

**LINCOLN COUNTY BOARD OF HEALTH MEETING**  
**Lincoln County Service Center, 801 N. Sales Street, Merrill WI 54452**  
**Wednesday, April 27, 2022 at 5:00 p.m.**  
**Rooms 247/248**  
**Via Teleconference and In-Person Attendance**

**Teleconference Attendance:** Persons wishing to attend the meeting by phone may call into the telephone conference beginning ten minutes prior to the start time indicated above using the following number:

meet.google.com/yey-bivy-ome  
(US)+1 573-755-0913  
PIN: 198 863 409#

The teleconference cannot start until the host Shelley Hersil dials in and enters the host password.

All public participants' phones, microphones and chat dialog boxes will be muted or disabled during the meeting. If "public comment" appears on the agenda, before the meeting is called to order, the clerk will ask teleconference attendees whether any public comment is being offered. When called upon by the clerk or chair, any person offering public comment should state their name and comments.

### AGENDA

1. Call to Order and Introductions
2. Election of Vice Chair and Secretary
3. Public Comment
4. Approve Minutes of Previous Meeting
5. Approval of Timesheet and Expense Reimbursement
6. Board of Health Orientation
7. Fiscal 2021 Final Report
8. Approval of Resolution to Accept Donation from Aspirus Merrill Hospital
9. Agenda Items and Next Meeting
10. Adjournment

**Distribution:**

Mike Loka (chair), Julie Allen, Steve Osness, Laurie Thiel, Angela Cummings, Susan Weith, Dr. Michael Clark, and Brenda Mueller.  
Administrative Coordinator  
Other County Board Supervisors  
Department Heads

**Posted to county website on \_\_\_\_\_ at \_\_\_\_\_ m. by \_\_\_\_\_**

**Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of this meeting. Please contact the County Clerk at 715-539-1019 or [chris.marlowe@co.lincoln.wi.us](mailto:chris.marlowe@co.lincoln.wi.us) as early as possible so that proper arrangements can be made. Requests are kept confidential.**

**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  
Lincoln County Service Center, Rooms 247/248  
April 6, 2022 5:00 P.M.  
Meeting Minutes**

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**MEMBERS PRESENT:** Mike Loka, Dora Gorski, Brenda Mueller, Pat Voermans, Sue Weith (teleconference), Dr. Michael Clark (teleconference), Shelley Hersil (Department Head)

**MEMBERS EXCUSED:** Bob Weaver, Judy Woller

**MEMBERS ABSENT:** none

**VISITORS:** none

1. **Call Meeting to Order:** Loka called the meeting to order at 5:00 p.m.
2. **Public Comment:** None.
3. **Approval of Minutes:** Motion by Gorski, seconded by Voermans to approve the previous meeting minutes. All ayes, motion carried.
4. **Q & A on Written Report, Financial Reports and COVID-19 Situational Report:** Report placed on file.
- 4a. **Approval of Timesheet and Expense Reimbursement:** Motion by Voermans, seconded by Mueller to approve timesheets. All Ayes. Motion carried.
- 4b. **Retaining and Recruiting Staff:** Hersil reviewed strategies to address staff retention and recruitment of staff.
5. **Approval of AHEC Intern:** Motion by Voermans, seconded by Mueller to approve AHEC Intern. All ayes. Motion carried.
6. **COVID-19 Response Update:** Hersil shared cases of COVID-19 is at a low community disease level, AMI continues to provide vaccination in the county, health department continues to offer daily testing. Situational reports have been discontinued.
7. **Budget Modifications 2021:** Motion by Voermans, seconded by Gorski to approve 2021 Budget Modifications. All ayes. Motion carried.
8. **Approval Board of Health Members 2 Year Term:** Motion by Voermans, Seconded by Loka to approve and forward to County Board, Board of Health new terms for Sue Weith, Brenda Mueller, and Michael Clark, MD.
9. **Replacement of Public Health Nurses:** Hersil shared health department will have 1.8 FTE vacancy for two public health nurse positions due to retirement. Replacement of .6 FTE has been filled. Hersil will review the other FTE as she prepares the 2023 budget.
10. **Review of 2022 Grant and Contracts**
  - a. **ARPA Grant:** Hersil explained ARPA funds will assist the department on our CHIP plan. A community health planner has been hired to provide support for this grant. Motion by Voermans, seconded by Gorski to explore public health ARPA funds for a one time incentive for health department staff as a retention tool. All ayes. Motion carried.
  - b. **Workforce Grant:** Hersil explained that this grant will provide support for training of staff, infrastructure needs, as well as program recovery.
  - c. **COVID 19 Grants - Approval Vaccine Refrigerator:** Motion by Loka, seconded by Voermans to approve purchase of vaccine refrigerator. All ayes. Motion carried.
  - d. **COVID 19/Grant Staffing – Public Health Assistants, Community Health Planner:** Hersil explained that our contract tracers will now assist the department not only with COVID 19 work but also program recovery. We will utilize ARPA, Workforce and COVID-19 grants for this purpose.
11. **Agenda Items and Next Meeting:** Agenda items: Board of Health Orientation and ARPA funding. Next meeting: April 27, 2022 at 5:00 p.m.
12. **Adjournment:** Motion by Voermans to adjourn the meeting, seconded by Loka. All ayes, motion carried. Meeting adjourned at 5:50 p.m.

Minutes prepared by S. Hersil, Submitted April 7, 2022

**Lincoln County Employee Timesheet**

<b>Name:</b> Shelley Hersil		<b>Department:</b> Health Department														
<b>Employee Number:</b> 319																
<b>Representative Status:</b> Nonrepresented																
<b>FLSA Status:</b> Exempt																
														<b>From:</b> 3/21/2022	<b>To:</b> 4/3/2022	
<b>3/21</b>	<b>3/22</b>	<b>3/23</b>	<b>3/24</b>	<b>3/25</b>	<b>3/26</b>	<b>3/27</b>	<b>3/28</b>	<b>3/29</b>	<b>3/30</b>	<b>3/31</b>	<b>4/1</b>	<b>4/2</b>	<b>4/3</b>		<b>FMLA</b>	
<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Hours</b>	<b>Pay Category</b>	<b>hours</b>
8.50	9.25	8.00	8.75	6.50	2.00		8.00	8.75	8.75	8.25	8.75	2.00		87.5	Regular: Health Dept.	
														0	PHER Grant	23201554.511000.10137
														0	Preparedness	23006954.511000
														0	Tobacco Grant	23005754.511000.10121
														0	Vacation:	
														0	Holiday:	
														0	Paid Sick Allowance:	
														0	Paid Funeral Leave:	
														0	Worker's Compensation:	
<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>TOTAL HOURS PAID</b>	
<b>8.5</b>	<b>9.25</b>	<b>8</b>	<b>8.75</b>	<b>6.5</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>8.75</b>	<b>8.75</b>	<b>8.25</b>	<b>8.75</b>	<b>2</b>	<b>0</b>	<b>87.5</b>	<b>TOTAL HOURS REPORTED</b>	

I certify that the foregoing is true and correct.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Supervisor signature

Mandatory for all employees

**GRANT ALLOWABLE EXPENDITURES**

- GRANT NAME/PROJECT: \_\_\_\_\_
- GRANT NAME/PROJECT: \_\_\_\_\_
- GRANT NAME/PROJECT: \_\_\_\_\_
- GRANT NAME/PROJECT: \_\_\_\_\_
- GRANT NAME/PROJECT: \_\_\_\_\_

