Meeting Agenda - Final

Library Board

Tuesday, December 19, 2023	**4:30 PM**	**100 N. Appleton Street** **City Hall Council Chambers, 6th Floor 6 A / B**

1. Call meeting to order

2. Pledge of Allegiance

3. Roll call of membership

4. Approval of minutes from previous meeting

   23-1507   November 14, 2023 Meeting Minutes

   Attachments: 11-14-2023 Library Board Meeting Minutes.pdf

5.   Public Participation & Communications

Establish Order of the Day

6.   Action Items

   23-1508   Bill Register - November 2023

   Attachments: November 23 Bill Register.pdf

   APL Financial Cash Flow YTD-November-2023.pdf

   23-1509   December 2023 Budget Amendment

   Attachments: Dec23 Budget Amendment.pdf

   23-1510   Revised Board Meeting Schedule 2024 - February 27, 2024 5:30pm - 7pm, April 16, 2024 3pm - 4:30pm, May 14, 2024 - 1pm - 2:30pm

   Attachments: APL Board Meeting Schedule 2024 REVISED.pdf

   23-1511   City of Appleton Policies - Code of Conduct Policy, Silica Policy

   Attachments: Code of Conduct Draft 11.8.23.pdf

   Silica Policy.pdf

23-1512   2024 Library Budget

> *Attachments:* Library 2024 Operational Budget.pdf
>
> Library 2024 Special Revenue Funds - Grants.pdf
>
> Library 2024 CIP Self Checks.pdf

7.   Information Items

A.   Administrative Report

23-1513   Building Project Update

> *Attachments:* 2023_11_BuildingProjectUpdate.pdf
>
> 11.2023 - Appleton Public Library Month-End Report.pdf

23-1514   APL Hiring Process Update

23-1515   Library Legislative Day - Tuesday, February 6, 2024

> *Attachments:* 2024 WLA LLD.pdf

B.   Friends Report

23-1520   Capital Campaign Update

C.   President's Report

23-1516   Trustee Development - Public Health Overview

> *Attachments:* FPHS-Factsheet-2022.pdf
>
> Public-Health-3.0-White-Paper (1).pdf

D.   Staff Updates

23-1517   Children's Program Updates

23-1518   Community Partnership Updates

23-1519   APL Website Redesign

> *Attachments:* Website Redesign Process Board of Trustees Meeting.pdf

8.   Adjournment

         Notice is hereby given that a quorum of the Common Council may be present during this meeting, although no Council action will be taken.

         Reasonable Accommodations for Persons with Disabilities will be made upon Request and if Feasible.

Meeting Minutes
Library Board

Tuesday, November 14, 2023	**4:30 PM**	**100 N. Appleton Street** **City Hall Council Chambers, 6th Floor 6 A / B**

1. Call meeting to order

   President Margret Mann called the meeting to order at 4:30pm

2. Pledge of Allegiance

3. Roll call of membership

   Others Present: Owen Anderson, Ann Cooksey, Darrin Glad, Tina Krueger, Dan McGinnis, Alex Niemi, Colleen Rortvedt, Tasha Saecker, Missy Sawicki, Karen Stern, Maureen Ward

   Present: 7 - Looker, Kellner, Scheuerman, Mann, Nett, Keller and Bunnow

   Excused: 4 - Sivasamy, Van Zeeland, Brozek and Lee

4. Approval of minutes from previous meeting

   23-1369   October 17, 2023 Meeting Minutes

   Attachments: 10-17-2023 Library Board Meeting Minutes.pdf

   Kellner moved, seconded by Scheuerman that the October 17, 2023 Meeting Minutes be approved. Voice Vote. Motion Carried. (7-0)

5.   Public Participation & Communication

Establish Order of the Day

   President Mann called for a motion to place Action Items 23-1370, 23-1371, 23-1372, 23-1373, 23-1379, 23-1374 and 23-1383 on a Consent Agenda.

   Scheuerman moved, seconded by Bunnow that Action Items 23-1370, 23-1371, 23-1372, 23-1373, 23-1379, 23-1374 and 23-1383 be placed on a Consent Agenda. Voice Vote. Motion Carried. (7-0)

6.   Action Items

   Looker moved, seconded by Kellner that the Consent Agenda be Approved. Voice Vote. Motion Carried. (7-0)

23-1370   Bill Register - October 2023

**Attachments:**   October 23 Bill Register.pdf

                            APL Financial Cash Flow YTD-October-2023.pdf

This Report Action Item was approved

23-1371   November 2023 Budget Amendment

**Attachments:**   Nov23BudgetAmendment.pdf

This Report Action Item was approved

23-1372   Library Proposed 2024 Closure Dates

**Attachments:**   Proposed Closures 2024.pdf

This Report Action Item was approved

23-1373   2024 Library Board Meeting Schedule

**Attachments:**   APL Board Meeting Schedule 2024.pdf

This Report Action Item was approved

23-1379   Updated Committee Assignments 2023-2024

**Attachments:**   2023 Board Committees 11-2023 Revised.pdf

This Report Action Item was approved

23-1374   Report of the Personnel & Policy Committee

**Attachments:**   11-6-2023 Personnel & Policy Committee Meeting Minutes.pdf

This Report Action Item was

23-1383   Library Director's 2024 End of Year Performance Evaluation

This Report Action Item was approved

7.   Information Items

A.   Administrative Report

23-1375   City and APL 2024 Budget Update

23-1376   Building Project Update

                    Attachments: 10.2023 - Appleton Public Library Month-End Report.pdf

23-1384   Temporary Library Move Update
                                - Children's Programming During Closure
                                - Closure Circulation and Hold Management

23-1377   APL Hiring Process Update

23-1378   Friends Grant Funded Program Summaries - 3rd Quarter 2023

                    Attachments: Friends Grant Funded Program Summaries 3rd Quarter 2023 FINAL.pdf

B.   President's Report

C.   Staff Updates

23-1380   Children's Program Updates
                                - ASL Storytimes Grant

23-1381   Community Partnerships Updates

23-1382   Public Services Updates
                                - APL App Update

Closed Session

8.   Adjournment

                    Keller moved, seconded by Scheuerman that the Meeting be Adjourned. Voice Vote. Motion Carried. (7-0)

                    The meeting was Adjourned at 5:09pm

City of Appleton

INVOICE LIST BY GL ACCOUNT

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP	S	CHECK RUN	CHECK	DESCRIPTION
16010			Library Administration					
16010 630100			Office Supplies					
001583 UNITED STATES POSTAL 112886		0	2023 11	INV	P	9.54 pcard		Postage P&P Committ
001583 UNITED STATES POSTAL 113367		0	2023 11	INV	P	22.53 pcard		Postage Board Packe
						32.07		
001983 AMAZON	113366	0	2023 11	INV	P	31.98 pcard		Card Stock, stringl
002034 OFFICE DEPOT	113639	0	2023 11	INV	P	35.98 pcard		Staples
002034 OFFICE DEPOT	113640	0	2023 11	INV	P	56.97 pcard		Certificate Holders
						92.95		
999990 VISTAPRINT	113586	0	2023 11	INV	P	20.16 pcard		Business Cards
			ACCOUNT TOTAL			177.16		
16010 630700			Food & Provisions					
999990 SQ *COPPER ROCK COFF 113630		0	2023 11	INV	P	35.90 pcard		Refreshments for No
			ACCOUNT TOTAL			35.90		
16010 641200			Advertising					
999990 HEMINGWAYAPP.COM	113587	0	2023 11	INV	P	100.00 pcard		Writing Assistance
			ACCOUNT TOTAL			100.00		
16010 641308			Cellular Phones					
000250 CELLCOM APPLETON PCS 113591		0	2023 11	INV	P	62.25 pcard		Monthly Cell Phone
			ACCOUNT TOTAL			62.25		
			ORG 16010 TOTAL			375.31		
16021			Library Children's Services					
16021 659900			Other Contracts/Obligation					
003175 ASL PARTNERS LLC	111983	0	2023 11	INV	P	411.00	110823	561539 ASL Inclusivity Rot
003175 ASL PARTNERS LLC	112995	0	2023 11	INV	P	146.80	111523	561652 ASL Inclusivity Rot
003175 ASL PARTNERS LLC	113428	0	2023 11	INV	P	1,239.60	112923	561834 ASL Inclusivity Rot
						1,797.40		
			ACCOUNT TOTAL			1,797.40		
			ORG 16021 TOTAL			1,797.40		
16023			Library Public Services					
16023 630100			Office Supplies					
001034 OUTAGAMIE WAUPACA LI 112467		0	2023 11	INV	P	240.00	111523	561719 Receipt Paper
001034 OUTAGAMIE WAUPACA LI 113476		0	2023 11	INV	A	159.00		Envelopes with wind

City of Appleton

INVOICE LIST BY GL ACCOUNT

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP	S	CHECK RUN	CHECK	DESCRIPTION
						399.00		
			ACCOUNT TOTAL			399.00		
			ORG 16023 TOTAL			399.00		
16024			Library Community Partnerships					
16024 630100			Office Supplies					
001619 CDW GOVERNMENT, INC.	113650	0	2023 11	INV	P	68.80 pcard		Wireless mice for C
001983 AMAZON	113648	0	2023 11	INV	P	25.86 pcard		NEW North Coworking
999990 VISTAPRINT	113586	0	2023 11	INV	P	100.84 pcard		Business Cards
			ACCOUNT TOTAL			195.50		
16024 659900			Other Contracts/Obligation					
002626 ANCESTOR GUY	113064	0	2023 11	INV	P	50.00	112223	561752 Find Your Ancestors
002952 COLORBOLD BUSINESS	112052	0	2023 11	INV	P	2,700.00	110823	561552 Entrepreneurs of Co
003090 ASCENT CONSULTING	112047	0	2023 11	INV	P	150.00	110823	561538 Entrepreneurs of Co
003241 JEZELLE SHAWANOKASIC	112338	0	2023 11	INV	P	80.00	110823	561584 CoWorking Pop-up Se
			ACCOUNT TOTAL			2,980.00		
			ORG 16024 TOTAL			3,175.50		
16031			Library Building Operations					
16031 630600			Building Maint./Janitorial					
002818 ARAMARK	112879	0	2023 11	INV	P	21.41 pcard		Mats, Mops
002818 ARAMARK	113345	0	2023 11	INV	P	21.41 pcard		Mats, Mops
002818 ARAMARK	113592	0	2023 11	INV	P	21.41 pcard		Mats, Mops
002818 ARAMARK	113632	0	2023 11	INV	P	21.41 pcard		Mats, Mops
						85.64		
			ACCOUNT TOTAL			85.64		
16031 640700			Solid Waste/Recycling Pickup					
001593 PFEFFERLE COMPANIES	113005	0	2023 11	INV	P	56.80	111523	561722 November 2023 - Tra
			ACCOUNT TOTAL			56.80		
16031 641301			Electric					
001575 WE ENERGIES	563	0	2023 11	INV	P	236.91	112923	561885 00287
001593 PFEFFERLE COMPANIES	113128	0	2023 11	INV	P	3,307.57	112923	561862 Oct/Nov - Gas & Ele
			ACCOUNT TOTAL			3,544.48		

City of Appleton

INVOICE LIST BY GL ACCOUNT

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP	S	CHECK RUN	CHECK	DESCRIPTION
16031 641302			Gas					
001575 WE ENERGIES	563	0	2023 11	INV	P	153.54 112923	561885	00286
001593 PFEFFERLE COMPANIES	113128	0	2023 11	INV	P	481.42 112923	561862	Oct/Nov - Gas & Ele
			ACCOUNT TOTAL			634.96		
16031 650200			Leases					
001593 PFEFFERLE COMPANIES	113099	0	2023 11	INV	P	12,500.00 112223	561799	December 2023 Lease
002775 THOMPSON CENTER ON L	111985	0	2023 11	INV	P	7,975.00 110823	561618	TCOL College Ave Le
003245 AMERICAN MANAGEMENT	113421	0	2023 11	INV	P	8,351.65 112923	561831	December 2023 Lease
			ACCOUNT TOTAL			28,826.65		
16031 659900			Other Contracts/Obligation					
002229 STAR PROTECTION AND	112050	0	2023 11	INV	P	6,218.75 110823	561615	Security Guard - AP
			ACCOUNT TOTAL			6,218.75		
			ORG 16031 TOTAL			39,367.28		
16032			Library Materials Management					
16032 503500			Other Reimbursements					
001447 VILLAGE OF LITTLE CH	112342	0	2023 11	INV	P	12.99 110823	561627	PATRON MATERIAL REI
999998 CARLA REED	112966	0	2023 11	INV	P	27.00 112223	561791	PATRON MATERIAL REI
			ACCOUNT TOTAL			39.99		
16032 630100			Office Supplies					
001983 AMAZON	113371	0	2023 11	INV	P	7.99 pcard		Paper cutter replac
001983 AMAZON	113372	0	2023 11	INV	P	7.24 pcard		Batteries for shipp
						15.23		
			ACCOUNT TOTAL			15.23		
16032 631500			Books & Library Materials					
001402 UNITED PARCEL SERVIC	113620	0	2023 11	INV	P	18.34 pcard		1ZR449350390550866
001983 AMAZON	113319	0	2023 11	INV	P	24.96 pcard		114-8240719-805620
001983 AMAZON	113403	0	2023 11	INV	P	19.96 pcard		114-8240719-8056205
001983 AMAZON	113404	0	2023 11	INV	P	15.26 pcard		14-2430903-7727440
						60.18		
002396 INGRAM LIBRARY SERV	112896	0	2023 11	INV	P	339.67 pcard		78546872
002396 INGRAM LIBRARY SERV	112897	0	2023 11	INV	P	-23.20 pcard		78468191 , 78489393
002396 INGRAM LIBRARY SERV	112898	0	2023 11	INV	P	105.62 pcard		78546871

INVOICE LIST BY GL ACCOUNT

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP S	CHECK RUN	CHECK	DESCRIPTION
002396 INGRAM LIBRARY SERV	112899	0	2023 11	INV P	254.15 pcard		78564979
002396 INGRAM LIBRARY SERV	112900	0	2023 11	INV P	1,062.69 pcard		78632363
002396 INGRAM LIBRARY SERV	112901	0	2023 11	INV P	1,431.48 pcard		78591355
					3,170.41		
002583 BLACKSTONE PUBLISHIN	112017	0	2023 11	INV P	132.30 110823	561548	INV. 2125350, Cust
002583 BLACKSTONE PUBLISHIN	112018	0	2023 11	INV P	373.95 110823	561548	INV. 2125354, Cust
					506.25		
002830 KANOPY, INC	112019	0	2023 11	INV P	571.50 110823	561586	INV 373160
999990 VALUE LINE PUBLISHIN	113402	0	2023 11	INV P	3,345.00 pcard		23SM-6979
999990 THE PENWORTHY COMPAN	113405	0	2023 11	INV P	645.20 pcard		0594363-IN
					3,990.20		
			ACCOUNT TOTAL		8,316.88		

