	-40.00 REF 64355		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000022	10/04/2019 CRP	-40.00 REF 64355		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000022	10/04/2019 CRP	-135.00 REF 64355		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000041	10/10/2019 CRP	-10.00 REF 64421		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000041	10/10/2019 CRP	-10.00 REF 64421		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000041	10/10/2019 CRP	-20.00 REF 64421		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000098	10/18/2019 CRP	-70.00 REF 64511		HEALTH		NON-DEPARTMENTAL	/RG	
23000054 499990	FUNDS APPLIED (BUD	-20,000	-51,442	.00	.00	.00	-51,442.00	.0%*
TOTAL HEALTH DEPARTMENT FUND		-301,446	-332,888	-187,748.15	-25,962.33	.00	-145,139.85	56.4%
23000060 HEALTH DEPARTMENT PROPERTY TAX								
23000060 411100	HEALTH DEPARTMENT	-550,016	-550,016	-550,016.00	.00	.00	.00	100.0%
TOTAL HEALTH DEPARTMENT PROPERTY		-550,016	-550,016	-550,016.00	.00	.00	.00	100.0%
23005554 ENVIRONMENTAL HEALTH								
23005554 461900	PRIVATE WELL TESTI	-3,200	-3,200	-4,520.00	-440.00	.00	1,320.00	141.3%
2019/10/000022	10/04/2019 CRP	-20.00 REF 64349		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000041	10/10/2019 CRP	-20.00 REF 64421		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000041	10/10/2019 CRP	-20.00 REF 64421		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000041	10/10/2019 CRP	-20.00 REF 64421		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000041	10/10/2019 CRP	-20.00 REF 64421		HEALTH		NON-DEPARTMENTAL	/RG	
2019/10/000082	10/11/2019 CRP	-20.00 REF 64438		HEALTH		NON-DEPARTMENTAL	/RG	

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ACCOUNTS FOR:	ORIGINAL	REVISED	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE	PCT
0023 HEALTH DEPARTMENT FUND	APPROP	BUDGET				BUDGET	USED
23005554 461900 PRIVATE WELL TESTI							
2019/10/000098 10/18/2019 CRP	-100.00 REF 64511	HEALTH			NON-DEPARTMENTAL	/RG	
2019/10/000098 10/18/2019 CRP	-20.00 REF 64511	HEALTH			NON-DEPARTMENTAL	/RG	
2019/10/000136 10/25/2019 CRP	-40.00 REF 64604	HEALTH			NON-DEPARTMENTAL	/RG	
2019/10/000136 10/25/2019 CRP	-100.00 REF 64604	HEALTH			NON-DEPARTMENTAL	/RG	
2019/10/000136 10/25/2019 CRP	-60.00 REF 64604	HEALTH			NON-DEPARTMENTAL	/RG	
TOTAL ENVIRONMENTAL HEALTH	-3,200	-3,200	-4,520.00	-440.00	.00	1,320.00	141.3%
23005654 COMMUNICABLE DISEASE							
23005654 435500 20100 COMMUNICABLE	0	0	-3,796.00	.00	.00	3,796.00	100.0%
23005654 485000 GYT - REVENUE	0	0	-1,000.00	.00	.00	1,000.00	100.0%
TOTAL COMMUNICABLE DISEASE	0	0	-4,796.00	.00	.00	4,796.00	100.0%
23005754 TOBACCO GRANT							
23005754 485000 TOBACCO GRANT	-2,200	-2,200	-2,200.00	.00	.00	.00	100.0%
TOTAL TOBACCO GRANT	-2,200	-2,200	-2,200.00	.00	.00	.00	100.0%
23006954 PUB HEALTH PREPAREDNESS GRANT							
23006954 435500 10128 PUBLIC HEALTH	-41,750	-41,750	-22,999.00	.00	.00	-18,751.00	55.1%*
TOTAL PUB HEALTH PREPAREDNESS GRA	-41,750	-41,750	-22,999.00	.00	.00	-18,751.00	55.1%
23027854 ORAL HEALTH							
23027854 465900 SEAL A SMILE	-6,500	-6,500	-2,541.46	.00	.00	-3,958.54	39.1%*