**Lincoln County Employee Timesheet**

<b>Name:</b> Shelley Hersil		<b>Department:</b> Health Department														
<b>Employee Number:</b> 319																
<b>Representative Status:</b> Nonrepresented																
<b>FLSA Status:</b> Exempt													<b>From:</b> 4/4/2021	<b>To:</b> 4/17/2021		
<b>4/4</b>	<b>4/5</b>	<b>4/6</b>	<b>4/7</b>	<b>4/8</b>	<b>4/9</b>	<b>4/10</b>	<b>4/11</b>	<b>4/12</b>	<b>4/13</b>	<b>4/14</b>	<b>4/15</b>	<b>4/16</b>	<b>4/17</b>	<b>Hours</b>	<b>Pay Category</b>	<b>FMLA hours</b>
Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun			
9.00	9.25	12.50	8.50	8.00										47.25	Regular: Health Dept.	
														0	PHER Grant	23201554.511000.10137
														0	Preparedness	23006954.511000
														0	Tobacco Grant	23005754.511000.10121
							4.00	8.00	8.00	8.00				28	Vacation:	
											8.00			8	Holiday:	
														0	Paid Sick Allowance:	
														0	Paid Funeral Leave:	
														0	Worker's Compensation:	
<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>TOTAL HOURS PAID</b>	
<b>9</b>	<b>9.25</b>	<b>12.5</b>	<b>8.5</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>83.25</b>	<b>TOTAL HOURS REPORTED</b>	

I certify that the foregoing is true and correct.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Supervisor signature

Mandatory for all employees

**GRANT ALLOWABLE EXPENDITURES**

- GRANT NAME/PROJECT: \_\_\_\_\_
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- GRANT NAME/PROJECT: \_\_\_\_\_



## Board of Health Orientation April 27, 2022

Shelley Hersil, CHES, MPH  
Director/Health Officer

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

Public Health 3.0 A Call to Action for Public Health to Meet the Challenges of the 21<sup>st</sup> Century

## Orientation

**Responsibilities  
of Local Health  
Department**

**Staffing and  
Programs**

**Responsibilities  
of Board of  
Health**

**Board  
Operations**

**Questions?**

A blue gradient slide with a white border and a green square in the top right corner. The title "Mission, Vision, Core Values" is centered at the top in white. Below the title, the following text is centered:

**Mission**  
A leader in public health by promoting optimal health and safety through prevention, protection, and intervention.

**Vision**  
A safe and thriving Lincoln County where everyone has the opportunity for optimal health and quality of life.

**Core Values**  
*Excellence, Integrity, Health Equity*

WHAT DO WE DO?

## What are the unique responsibilities of a local health department?

### 10 Essential Services

“to protect and promote the health of all people in all communities”

#### Assessment

1. Assess and monitor population health status, factors that influence health, and community needs & assets
2. Investigate, diagnose, and address health problems and hazards

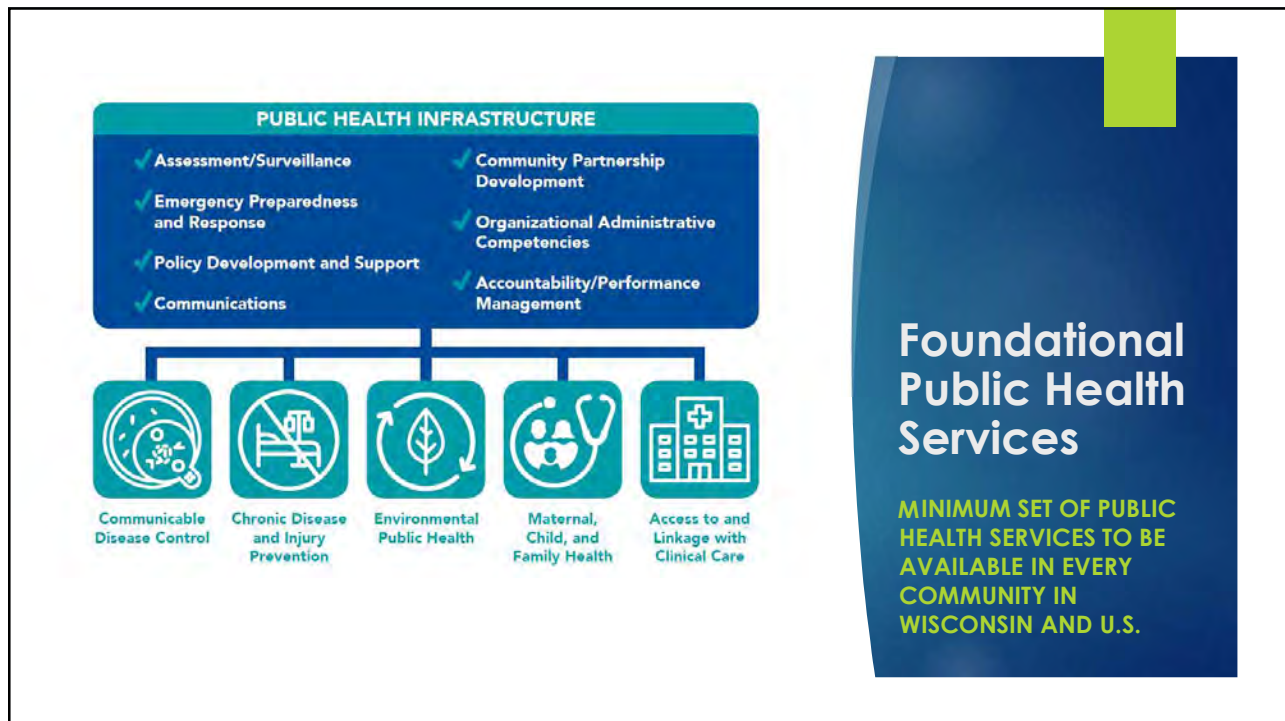
#### Policy Development

3. Inform and educate people about health, factors that influence & how to improve it
4. Mobilize communities and partnerships
5. Create, champion & implement policies, plans, and laws

#### Assurance

6. Use legal and regulatory actions designed to improve and protect
7. Assure effective systems enables equitable access to services and care
8. Build & support diverse & skilled workforce
9. Improve & innovate through ongoing evaluation, research, and QI
10. Build & maintain strong organizational infrastructure





## Public Health Standards

### WI DHS 140 Review

- ▶ Confirms a local health department meets requirements for Level 1, Level 2, or **Level 3**
- ▶ Conducted every 5 years

### National Public Health Accreditation

- ▶ Standards in carrying out the 10 Essential Public Health Services
- ▶ Demonstrates ability to meet national standard to carry out quality governmental public health services
  - ▶ Pathways Recognition Program
  - ▶ Accreditation

## WI Statutes that Guide Local Health Departments

[Chapter 250](#) – Health, Administration and Supervision

[Chapter 251](#) – Local Health Officials

[Chapter 252](#) – Communicable Diseases

[Chapter 253](#) – Maternal and Child Health

[Chapter 254](#) – Environmental Health

[Chapter 255](#) – Chronic Disease and Injuries

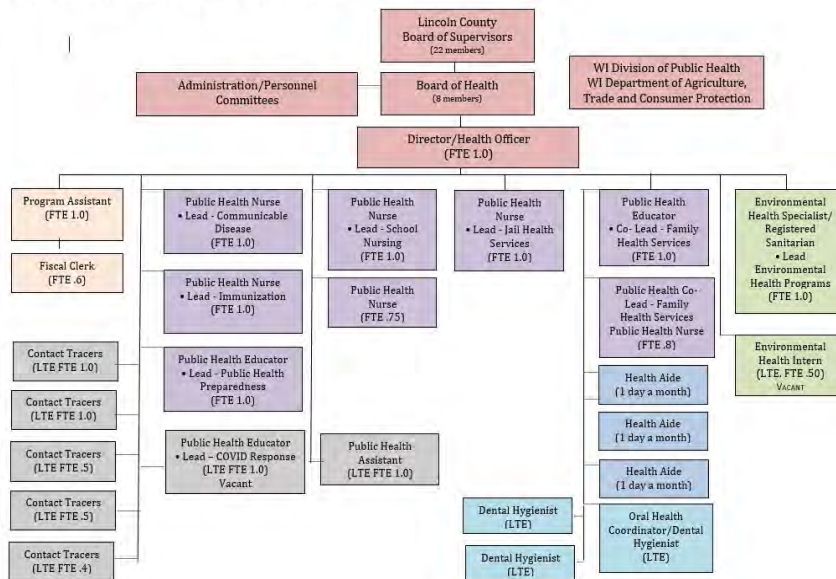
[DHS 139](#) – Qualifications for Health Professionals