16032   659900   Other Contracts/Obligation

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP S	CHECK RUN	CHECK	DESCRIPTION
001398 UNIQUE MANAGEMENT SE	112379	0	2023 11	INV P	354.60 110823	561621	Collection Agency -
			ACCOUNT TOTAL		354.60		
			ORG 16032 TOTAL		8,726.70		

16033   Library Network Services
16033   632700   Miscellaneous Equipment

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP S	CHECK RUN	CHECK	DESCRIPTION
001619 CDW GOVERNMENT, INC.	113311	0	2023 11	INV P	57.69 pcard		Battery replacement
			ACCOUNT TOTAL		57.69		

16033   641800   Equip Repairs & Maint

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP S	CHECK RUN	CHECK	DESCRIPTION
000620 HEARTLAND BUSINESS S	113439	0	2023 11	INV A	3,000.00		HBS Flex Services
000911 MODERN BUSINESS MACH	113074	0	2023 11	INV P	252.43 112223	561792	Copier Contract - M
000911 MODERN BUSINESS MACH	113129	0	2023 11	INV P	201.00 112923	561858	Copier Contract - B
					453.43		
001961 WELLS FARGO FINANCIA	111982	0	2023 11	INV P	399.74 110823	561634	Copier Lease - Nove
001961 WELLS FARGO FINANCIA	113485	0	2023 11	INV A	399.74		Copier Lease - Dece
					799.48		
999990 FARONICS TECHNOLOGIE	113312	0	2023 11	INV P	1,371.33 pcard		FARONICS TECHNOLOGI
999990 DMI* DELL K-12/GOVT	113313	0	2023 11	INV P	324.38 pcard		DMI* DELL K-12/GOVT
999990 DMI* DELL K-12/GOVT	113314	0	2023 11	INV P	209.87 pcard		DMI* DELL K-12/GOVT
999990 DMI* DELL K-12/GOVT	113315	0	2023 11	INV P	1,624.11 pcard		DMI* DELL K-12/GOVT
999990 DMI* DELL K-12/GOVT	113316	0	2023 11	INV P	780.00 pcard		DMI* DELL K-12/GOVT

City of Appleton

INVOICE LIST BY GL ACCOUNT

ACCOUNT/VENDOR	DOCUMENT	PO	YEAR/PR	TYP S	CHECK RUN CHECK	DESCRIPTION
					4,309.69	
			ACCOUNT TOTAL		8,562.60	
16033 681500			Software Acquisition			
999990 ZOOM.US 888-799-9666 113649		0	2023 11 INV P		40.00 pcard	Montly Zoom invoice
			ACCOUNT TOTAL		40.00	
			ORG 16033 TOTAL		8,660.29	
FUND 100 General Fund			TOTAL:		62,501.48	

** END OF REPORT – Generated by Melissa E. Sawicki **

City Of Appleton

Appleton Public Library Cash Flow Report November-2023 Year to Date

GL Account	ACCOUNT DESCRIPTION	ORIGINAL APPROP	REVISED BUDGET	JAN ACTUAL	FEB ACTUAL	MAR ACTUAL	APR ACTUAL	MAY ACTUAL	JUN ACTUAL	JUL ACTUAL	AUG ACTUAL	SEP ACTUAL	OCT ACTUAL	NOV ACTUAL	YTD TOTAL	% USED
423200	*Library Grants & Aids*	$1,064,805.00	$1,064,805.00	$0.00	$0.00	$0.00	$575,066.50	$0.00	$0.00	$0.00	$489,738.50	$0.00	$0.00	$0.00	$1,064,805.00	100.0%
480100	*General Charges for Service*	$0.00	$0.00	$12.97	$23.22	$192.06	$7.22	$112.79	$95.21	$11.48	$23.41	$152.85	$117.82	$21.00	$770.03	100.0%
500100	*Fees & Commissions*	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.0%
501500	*Rental of City Property*	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.0%
502000	*Donations & Memorials*	$0.00	$0.00	$60.36	$1.66	($49.41)	($2.91)	$1.50	$13.42	$3.17	$62.43	$0.54	$1.99	$232.16	$324.91	100.0%
503500	*Other Reimbursements*	$45,600.00	$107,871.00	$1,546.06	$1,741.58	$64,259.13	$1,203.10	$1,953.05	$4,723.61	$1,252.13	$17,234.86	$1,687.47	$2,321.60	$8,688.69	$106,611.28	98.8%
	Total Revenue	$1,110,405.00	$1,172,676.00	$1,619.39	$1,766.46	$64,401.78	$576,273.91	$2,067.34	$4,832.24	$1,266.78	$507,059.20	$1,840.86	$2,441.41	$8,941.85	$1,172,511.22	100.0%

	Expense			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD TOTAL	% USED
610100	*Regular Salaries*	($2,476,082.00)	($2,476,082.00)	($87,823.96)	($177,599.45)	($261,333.77)	($164,551.34)	($170,930.95)	($181,142.23)	($165,204.11)	($253,484.21)	($166,376.67)	($153,700.23)	($157,767.64)	($1,939,914.56)	78.3%
610400	*Call Time Wages*	$0.00	$0.00	$0.00	$0.00	($75.00)	$0.00	($150.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($225.00)	100.0%
610500	*Overtime Wages*	$0.00	$0.00	($364.52)	($755.09)	($208.30)	($208.92)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($1,536.83)	100.0%
610800	*Part-Time Wages*	($212,587.00)	($218,587.00)	($9,656.68)	($18,014.79)	($27,301.63)	($17,739.82)	($18,388.91)	($14,359.88)	($16,046.81)	($23,619.92)	($17,528.95)	($21,040.08)	($20,287.82)	($203,985.29)	93.3%
611400	*Sick Pay*	$0.00	$0.00	$0.00	$0.00	($603.28)	($938.43)	$0.00	$0.00	$0.00	($268.12)	$0.00	$0.00	$0.00	($1,809.83)	100.0%
611500	*Vacation Pay*	$0.00	$0.00	($9,176.95)	($6,629.58)	($20,481.93)	($23,789.05)	($14,827.13)	($14,493.47)	($23,802.16)	($28,968.31)	($17,742.56)	($20,195.23)	($17,965.75)	($198,072.12)	100.0%
615000	*Fringes*	($891,233.00)	($891,233.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.0%
615100	*FICA*	$0.00	$0.00	($12,752.67)	($12,798.98)	($20,113.27)	($13,269.05)	($13,029.66)	($13,550.77)	($12,973.70)	($19,944.15)	($12,824.82)	($12,209.55)	($12,310.35)	($155,776.97)	100.0%
615200	*Retirement*	$0.00	$0.00	($12,011.77)	($11,528.60)	($17,866.64)	($11,570.26)	($11,492.16)	($12,292.36)	($11,730.89)	($17,686.01)	($11,273.88)	($10,933.29)	($10,992.01)	($139,377.87)	100.0%
615301	*Health Insurance*	$0.00	$0.00	($39,927.89)	($39,756.90)	($20,602.34)	($39,315.51)	($39,661.89)	($42,410.28)	($41,491.38)	($41,580.57)	($38,487.68)	($36,319.51)	($36,725.30)	($416,279.25)	100.0%
615302	*Dental Insurance*	$0.00	$0.00	($2,956.29)	($2,934.60)	($1,349.48)	($2,851.48)	($2,823.46)	($2,961.52)	($2,814.95)	($2,828.28)	($2,636.98)	($2,519.59)	($2,538.76)	($29,215.39)	100.0%
615400	*Life Insurance*	$0.00	$0.00	($74.10)	($76.50)	($76.50)	($84.90)	($83.88)	($83.40)	($91.80)	($93.70)	($84.20)	($81.10)	($85.90)	($915.98)	100.0%
	Personnel Services	($3,579,902.00)	($3,585,902.00)	($174,744.83)	($270,094.49)	($370,012.14)	($274,318.76)	($271,388.04)	($281,293.91)	($274,155.80)	($388,473.27)	($266,955.74)	($256,998.58)	($258,673.53)	($3,087,109.09)	86.1%

	Expense			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	YTD TOTAL	% USED
620100	*Training/Conferences*	($23,234.00)	($27,734.00)	($285.00)	($30.00)	($1,753.25)	($912.45)	($1,803.71)	($505.00)	($3,413.14)	($1,913.86)	($1,247.00)	($896.13)	($577.56)	($13,337.10)	48.1%
620200	*Mileage Reimbursement*	$0.00	$0.00	($387.00)	($387.00)	($387.00)	($387.00)	($455.78)	($500.78)	($387.00)	($387.00)	($60.00)	($60.00)	($116.33)	($3,514.89)	100.0%
620600	*Parking Permits*	($5,000.00)	($5,000.00)	$0.00	($383.00)	$0.00	($73.93)	$0.00	$0.00	$0.00	($167.77)	($43.59)	$0.00	($137.43)	($805.72)	16.1%
630100	*Office Supplies*	($35,517.00)	($46,155.00)	($1,134.08)	($1,921.91)	($2,266.33)	($2,558.93)	($3,002.48)	($1,776.78)	($1,884.14)	($1,641.65)	($2,810.14)	($1,848.81)	($1,302.00)	($22,147.25)	48.0%
630300	*Memberships & Licenses*	($2,200.00)	($2,200.00)	$0.00	($155.00)	($355.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($52.75)	$0.00	($562.75)	25.6%
630500	*Awards & Recognition*	($850.00)	($1,850.00)	($691.16)	($10.00)	($1,147.99)	($1,136.00)	($270.62)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($3,255.77)	176.0%
630600	*Building Maint./Janitor*	($7,000.00)	($7,000.00)	($1,370.84)	($757.33)	($534.45)	($165.54)	($1,245.19)	($324.65)	($279.24)	($1,307.62)	($683.86)	($473.38)	($270.29)	($7,412.39)	105.9%
630700	*Food & Provisions*	($1,135.00)	($5,714.00)	($245.51)	($20.70)	($77.32)	($1,209.21)	($143.29)	($306.97)	($80.25)	($138.10)	($150.80)	($418.39)	($35.90)	($2,826.44)	49.5%
630902	*Tools & Instruments*	($150.00)	($150.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($69.98)	($69.98)	46.7%
631500	*Books & Library Materials*	($475,000.00)	($499,156.00)	($44,227.37)	($60,016.85)	($30,210.90)	($33,296.62)	($40,975.41)	($36,682.25)	($29,668.59)	($40,030.16)	($41,172.80)	($38,007.62)	($39,950.02)	($434,238.59)	87.0%
632001	*City Copy Charges*	($100.00)	($100.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.0%
632002	*Outside Printing*	$0.00	($1,200.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.0%
632101	*Uniforms*	$0.00	$0.00	$0.00	$0.00	($161.25)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($161.25)	100.0%
632300	*Safety Supplies*	($550.00)	($550.00)	$0.00	($233.76)	$0.00	$385.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$151.24	-27.5%
632700	*Miscellaneous Equipment*	($28,630.00)	($30,630.00)	($412.56)	($55.64)	($4,393.69)	$0.00	($111.56)	($1,518.00)	($1,885.85)	($448.65)	($1,179.80)	($7,322.00)	($57.69)	($17,385.44)	56.8%
640700	*Solid Waste/Recycling Pickup*	($1,200.00)	($1,200.00)	($434.00)	($112.00)	($434.00)	($756.00)	($112.00)	($434.00)	($434.00)	($434.00)	($434.00)	($522.80)	($378.80)	($4,485.60)	373.8%
641200	*Advertising*	($1,288.00)	($9,288.00)	($592.90)	($1,867.38)	($164.99)	($267.83)	($926.50)	($495.53)	($1,367.53)	($2,301.77)	($158.96)	($961.15)	($138.25)	($9,242.79)	99.5%
641301	*Electric*	($30,000.00)	($30,000.00)	($3,335.17)	($7,746.98)	($12,214.27)	($3,687.03)	($14,251.97)	($4,158.94)	($10,158.72)	($10,301.68)	($5,095.29)	($3,346.95)	($3,544.48)	($77,841.48)	259.5%
641302	*Gas*	($20,000.00)	($20,000.00)	($3,431.49)	($7,268.52)	($9,709.01)	($1,216.68)	($3,287.06)	($66.62)	($883.44)	($576.32)	($220.43)	($50.36)	($634.96)	($27,344.89)	136.7%
641303	*Water*	$0.00	$0.00	$0.00	($185.00)	$0.00	$0.00	($185.00)	$0.00	$0.00	($234.95)	$0.00	$0.00	($136.90)	($741.85)	100.0%
641304	*Sewer*	$0.00	$0.00	$0.00	($51.00)	$0.00	$0.00	($54.55)	$0.00	$0.00	($69.28)	$0.00	$0.00	($40.37)	($215.20)	100.0%
641306	*Stormwater*	$0.00	$0.00	$0.00	($793.97)	$0.00	$0.00	($776.71)	$0.00	$0.00	($793.97)	$0.00	$0.00	($785.34)	($3,149.99)	100.0%
641307	*Telephone*	($5,298.00)	($5,298.00)	$0.00	($905.74)	($554.89)	($194.98)	($920.74)	($563.13)	($561.55)	($555.48)	($389.96)	($727.28)	($568.62)	($5,942.37)	112.2%
641308	*Cellular Phones*	($1,300.00)	($1,300.00)	($103.75)	$0.00	($207.50)	($103.75)	($103.75)	($103.75)	$0.00	($207.50)	($103.75)	($25.09)	($62.25)	($1,021.09)	78.5%
641600	*Build Repairs & Maint*	($2,000.00)	($2,000.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.0%
641800	*Equip Repairs & Maint*	($49,255.00)	($49,255.00)	($2,602.74)	($399.74)	($11,287.11)	($1,526.32)	($2,668.45)	($402.80)	($2,001.94)	($1,576.88)	($581.30)	($3,067.44)	($8,562.60)	($34,677.32)	70.4%