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ACCOUNTS FOR:	ORIGINAL	REVISED	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE	PCT
0023 HEALTH DEPARTMENT FUND	APPROP	BUDGET				BUDGET	USED
23027854 465916 DENTAL HEALTH (MA)	-4,000	-4,000	-2,217.75	.00	.00	-1,782.25	55.4%*
23027854 485000 ORAL HEALTH COALIT	0	0	-1,498.02	.00	.00	1,498.02	100.0%
TOTAL ORAL HEALTH	-10,500	-10,500	-6,257.23	.00	.00	-4,242.77	59.6%
23030654 OPIOID MINI GRANT							
23030654 435500 10207 OPIOID GRANT	0	0	-15,979.00	-5,194.00	.00	15,979.00	100.0%
2019/10/000023 10/07/2019 CRP	-5,194.00	REF 64371	HEALTH	NON-DEPARTMENTAL	/RG		
TOTAL OPIOID MINI GRANT	0	0	-15,979.00	-5,194.00	.00	15,979.00	100.0%
23201054 AGENT STATUS PROGRAM							
23201054 465900 AGENT	-109,200	-109,200	-97,657.50	-1,410.00	.00	-11,542.50	89.4%*
2019/10/000098 10/18/2019 CRP	-410.00	REF 64511	HEALTH	NON-DEPARTMENTAL	/RG		
2019/10/000136 10/25/2019 CRP	-1,000.00	REF 64604	HEALTH	NON-DEPARTMENTAL	/RG		
23201054 465912 DNR	-16,500	-16,500	-10,891.00	-260.00	.00	-5,609.00	66.0%*
2019/10/000041 10/10/2019 CRP	-70.00	REF 64421	HEALTH	NON-DEPARTMENTAL	/RG		
2019/10/000041 10/10/2019 CRP	-40.00	REF 64421	HEALTH	NON-DEPARTMENTAL	/RG		
2019/10/000098 10/18/2019 CRP	-70.00	REF 64511	HEALTH	NON-DEPARTMENTAL	/RG		
2019/10/000136 10/25/2019 CRP	-80.00	REF 64604	HEALTH	NON-DEPARTMENTAL	/RG		
TOTAL AGENT STATUS PROGRAM	-125,700	-125,700	-108,548.50	-1,670.00	.00	-17,151.50	86.4%
23201154 HEALTH DEPT MINI GRANTS							
23201154 485000 CRIBS FOR KIDS	-50	-50	.00	.00	.00	-50.00	.0%*

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ACCOUNTS FOR: 0023	HEALTH DEPARTMENT FUND	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
23201154	485000 20111 CARSEAT DONAT	-50	-50	.00	.00	.00	-50.00	.0%*
23201154	485005 NUTRITION COALITIO	0	0	-2,000.00	.00	.00	2,000.00	100.0%
TOTAL HEALTH DEPT MINIGRANTS		-100	-100	-2,000.00	.00	.00	1,900.00	2000.0%
23201354 PRENATAL CARE MA								
23201354	435500 20130 PNCC (MA)	-3,000	-3,000	-1,765.76	.00	.00	-1,234.24	58.9%*
TOTAL PRENATAL CARE MA		-3,000	-3,000	-1,765.76	.00	.00	-1,234.24	58.9%
TOTAL HEALTH DEPARTMENT FUND		-1,037,912	-1,069,354	-906,829.64	-33,266.33	.00	-162,524.36	84.8%
TOTAL REVENUES		-1,037,912	-1,069,354	-906,829.64	-33,266.33	.00	-162,524.36	

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	ORIGINAL APPROP	REVISED BUDGET	YTD EXPENDED	MTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
GRAND TOTAL	-1,037,912	-1,069,354	-906,829.64	-33,266.33	.00	-162,524.36	84.8%
** END OF REPORT - Generated by Becky Dallman **							



Recommendations to Achieve Public Health 3.0

Public Health 3.0 recognizes that we need to focus on the social determinants of health in order to create lasting improvements for the health of everyone in America. We often think of the health care industry when we think of health, but building healthy communities requires strategic collaboration across all sectors. When we build a complete infrastructure of healthy communities, we can begin to close the gaps in health due to race or ethnicity, gender identity or sexual orientation, zip code, or income. We propose five key recommendations that define the conditions needed to support health departments, and the broader public health system as it transforms.

In many communities the local health officer will serve the role of Chief Health Strategist, but this may not necessarily always be the case—indeed Chief Health Strategists can come from other sectors. In the PH3.0 era, the public health workforce must acquire and strengthen its knowledge base, skills, and tools in order to meet the evolving challenges to population health, to be skilled at building strategic partnerships to bring about collective impact, to harness the power of new types of data, and to think and act in systems perspective. This will require a strong pipeline into the public health workforce, as well as access to ongoing training and mid-career professional development resources.

- 1 Public health leaders should embrace the role of **Chief Health Strategist for their communities**—working with all relevant partners so that they can drive initiatives including those that explicitly address “upstream” social determinants of health. Specialized Public Health 3.0 training should be available for those preparing to enter or already within the public health workforce.



- 2 Public health departments should engage with community stakeholders—from both the public and private sectors—to form vibrant, **structured, cross-sector partnerships** designed to develop and guide Public Health 3.0–style initiatives and to foster shared funding, services, governance, and collective action.



Communities should create innovative and sustained organizational structures that include agencies or organizations across multiple sectors but with a shared vision, which allows blending and braiding of funding sources, capturing savings for reinvestment over time, and a long-term roadmap for creating health, equity, and resilience in communities. In some communities the local health department will lead but others may lead these efforts.