[DHS 140](#) – Required Services of Local Health Department

# Lincoln County Ordinances

- ▶ 9.04 Prohibiting the Use of E-Cigarettes In/Near-County Buildings and Vehicles
- ▶ 11.01 Nuisances – Human Health Hazards
- ▶ 11.06 Lodging, Recreation and Food Protection
- ▶ 11.07 Restrictions on Sale of Gift of Cigarette or Tobacco Products to minors
- ▶ Outdoor Wood Burner Guidelines

## LINCOLN COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART – JANUARY 2022



## Health Department

### Mission Statement

Lincoln County Health Department's mission is to be a leader in public health by promoting optimal health and safety through prevention, protection, and intervention.

### Services Provided

#### **Chronic Disease Prevention**

Healthy Minds Coalition  
 Nutrition Coalition  
 Oral Health Coalition  
 Tobacco Prevention and Control Coalition

#### **Disease Control and Follow-up**

Food and Water Borne Diseases  
 Sexually Transmitted Diseases  
 Tuberculosis  
 Vector Borne Diseases  
 Vaccine Preventable Diseases

#### **Employee Health**

Alcohol and Drug Screening

#### **Environmental Health**

Water Testing for Public and Private Wells

Inspection and Licensure Program for  
 Food, Recreation, Lodging and  
 Human Health Hazard Investigations  
 Rabies Control

#### **Family Health**

Health Checks  
 Oral Health Prevention Programs

#### **Immunizations**

Childhood and Adult Vaccines

#### **Jail Health Services**

#### **Public Health Preparedness**

#### **School Health Services**

WHAT DO YOU DO?

# What is a Board of Health?

## What is a Board of Health in WI?

Currently 85 local health departments

- ▶ County, multi-county, city-county, city, village, and multi-city/village

County Ordinance Membership

- ▶ 5 elected officials
- ▶ At least 3 members not elected officials
- ▶ Appoint RN, physician member at large.
- ▶ Reflect the diversity of the community

## What does a Board of Health do?

Wisconsin Statute Chapter 251.04 outlines powers and duties:

- ▶ Govern the local health department
- ▶ Assure the local health department is a Level I, Level II, or Level III
- ▶ May adopt regulations for its own guidance and for the governance of the local health department necessary to protect and improve public health. The regulations may be less stringent than, and may not conflict with, state statutes and rules of the department.
- ▶ Report to the state department by rule.
- ▶ Meet at least quarterly.

## Six Functions of Public Health Governance

- ▶ Policy Development
- ▶ Resource Stewardship
- ▶ Legal Authority
- ▶ Partner Engagement
- ▶ Continuous Improvement
- ▶ Oversight

## What does a Board of Health do?

- ▶ Assess public health needs and advocate for the provision of reasonable and necessary public health services.
- ▶ Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.
- ▶ Assure measure are taken to provide an environment in which individuals can be healthy.
- ▶ Unless specified otherwise by ordinance, shall employ qualified public health professionals

## Board of Health Resources

### Public Health Associations

- ▶ Wisconsin Association of Local Health Departments and Boards (WALHDAB)
- ▶ National Association of Local Boards of Health (NALBOH)
- ▶ National Association of County and City Health Officials (NACCHO)

### Resources

- ▶ Lincoln County Policies and Plans
- ▶ WI Department of Health Services
- ▶ Centers of Disease Control and Prevention
- ▶ **Website: [Lincolncountyhealthdepartment.com](http://Lincolncountyhealthdepartment.com)**

## General Board of Health Operations

- ▶ Meeting Schedule
- ▶ Committee standing agenda items
- ▶ Grants, Contracts, Memorandum of Understandings
- ▶ Fiscal Management
- ▶ Communication with the Board
- ▶ Staffing

# What is Health?

HEALTH IS LIVING LONG AND WELL. IT'S WHERE WE LIVE, WORK, LEARN,  
AND PLAY. IT'S OPPORTUNITY—FOR ALL OF US—TO STRIVE AND THRIVE.

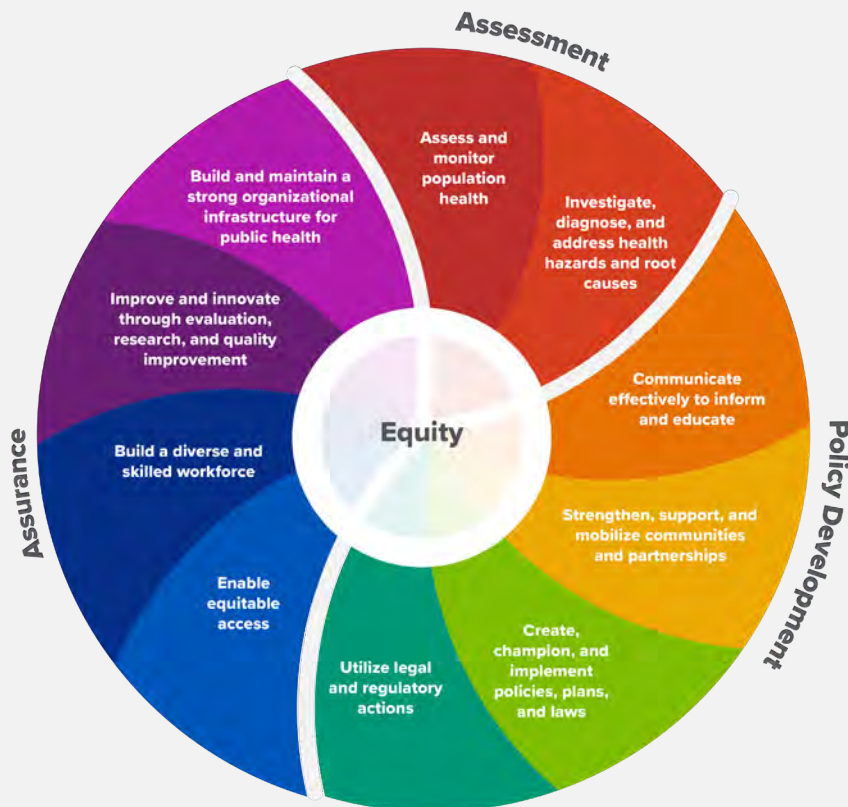
SOURCE: COUNTY HEALTH RANKINGS



# THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



**ESSENTIAL PUBLIC HEALTH SERVICE #1**  
Assess and monitor population health status, factors that influence health, and community needs and assets

**ESSENTIAL PUBLIC HEALTH SERVICE #2**  
Investigate, diagnose, and address health problems and hazards affecting the population

**ESSENTIAL PUBLIC HEALTH SERVICE #3**  
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

**ESSENTIAL PUBLIC HEALTH SERVICE #4**  
Strengthen, support, and mobilize communities and partnerships to improve health

**ESSENTIAL PUBLIC HEALTH SERVICE #5**  
Create, champion, and implement policies, plans, and laws that impact health

**ESSENTIAL PUBLIC HEALTH SERVICE #6**  
Utilize legal and regulatory actions designed to improve and protect the public's health