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Code	Account														Total	%
642000	*Facilities Charges*	($100,565.00)	($100,565.00)	$0.00	($66.84)	($5,671.50)	($66.84)	($3,722.80)	($2,881.42)	($66.84)	($6,523.32)	($3,576.17)	($9,096.60)	($2,577.22)	**($34,249.55)**	34.1%
644000	*Snow Removal Services*	($50,000.00)	($50,000.00)	$0.00	$0.00	$0.00	($64,177.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**($64,177.00)**	128.4%
650200	*Leases*	($150,000.00)	($150,000.00)	($12,500.00)	($12,500.00)	($12,500.00)	($12,500.00)	($25,000.00)	($12,500.00)	($12,500.00)	($12,500.00)	($12,500.00)	($12,500.00)	($28,826.65)	**($166,326.65)**	110.9%
659900	*Other Contracts/Obligation*	($118,817.00)	($136,073.00)	($2,100.00)	($14,924.11)	($64,612.70)	($3,334.32)	($3,243.75)	($7,911.55)	($6,586.05)	($13,954.62)	($7,258.35)	($11,680.50)	($11,750.75)	**($147,356.70)**	108.3%
681500	*Software Acquisition*	($4,498.00)	($4,498.00)	($40.00)	($3,374.31)	($1,071.78)	($742.50)	($6,004.35)	($5,335.50)	$0.00	($80.00)	($3,827.80)	($1,681.13)	($80.00)	**($22,237.37)**	494.4%
	Operating Expense	**($1,113,587.00)**	**($1,186,916.00)**	**($73,893.57)**	**($114,166.78)**	**($159,714.93)**	**($127,927.93)**	**($109,265.67)**	**($76,467.67)**	**($72,158.28)**	**($96,144.58)**	**($81,494.00)**	**($92,738.38)**	**($100,604.39)**	**($1,104,576.18)**	93.1%
	Personnel Services	($3,579,902.00)	($3,585,902.00)	($174,744.83)	($270,094.49)	($370,012.14)	($274,318.76)	($271,388.04)	($281,293.91)	($274,155.80)	($388,473.27)	($266,955.74)	($256,998.58)	($258,673.53)	**($3,087,109.09)**	
	Operating Expense	($1,113,587.00)	($1,186,916.00)	($73,893.57)	($114,166.78)	($159,714.93)	($127,927.93)	($109,265.67)	($76,467.67)	($72,158.28)	($96,144.58)	($81,494.00)	($92,738.38)	($100,604.39)	**($1,104,576.18)**	
	Total Expense	**($4,693,489.00)**	**($4,772,818.00)**	**($248,638.40)**	**($384,261.27)**	**($529,727.07)**	**($402,246.69)**	**($380,653.71)**	**($357,761.58)**	**($346,314.08)**	**($484,617.85)**	**($348,449.74)**	**($349,736.96)**	**($359,277.92)**	**($4,191,685.27)**	
	Total Revenue	$1,110,405.00	$1,172,676.00	$1,619.39	$1,766.46	$64,401.78	$576,273.91	$2,067.34	$4,832.24	$1,266.78	$507,059.20	$1,840.86	$2,441.41	$8,941.85	$1,172,511.22	

CITY OF APPLETON
BUDGET AMENDMENT REQUEST
Budget Year 2023

	ORG	OBJECT	PROJ (in GL)		
Description	PROJECT	SEG 1	SEG 2	SEG 3	*Amount*
Library Admin - Donation	**16010**	**502000**			**$ 100**
Library Admin - Awards and Rec	16010	630500			$ 100

For the purpose of:

Requested by:

_____   _____
Department Head   Date

Information: **Action:**

_____   _____
Finance Director   Date

_____   _____
Mayor   Date

Reported to Finance Committee: _____   _____
                                          Date   Date

Finance comments:

_____
_____
_____
_____

Budget Entry (BE) No.: _____

Appleton Public Library Board
<u>Revised Meeting Dates 2024</u>

Board Meetings are held the Tuesday before the 3rd Wednesday of each month
Meetings will be held in the City Hall Council Chambers
Any updates to the location of the meeting(s) will be provided well in advance

Tuesday, **January 16, 2024**
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday, February 27, 2024
5:30 pm
City Hall 6th Floor A/B, Virtual by Request
* note this meeting is normally the last Tuesday in February per compliance with DPI Annual Report submission.

Tuesday, **March 19,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday, **April 16,** 2024
3:00 pm*
City Hall 6th Floor A/B, Virtual by Request
* change due to conflict with new Alderpersons Swearing in Ceremony

Tuesday, **May 14,** 2024
1:00 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday**, June 18,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday, **July 16,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday**, August 20,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday, **September 17,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday, **October 15,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday, **November 19,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

Tuesday, **December 17,** 2024
4:30 p.m.
City Hall 6th Floor A/B, Virtual by Request

CITY OF APPLETON POLICY	TITLE: CODE OF CONDUCT	
ISSUE DATE: ~~November 2, 2000~~	LAST UPDATE: ~~June 2002~~ ~~September 10, 2003~~ ~~February 16, 2006~~ ~~October 15, 2010~~ ~~June 2013; February 2020~~ ~~November 2021~~ ~~October 2022~~	SECTION: Human Resources
POLICY SOURCE: Human Resources Department	AUDIENCE: ~~Applies to all~~All employees and volunteers	TOTAL PAGES: 7~~8~~
Reviewed by Legal Services Date: ~~September 2000~~ ~~June 2002~~ ~~September 2003~~ ~~February 16, 2006~~ ~~October 14, 2010~~ ~~June 23, 2013~~ ~~February 2014~~ ~~April 14, 2020~~	Committee Approval Date: ~~October 2000~~ ~~September 2003~~ ~~February 22, 2006~~ ~~December 8, 2010~~ ~~July 15, 2013~~ ~~February 10, 2014~~ ~~June 10, 2020~~ ~~October 10, 2022~~	Council Approval Date: ~~November 2000~~ ~~October 2003~~ ~~March 1, 2006~~ ~~December 15, 2010~~ ~~July 24, 2013~~ ~~February 19, 2014~~ ~~June 2020 (informationally)~~ ~~October 19, 2022~~

I. PURPOSE

The purpose of this policy is to provide guidelines regarding expectations for the conduct of employees and volunteers while working for or representing the City of Appleton.

II. POLICY

It is the policy of the City of Appleton that all City employees and volunteers act in an ethical manner when working with other employees, volunteers, elected officials, or outside publics. Each employee, elected official and volunteer has a responsibility to the City of Appleton and its citizens to place loyalty to the laws and ethical principles above private gain or personal preference. To ensure that every citizen can have complete confidence in the integrity of the government of the City of Appleton, each employee, elected official, and volunteer shall respect and adhere to the principles of the code of conduct set forth in this policy.

Any violations of these expectations will not be tolerated and will be subject to discipline, up to and including termination. While specific examples are offered to illustrate various situations, these examples are not all-inclusive.

A. Ethical Standards and Expectations

1. Harassment and Discrimination

a. Harassment: Per its Harassment and Discrimination Policy, the City of Appleton will not tolerate any form of sexual harassment. All violations of this policy should be

immediately reported to the Human Resources Department, the Legal Services Department, any supervisor, or any state or federal agency (as outlined in the policy).

b. Discrimination: It is the official policy of the City of Appleton to provide equal employment opportunities for all qualified and qualifiable persons without regard to race, color, creed, religion, national origin, ancestry, age, sex/gender, handicap or disability, arrest/conviction record, marital status, sexual orientation, gender identity and gender expression, political affiliation, results of genetic testing, honesty testing, pregnancy or childbirth, military service, disabled veteran or covered veteran status service in the U.S. Armed Forces, the State Defense force, National Guard of any state, or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification or substantially relate to the circumstances of a particular job or licensed activity, and with proper regard for privacy and constitutional rights as citizens. This equal employment opportunity is applicable to all phases of employment including job restructuring, reasonable accommodation for disabled individuals, recruitment, selection, promotion, transfer, compensation, lay-off, re-call, training and development, corrective action, demotion, termination, and all other components of the City of Appleton Human Resources system.

2. Drug and Alcohol Use

The manufacture, possession, distribution, dispensation, sale or use of alcohol, drugs and/or other controlled substances by employees or volunteers on City premises is prohibited. No employee may show up for work while under the influence of alcohol, illegal drugs, or other controlled substances. If an employee is taking prescription drugs that could interfere with the employee's work performance, the employee should notify the employee's supervisor in writing by using the form in the Drug and Alcohol policy. For additional information refer to the City of Appleton Drug Free Workplace Policy.

3. Use of City property

The City of Appleton expects that employees and volunteers will not:
   a. Obtain, use, or divert City of Appleton property, including records, for personal use and/or benefit.

   b. Materially alter or destroy City of Appleton property or records without proper authorization.

   c. Borrow or use City of Appleton property, unless for City work-related use. Any removal of City of Appleton property for personal non-work-related use is not permissible, with or without prior supervisory approval. Borrowing and use of electronic communications is outlined in the Privacy and Electronic Communications Policies.

   If an employee volunteers on their own time to make a presentation, conduct a demonstration, or conduct public education involving their department's purpose and responsibilities, the employee may borrow City of Appleton equipment with the prior approval of their supervisor.

   d. Disposal of Property from Public

   Property obtained from the public (for example: disposal at the Municipal Services Building) shall be considered City property. Once City property, the guidelines

from c above will apply.

4. Workplace Safety

> All employees and volunteers are expected to follow and adhere to safety policies (as outlined in the City Safety Policies) to ensure a safe work environment for all employees.

5. Firearms-weapons

> City of Appleton employees are prohibited from bringing firearms or weapons into any City-owned or occupied building or facility, or carrying firearms or weapons in/on any City-owned vehicle or City equipment ~~during the course of~~during their job duties unless a weapon is part of the standard equipment required for the job. If a City employee chooses to bring a firearm in their personal vehicle on to City grounds, the firearm must be unloaded and stored out of sight in the vehicle.

> Notes: Employees may carry pepper spray or other similar legal products for purposes of personal protection. With the Department Director's authorization, members of the Appleton Fire Department, Appleton Police Department and Parks, Recreation and Facilities Management Department Operations staff may carry a non-household purpose knife with a blade up to 4" long to assist in performing their job responsibilities.

6. Attendance/Appropriate Use of Paid Leave

Attendance is an essential requirement of every job to ensure we can provide the best service to our customers every day. ~~In order to~~To provide these services, employees are expected to use paid leave appropriately and communicate effectively when not expected to be available for work.

Sick leave is defined as paid time away from work that is used to care for yourself, domestic partner or immediate family member living in an employee's residence due to an illness or injury. It can also be used to attend doctors' appointments as defined in City policy, collective bargaining agreement or Family Medical Leave Act (FMLA) requirements.

If an employee is sick or desires to use leave for an absence, they will speak directly with their supervisor or designated back up as early as possible, but no less than one hour prior to the start of their shift. Documentation may be requested by the supervisor. ~~they should use their department's call-in procedure and call in each time they are absent.~~Employees should also be conscientious of patterns of leave (e.g., sick leave taken each Thursday).

Employees are also expected to report to work regularly, physically, and mentally fit to perform their job. Employees are expected to take only authorized absences (e.g., pre-approval from supervisor). If an employee does not show or call for one day (job abandonment) or chooses to take an unauthorized absence, they will only be able to substitute paid leave for this time if extenuating circumstances exist (e.g., car accident or unexpected hospitalization). An employee will be considered to have abandoned their job if they are a no-call, no-show for more than one working day or as outlined in the employee's collective bargaining agreement.

7. **Accurate books and records**

All City employees and volunteers must:

a. Not intentionally include any false or misleading entries in any City books or records.

b. Not intentionally destroy City records or information without prior consent from their supervisor.

c. Not create or participate in the creation of any records which are intended to conceal anything improper.

d. Volunteer knowledge of any untruthful or inaccurate statements or records whether intentionally or unintentionally made.

e. Bring to the attention of a supervisor, transactions that do not seem to serve a legitimate purpose or that appear questionable.

f. Immediately correct and record all errors and adjustments when discovered.

g. Honestly and fairly record information about job responsibilities, including attendance, time records and expense reports.

h. Not make financial arrangements for themselves or other City employees with a customer or supplier (for example: over-invoicing).

i. Not falsify records.

j. Not disclose confidential records or information protected by State and Federal law.

8. Expense Reimbursement

The City of Appleton reimburses its employees for expenses incurred when conducting City business with supervisory approval. City employees should use caution when incurring business expenses and be fiscally responsible when choosing accommodations (for example: expensive hotel accommodations or accommodations for family members not related to City business). Supervisors have the responsibility to judge the reasonableness of expenses incurred by employees.

9. City of Appleton Logo

The City of Appleton logo should be used per standards set by the Mayor's office (for example: color). The logo or the City's identity should not be used for personal gain (for example: because of your association with the City, you receive a discount on a personal purchase). When wearing a City-logoed uniform or approved business apparel, the employee represents the image of the City whether or not the employee is on work time and should not engage in unbecoming behavior.

10. Gifts

No staff member should solicit gifts, awards, rewards, or favors. However, the City recognizes that periodically, unsolicited gifts or favors are often offered to City employees and volunteers as a token of appreciation.

Per section 19.59 Wisconsin Statue and Chapter ER-MRS 24 Wisconsin Administrative Code, the following guidelines shall be adhered to regarding accepting gifts, "No employee may solicit or accept from any person or organization, directly or indirectly, money or anything of value if it could reasonably be expected to influence such employee's official actions or judgement, or could reasonably be

considered as a reward for any official action or inaction on the part of such employee."

Should such an influential gift or favor be offered, provided, or delivered to someone who has direct authority over business decisions with the vendor/gift source, a legal determination shall be made on whether or not such item or reward may be accepted or utilized. Employees should refer each case to the Legal Services Department for determination.

The City realizes, particularly during the holiday season, departments or individuals may receive gifts as tokens of appreciation from outside sources. -If the recipient has direct authority over business decisions with the giving party/vendor and the gift is substantial or significant the recipient should consult with the Legal Services Department on what action to take regarding the gift.

11. Employee Participation in Political Affairs

The City of Appleton respects the right of all employees and volunteers as individuals to become involved in civic affairs and participate in the political process.

While employees may volunteer their services for political purposes, such services must be rendered on their own time and at their own expense. -Should an employee choose to speak on political issues, the employee must make it clear that the comments or statements made are the employee's own, and not of the City of Appleton. Solicitation of political support must not be done during City hours of operation (for example: collecting signatures for nomination during hours of operation on City premises).

12. Improper Advantage

City of Appleton employees should avoid taking advantage of their official position for private or personal benefit. Public duties shall be carried out objectively and without consideration of personal or financial gain. -Information not in the public domain, that is obtained in the course of official duties, should not be turned to private advantage, even after leaving public office. -By the same token, public property or services must not be used for personal gain.