- 3** Public Health Accreditation Board (PHAB) criteria and processes for department **accreditation should be enhanced** and supported so as to best foster Public Health 3.0 principles, as we strive to ensure that every person in the United States is served by nationally accredited health departments.



As of August 2016, 324 local, state, and tribal health departments have been accredited or in progress for accreditation, covering roughly 80% of the U.S. population. The vision of ensuring every community is protected by a local or a state health department (or both) accredited by PHAB requires major investment and political will to enhance existing infrastructure. While research found accreditation supports health departments in quality improvement and enhancing capacity, the health impact and return on investment of accreditation should be evaluated on an ongoing basis.

Public health is what we do as a society to ensure the conditions in which everyone can be healthy.

- 4** Timely, reliable, granular-level (i.e., sub-county), and **actionable data** should be made accessible to communities throughout the country, and clear **metrics** to document success in public health practice should be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.



The public and private sectors should work together to enable more real-time and geographically granular data to be shared, linked, and synthesized to inform action while protecting data security and individual privacy. This includes developing a core set of metrics that encompasses health care and public health, particularly the social determinants of health, environmental outcomes, and health disparities.

- 5** **Funding for public health should be enhanced and substantially modified**, and innovative funding models should be explored so as to expand financial support for Public Health 3.0-style leadership and prevention initiatives. Blending and braiding of funds from multiple sources should be encouraged and allowed, including the recapturing and reinvesting of generated revenue. Funding should be identified to support core infrastructure as well as community-level work to address the social determinants of health.



To secure sufficient and flexible funding in a constrained and increasingly tightening funding environment, local public health needs a concrete definition of the minimum capabilities, the costs of delivering these services, and a structured review of funding streams to prioritize mandatory services and infrastructure building.



Why A Health Department Seeks Reaccreditation

September 2018

Reaccreditation Facts

A PHAB-accredited public health department is accredited for five years. When initial accreditation expires, the health department must apply for and achieve reaccreditation to maintain accreditation status.

If the health department does not submit the application by the specified due date, the account will expire, and the health department's status will change to Not Accredited. To be accredited, the health department will have to complete the initial accreditation process. Doing this will be costlier and time intensive.

PHAB reaccreditation builds on initial accreditation but is very different. The reaccreditation process provides health departments with the opportunity to describe how their department addresses essential public health services and provides the opportunity to reflect on how they plan continued improvement.

Under the reaccreditation fee structure, health departments pay an annual fee that covers maintenance of accreditation and future reaccreditation reviews to avoid larger one-time fees in the future

Questions?

Contact

April Harris,
aharris@phaboard.org



A health department celebrates becoming nationally accredited. Five years go by very quickly and it's time to apply for reaccreditation. A health department might ask why it is important to maintain their public health accreditation.

Sustained Recognition

Accreditation is not a one-time recognition. The required annual reports and reaccreditation process allow for the sustained acknowledgement of the health department meeting nationally recognized standards and achieving continued quality and performance improvement. The value of accreditation is long term, just like most public health work. Continual improvement, and having that improvement externally validated, is a hallmark of a 21st century organization; public health departments are no different than other organizations in wanting to be the best organizations they can be.

Value of Accreditation

The value of continued accreditation is the same as the value of initial accreditation. PHAB's external evaluation indicated that health departments view the accreditation process as having:

- Stimulated quality and performance improvement
- Improved relationships with local community stakeholders
- Improved accountability to external stakeholders
- Improved identification of strengths and weaknesses
- Validated the work that staff do
- Better positioned the health department to obtain additional funding

For more information on the evaluation of the impact of accreditation and stories from your peers, see PHAB's website, www.phaboard.org.

Continued Value

Importantly, the reaccreditation measures and process are not a do-over of initial accreditation. Reaccreditation has been designed to address the impact and contributions of health strategies that improve population health. Reaccreditation ensures that accredited health departments continue to evolve, improve, and advance, thereby becoming increasingly effective at improving the health of the population they serve.

Especially in times of scarce resources, health departments, more than ever, need support in assuring quality services and accountability. Performance standards and peer review help health departments stay on track in a systematic way in setting priorities and identifying gaps.

Future Benefits

Accredited health departments will soon have the benefit of being able to confidentially benchmark their performance against other accredited health departments. Additionally, reaccreditation showcases how health departments are selecting and tracking priority population health outcomes.

**Board of Health
Meeting Dates 2020**

? p.m. at

Location: Health and Human Service Building 3rd floor Room 1

Meet the Last Thursday of Every Month

Thursday, January 30th

Thursday, February 27th

Thursday, March 26th

Thursday, April 30th

Thursday, May 28th

Thursday, June 25th

Thursday, July 30th

Thursday, August 27th

Thursday, September 24th

Thursday, October 29th

Thursday, December 3rd