**ESSENTIAL PUBLIC HEALTH SERVICE #7**  
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

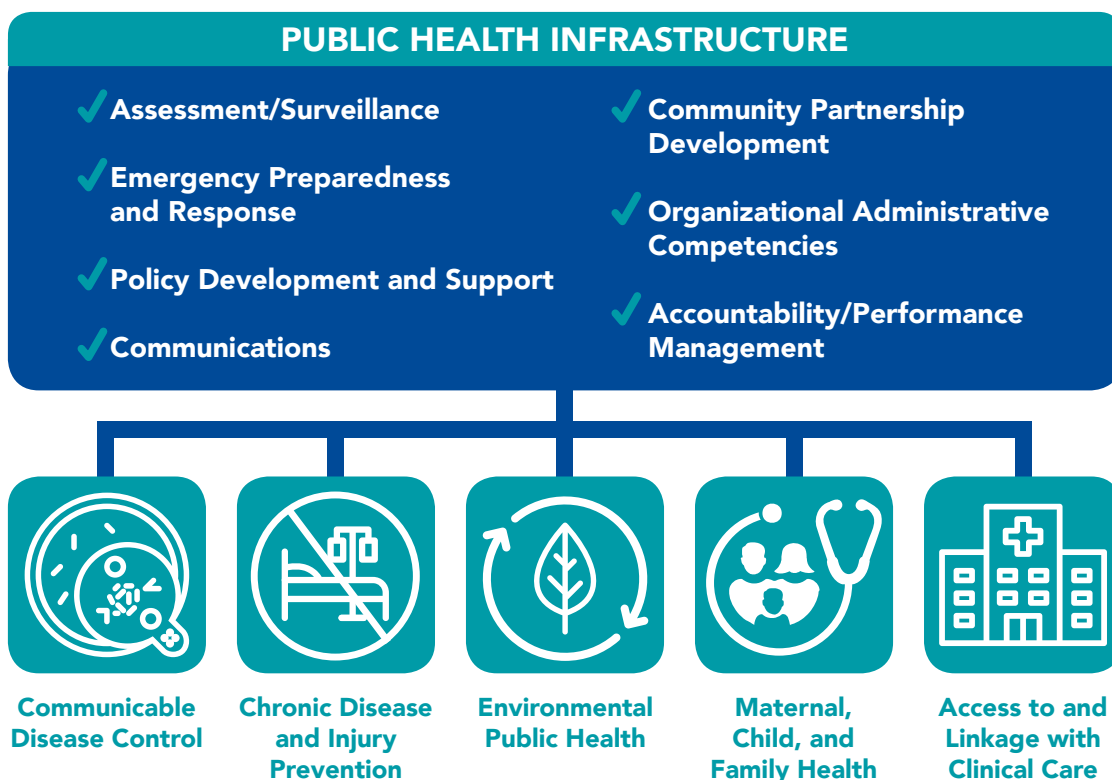
**ESSENTIAL PUBLIC HEALTH SERVICE #8**  
Build and support a diverse and skilled public health workforce

**ESSENTIAL PUBLIC HEALTH SERVICE #9**  
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

**ESSENTIAL PUBLIC HEALTH SERVICE #10**  
Build and maintain a strong organizational infrastructure for public health

Every day and during times of emergencies, public health departments make our country a healthier and safer place to live and work. Public health aims to prevent health threats before they occur. Although responsible for much more, public health prevents the spread of disease and chronic conditions that impact the health status of a community and drive health care spending. Across the country, public health departments bring people together in emergencies and provide regular assistance to their communities and continue to evolve to meet their needs.

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



Built on a strong foundation of **public health infrastructure**, public health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting child and maternal health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community's needs.

The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance

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

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

In ways large and small, public health departments prevent the spread of disease and bring people together to help communities stay healthy. To continue these activities and respond to new threats, the governmental public health system needs an ongoing commitment to fund the foundational public health infrastructure from federal, state and local governments.

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

# The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

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**Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

**Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

**Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

**Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

**Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

**Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

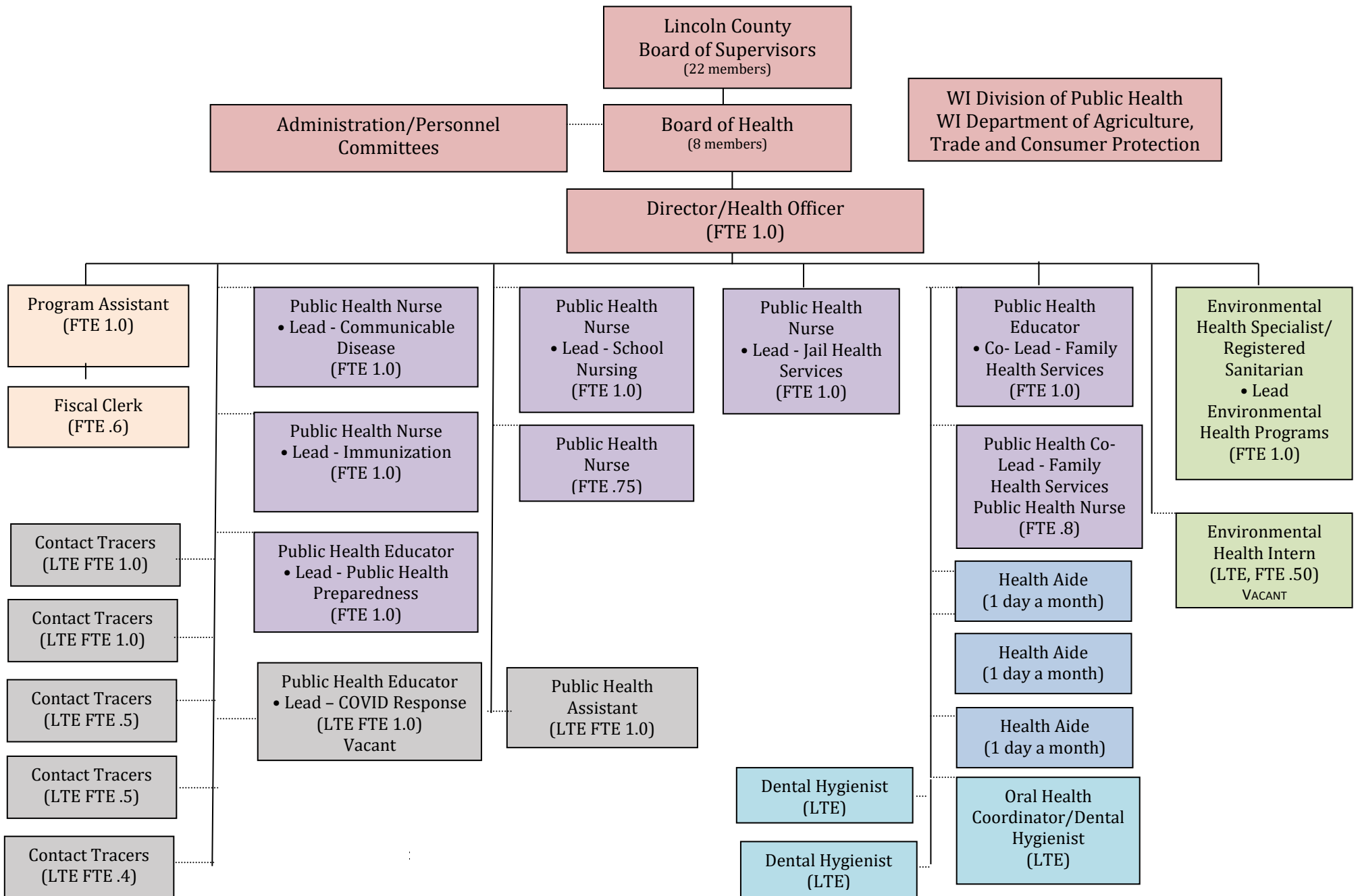
- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit [www.nalboh.org](http://www.nalboh.org).