13. Personal Business

Conducting personal business for profit (for example: selling Mary Kay) during City operating hours is not permissible. -Any solicitation for non-City purposes (for example: selling candy bars for your son's school class) must have prior approval from the employee's supervisor.

14. Gambling

Gambling for personal or monetary gain is not permitted on City premises.

15. Nepotism

A supervisor shall not appoint a person who is a relative or significant other of themselves to a position that is funded by the supervisor's budget or to a position that operates under the supervisor's direct or indirect supervision (unless in non-routine, emergency situations or conditions). For purposes of this policy, the term "relative" shall include the supervisor's spouse, registered or unregistered domestic partner, or

any one of the following: parent, child, uncle, aunt, brother, sister, niece, nephew, or any of the same relatives of the supervisor's spouse. –The term "significant other" shall include a person with whom the supervisor cohabits or with whom the supervisor maintains an intimate relationship.

If, during employment, a supervisor and subordinate become spouses, registered or unregistered domestic partners, or develop a "significant other relationship," one of the parties must either transfer to a position in another department/division or terminate employment within six months of the marriage or the beginning of the "significant other" or domestic partner relationship.

If the supervisor becomes a relative of a subordinate as the result of a marriage or domestic partnership within the supervisor's family, the relationship must be reported to the supervisor's supervisor and the Director of Human Resources within 30 days of marriage. The individual's supervisor and the Director of Human Resources may meet with the supervisor and subordinate to determine an appropriate employment continuation agreement.

When an applicant is a relative of a staff person involved in the selection process, the relationship must be revealed by the staff person to the Human Resources Director in advance of the final selection process. The staff person is not allowed to participate in the final selection decision.

This section of the policy does not exist for the purpose of depriving any citizen of an equal opportunity for City employment. It serves to eliminate the possibility of preferential treatment given in favor of relatives or significant others in employment decisions.

16. Improper Acts of Conduct

    a. Any act that is subject to prosecution under criminal or civil codes of law is prohibited.

    b. Dishonesty, theft or destruction of City equipment or property.

    c. Work stoppage such as strike or slowdown.

    d. Violation of policy or department work rules.

    e. Incarceration or unavailability for work.

    f. Unbecoming conduct on or off-duty where such conduct results in one of the following:
    - ❑ Injury or damage to the employer's reputation or business;
    - ❑ The employee's substantial inability to report to work;
    - ❑ The employee's unsuitability for continued employment;
    - ❑ Co-workers' refusal to work with the off-duty offender or danger to other employees.

    g. Insubordination (an act of deliberately disobeying a directive, unless the directive is illegal or violates City safety policy)

17. Bidding on City Property

    When the City sells surplus items (e.g.e.g.. through GovDeals), City employees, elected officials or volunteers shall:

    a.   Not bid when have knowledge about the item that is not available to the general

~~public~~public.

     b. Not bid when they have been involved in the decision to sell the item as surplus, or they are directly involved in the selling process.

     c. Follow all provisions of the Procurement and Contract Management policy.

B.   Responsibilities

1. Supervisory Responsibilities

Supervisors shall be responsible for ensuring an ethical, positive, ~~productive~~productive, and safe workplace. This responsibility includes the following:

    a.   Monitoring the work environment for signs of inappropriate behavior;

    b.   Informing employees on the types of behavior prohibited and informing employees about the City's expectations and procedures for reporting inappropriate behavior;

    c.   Stopping any observed behavior that may be considered unethical or inappropriate and taking appropriate steps to intervene and report the behavior to the department director, Human Resources Department, Legal Services Department or Mayor's office, whether or not the involved employees are within the supervisor's line of supervision; and

    d.   Assisting any employee of the City who comes to that supervisor with a concern of inappropriate behavior in documenting and filing a complaint with the Human Resources Department, Legal Services Department, Mayor's ~~Office~~Office, or other reporting authority as designated by the City.

    e.   Taking immediate action to prevent retaliation toward the complaining party and to eliminate any similar conduct where there has been a complaint of inappropriate behavior, pending investigation. If a situation requires separation of the parties, care shall be taken to avoid actions that appear to negatively impact the complainant. Transfer or reassignment of any of the parties involved shall be voluntary if possible and, if non-voluntary, shall be temporary pending the outcome of the investigation.

    f.   Failing to carry out these responsibilities will be considered in any performance evaluation or promotional decisions and may be grounds for discipline, up to and including discharge.

2. Employee and Volunteer Responsibilities

    a.   Each employee and volunteer, including supervisors, of the City is responsible for assisting in the prevention of inappropriate behavior by taking the following steps:

        1. Refraining from participation in, or encouragement of, actions that could be perceived as inappropriate; and

        2. Reporting to a supervisor any inappropriate or unsafe behavior;
        ~~2.~~

3. Employees are expected to cooperate fully in any investigation, whether or not they are directly involved in the alleged inappropriate behavior.

Employees shall comply with reasonable direct orders from supervisors. Insubordination will not be tolerated.

Any employee or volunteer who fails to comply with this policy or who withholds information during the course ofduring an investigation regarding possible violations of this policy is subject to discipline up to and including discharge. Depending on the nature of the non-compliance, the City of Appleton may report the non-compliance to the appropriate authorities.

For questions regarding this policy, please contact the Human Resources Department or Legal Services Department.

City of Appleton Human Resources Policy	TITLE: **Respirable Silica Exposure Control Policy**	
Issue Date October 1, 2023	Last Update:	Section: Human Resources
Policy Source: Human Resources Department	Audience: DPW, PRFMD and Utilities	Total Pages: 12
Reviewed by Legal Services:	Committee Approval Date:	Council Approval Date:

I.   PURPOSE

This silica exposure control policy was developed to prevent employee exposure to hazardous levels of respirable crystalline silica that could result through maintenance and construction activities. This program is intended to meet the requirements of Occupational Safety and Health Administration's ("OSHA") respirable crystalline silica construction standard (29 CFR 1926.1153) and their respirable crystalline silica general industry standard (29 CFR 1910.1053) which have both been adopted by the Wisconsin Department of Safety and Professional Services ("WI DSPS") by Wis. Stat. § 101.055 (2021-22).

All work involving chipping, cutting, drilling, mixing, grinding, or similar activities on materials containing crystalline silica can lead to the release of respirable-sized particles. Many materials found on construction sites and in building materials contain crystalline silica, including but not limited to cement, brick, concrete, asphalt, mortar, rock, sand, pre-formed concrete structures (inlets, pipes, etc.), etc. Consequently, this program has been developed, in accordance with applicable OSHA and WI DSPS regulations, to address and control these potential exposures to prevent our employees from experiencing the effects of occupational illnesses related to respirable crystalline silica.

II.   POLICY

The City of Appleton ("City") is committed to providing a safe work environment for its employees. This commitment includes ensuring every reasonable precaution is taken to protect our employees (and others) from the adverse health effects associated with exposure to respirable crystalline silica. The procedures set forth in this program are to be adhered to by all City employees.

III.   SCOPE

This program applies to all city employees who have the potential to be exposed to respirable crystalline silica.

IV.   RESPONSIBILITIES

The City firmly believes protecting the health and safety of our employees is everyone's responsibility. All levels of the organization assume some level of responsibility for this policy including the following:

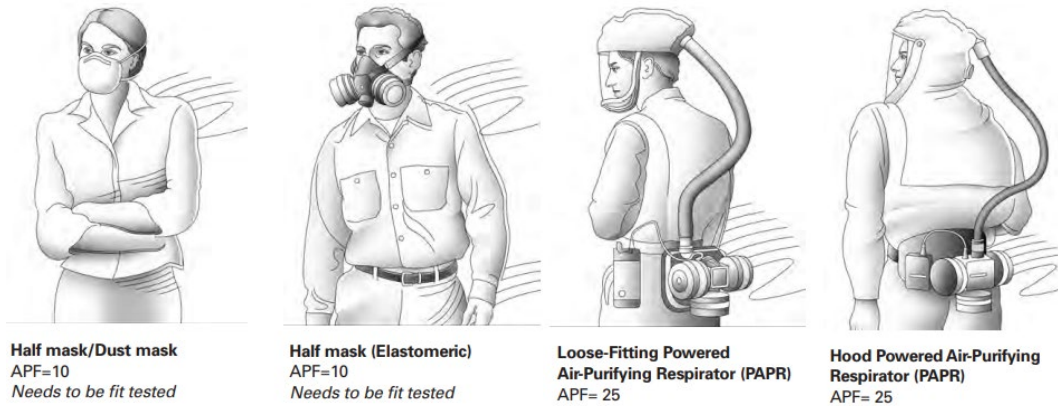A.   Department Directors, Deputy Directors, and Supervisors:

1. Provide support, where needed, to properly implement the exposure control measures of this program.

2. When applicable, select and implement the appropriate control measures in accordance with Exhibit A (OSHA's Table 1: Specific Control Methods when Working with Silica-Containing Materials). This table lists several common tasks along with OSHA/ WI DSPS accepted control methods and work practices that limits silica exposure.

3. For any work tasks/operations outside of those identified in Exhibit A, develop, and follow a project-specific silica exposure control plan (see sample under Exhibit B).

4. Ensure that applicable employees have received training in the hazards of silica exposure and how to work safely with silica in accordance with applicable OSHA / WI DSPS standards.

B   Employees:

1. When applicable, follow the control methods and work practices as specified in Exhibit A (OSHA's Table 1: Specific Control Methods when Working with Silica-Containing Materials) or those methods and practices as established in the project-specific silica exposure control plan.

2. Use the assigned personal protective equipment in an effective and safe manner.

3. Attend any silica safety training provided by the City.

4. Participate in respirable crystalline silica exposure monitoring and the medical surveillance program, as needed.

5. Report any unsafe conditions or acts to their direct supervisor.

V.   DEFINITIONS

A.   Action Level: A concentration of airborne respirable crystalline silica of 25 µg/m³ (micrograms of respirable crystalline silica per cubic meter of air), calculated as an 8-hour time weighted average ("TWA"). Exposures at or above the action level triggers the requirements for an exposure assessment.

B.   Assigned Protection Factor ("APF"): The workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respirator protection program. APF's are used to select the appropriate respirators that will provide the necessary level of protection as specified under Exhibit A: OSHA's Table 1 Specific Control Methods when Working with Silica-Containing Materials (e.g., APF10 and APF 25). Examples of these respirators can be seen on the following page (source: OSHA).

Half mask/Dust mask
APF=10
Needs to be fit tested

Half mask (Elastomeric)
APF=10
Needs to be fit tested

Loose-Fitting Powered Air-Purifying Respirator (PAPR)
APF= 25

Hood Powered Air-Purifying Respirator (PAPR)
APF= 25

C.   Competent Person: an individual who can identify existing and foreseeable respirable crystalline silica hazards in the workplace and who has authorization to take prompt corrective measures to eliminate or minimize them.

D.   Employee Exposure: the exposure to airborne respirable crystalline silica that would occur if the employee were not using a respirator.

E.   High-Efficiency Particulate ("HEPA") Filter: a filter that is at least 99.97% efficient in removing monodispersed particles of 0.3 micrometers in diameter.

F.   Objective Data: information, such as air monitoring data from industry-wide surveys or calculations based on the composition of a substance, demonstrating employee exposure to respirable crystalline silica associated with a product or material or a specific process, task or activity. The data must reflect workplace conditions closely resembling or with a higher exposure potential than the processes, types of materials, control methods, work practices, and environmental conditions in the employer's current operations.

G.   Permissible Exposure Limit ("PEL"): employers shall ensure that no employee is exposed to an airborne concentration of respirable crystalline silica more than 50 $\mu g/m^3$, calculated as an 8-hour TWA.

H.   Physician or Other Licensed Health Care Professional ("PLHCP"): an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows them to independently provide or be delegated the responsibility to provide some or all the health care services required by the medical surveillance section of OSHA's respirable crystalline silica standard.

VI.   EXPOSURE CONTROL METHODS

A.   When possible and applicable, the City will conduct all activities with potential silica exposure to be consistent with OSHA's Table 1 Specific Control Methods when Working with Silica-Containing Materials (Exhibit A). Other general exposure control methods include using water in sufficient quantities to minimize visible dust, isolating employees from silica dust using enclosed cabs or booths, wetting down silica containing materials before sweeping them up, and scheduling work that involve high silica exposures when

minimal employees are in the area. Any silica-producing tasks not identified in this table will be assessed by the City in accordance with OSHA's alternative exposure control methods.

B.   Alternative exposure control methods: This process applies to all tasks not listed in OSHA's Table 1 (Exhibit A) or when the City cannot fully and properly implement the engineering controls, work practices, or respiratory protection described within this table. The City will assess our employee's exposure by utilizing the performance option or the scheduled monitoring option as detailed below.

   1.   Performance Option: The City will assess the 8-hour time weighted average for each employee based on any combination of air monitoring data or objective data. Examples of objective data includes air-monitoring from industry-wide surveys, calculations based on the composition of a substance, area sampling results or historical air monitoring collected by the City.

   2.   Scheduled Monitoring Option: The City will perform initial air monitoring to assess the 8-hour time weighted average for respirable silica exposure. If this initial monitoring indicates that employee exposures are below OSHA's action level, the City will discontinue monitoring for those employees whose exposures are represented by such monitoring. If the monitoring results indicate employee exposures are at or above OSHA's action level but are at or below OSHA's permissible exposure limit, the City will repeat such monitoring within six months.   If the initial monitoring results indicate employee exposures are above OSHA's permissible exposure limit, the City will repeat such monitoring within three months. If this repeat monitoring indicates that employee's exposures are below OSHA's action level, the City will repeat such monitoring within six months until two consecutive measurements are below OSHA's action level at which time the City will discontinue monitoring except when a reassessment is required.

   The City will reassess employees exposures to respirable silica whenever there is a change in production, process, equipment or work practices that may reasonably cause new or additional exposures at or above OSHA's action level. All respirable crystalline silica monitoring will be performed by a qualified individual (e.g., an industrial hygienist) and the monitoring samples are evaluated by a qualified laboratory. Within five working days after receiving the exposure monitoring results, the City will notify all affected employees of the results or will post the results in an appropriate location accessible to all affected employees. If these results indicate that employee exposure exceeds OSHA's permissible exposure limit, the City will provide employees with the corrective actions (such as engineering controls, work practices controls, respiratory protection, etc.) that will be taken to reduce employee exposure at or below this limit.

C.   Respiratory Protection: Respiratory protection will be required where specified within Table 1 (Exhibit A) or whenever the City has not fully implemented the engineering

controls and work practices described in this table. Other situations which would require respiratory protection includes: where exposures exceed or might exceed OSHA's PEL to install or implement feasible engineering and work practice controls, in certain maintenance and repair tasks for which engineering and work practices are not feasible, and during tasks that all feasible engineering and work practice controls have been implemented but are not sufficient to reduce employee exposure at or below the PEL.

Mandatory Respiratory Protection Use and Medical Surveillance: OSHA / WI DSPS requires employers to provide a medical surveillance evaluation for any employee who will be required to use a respirator for 30 or more days each calendar year due to their respirable crystalline silica exposure. Note: if an employee is required to wear a respirator at any time during the workday; it counts as one day of respirator use. This evaluation will be performed by a PLHCP, provided at no cost to the employee, and within 30 days after their initial job assignment which requires respiratory protection. The medical evaluation must consist of the following items: medical and work history evaluation, physical examination (with emphasis on the respiratory system), chest X-ray, pulmonary function test, testing for latent tuberculosis infection and any other tests deemed appropriate by the PLHCP. These evaluations will be provided (except for testing for latent tuberculosis infection) at least every three years or more frequently, if recommended by the PLHCP. The City will provide the following information to the PLHCP: description of employee's duties as they relate to their occupational exposure to respirable silica and the known or anticipated levels of occupational exposure to respirable silica. The PLHCP will provide the City with a written opinion on the following: any recommended limitations on the employee's use of respirators and any recommended limitations on the employee's exposure to respirable crystalline silica.

D.   Written Exposure Control Plan (see Exhibit B for sample plan): When employee exposure to respirable silica is expected to be at or above OSHA's action level, when the controls methods specified in OSHA's Table 1 (Exhibit A) are not followed or when the level of silica exposure has not been determined through previous air monitoring for a work task, a written exposure control plan ("ECP") must be developed and implemented. The ECP must contain the following elements:

- A description of the task that involves exposure to respirable crystalline silica,
- A description of the engineering controls, work practices and respiratory protection used to limit employee exposure,
- A description of the housekeeping measures used to limit employee exposure, and
- A description of the procedures used to restrict access to work areas, when necessary, to minimize the number of employees exposed to respirable crystalline silica.

The ECP must designate a competent person to make frequent inspections of the affected job site to ensure the ECP is being followed. ECP's will be reviewed annually to evaluate their effectiveness and be updated as necessary.

E.   Employee Training: Applicable employees will receive training on the following items: health hazards associated with exposure to respirable crystalline silica, specific tasks in the workplace that could result in this exposure, measures taken by the City to protect employees such as engineering controls, work practices and respiratory protection, contents of the applicable OSHA standard, identity of the competent person(s) within the City and the purpose/description of the medical surveillance program (as needed). Employees will be trained at the time they are initially assigned to a position which might involve working with respirable crystalline silica.

VII.   RECORD-KEEPING

The City will maintain an accurate record of all air monitoring results taken to assess employee exposure to respirable crystalline silica. This record will include at least the following information: date of air monitoring, task involved, sampling and analytical methods used, number, duration and results of samples taken, identity of the laboratory that performed the analysis, types of personal protective equipment worn by the employees monitored, and name and job classification of employees that were monitored. Additionally, the City will maintain an accurate record for any employee enrolled in the medical surveillance portion of this program. These records shall include the following information about each affected employee: name, a copy of the PLHCP's written medical opinion and a copy of the information provided to the PLHCP. In accordance with OSHA 29 CFR 1910.1030, these records will be kept for at least 30 years. A brief summary of previous air monitoring results for silica exposure can be found under Exhibit C of this policy.

VIII.   POLICY EVALUATION

This policy will be reviewed and evaluated on an annual basis by the central safety committee unless there are changes to operations, OSHA's / WI DSPS's respirable crystalline silica standard, or another applicable OSHA / WI DSPS standard which would require an immediate re-evaluation of this policy.

IX.   EXHIBITS

A.   Exhibit A – Specific Exposure Control Methods When Working with Silica Materials [acquired from OSHA Standard 29 CFR 1926.1153(c)(1)]

B.   Exhibit B – Sample Exposure Control Plan from OSHA's Silica Small Business Guide

C.   Exhibit C – Previous Air Monitoring Results for Respirable Crystalline Silica (Note: copies of the full air sampling reports can be requested from the Human Resources Department.)

Table 1: Specific Exposure Control Methods when Working with Silica Containing Materials

Note: For tasks performed using wet methods (i.e., water delivery system), apply water at flow rates sufficient to minimize the release of visible dust. When using equipment with an enclosed cab or booth to control silica exposure, ensure that the enclosed cab or booth: is maintained as free as practical from settled dust, has door seals and closing mechanisms that work properly, is under positive pressure maintained through continuous delivery of fresh air, has heating and cooling capabilities and has intake air that is filtered through a filter that is 95% efficient in the 0.3-10.0 microgram range for particles. When an employee performs more than one task from this table during a shift and the total duration of all tasks combined is less than four hours, the required respiratory protection for each task is in the less than four hours per shift column. If the total duration of all tasks combined is more than four hours per shift, the required respiratory protection for each task is in the greater than four hours per shift column. The City does not allow dry sweeping or dry brushing where such activity could contribute to employee exposure to respirable crystalline silica unless wet sweeping, HEPA-filtered vacuuming or other methods are not feasible. The City does not allow compressed air to be used to clean clothing or surfaces where such activity could contribute to employee exposure to respirable crystalline silica unless: the compressed air is used in conjunction with a ventilation system that effectively captures the dust cloud or no alternative method is feasible.

Work Task or Equipment Operation		Engineering and Work Practices Control Methods	Required Respiratory Protection and Minimum Assigned Protection Factor (APF)	
			≤ 4 hours / shift	>4hours/shift
1	Stationary masonry saws	Use saw equipped with integrated water delivery system that continuously feeds water to the blade. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions.	None	None
2	Handheld power saws (any blade diameter) when used outdoors	Use saw equipped with integrated water delivery system that continuously feeds water to the blade. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. • When used outdoors. • When used indoors or in an enclosed area.	None APF 10	APF 10 APF 10
3	Handheld power saws for cutting fiber-cement board (with blade diameter of 8 inches or less)	For tasks performed outdoors only. Use saw equipped with commercially available dust collection system. Operate and maintain tool in accordance with manufacturer's instruction to minimize dust emissions. Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with a 99% or greater efficiency.	None	None
4	Walk-behind saws when used outdoors	Use saw equipped with integrated water delivery system that continuously feeds water to the blade. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. • When used outdoors. • When used indoors or in an enclosed area.	None APF 10	APF 10 APF 10

#	Equipment / Task	Engineering and Work Practice Control Methods	≤ 4 hours/shift	> 4 hours/shift
5	Drivable saws	For tasks performed outdoors only. Use saw equipped with integrated water delivery system that continuously feeds water to the blade. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust.	None	None
6	Rig-mounted core saws or drills	Use tool equipped with integrated water delivery system that supplies water to cutting surface. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust.	None	None
7	Handheld and stand-mounted drills (including impact and rotary hammer drills)	Use drill equipped with commercially available shroud or cowling with dust collection system. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust. Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with 99% or greater efficiency and a filter cleaning mechanism. Use a HEPA-filtered vacuum when cleaning holes.	None	None
8	Dowel drilling rigs for concrete	For tasks performed outdoors only. Use shroud around drill bit with a dust collection system. Dust collector must have a filter with 99% or greater efficiency and a filter-cleaning mechanism. Use a HEPA-filtered vacuum when cleaning holes.	APF 10	APF 10
9	Vehicle-mounted drilling rigs for rock and concrete	Use dust collection system with close capture hood or shroud around drill bit with a low-flow water spray to wet the dust at the discharge point from the dust collector. **OR** Operate from within an enclosed cab and use water for dust suppression on drill bit.	None None	None None
10a	Jackhammers and handheld powered chipping tools	Use tool with water delivery system that supplies a continuous stream or spray of water at the point of impact. • When used outdoors. • When used indoors or in an enclosed area.	None APF 10	APF 10 APF 10
10b	Jackhammers and handheld powered chipping tools	Use tool equipped with commercially available shroud and dust collection system. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. Dust collector must provide the air flow recommended by the tool manufacturer, or greater, and have a filter with 99% or greater efficiency and a filter-cleaning mechanism. • When used outdoors. • When used indoors or in an enclosed area.	None APF 10	APF 10 APF 10

11	Handheld grinders for mortar removal (i.e., tuckpointing)	Use grinder equipped with commercially available shroud and dust collection system. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. Dust collector must provide 25 cubic feet per minute (cfm) or greater of airflow per inch of wheel diameter and have a filter with 99% or greater efficiency and a cyclonic pre-seperator or filter-cleaning mechanism.	APF 10	APF 25
12	Handheld grinders for uses other than mortar removal	For tasks performed outdoors only. User grinder equipped with integrated water delivery system that continuously feeds water to the grinding surface. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. **OR** Use grinder equipped with commercially available shroud and dust collection system. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. Dust collector must provide 25 cubic feet per minute (cfm) or greater of airflow per inch of wheel diameter and have a filter with 99% or greater efficiency and a cyclonic pre-separator or filter-cleaning mechanism. • When used outdoors. • When used indoors or in an enclosed area.	None None None	None None APF 10
13	Walk behind milling machines and floor grinder	Use machine equipped with integrated water delivery system that continuously feeds water to the cutting surface. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust emissions. **OR** Use machine equipped with dust collection system recommended by the manufacturer. Operate and maintain tool in accordance with manufacturer's instructions to minimize dust. Dust collector must provide the air flow recommended by the manufacturer, or greater, and have a filter with 99% or greater efficiency and a filter-cleaning mechanism. When used indoors or in an enclosed area, use a HEPA-filtered vacuum to remove loose dust in between passes.	None None	None None

14	Small drivable milling machines (less than half-lane)	Use a machine equipped with supplemental water sprays designed to suppress dust. Water must be combined with a surfactant. Operate and maintain machine to minimize dust emissions.	None	None
15	Large drivable milling machines (half-lane and larger)	For cuts of any depth on asphalt only: Use machine equipped with exhaust ventilation on drum enclosure and supplemental water sprays designed to suppress dust. Operate and maintain machine to minimize dust emissions.	None	None
		For cuts of four inches in depth or less on any substrate: Use machine equipped with exhaust ventilation on drum enclosure and supplemental water sprays to suppress dust. Operate and maintain machine to minimize dust. **OR**	None	None
		Use a machine equipped with supplemental water spray designed to suppress dust. Water must be combined with a surfactant. Operate and maintain machine to minimize dust.	None	None
16	Crushing machines	Use equipment designed to deliver water spray or mist for dust suppression at crusher and other points where dust is generated (e.g., hoppers, conveyors, sieves/sizing or vibrating components, and discharge points). Operate and maintain machine in accordance with manufacturer's instructions to minimize dust emissions. Use a ventilated booth that provides fresh, climate-controlled air to the operator, or a remote-control station.	None	None
17	Heavy equipment used to abrade or fracture silica-containing materials or used during demolition activities involving silica-containing materials	Operate equipment from within an enclosed cab.	None	None
		When employees, outside of the cab, are engaged in the task, apply water and/or dust suppression as necessary to minimize dust emissions. Note: Includes utility vehicles in addition to heavy equipment.	None	None
18	Heavy equipment and utility vehicles for tasks such as grading/excavating; not for demolition, abrading or fracturing	Apply water and / or dust suppressants as necessary to minimize dust emissions. **OR**	None	None
		When the equipment operator is the only employee engaged in the task, operate equipment from within an enclosed cab.	None	None

Sample Exposure Control Plan
(From OSHA's Silica Small Business Guide)

Company Name: XYZ Renovators

Person Completing this Plan & Title: John Doe, Safety Coordinator

Description of Task: Demolishing concrete and tile floors inside homes or public buildings using a jackhammer.

Description of Controls:

- Engineering Controls:
    - Use jackhammer equipped with the appropriate, commercially available shroud and vacuum dust collection system with the flow rate recommended by the jackhammer manufacturer, a filter that is at least 99% efficient, and a filter cleaning mechanism.
    - Use a portable fan to exhaust air to prevent the buildup of dust.

- Work Practices:
    - Check shrouds and hoses to make sure they are not damaged before starting work.
    - Make sure the houses do not become kinked or bent while working.
    - Use switch on vacuum to activate filter cleaning at the frequency recommended by the manufacturer.
    - Replace vacuum bags as needed to prevent overfilling.
    - Use the jackhammer and vacuum controls according to the manufacturer's instructions for reducing the release of visible dust.
    - If visible dust increases, check engineering controls and adjust as needed.

- Respiratory Protection:
    - Use respirator with an APF of 10 the entire time the task is being performed.
    - See the company's written respiratory protection policy for information on selection, training, and fit testing requirements, in addition to the instructions on the proper use of respirators (for example, being clean shaven when using a respirator that seals against the face).

- Housekeeping Measures:
    - Dust containing silica on work surfaces and equipment must be cleaned up using wet methods or a HEPA-filtered vacuum.
    - Do not use compressed air or dry sweeping for removing dust and debris containing silica from work surfaces.
    - Dispose of used vacuum bags in a container keep the container sealed when not in use.

- Procedures Used to Restrict Access to Work Areas:
    - Schedule the work so the only employees who are engaged in the task (the jackhammer operator and employees helping the operator) are in the area.