*Approved by the NALBOH Board of Directors – November 2012*



LINCOLN COUNTY HEALTH DEPARTMENT  
 ORGANIZATIONAL CHART – JANUARY 2022



## Chapter DHS 140

### REQUIRED SERVICES OF LOCAL HEALTH DEPARTMENTS

- [DHS 140.01](#) Authority and purpose.
- [DHS 140.03](#) Definitions.
- [DHS 140.04](#) Level I local health department.
- [DHS 140.05](#) Level II local health department.
- [DHS 140.06](#) Level III local health department.
- [DHS 140.07](#) Local health officer qualifications.
- [DHS 140.08](#) Local health department level designation.

**Note:** Chapter HFS 140 was renumbered chapter DHS 140 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., [Register January 2009 No. 637](#).

**DHS 140.01 Authority and purpose.** This chapter is promulgated under the authority of s. [251.20](#), Stats., which directs the department to specify by rule required services for each of 3 levels of local health departments. Under s. [251.05 \(2\)](#), Stats., all local health departments are to provide at least level I services, while level II and level III local health departments are to provide additional services.

**History:** Cr. [Register, July, 1998, No. 511](#), eff. 8-1-98.

**DHS 140.03 Definitions.** In this chapter:

- (1) "Community health assessment" means the regular, systematic collection, assembly, analysis and dissemination of information on the health of the community.
- (1m) "Community health improvement plan" means the written plan developed by a local health department with the involvement of key policy makers and the general public to implement the services and functions specified under s. [250.03 \(1\) \(L\)](#), Stats., pursuant to s. [251.05 \(3\) \(c\)](#), Stats., and the requirements of this chapter.
- (2) "Department" means the Wisconsin department of health services.
- (3) "Environmental health program" means the assessment, management, control and prevention of environmental factors that may adversely affect the health, comfort, safety or well-being of individuals within the jurisdiction of the local health department by individuals qualified under s. [440.98](#), Stats., and ch. [DHS 139](#).
- (4) "Epidemiological investigation" means the systematic examination and detailed inquiry into the circumstances and causal factors associated with a given disease or injury.
- (5) "General public health nursing program" means the organization and delivery of public health nursing services by public health nurses qualified under s. [250.06 \(1\)](#), Stats., and s. [DHS 139.08](#) to individuals within the jurisdiction of the local health department.
- (6) "Health promotion" means programs and services that increase the public understanding of health, assist in the development of more positive health practices and enhance or maintain the health of the community as a whole.
- (7) "Human health hazard" means a substance, activity or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity or condition is not abated or removed.
- (8) "Local health department" means an agency of local government that has any of the forms specified in s. [250.01 \(4\)](#), Stats.
- (9) "Local health officer" means the person in charge of a local health department who meets the qualifications and is responsible for carrying out the duties established under s. [251.06](#), Stats.
- (10) "Other disease prevention" means programs and services that reduce the risk of disease, disability, injury or premature death caused by such factors as risky behaviors, poor health practices or environmental agents of disease.

- (11) "Public health system" means organized community efforts aimed at the prevention of disease and the promotion and protection of health, including activities of public and private agencies and voluntary organizations and individuals.
- (12) "State health officer" means the individual appointed under s. [250.02 \(1\)](#), Stats., by the secretary of the department to develop public health policy for the state and direct state public health programs.
- (13) "Surveillance" means the ongoing systematic collection, analysis, and interpretation of data concerning disease, injuries or human health hazards, and the timely dissemination of these data to persons responsible for preventing and controlling disease or injury and others who need to know.

**History:** Cr. [Register, July, 1998, No. 511](#), eff. 8-1-98; corrections in (2), (3) and (5) made under s. [13.92 \(4\) \(b\) 6.](#) and [7.](#), Stats., [Register January 2009 No. 637](#); [CR 18-014](#); cr. (1m) [Register June 2019 No. 762](#), eff. 7-1-19; correction in (1m) made under s. [35.17](#), Stats., [Register June 2019 No. 762](#).

**DHS 140.04 Level I local health department.**

- (1) REQUIRED SERVICES. A level I local health department shall provide leadership for developing and maintaining the public health system within its jurisdiction by conducting all of the following:
  - (a) *Surveillance and investigation.*
    - 1. Collect and analyze public health data to do all of the following:
      - a. Identify health problems, environmental public health hazards, and social and economic risks that affect the public's health.
      - b. Guide public health planning and decision-making at the local level.
      - c. Develop recommendations regarding public health policy, processes, programs, or interventions, including the community health improvement plan.
    - 2. Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and stakeholders.
    - 3. Establish written protocols for obtaining laboratory services at all times.
  - (b) *Communicable disease control.*
    - 1. Conduct activities required of local health departments under ch. [DHS 144](#), relating to immunization of students.
    - 2. Comply with the requirements of ch. [DHS 145](#), relating to prevention, monitoring, conducting epidemiological investigations, and control of communicable diseases, including outbreaks.
    - 3. Improve public recognition and awareness of communicable diseases and other illnesses of public health importance.
    - 4. Provide or facilitate community-based initiatives to prevent communicable diseases.
  - (c) *Other disease prevention.*
    - 1. Develop and implement interventions intended to reduce the incidence, prevalence or onset of chronic diseases or to prevent or ameliorate injuries that are the leading causes of disability and premature death in the local health department's jurisdiction, as identified in the community health assessment or the most recent state public health agenda.
    - 2. Link individuals to needed personal health services.
    - 3. Identify and implement strategies to improve access to health services.
  - (d) *Emergency preparedness and response.*
    - 1. Participate in the development of response strategies and plans in accordance with local, state, and national guidelines to address public health emergencies as defined in s. [323.02 \(16\)](#), Stats.
    - 2. Participate in public health preparedness exercises.
    - 3. Communicate and coordinate with health care providers, emergency service providers, and other agencies and organizations that respond to a disaster, outbreak or emergency.
    - 4. Define the role of public health personnel in responding to a disaster, outbreak, or emergency, and activate these personnel during any such occurrence.



5. Maintain and execute an agency plan for providing continuity of operations during a disaster, outbreak, or emergency, including a plan for accessing resources necessary for response or recovery.
6. Issue and enforce emergency health orders, as permitted by law.
7. Establish processes to ensure the local health department is immediately notified of an actual or potential disaster, outbreak, or emergency.
8. Implement strategies intended to protect the health of vulnerable populations during a disaster, outbreak, or emergency.

**(e) Health promotion.**

1. Develop and implement interventions, policies, and systems to promote practices that support positive public health outcomes and resilient communities.
2. Disseminate relevant, accurate information and evidence-informed prevention guidance to the public health system and community.
3. Use a variety of accessible, transparent, and inclusive methods of communication to convey and to receive information from the public and stakeholders.
4. Provide accurate, timely, and understandable information, recommendations, and instructions to the public during a disaster, outbreak, or emergency.

**(f) Human health hazard control.**

1. Assist in the conduct of activities authorized under ss. [251.06 \(3\) \(f\)](#) and [254.59](#), Stats.
2. Declare dilapidated, unsafe or unsanitary housing to be a human health hazard, when permitted under s. [254.593](#), Stats.
3. Identify public health hazards through laboratory testing, inspections, reporting, and investigation for the purpose of preventing further incidence of occupational disease, environmental disease, and human health hazard exposure.

**(g) Policy and planning.**

1. Coordinate planning and serve as a source of information and expertise in the development and implementation of policies affecting public health.
2. Foster and support community involvement and partnerships in development, adoption, and implementation of policies affecting public health, including engagement of diverse populations and consideration of adversely impacted populations.
3. Conduct a community health assessment resulting in a community health improvement plan at least every 5 years.
4. Develop a written community health improvement plan at least every 5 years, by assessing applicable data, developing measurable health objectives, and partnering with persons, agencies, and organizations to cultivate community ownership throughout the entire development and implementation of the plan.
5. Engage members of the community in assessment, implementation, monitoring, evaluation, and modification of community health planning.
6. Promote land use planning and sustainable development activities to create positive health outcomes.