Exhibit C

City of Appleton Previous Respirable Crystalline Silica (RCS) Air Monitoring Results

Sample Date	Task Sampled	Sample Results
July 5, 2022	DPW – Asphalt Pavement Crack Router Operation	Eight (8)-hour TWA RCS: 12% of OSHA's Permissible Exposure Limit (PEL) and 24% of OSHA's Action Level. Sample results did not exceed OSHA's Action Level or PEL.
July 5, 2022	DPW – Asphalt Pavement Crack Blow Out Operation with Compressed Air	Eight (8)-hour TWA RCS: 22% of OSHA's Permissible Exposure Limit (PEL) and 44% of OSHA's Action Level. Sample results did not exceed OSHA's Action Level or PEL.
July 5, 2022	DPW – Milling Machine Operation on Concrete (Trackless MT Equipment)	Eight (8)-hour TWA RCS: less than 5% of OSHA's Permissible Exposure Limit (PEL) and less than 10% of OSHA's Action Level. Sample results did not exceed OSHA's Action Level or PEL.
July 5, 2022	DPW – Concrete Crack Blow out with Compressed Air	Eight (8)-hour TWA RCS: less than 6% of OSHA's Permissible Exposure Limit (PEL) and less than 12% of OSHA's Action Level. Sample results did not exceed OSHA's Action Level or PEL.
July 14, 2023	Golf Course – Prepare divot mix (not to exceed 1 ½ hours in duration).	Eight (8)-hour TWA RCS: 20% of OSHA's Permissible Exposure Limit (PEL) and 40% of OSHA's Action Level. Sample results did not exceed OSHA's Action Level or PEL.
July 13, 2023	DPW – Use of Concrete Dowel Drilling Rig with Hilti VC 150-6 XE Vacuum Collection (Two Samples Taken)	Results for Both Samples: Eight (8)-hour TWA RCS: less than 5.2% of OSHA's Permissible Exposure Limit (PEL) and less than 10.4% OSHA's Action Level. Sample results did not exceed OSHA's Action Level or PEL.
July 13, 2023	DPW – Asphalt Crack Blow Out (Two Samples Taken)	Results for Both Samples: Eight (8)-hour TWA RCS: less than 5.2% of OSHA's Permissible Exposure Limit (PEL) and less than 10.4% OSHA's Action Level. Sample results did not exceed OSHA's Action Level or PEL.

CITY OF APPLETON 2024 BUDGET

LIBRARY

Library Director: Colleen T. Rortvedt

Assistant Library Director: Tasha M. Saecker

CITY OF APPLETON 2024 BUDGET
LIBRARY

MISSION STATEMENT

Learn, know, gather and grow - your center of community life.

DISCUSSION OF SIGNIFICANT 2023 EVENTS

Maintain high quality library services
Continued to provide service at the temporary library and began experimenting with programming at that site. Leveraged relationships with community partners for programming throughout community. Continued to receive positive community feedback regarding temporary library as well as interest in returning downtown quickly.

Summer Reading Program
Offered for all ages utilizing online and in-person options; 989 children, 267 teens, and 551 adults participated.

Increase marketing and advocacy, fund development, technology for efficiency, staffing levels and training, library environment and neighborhood
Grants include:
- Made possible in part by the Institute of Museum and Library Services, two grants were received from Libraries in Bloom and the Library Services and Technology Act to fund limited term part-time employees. These initiatives will allow us to encourage individuals, specifically young people, to consider a career in libraries as well as to further our understanding of audiences that are impacted by the projects that are developed.
- Friends of the APL provided $42,500 in grants.
- New North, in partnership with The Business Council (TBC) and The Ethnic & Diverse Business Coalition (EDBC), awarded $5,000 for "Small Business - Big Impact Coworking", a series of mobile pop-up coworking experiences for small business owners and entrepreneuers, with specific focus on engaging BIPOC to address racial and ethnic disparities in business information access and networks of support.
- Appleton Rotary Foundation Helen Thom Roemer Fund within the Community Foundation of the Fox Valley - Librarians, engaged in initiatives at the State level, including the City Library Collective, System and Resource Library Administrators Association of Wisconsin, Wisconsin Library Services (WiLS), Wisconsin Leadership Development Institute, Department of Public Instruction (DPI) Data Team, Wisconsin State Geneaological Society, and Reach Out and Read's Wisconsin Executive Committee.
- Completion of Wisconsin Humanities Community Powered grant, a project designed to harness stories, histories and the strength of communities to build community resilience.

Continue to explore facility needs and options
In 2023, staff worked with architects and the construction manager on completing a redesign of the renovated library. The redesign resulted in costs within budget and construction beginning on the new library.

Continue cooperation with schools and other community organizations
- Through the Fox Cities Reads program, Bird Box by Josh Malerman was selected. This title offered a high interest, popular title in a genre never covered before in the Fox Cities Reads, horror. The discussions focused on deeper issues of fear and resilience.
- Collaborated with numerous educational institutions, businesses, non-profits, and civic groups. Collaborations include English Language Learner programs, Building for Kids, Appleton Downtown, Inc. (ADI), Fox Valley Symphony, and Boys & Girls Club.
- Staff continued to serve on Imagine Fox Cities committees.
- As a United Way Agency, the library continued to coordinate the Reach Out and Read - Fox Cities program.

Utilize volunteers more effectively
In 2023, volunteerism at the temporary library continued with volunteers providing services in the areas of: greeting, technology help, delivering materials to homebound patrons, shelving and straightening, assistance with Children's programs in the community and some clerical local history projects. Outreach support continued with Reach Out and Read, and JJ's Laundromat's Read Play Learn space, where a volunteer assists at librarian-led story times, a library card sign up event, passive literacy activities and replenishing the books.

Continuously work to improve website and online service delivery
- Expanded access to digital content, increasing titles and services offered.
- Offered programming in-person at remote sites and the temporary library, and online via video conferencing.
- Implemented new mobile app.
- E-circulation increased 9% from previous year (Q1), including e-books, audiobooks, videos, comics, magazines, music and games.

MAJOR 2024 OBJECTIVES

Apply the Library's mission, vision, values and strategic pillars to accomplish objectives that serve our community.
APL Vision: Where potential is transformed into reality.
VALUES:
WELCOMING - Everyone belongs here.
LITERACY - The City of Appleton is the City of literacy and learning.
ACCESS - The Library is accessible physically, culturally, and intellectually.
COMMUNITY - The Library is essential to every person and organization achieving their goals.

STRATEGIC PILLARS:
Hub of Learning and Literacy - We support and sustain education for all ages.
Collaborative Environment - We connect with many partners to share knowledge and information.
Educate and Inspire Youth - We ensure that children and teens find a supportive place for their futures.
Creation and Innovation - We are a platform that sparks discovery, development and originality.
Engaged and Connected - We focus on how to make a difference in people's lives.
Enriched Experiences - We provide experiences that are timely, inclusive and aligned with community interests.
Services and Programs for All - We give our community opportunities for growth, self-instruction and inquiry.

Other specific objectives include:
Complete the library building project. Provide library service that is responsive to community needs during construction and develop new processes, procedures and systems for the new library. Support the work of the capital campaign.

As a core component of public education for all, cultivate quality collections and develop and provide quality programs for all ages, including: outreach and group visits; age-appropriate programs for various developmental stages with inclusive programs; continue to explore ways to develop and support outreach to the community in nontraditional locations; collaborate with schools and community organizations to provide options for different levels of engagement; and continue efforts to extend outreach and circulation services out into the community.

Leverage resources to support community enrichment and economic needs focusing on job loss, families struggling with educational needs, marginalized communities, individuals and families suffering from social isolation, and those who rely on the library to mitigate the impact of the digital divide.

Eliminate barriers to access and advance equity and inclusion for library policies, collections, programs and services.

Promote collections, programs and services. Continue to develop the "digital branch" and virtual services.

NOTE: This budget reflects <u>temporary</u> anticipated reductions in some budget lines due to service limitations that will occur while the library operates in a temporary location during construction.

DEPARTMENT BUDGET SUMMARY							
Programs		**Actual**		**Budget**			**%**
Unit	**Title**	**2021**	**2022**	**Adopted 2023**	**Amended 2023**	**2024**	**Change ***
	Program Revenues	$ 1,241,646	$ 1,195,930	$ 1,110,405	$ 1,170,676	$ 1,186,628	6.86%
	Program Expenses						
16010	Administration	744,086	817,121	678,708	695,488	636,156	-6.27%
16021	Children's Services	552,126	559,829	572,650	587,692	575,914	0.57%
16023	Public Services	680,716	659,767	754,213	758,213	789,086	4.62%
16024	Community Partnerships	526,658	562,575	529,106	544,406	549,149	3.79%
16031	Building Operations	380,755	764,788	574,837	574,837	640,030	11.34%
16032	Materials Management	1,439,720	1,337,667	1,351,777	1,375,984	1,317,500	-2.54%
16033	Network Services	236,393	323,925	232,198	234,198	260,670	12.26%
	TOTAL	$ 4,560,454	$ 5,025,672	$ 4,693,489	$ 4,770,818	$ 4,768,505	1.60%
Expenses Comprised Of:							
Personnel		3,288,863	3,406,823	3,579,902	3,585,902	3,627,189	1.32%
Training & Travel		33,568	37,011	28,234	32,734	26,494	-6.16%
Supplies & Materials		707,838	614,087	551,132	594,705	552,530	0.25%
Purchased Services		518,651	961,064	529,723	552,979	557,794	5.30%
Capital Outlay		11,534	6,687	4,498	4,498	4,498	0.00%
Full Time Equivalent Staff:							
Personnel allocated to programs		45.00	45.00	45.00	45.00	45.00	

* % change from prior year adopted budget

CITY OF APPLETON 2024 BUDGET
LIBRARY

Administration   **Business Unit 16010**

PROGRAM MISSION

To ensure delivery of library programs and services to patrons for the benefit of the community, the administration program plans, organizes and develops resources, and facilitates effective and responsible staff efforts.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategies #2: "Encourage active community participation and involvement", #3: "Recognize and grow everyone's talents", #4: "Continually assess trends affecting the community and proactively respond", #5: "Promote an environment that is respectful and inclusive", #6: "Create opportunities and learn from successes and failures", and #7: "Communicate our success through stories and testimonials".

Objectives:

Oversee the Library's long-range plan and ensure the Library is responsive to community needs.

Promote collections, programs and services.

Ensure quality library services for the public at Kensington, while developing long term strategies for service when the new library is completed.

Complete library renovations.

Work with the Friends of the Appleton Public Library to develop strong public and private partnerships and implement a successful capital campaign.

Be good stewards of grant funds.

Eliminate barriers to access, advance equity, and inclusion for library policies, collections, programs and services.

Continue identifying ways to leverage volunteers in the provision of library services, as well as proactively plan for new operational models upon the completion of the new library.

Ensure staff have the resources, planning and training to be prepared to serve the community in the new library when it is completed.

Major changes in Revenue, Expenditures, or Programs:

In 2021, the Library eliminated overdue fines (charges for services) and developed a four-year transition plan to offset the loss of revenue through lost and paid funds. The offsetting revenue is recorded in the Materials Management budget. 2024 is the final year of the transition plan.

Throughout 2024, software, technology and equipment will be selected for the new library building. Supervisors and staff in this section will be involved in evaluating and selecting items related to their specific roles in providing library service to the community.

Contracted security guard expenses in Other Contracts have been moved to the Operations budget.

CITY OF APPLETON 2024 BUDGET
LIBRARY

Administration   **Business Unit 16010**

PROGRAM BUDGET SUMMARY

Description	Actual 2021	Actual 2022	Adopted 2023	Amended 2023	2024
Revenues					
423200 Library Grants & Aids	$ 1,091,736	$ 1,063,001	$ 1,064,805	$ 1,064,805	$ 1,166,028
480100 Charges for Services	3,980	742	-	-	-
501500 Rental of City Property	30,000	6,467	-	-	-
502000 Donations & Memorials	1,279	155	-	-	-
503500 Other Reimbursements	68,946	53,399	15,000	53,780	-
Total Revenue	$ 1,195,941	$ 1,123,764	$ 1,079,805	$ 1,118,585	$ 1,166,028
Expenses					
610100 Regular Salaries	$ 458,195	$ 470,756	$ 447,467	$ 447,467	$ 439,157
610400 Call Time Wages	600	200	-	-	-
610800 Part-Time Wages	6,724	8,578	5,208	5,208	11,913
615000 Fringes	164,126	183,849	158,542	158,542	159,455
620100 Training/Conferences	2,355	10,029	4,920	9,420	4,920
620600 Parking Permits	23,109	8,886	5,000	5,000	5,000
630100 Office Supplies	3,777	2,702	3,000	3,280	3,000
630300 Memberships & Licenses	2,202	3,053	2,200	2,200	2,200
630500 Awards & Recognition	1,073	819	850	1,850	850
630700 Food & Provisions	610	3,820	1,135	1,935	1,135
632001 City Copy Charges	-	-	100	100	-
632002 Outside Printing	2,463	1,132	-	1,200	-
641200 Advertising	6,330	7,040	1,288	9,288	1,288
641307 Telephone	3,407	4,630	5,298	5,298	5,298
641308 Cellular Phones	1,232	1,387	1,300	1,300	1,300
659900 Other Contracts/Obligation	67,883	110,240	42,400	43,400	640
Total Expense	$ 744,086	$ 817,121	$ 678,708	$ 695,488	$ 636,156

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

None

CITY OF APPLETON 2024 BUDGET
LIBRARY

PROGRAM MISSION

In collaboration with the community, we educate, inspire, engage, motivate and provide access to resources for all children.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategies #1: "Responsibly deliver excellent services", #2: "Encourage active community participation and involvement", #4: "Continually assess trends affecting the community and proactively respond", #5: "Promote an environment that is respectful and inclusive", and #6: "Create opportunities and learn from successes and failures".

Objectives:

Cultivate quality children's materials collections to support both education and recreation.

Provide responsive customer service, including reference, readers' advisory and directional assistance.

Explore staff mobility and examine new ways to staff service desks to better serve patrons.

Develop and provide quality programs for more than 25,000 children and caregivers, including field trips and group visits, age-appropriate programs for children birth to age 12, specialized programs and services to minority and low-income families, and reading incentive programs.

Explore ways to develop and support outreach to the community in nontraditional locations.

Work directly with Hmong and Hispanic families and coordinate with Appleton Area School District Birth to 5 Programs, Outagamie County Birth to 3 Early Intervention, Fox Valley Literacy Council and Head Start by using a referral system to link families with needed resources, providing one-on-one visits to families and building towards their full use of the Library and its services.

Provide specialized programs directed at families and children to include refugees, newcomers and those from culturally diverse backgrounds. Coordinate programming with community organizations to bring ELL book clubs, literacy classes, and other cultural celebrations to targeted families.

Major changes in Revenue, Expenditures, or Programs:

Throughout 2024, software, technology and equipment will be selected for the new library building. Supervisors and staff in this section will be involved in evaluating and selecting items related to their specific roles in providing library service to the community.

PROGRAM BUDGET SUMMARY

		Actual		Budget		
	Description	2021	2022	Adopted 2023	Amended 2023	2024
	Revenues					
503500	Other Reimbursements	2,732	4,656	-	140	-
	Total Revenue	$ 2,732	$ 4,656	$ -	$ 140	$ -
	Expenses					
610100	Regular Salaries	$ 388,268	$ 356,975	$ 385,447	$ 385,447	$ 391,792
610800	Part-Time Wages	3,307	39,073	31,881	31,881	34,250
615000	Fringes	134,961	142,668	147,917	147,917	142,467
620100	Training/Conferences	3,759	5,540	4,405	4,405	4,405
630100	Office Supplies	7,101	12,634	2,000	9,307	2,000
630300	Memberships & Licenses	-	164	-	-	-
630700	Food & Provisions	270	64	-	3,779	-
659900	Other Contracts/Obligation	14,460	2,711	1,000	4,956	1,000
	Total Expense	$ 552,126	$ 559,829	$ 572,650	$ 587,692	$ 575,914

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

None

CITY OF APPLETON 2024 BUDGET
LIBRARY

Public Services   **Business Unit 16023**

PROGRAM MISSION

Public Services is at the front-line, providing excellent customer service by helping the community use library resources.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategies #1: "Responsibly deliver excellent services", #4: "Continually assess trends affecting the community and proactively respond", #5: "Promote an environment that is respectful and inclusive", and #6: "Create opportunities and learn from successes and failures".

Objectives:

Work with patrons in support of the strategic pillars of Hub of Learning and Literacy, Engaged and Connected, Enriched Experiences, and Services and Programs for All.

Work with other system libraries and state libraries in a collaborative environment.

Embrace new technologies and best library practices.

Improve staff mobility and examine new ways to staff service desks to better serve patrons.

Respond to reference, readers' advisory, technological and directional questions in person, via phone, email, and online social media and work to create consistent customer service levels at all service desks in the library.

Use technology competencies for the adult service desk staff for increased consistency between desks and focused training.

Provide quality service to our patrons in person, via phone and remotely.

Register new patrons and maintain a database of over 72,000 users.

Process holds in conjunction with the Materials Management section (approx. 145,000 items).

Send out overdue, billing and reserve notices, and utilize the Tax Refund Intercept Program (TRIP) and a collection agency for the collection of long overdue items and bills.

Promote and educate the public on the use of the self-check machines.

Prepare and maintain displays of new and/or popular materials.

Continue to work with Materials Management and OWLS to improve functionality of library catalog and discovery layer.

Oversee the inter-library loan process.

Explore ways to develop and support outreach to the community in non-traditional locations.

Major changes in Revenue, Expenditures, or Programs:

Throughout 2024, software, technology and equipment will be selected for the new library building. Supervisors and staff in this section will be involved in evaluating and selecting items related to their specific roles in providing library service to the community.

CITY OF APPLETON 2024 BUDGET
LIBRARY

PROGRAM BUDGET SUMMARY

		Actual		Budget		
	Description	2021	2022	Adopted 2023	Amended 2023	2024
	Revenues					
503500	Other Reimbursements	$ 28	$ 9,386	$ 100	$ 100	$ 100
	Total Revenue	$ 28	$ 9,386	$ 100	$ 100	$ 100
	Expenses					
610100	Regular Salaries	$ 439,164	$ 428,860	$ 469,258	$ 469,258	$ 498,737
610800	Part-Time Wages	84,680	61,461	88,022	88,022	103,645
615000	Fringes	154,298	167,103	182,844	182,844	173,515
620100	Training/Conferences	391	838	2,565	2,565	2,565
630100	Office Supplies	2,183	1,505	3,000	3,000	3,000
659900	Other Contracts/Obligation	-	-	8,524	12,524	7,624
	Total Expense	$ 680,716	$ 659,767	$ 754,213	$ 758,213	$ 789,086

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

None

CITY OF APPLETON 2024 BUDGET
LIBRARY

Community Partnerships   **Business Unit 16024**

PROGRAM MISSION

Community Partnerships: Engage, Educate, Entertain, Elevate.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategies #1: "Responsibly deliver excellent services", #2: "Encourage active community participation and involvement", #4: "Continually assess trends affecting the community and proactively respond", #5: "Promote an environment that is respectful and inclusive", and #6: "Create opportunities and learn from successes and failures".

Objectives:

Connect members of the Appleton community with opportunities for growth, self-instruction, and inquiry in the Library, online, and throughout the Appleton area.

Provide enriched entertainment opportunities for teen and adult community members by maintaining a broad range of materials and programs.

Provide access to local history materials, services, and programs; preserve Appleton and APL history by increasing and improving access to digital materials.

Collaborate with partner agencies utilizing the Community Partnerships Framework to provide options for different levels of engagement.

Serve on local boards and participate in various organizations to increase collaboration, build shared capacity, and connect patrons with local resources.

Foster partnerships and celebrate our diverse community by providing lifelong learning opportunities through services and programs for all. Develop relationships and services focused on economic development.

Work with Public Services and Children's Services staff to bring circulation services to the community.

Major changes in Revenue, Expenditures, or Programs:

Throughout 2024, software, technology and equipment will be selected for the new library building. Supervisors and staff in this section will be involved in evaluating and selecting items related to their specific roles in providing library service to the community.

CITY OF APPLETON 2024 BUDGET
LIBRARY

Community Partnerships   **Business Unit 16024**

PROGRAM BUDGET SUMMARY

		Actual		Budget		
	Description	2021	2022	Adopted 2023	Amended 2023	2024
	Revenues					
503500	Other Reimbursements	$ 2,125	$ 8,482	$ -	$ 300	$ -
	Total Revenue	$ 2,125	$ 8,482	$ -	$ 300	$ -
	Expenses					
610100	Regular Salaries	$ 350,702	$ 356,173	$ 372,436	$ 372,436	$ 385,346
610800	Part-Time Wages	18,621	17,980	-	6,000	-
615000	Fringes	141,221	155,952	149,720	149,720	156,853
620100	Training/Conferences	2,910	8,226	4,450	4,450	4,450
620600	Parking Permits	5	-	-	-	-
630100	Office Supplies	3,462	14,281	2,500	5,500	2,500
659900	Other Contracts/Obligation	9,737	9,963	-	6,300	-
	Total Expense	$ 526,658	$ 562,575	$ 529,106	$ 544,406	$ 549,149

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

None

CITY OF APPLETON 2024 BUDGET
LIBRARY

Building Operations   **Business Unit 16031**

PROGRAM MISSION

Support the community and the Library's role as a hub of learning and literacy by maintaining a welcoming environment that promotes and contributes to lifelong learning.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategies #1: "Responsibly deliver excellent services", #4: "Continually assess trends affecting the community and proactively respond", #5: "Promote an environment that is respectful and inclusive", and #6: "Create opportunities and learn from successes and failures".

Objectives:

Maintain cleanliness and santization, and perform light maintenance of the Library building.

Provide continued assistance to the Library staff and community.

Explore new strategies to support workflows and services throughout APL.

Proactively meet the needs of the community through quality customer service and by incorporating sustainable and cost-effective practices in day-to-day operations.

Facilitate work done in Library in conjunction with Facilities Management Department by performing cleaning, basic facility and equipment maintenance, and reporting building needs or concerns to management.

Major changes in Revenue, Expenditures, or Programs:

Throughout 2024, software, technology and equipment will be selected for the new library building. Supervisors and staff in this section will be involved in evaluating and selecting items related to their specific roles in providing library service to the community.

Contracted security guard expenses in Other Contracts/Obligation have been moved into the Operations budget, previously reported in the Administration budget.

CITY OF APPLETON 2024 BUDGET
LIBRARY

PROGRAM BUDGET SUMMARY

		Actual		Budget		
	Description	2021	2022	Adopted 2023	Amended 2023	2024
	Revenues					
500100	Fees & Commissions	$ 143	$ 358	$ -	$ -	$ -
503500	Other Reimbursements	6	-	-	-	-
	Total Revenue	$ 149	$ 358	$ -	$ -	$ -
	Expenses					-
610100	Regular Salaries	$ 77,563	$ 77,999	$ 138,634	$ 138,634	$ 135,824
610500	Overtime Wages	-	11	-	-	-
610800	Part-Time Wages	6,867	12,460	17,430	17,430	22,218
615000	Fringes	25,969	28,152	54,828	54,828	57,585
620100	Training/Conferences	-	120	830	830	830
630100	Office Supplies	-	36	-	-	-
630600	Building Maint./Janitorial	7,907	9,931	7,000	7,000	7,210
630902	Tools & Instruments	82	-	150	150	150
632300	Safety Supplies	245	230	550	550	550
632700	Miscellaneous Equipment	1,325	-	650	650	650
640700	Solid Waste/Recycling	3,897	6,246	1,200	1,200	5,200
641300	Utilities	122,878	161,447	50,000	50,000	66,000
641600	Building Repairs & Maint.	15	512	2,000	2,000	2,000
641800	Equipment Repairs & Maint.	-	445	1,000	1,000	1,000
642000	Facilities Charges	134,007	157,199	100,565	100,565	97,551
644000	Snow Removal Services	-	-	50,000	50,000	50,000
650200	Leases	-	310,000	150,000	150,000	150,000
659900	Other Contracts/Obligation					43,262
	Total Expense	$ 380,755	$ 764,788	$ 574,837	$ 574,837	$ 640,030

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

Snow Removal Services
   Temporary library facility $ 50,000
                          $ 50,000

Leases
   Temporary library facility $ 150,000
                          $ 150,000

Other Contracts/Obligation
   Security guard $ 43,262
                          $ 43,262

CITY OF APPLETON 2024 BUDGET
LIBRARY

Materials Management   **Business Unit 16032**

To develop, organize, and maintain well-rounded collections. Collections are built in anticipation of and response to Appleton residents' informational, educational & recreational needs.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategies #1: "Responsibly deliver excellent services", #4: "Continually assess trends affecting the community and proactively respond", and #6: "Create opportunities and learn from successes and failures".

Objectives:

Materials Management creates entries and database records for approximately 25,000 new titles in the online catalog. We process 27,500 items annually, including labels, RFID tags and jacket protectors. We receive 1,800 newspapers, periodicals and standing order subscriptions, and process over 5,000 magazine issues for circulation and storage.

Other specific objectives include:

Collect and route approximately 140,000 items to fill reserves at other OWLSnet libraries;

Accurately check-in, sort and re-shelve over a million returned materials using the automated materials handling system.

Expand staff participation in displays.

Continue to enhance and evaluate the "digital branch" with access to e-courses for lifelong learning and mobile content.

Implement collection development procedures focused on high-interest, popular materials, including utilizing collection management data tools.

Actively work with OWLSnet on implementation of the integrated library system, as well as ways to reduce barriers to access.

Major changes in Revenue, Expenditures, or Programs:

Throughout 2024, software, technology and equipment will be selected for the new library building. Supervisors and staff in this section will be involved in evaluating and selecting items related to their specific roles in providing library service to the community.

Other Reimbursements represents amounts that are received from patrons for lost materials. These budgeted funds are part of a four-year plan to offset the lost revenue in Charges for Services, within the Administration budget, as a result of no longer charging overdue fines. 2024 is the final year of this plan.

PROGRAM BUDGET SUMMARY

		Actual		Budget		
	Description	2021	2022	Adopted 2023	Amended 2023	2024
	Revenues					
503500	Other Reimbursements	$ 35,242	$ 36,314	$ 15,000	$ 36,051	$ 5,000
	Total Revenue	$ 35,242	$ 36,314	$ 15,000	$ 36,051	$ 5,000
	Expenses					
610100	Regular Salaries	$ 512,901	$ 516,147	$ 546,979	$ 546,979	$ 524,242
610800	Part-Time Wages	70,389	69,856	70,046	70,046	73,642
615000	Fringes	149,888	163,268	165,118	165,118	153,183
620100	Training/Conferences	1,003	3,252	3,324	3,324	3,324
630100	Office Supplies	18,157	22,619	24,417	24,468	24,417
631500	Books & Library Materials	623,739	498,418	475,000	499,156	475,000
659900	Other Contracts/Obligation	63,643	64,107	66,893	66,893	63,692
	Total Expense	$ 1,439,720	$ 1,337,667	$ 1,351,777	$ 1,375,984	$ 1,317,500

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

Office Supplies
General office supplies	$ 3,128
Material processing supplies (book jackets, barcodes, cassette cases, book labels, CD cases, etc.)	16,084
RFID supplies	5,205
	$ 24,417

Books & Library Materials
Children's materials	$ 115,000
Adult materials	330,000
Digital content consortia	30,000
	$ 475,000

Other Contracts/Obligations
OWLSnet contract	$ 59,192
Collection agency	4,500
	$ 63,692

CITY OF APPLETON 2024 BUDGET
LIBRARY

PROGRAM MISSION

Providing high-quality technology, in the most cost-effective manner, to best serve our community.

PROGRAM NARRATIVE

Link to City Goals:

Implements Key Strategies #1: "Responsibly deliver excellent services", #4: "Continually assess trends affecting the community and proactively respond", and #6: "Create opportunities and learn from successes and failures".

Objectives:

Develop multi-year schedule of technology projects and replacements; replace 20% of staff and public computing devices annually to maintain usability and update the network hardware and software to ensure responsiveness to patron and staff need.

Replace aging network switches to increase uptime and reliability.

Maintain warranties on production servers and utilize the Federal government program E-rate to attain the best rates and reimbursements for eligible items.

Maintain online public access catalogs, public workstations, AV equipment, digital signage, RFID and automated materials handling equipment.

Filter and protect internet connections to keep library staff and public technology reasonably safe.

Support the video security system.

Maintain reliable data communication between the Library's and OWLS' networks.

Work to improve staff mobile access to Library systems, to enable them to move about the building assisting patrons and provide remote access for laptops as appropriate.

Assist staff in technical aspects of providing electronic services to the public and support staff computer users.

Seek out and evaluate technologies to provide increased efficiencies for staff and operations.

Partner with OWLS to reduce costs and increase efficiencies when providing services to both the public and staff.

Major changes in Revenue, Expenditures, or Programs:

Throughout 2024, software, technology and equipment will be selected for the new library building. Supervisors and staff in this section will be involved in evaluating and selecting items related to their specific roles in providing library service to the community.

PROGRAM BUDGET SUMMARY

		Actual		Budget		
Description		2021	2022	Adopted 2023	Amended 2023	2024
Revenues						
503500 Other Reimbursements	$	5,429	$ 12,970	$ 15,500	$ 15,500	$ 15,500
Total Revenue	$	5,429	$ 12,970	$ 15,500	$ 15,500	$ 15,500
Expenses						
610100 Regular Salaries	$	81,178	$ 111,505	$ 115,861	$ 115,861	$ 116,975
610500 Overtime		-	258	-	-	-
615000 Fringes		19,238	37,539	32,264	32,264	46,390
620100 Training/Conferences		36	120	2,740	2,740	1,000
630100 Office Supplies		676	719	600	600	600
632700 Miscellaneous Equipment		32,568	41,960	27,980	29,980	27,980
641800 Equipment Repairs & Maint.		77,859	85,954	48,255	48,255	63,227
659900 Other Contracts/Obligation		13,304	39,183	-	-	-
681500 Software Acquisition		11,534	6,687	4,498	4,498	4,498
Total Expense	$	236,393	$ 323,925	$ 232,198	$ 234,198	$ 260,670

Note: The costs above reflect the needs while located in the temporary space during renovations.