**(h) Leadership and organizational competencies.**

1. Establish and sustain relationships with governmental and nongovernmental partners and stakeholders.
2. Engage stakeholders in the development and implementation of the local health department's organizational goals.
3. Use principles of public health law, including local and state laws, in the planning, implementation, and enforcement of public health initiatives.
4. Promote and monitor progress towards achieving organizational goals, objectives identified in community health improvement plan, and identifying areas for improvement.
5. Implement processes within public health programs that create health equity.

6. Maintain a competent and diverse workforce intended to ensure the effective and equitable provision of public health services.
7. Provide continuing education and other training opportunities necessary to maintain a competent workforce.
8. Implement and maintain the technology needed to support public health operations while simultaneously protecting personally identifiable information and other confidential health information, pursuant to ss. [19.21](#) and [146.82](#), Stats.
- (i) *Public health nursing services.* Conduct a general public health nursing program which shall apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required in pars. (a) to (h), in cooperation with the local board of health.
- (2) ANNUAL REPORTING. A level I local health department shall submit the following to the department:
  - (a) By May 1, a copy of the annual report submitted by the local health officer during the previous year, as required by s. [251.06 \(3\) \(h\)](#), Stats.
  - (b) Public health data, in a format prescribed by the department.

**Note:** Reports and data described in this section must be submitted to the regional office assigned to the local health department's jurisdiction. Information about regional offices may be obtained by accessing: <https://www.dhs.wisconsin.gov/dph/regions.htm>.

- (3) OPTIONAL SERVICES. A level I local health department may provide any services, in addition to the services required under sub. (1), that a level II local health department is required to provide under s. [DHS 140.05](#) or a level III local health department is required to provide under s. [DHS 140.06](#).

**History:** Cr. [Register, July, 1998, No. 511](#), eff. 8-1-98; corrections in (1) (b) made under s. [13.92 \(4\) \(b\) 7](#), Stats., [Register January 2009 No. 637](#); [CR 18-014: r. and recr. Register June 2019 No. 762](#), eff. 7-1-19; correction in (1) (f) 1. made under s. [35.17](#), Stats., [Register June 2019 No. 762](#).

#### **DHS 140.05 Level II local health department.**

- (1) REQUIRED SERVICES. In addition to the level I local health department required services described in s. [DHS 140.04](#), a level II local health department shall do all of the following:
  - (a) Address communicable disease control, chronic disease and injury prevention, environmental public health, family health, and access and linkage to health services, in addition to services already provided under s. [DHS 140.04](#), by doing all of the following:
    1. Identifying and promoting either a community need that has not already been selected as a local priority by the local health department in its most recent community health improvement plan or an objective specified in the department of health services' most recent state public health agenda, developed pursuant to s. [250.07](#), Stats.
    2. Providing support to implement services through leadership, resources, and engagement of the public health system.
    3. Utilizing evidence-informed resources and practices to provide services.
    4. Evaluating the additional services and reporting to the community and local board of health on progress and performance.
  - (b) Develop and maintain a plan to employ qualified public health professionals and assure a competent public health workforce by doing all of the following:
    1. Including core public health competencies and credentialing requirements in all department job descriptions, unless prohibited by local governing body.
    2. Assessing staff core public health competencies every 2 years to identify department training needs.
    3. Completing annual performance evaluations and personal development plans, unless prohibited by local governing body.
  - (c) Conduct quality improvement.
  - (d) Provide training and resources related to quality improvement to local health department staff and the local governing body.
  - (e) Establish explicit organizational performance measures for the local health department's mission, vision, values, and strategic goals.

(f) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under pars. (a) to (e).

(2) OPTIONAL SERVICES. A level II local health department may provide any services, in addition to the services required under sub. (1), that a level III local health department is required to provide under s. [DHS 140.06](#).

**History:** Cr. [Register, July, 1998, No. 511](#), eff. 8-1-987; [CR 18-014: r. and recr. Register June 2019 No. 762](#), eff. 7-1-19; correction in (1) (a) 1., (b) 2. made under s. [35.17, Stats., Register June 2019 No. 762](#); correction in (1) (f) made under s. [13.92 \(4\) \(b\) 7., Stats., Register June 2019 No. 762](#).

**DHS 140.06 Level III local health department.** In addition to the level I local health department required services described in s. [DHS 140.04](#) and to the level II local health department required services described in s. [DHS 140.05](#), a level III local health department shall do all of the following:

- (1) Lead the collection of data to guide public health planning and decision-making at the local level in alignment with the most recent state public health agenda.
- (2) Provide public health expertise within the jurisdiction to elected officials, stakeholders, and community partners, including data and research.
- (3) Identify and address factors impacting population health by implementing evidence-informed and emerging practices.
- (4) Develop, advocate, adopt, and implement policies or strategies to improve the physical, environmental, social, and economic conditions affecting health.
- (5) Establish and implement an environmental health program as directed by the local board of health or other local governing body by doing all of the following:
  - (a) Participating and providing environmental health expertise in the development of community plans.
  - (b) Providing or arranging for the availability of services authorized under ch. [254, Stats.](#), such as for toxic substances, indoor air quality, animal borne or vector borne disease, and human health hazards.
  - (c) Collecting, reviewing, and analyzing environmental and community health data, and managing, controlling, and preventing environmental factors that may adversely affect the health, safety, or well-being of individuals or the community.
  - (d) Implement agreements established with state agencies to provide or arrange for environmental health services.
  - (e) Administering regulations of the board of health or other local governing body.
- (6) Provide or arrange for other services that the local health department determines appropriately address objectives or services in the most recent state public health agenda.
- (7) Develop and implement methods to collect performance data, evaluate goals, conduct quality improvement, and report progress to advise organizational decisions.
- (8) Develop and implement a plan that integrates quality improvement at the individual, team, and organization levels.
- (9) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under subs. (1) to (8).

**History:** Cr., [Register, July, 1998, No. 511](#), eff. 8-1-98; corrections in (1) (c) and (d) made under s. [13.92 \(4\) \(b\) 7., Stats., Register January 2009 No. 637](#); (1) (d) renum. to SPS 221.065 under s. [13.92 \(4\) \(b\) 1., Stats., Register December 2015 No. 720](#); [CR 18-014: r. and recr. Register June 2019 No. 762](#), eff. 7-1-19; correction made under s. [13.92 \(4\) \(b\) 1., Stats., Register June 2019 No. 762](#); correction in (9) made under s. [13.92 \(4\) \(b\) 1., Stats., Register June 2019 No. 762](#).

**DHS 140.07 Local health officer qualifications.**

- (1) DEFINITION. In this section, “similar field” means a field of academic study, or combination of graduate-level courses that the state health officer determines provides the knowledge and skills required to adequately meet the responsibilities of a level I, II, or III local health officer.
- (2) LEVEL I. A local health officer of a level I local health department shall meet the requirements stated in s. [251.06 \(1\) \(a\), Stats.](#), or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. [251.06 \(1\) \(d\), Stats.](#)

- (3) LEVEL II. A local health officer of a level II local health department shall meet the requirements stated in s. [251.06 \(1\) \(b\)](#), Stats., or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. [251.06 \(1\) \(d\)](#), Stats.
- (4) LEVEL III. Pursuant to ss. [251.06 \(1\) \(c\)](#) and [\(d\)](#), Stats., a level III local health officer shall have any of the following qualifications:
- (a) At least 3 years of experience in a full-time administrative position in either a public health agency or public health work and one of the following:
1. A master's degree in public health, public administration, or health administration.
  2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.
- (b) A bachelor's degree, 5 years of experience in a full-time administrative position in either a public health agency or public health work, and one of the following:
1. At least 16 graduate semester credits towards a master's degree in public health, public administration, or health administration.
  2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of 16 graduate semester credits towards a master's degree in a similar field.
- (c) A license to practice medicine and surgery under ch. [448](#), Stats., and at least one of the following:
1. Three years of experience in a full-time administrative position in either a public health agency or public health work.
  2. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.
  3. A master's degree in public health, public administration, or health administration.
  4. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.

**History:** Cr. [Register, July, 1998, No. 511](#), eff. 8-1-98; [CR 18-014](#): r. and recr. [Register June 2019 No. 762](#), eff. 7-1-19; correction in (1) made under s. [13.92 \(4\) \(b\) 1.](#), Stats., [Register June 2019 No. 762](#); correction in (1), (4) (c) 3. made under s. [35.17](#), Stats., [Register June 2019 No. 762](#).

**DHS 140.08 Local health department level designation.** The department shall review the operations of each local health department at least every 5 years, and based on this review, the state health officer shall issue a written finding as to whether the local health department satisfies the requirements for a level I, II, or III local health department. In the alternative, the state health officer may determine that the operations of a local health department satisfy the requirements for a level I, II, or III local health department based on a national accreditation process that fulfills the requirements specified under ch. [251](#), Stats., and this chapter.

**History:** [CR 18-014](#): cr. [Register June 2019 No. 762](#), eff. 7-1-19; correction made under s. [13.92 \(4\) \(b\) 1.](#), Stats., [Register June 2019 No. 762](#).

LINCOLN COUNTY  
HEALTH DEPARTMENT  
YEAR TO DATE BUDGET REPORT  
FOR 2021 13 - end of year

ACCOUNT	ORIGINAL BUDGET	REVISED BUDGET	YTD 2021 REVENUE	YTD 2021 EXPENDITURES	AVAILABLE BUDGET	PERCENT USED
23000054.461900	11,000.00	11,000.00	0.00		11,000.00	0.0%
23000054.465910	19,300.00	44,548.00	64,352.19		(19,804.19)	144.5%
23000054.473500	6,250.00	6,250.00	6,216.50		33.50	99.5%
23000054.473510	100,400.00	101,400.00	101,432.00		(32.00)	100.0%
23000054.474000	92,000.00	90,100.00	90,093.00		7.00	100.0%
23000054.485000	1,800.00	1,100.00	1,070.00		30.00	97.3%
23000054.511000	588,954.00	584,834.00		428,639.07	156,194.93	73.3%
23000054.520000	274,708.00	274,708.00		175,498.60	99,209.40	63.9%
23000054.531010	1,615.00	1,295.00		1,294.89	0.11	100.0%
23000054.531320	0.00	220.00		220.52	(0.52)	100.2%
23000054.551000	6,263.00	7,220.00		7,220.75	(0.75)	100.0%
23000054.552001	2,800.00	3,472.00		3,471.70	0.30	100.0%
23000054.554001	3,000.00	1,476.00		1,475.13	0.87	99.9%
23000054.555000	5,500.00	2,476.00		2,475.32	0.68	100.0%
23000054.561100	7,600.00	9,572.00		9,572.80	(0.80)	100.0%
23000054.561101	1,200.00	604.00		603.91	0.09	100.0%
23000054.561214	10,500.00	10,500.00		10,519.01	(19.01)	100.2%
23000054.570000	150.00	150.00		0.00	150.00	0.0%
23000054.571000	450.00	450.00		0.00	450.00	0.0%
23000059.598000	0.00	303,322.00		303,322.15	(0.15)	100.0%
23000060.411000	580,524.00	580,524.00	580,524.00		0.00	100.0%
23000054.435500.10119	5,500.00	5,500.00	987.46		4,512.54	18.0%
23000054.435500.10120	57,119.00	57,119.00	25,120.00		31,999.00	44.0%
<b>PUBLIC HEALTH TOTALS</b>			<b>869,795.15</b>	<b>944,313.85</b>		
23000054.435510.10120	6,177.00	6,177.00	11,156.00		(4,979.00)	180.6%
23000054.511000.10120	0.00	4,007.00		4,007.57	(0.57)	100.0%
23000054.520000.10120	0.00	2,172.00		2,172.46	(0.46)	100.0%
23000054.571002.10120	0.00	5,000.00		5,000.00	0.00	100.0%
<b>PREVENTION TOTALS</b>			<b>11,156.00</b>	<b>11,180.03</b>		
23005554.461900	6,500.00	6,500.00	3,556.00		2,944.00	54.7%
23005554.560000	800.00	800.00		163.44	636.56	20.4%
23005554.571000	430.00	905.00		905.40	(0.40)	100.0%
<b>ENVIRONMENTAL HEALTH TOTALS</b>			<b>3,556.00</b>	<b>1,068.84</b>		
23005554.435500.10221	0.00	1,100.00	1,192.00		(92.00)	108.4%
23005554.511000.10221	0.00	1,100.00		1,105.63	(5.63)	100.5%
23005554.520000.10221	0.00	0.00		85.77	(85.77)	100.0%
23005554.554001.10221	0.00	0.00		45.72	(45.72)	100.0%
23005554.561101.10221	0.00	0.00		2.17	(2.17)	100.0%
<b>ENVIRONMENTAL MINI GRANT TOTALS</b>			<b>1,192.00</b>	<b>1,239.29</b>		
23005654.435500.20100	3,800.00	3,800.00	3,800.00		0.00	100.0%
23005654.511000.20100	0.00	2,446.00		2,446.40	(0.40)	100.0%
23005654.520000.201000	0.00	1,387.00		1,387.82	(0.82)	100.1%
23005654.560000	2,000.00	2,000.00		681.50	1,318.50	34.1%
<b>COMMUNICABLE DISEASES TOTALS</b>			<b>3,800.00</b>	<b>4,515.72</b>		
23005754.485000	2,200.00	2,840.00	2,840.00		0.00	100.0%
23005754.511000.10121	3,800.00	5,326.00		5,326.20	(0.20)	100.0%
23005754.520000.10121	2,000.00	3,583.00		3,583.47	(0.47)	100.0%
23005754.554001.10121	50.00	50.00		44.28	5.72	88.6%
23005754.570000.10121	50.00	73.00		73.03	(0.03)	100.0%
<b>TOBACCO TOTALS</b>			<b>2,840.00</b>	<b>9,026.98</b>		
23006954.435500.10128	40,638.00	43,088.00	43,088.00		0.00	100.0%
23006954.511000.10128	22,789.00	32,554.00		32,554.52	(0.52)	100.0%
23006954.520000.10128	4,204.00	7,890.00		7,890.96	(0.96)	100.0%
23006954.554001.10128	455.00	55.00		40.12	14.88	72.9%
23006954.555000.10128	500.00	500.00		498.93	1.07	99.8%
23006954.570000.10128	12,690.00	1,690.00		1,651.94	38.06	97.7%
<b>PUBLIC HEALTH PREPAREDNESS TOTALS</b>			<b>43,088.00</b>	<b>42,636.47</b>		
23006954.570000.10165	0.00	0.00		(23.85)	23.85	100.0%
<b>PHEP MINI GRANT TOTALS</b>				<b>(23.85)</b>		
23006954.435500.10172	0.00	40,000.00	40,683.00		683.00	101.7%
23006954.511000.10172	0.00	32,900.00		32,948.92	(48.92)	100.1%
23006954.520000.10172	0.00	5,200.00		5,255.02	(55.02)	101.1%

ACCOUNT	ORIGINAL BUDGET	REVISED BUDGET	YTD 2021 REVENUE	YTD 2021 EXPENDITURES	AVAILABLE BUDGET	PERCENT USED
23006954.552001.10172	0.00	113.00		113.97	(0.97)	100.9%
23006954.554001.10172	0.00	362.00		362.65	(65.00)	100.2%
23006954.555000.10172	0.00	0.00		4.48	(4.48)	100.0%
23006954.561101.10172	0.00	400.00		433.76	(33.76)	108.4%
23006954.571000.10172	0.00	1,500.00		1,565.36	(65.36)	104.4%
<b>PHEP COVID GENERAL TOTALS</b>			<b>40,683.00</b>	<b>40,684.16</b>		
23027854.465900	8,500.00	8,500.00	0.00		8,500.00	0.0%
23027854.465916	3,800.00	3,800.00	195.13		3,604.87	5.1%
23027854.511000	4,550.00	4,550.00		150.00	4,400.00	3.3%
23027854.520000	750.00	750.00		11.49	738.51	1.5%
23027854.570000	1,200.00	1,200.00		61.20	1,138.80	5.1%
23027854.571000	200.00	200.00		2.68	197.32	1.3%
23027854.571001	0.00	19.00		19.83	(0.83)	104.4%
<b>ORAL HEALTH TOTALS</b>			<b>195.13</b>	<b>245.20</b>		
23008454.435500.10168	0.00	14,900.00	15,000.00		(100.00)	100.7%
23008454.511000.10168	0.00	10,800.00		10,800.93	(0.93)	100.0%
23008454.520000.10168	0.00	1,600.00		1,651.98	(51.98)	103.2%
23008454.554001.10168	0.00	200.00		232.50	(32.50)	116.3%
23008454.555000.10168	0.00	0.00		14.56	(14.56)	100.0%
23008454.571000.10168	0.00	2,300.00		2,300.54	(0.54)	100.0%
<b>COVID ELC TOTALS</b>			<b>15,000.00</b>	<b>15,000.51</b>		
23008454.435500.10173	0.00	294,700.00	295,410.00		(710.00)	100.2%
23008454.511000.10173	0.00	224,806.00		222,771.64	2,034.36	99.1%
23008454.520000.10173	0.00	65,231.00		64,004.06	1,226.94	98.1%
23008454.552001.10173	0.00	113.00		113.97	(0.97)	100.9%
23008454.554001.10173	0.00	1,306.00		1,306.56	(0.56)	100.0%
23008454.555000.10173	0.00	122.00		122.75	(0.75)	100.6%
23008454.561101.10173	0.00	2,883.00		2,883.23	(0.23)	100.0%
23008454.571000.10173	0.00	4,219.00		4,219.74	(0.74)	100.0%
<b>COVID ENHANCE DETECTION TOTALS</b>			<b>295,410.00</b>	<b>295,421.95</b>		
23008454.435500.10174	0.00	14,100.00	14,322.00		(222.00)	101.6%
23008454.511000.10174	0.00	10,000.00		10,017.71	(17.71)	100.2%
23008454.520000.10174	0.00	3,800.00		3,880.65	(80.65)	102.1%
23008454.554001.10174	0.00	100.00		197.75	(97.95)	197.8%
23008454.555000.10174	0.00	0.00		2.80	(2.80)	100.0%
23008454.571000.10174	0.00	200.00		223.00	(23.00)	111.5%
<b>COVID VACCINE SUPPLEMENT TOTALS</b>			<b>14,322.00</b>	<b>14,321.91</b>		
23201054.465900	106,791.00	115,091.00	115,101.00		(10.00)	100.0%
23201054.465912	15,300.00	19,250.00	20,966.00		(1,716.00)	108.9%
23201054.511000	72,445.00	72,445.00		72,313.19	131.81	99.8%
23201054.520000	21,546.00	38,393.00		38,393.47	(0.47)	100.0%
23201054.554001	300.00	300.00		308.44	(8.44)	102.8%
23201054.555000	2,700.00	1,135.00		1,134.71	0.29	100.0%
23201054.571000	9,800.00	10,175.00		10,175.40	(0.40)	100.0%
23201054.571002	2,400.00	6,350.00		6,358.62	(8.62)	100.1%
<b>AGENT STATUS PROGRAM TOTALS</b>			<b>136,067.00</b>	<b>128,683.83</b>		
23201154.485000	50.00	50.00	0.00			0.0%
23201154.570000	50.00	50.00		0.00	50.00	0.0%
23201154.571002	0.00	0.00		34.00	(34.00)	100.0%
<b>HEALTH DEPARTMENT MINI GRANTS</b>				<b>34.00</b>		
23201354.435500.20130	1,050.00	1,050.00	0.00		0.00	0.0%
23201354.474000.20130	0.00	0.00	227.19		(227.19)	100.0%
23201354.554001.20130	50.00	50.00		0.00	50.00	0.0%
23201354.570000.20130	200.00	200.00		0.00	200.00	0.0%
<b>PRENATAL CARE GRANTS</b>			<b>227.19</b>	<b>0.00</b>		
23000054.499990	0.00	303,322.00				
<b>FUNDS APPLIED</b>						
<b>TOTAL REVENUES</b>	<b>1,068,699.00</b>	<b>1,775,809.00</b>	<b>1,437,331.47</b>			<b>80.9%</b>
<b>TOTAL EXPENDITURES</b>	<b>1,068,699.00</b>	<b>1,775,809.00</b>		<b>1,508,348.89</b>		<b>84.9%</b>
<b>GRAND TOTAL</b>					<b>(71,017.42)</b>	

Motion by:  
 Second by:

Resolution 2022 -

Dist.	Supervisor	Y	N	Abs
19	Allen			
6	Ashbeck			
1	Bialecki			
11	Detert			
13	Callahan			
9	Friske			
12	DePasse			
20	Cummings			
14	Hafeman			
8	Thiel			
17	Koth			
15	Lemke			
16	Loka			
3	McCrank			
22	Hartwig			
5	Peterson			
7	Rusch			
21	Simon			
18	Wickham			
2	Anderson-Malm			
4	Osness			
10	Boyd			
<b>Totals</b>				
Carried				
Defeated				
Amended				
Voice vote				
Roll call				

Resolution Accepting and Expressing Gratitude to Aspirus Merrill Hospital for the donation of \$1,480, for implementing the Live Well Lincoln County Community Health Improvement Plan.

Whereas, Lincoln County Health Department has health priorities identified in its five year Community Health Improvement Plan,

Whereas Aspirus Merrill Hospital is a community partner in implementing the Community Health Improvement Plan for Lincoln County with a priority of access to oral health services,

Whereas a letter was sent to Aspirus Merrill Hospital requesting a donation to implement the Seal a Smile Dental Sealant Program,

Whereas Aspirus Merrill Hospital responded with a donation of \$1,480 which was accepted by the Board of Health on April 27, 2022.

NOW, THEREFORE BE IT RESOLVED, that on behalf of the Citizens of Lincoln County and the Lincoln County Board of Supervisors, accepts and expresses sincere gratitude for the \$1,480 donation from the Aspirus Merrill Hospital.

BE IT FURTHER RESOLVED that this resolution be sent to the Aspirus Merrill Hospital with sincerest gratitude.

Dated: (fill-in County Board date)

STATE OF WISCONSIN )  
 ) SS  
 COUNTY OF LINCOLN )

Introduced by: Board of Health  
 Endorsed by: (Committee members in favor of the resolution plus any additional persons who have offered their endorsement)  
 Date Passed: (by Committee)      Committee Vote:  
 Fiscal Impact:

Drafted by: Shelley Hersil

I hereby certify that this resolution/ordinance is a true and correct copy of a resolution/ordinance adopted by the Lincoln County Board of Supervisors on:

\_\_\_\_\_

Christopher J. Marlowe  
 County Clerk