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

Miscellaneous Equipment
Computer replacements	$	15,000
Network hardware, wiring, etc.		12,980
	$	27,980

Equipment Repairs & Maint.
Photocopier lease & maintenance	$	12,123
Automated material handling equipment		2,000
Self-checks and RFID pad contract		13,035
Software license and maintenance fees		24,910
Other equipment repairs and maintenance		11,159
	$	63,227

	2021 ACTUAL	2022 ACTUAL	2023 YTD ACTUAL	2023 ORIG BUD	2023 REVISED BUD	2024 BUDGET
Program Revenues						
423200 Library Grants & Aids	1,091,736	1,063,001	575,066	1,064,805	1,064,805	1,166,028
480100 General Charges for Service	3,980	742	235	-	-	-
500100 Fees & Commissions	144	358	-	-	-	-
501500 Rental of City Property	30,000	6,467	-	-	-	-
502000 Donations & Memorials	1,279	155	9	-	-	-
503500 Other Reimbursements	114,511	125,207	68,686	45,600	105,871	20,600
TOTAL PROGRAM REVENUES	1,241,650	1,195,930	643,996	1,110,405	1,170,676	1,186,628
Personnel						
610100 Regular Salaries	2,038,393	2,104,220	691,309	2,476,082	2,476,082	2,492,073
610400 Call Time Wages	600	200	75	-	-	-
610500 Overtime Wages	-	269	1,537	-	-	-
610800 Part-Time Wages	220,589	209,408	72,713	212,587	218,587	245,668
611400 Sick Pay	11,953	(517)	1,542	-	-	-
611500 Vacation Pay	227,631	214,712	60,078	-	-	-
615000 Fringes	789,697	878,531	261,920	891,233	891,233	889,448
TOTAL PERSONNEL	3,288,863	3,406,823	1,089,174	3,579,902	3,585,902	3,627,189
Training~Travel						
620100 Training/Conferences	10,454	28,125	5,829	23,234	27,734	21,494
620600 Parking Permits	23,114	8,886	457	5,000	5,000	5,000
TOTAL TRAINING / TRAVEL	33,568	37,011	6,286	28,234	32,734	26,494
Supplies						
630100 Office Supplies	35,354	54,496	9,676	35,517	46,155	35,517
630300 Memberships & Licenses	2,202	3,217	510	2,200	2,200	2,200
630500 Awards & Recognition	1,073	819	3,216	850	1,850	850
630600 Building Maint./Janitorial	7,907	9,931	2,850	7,000	7,000	7,210
630700 Food & Provisions	880	3,884	1,570	1,135	5,714	1,135
630902 Tools & Instruments	82	-	-	150	150	150
631500 Books & Library Materials	623,739	498,418	174,224	475,000	499,156	475,000
632001 City Copy Charges	-	-	-	100	100	-
632002 Outside Printing	2,463	1,132	-	-	1,200	1,288
632101 Uniforms	-	-	161	-	-	-
632300 Safety Supplies	245	230	(151)	550	550	550
632700 Miscellaneous Equipment	33,893	41,960	4,862	28,630	30,630	28,630
TOTAL SUPPLIES	707,838	614,087	196,918	551,132	594,705	552,530
Purchased Services						
640700 Solid Waste/Recycling Pickup	3,897	6,246	1,736	1,200	1,200	5,200
641200 Advertising	6,330	7,040	2,893	1,288	9,288	-
641301 Electric	88,237	113,796	32,235	30,000	30,000	42,000
641302 Gas	28,479	40,889	23,645	20,000	20,000	24,000
641303 Water	2,053	2,399	185	-	-	-
641304 Sewer	942	1,213	51	-	-	-
641306 Stormwater	3,167	3,150	794	-	-	-
641307 Telephone	3,407	4,630	1,663	5,298	5,298	5,298
641308 Cellular Phones	1,232	1,387	415	1,300	1,300	1,300
641600 Building Repairs & Maint.	15	512	-	2,000	2,000	2,000
641800 Equipment Repairs & Maint.	77,859	86,399	16,216	49,255	49,255	64,227
642000 Facilities Charges	134,007	157,199	5,805	100,565	100,565	97,551
644000 Snow Removal Services	-	-	64,177	50,000	50,000	50,000
650200 Leases	-	310,000	62,500	150,000	150,000	150,000
659900 Other Contracts/Obligation	169,026	226,204	87,883	118,817	134,073	116,218
TOTAL PURCHASED SVCS	518,651	961,064	300,198	529,723	552,979	557,794
Capital Outlay						
681500 Software Acquisition	11,534	6,687	5,229	4,498	4,498	4,498
TOTAL CAPITAL OUTLAY	11,534	6,687	5,229	4,498	4,498	4,498
TOTAL EXPENSE	4,560,454	5,025,672	1,597,805	4,693,489	4,770,818	4,768,505

PROGRAM MISSION
This program accounts for the receipt of Library grants and other revenues, along with the corresponding program expenditures.

PROGRAM NARRATIVE

Link to Strategy:
Implements Key Strategy #4: "Continually assess trends affecting the community and proactively respond".

Objectives:
Reach Out and Read (ROR) is a research-based and evidence-based national program that puts books in the hands of families and children through their pediatricians. The doctors use the books to help facilitate developmental screenings and also to provide families with information on how important it is to read to their small children. The books are provided to children aged birth to five years and the program in the Fox Cities includes Appleton, Neenah, Menasha and the surrounding region.

The Library is a United Way Agency for the ROR program, which has been supported by grants from the United Way since its inception in 2016. A strategic planning process involving the participating clinics and a professional facilitator was completed in 2017 to establish an ongoing funding model for the program. The United Way will continue to support ROR overall but the various clinics have begun to reimburse the program for the books they distribute to patients. The physician liaison working for this program continues to coordinate the selection and purchase of all books and all clinics sign an MOU committing to fund the books they distribute in well-child visits.

Major changes in Revenue, Expenditures, or Programs:
No major changes.

DEPARTMENT BUDGET SUMMARY

Programs		Actual		Budget			%
Unit	Title	2021	2022	Adopted 2023	Amended 2023	2024	Change *
Program Revenues		$ 158,138	$ 104,363	$ 126,868	$ 126,868	$ 148,124	16.75%
Program Expenses		$ 126,820	$ 109,941	$ 126,868	$ 249,332	$ 148,124	16.75%
Expenses Comprised Of:							
Personnel		57,566	40,061	41,268	41,268	43,630	5.72%
Training & Travel		10	488	2,000	2,000	2,000	0.00%
Supplies & Materials		51,079	61,094	77,000	193,325	94,726	23.02%
Purchased Services		18,165	8,298	6,600	12,739	7,768	17.70%
Full Time Equivalent Staff:							
Personnel allocated to programs		0.50	0.50	0.50	0.50	0.50	

CITY OF APPLETON 2024 BUDGET
SPECIAL REVENUE FUNDS

Library Grants   **Business Unit 2550**

PROGRAM BUDGET SUMMARY

		Actual			Budget		
Description		2021	2022	Adopted 2023	Amended 2023		2024
Revenues							
503500 Other Reimbursements	$	158,138	$ 104,363	$ 126,868	$ 126,868	$	148,124
592100 Transfer In - General Fund		-	-	-	-		-
Total Revenue	$	158,138	$ 104,363	$ 126,868	$ 126,868	$	148,124
Expenses							
610100 Regular Salaries	$	25,370	$ 24,374	$ 27,175	$ 27,175	$	27,990
610800 Part Time		19,030	736	-	-		-
615000 Fringes		13,166	14,951	14,093	14,093		15,640
620100 Training/Conferences		10	488	2,000	2,000		2,000
630100 Office Supplies		1,281	2,540	3,000	3,000		4,069
630700 Food & Provisions		-	200	-	-		-
631500 Books & Library Materials		49,798	58,354	74,000	190,325		90,657
640400 Consulting Services		3,600	-	3,600	3,600		-
641200 Advertising		1,015	47	3,000	3,000		4,000
659900 Other Contracts/Obligation		13,550	8,251	-	6,139		3,768
Total Expense	$	126,820	$ 109,941	$ 126,868	$ 249,332	$	148,124

DETAILED SUMMARY OF 2024 PROPOSED EXPENDITURES > $15,000

Books & Library Materials

Books for well-child visits	$	90,657
	$	90,657

CITY OF APPLETON 2024 BUDGET
LIBRARY GRANTS
SCHEDULE OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCE (DEFICIT)

	2021 Actual	2022 Actual	2023 Budget	2023 Projected	2024 Budget
Revenues					
Other Reimbursements	$ 158,138	$ 104,363	$ 126,868	$ 126,868	$ 148,124
Total Revenues	158,138	104,363	126,868	126,868	148,124
Expenses					
Program Costs	126,820	109,941	126,868	126,868	148,124
Total Expenses	126,820	109,941	126,868	126,868	148,124
Other Financing Sources (Uses)					
Transfer In - General Fund	-	-	-	-	-
Total Other Financing Sources (Uses)	-	-	-	-	-
Revenues over (under) Expenses	31,318	(5,578)	-	-	-
Fund Balance - Beginning	96,723	128,041	122,463	122,463	122,463
Fund Balance - Ending	$ 128,041	$ 122,463	$ 122,463	$ 122,463	$ 122,463

CITY OF APPLETON 2024 BUDGET CAPITAL IMPROVEMENTS PROGRAM
PROJECT REQUEST

IDENTIFICATION

Project Title: Library Self-Check Machines & RFID Pads

PROJECT DESCRIPTION

Justification:

The self-checks that the library is currently using are over 12 years old. They run Windows 7 and have outdated hardware that no longer meets the expectations of our patrons. As the machines have aged and become less reliable, utilization has decreased 10%, from over 70% to 60%, since 2019. Our goal has been to reach 75% utilization of self-check to optimally balance workloads.

The new library will need seven self checks due to added public floorspace and having all three floors now accessible to the public with materials that can be checked out. At the previous library, we had six self-check machines.

We have anticipated needing new self-checks for some time, but have postponed ordering new ones due to various building projects over the years and wanting to time the purchase to coincide with opening a new building.

Additionally, the Library's RFID scan pads are the same age as the self-checks, so they also need to be replaced. The pads are used for several things, including checking materials in and out and also programming the RFID chips used by the self-checks and the pads.

Discussion of operating cost impact:

We anticipate no additional operating costs and potentially could see savings in our annual maintenance contract on the equipment.

DEPARTMENT COST SUMMARY

DEPARTMENT	PHASE	2024	2025	2026	2027	2028	Total
Library	Equipment	50,000	-	-	-	-	$ 50,000
Total - Library		$ 50,000	$ -	$ -	$ -	$ -	$ 50,000

COST ANALYSIS
Estimated Cash Flows

Components	2024	2025	2026	2027	2028	Total
Planning	-	-	-	-	-	$ -
Land Acquisition	-	-	-	-	-	$ -
Construction	-	-	-	-	-	$ -
Other	50,000	-	-	-	-	$ 50,000
Total	$ 50,000	$ -	$ -	$ -	$ -	$ 50,000
Operating Cost Impact	$ -	$ -	$ -	$ -	$ -	$ -

Building Project Update – November 2023

Construction Updates

The last month's key building project progress points from Boldt include:

- Recycling items as necessary. Weight to date of all metal materials is 334,845 lbs.
- Atrium mechanical room removed.
- North atrium wall aluminum framing and glazing removal continues.
- Lower-level concrete cutting for electrical and plumbing complete.
- Underground electrical and plumbing started.
- Ground level demolition continues.
- East side roof catwalk removed and stored.
- Layout for floor penetrations continues.
- Freight elevator concrete slab demolition continues.
- Upper-level passenger elevator saw cutting for opening continues.
- North and east side upper-level façade demolition continues.
- Select roof demolition at east skylight continues.
- Upper-level mechanical fan and motor removal started.

Opening day for the new library is on track for early 2025.

Additional Updates

The lease at our temporary location is up at the end of the year. We are moving to a new temporary location – 3000 E. College Avenue, Appleton. To pack and move, the library building will close for approximately seven weeks. Our last day open at 2411 S. Kensington Drive is **Tuesday, November 21**. Our first day open at 3000 E. College Avenue is **Monday, January 8**. Learn more about our move.

Skidmore, Owings & Merrill has shared architectural fly through animations. Floor plans and renderings are available for viewing online. Please note furnishing colors in the animations and renderings are subject to change.

Friends of Appleton Public Library and the Capital Campaign Committee continue to make strong fundraising progress. They have raised $10.3 million of their $12 million goal.

Friends kicked off the public phase of their Building Beyond Words capital campaign Thursday, November 16. As part of the campaign kickoff, for a limited time, a matching donation is available to donors. Thanks to the generous support of Mary Beth Nienhaus, every donation will be matched up to $500,000.

To learn more about the campaign and how you can participate, visit the Friends website.

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BOLDT.
BUILD BOLDLY

NOVEMBER REPORT

City of Appleton – Appleton Public Library

KEY PROGRESS POINTS

- Recycling Program:
    - Boldt continues to recycle items, as necessary.
    - Weights to date of all metals are 334,845lbs.

- Progress:
    - Completed removal and storage of catwalk from East Side roof.
    - Air shaft demolition on the East end of the atrium on the Lower Level is completed.
    - Removed atrium mechanical room.
    - We completed the roofing demo meeting with the roofing contractor, SOM, and Boldt team.
    - Demolition continues on the Ground Level: North side atrium wall, brick façade, and CMU at atrium.
    - Concrete cutting for electrical and plumbing completed at Lower Level.
    - Underground electrical and plumbing has begun.
    - Removal of mechanical fans and motors in the Upper Level began.
    - Continuing layout for all floor penetrations for scanning of rebar and review.
    - Demolition continues for the freight elevator concrete slab and saw cutting for the Upper-Level passenger elevator opening.
    - Continuing demolition on the North Side and East Side Upper-Level façade.
    - Select roofing demolishing at East skylight is taking place.
    - Continuing aluminum framing and glazing removal on North atrium wall.

CONDITIONS & SAFETY

- Site conditions still remain very good. Continuously monitoring our safety program and making sure workers and the general public are safe.
- There were no injuries this month.

PROGRESS PHOTOS

Mechanical Room
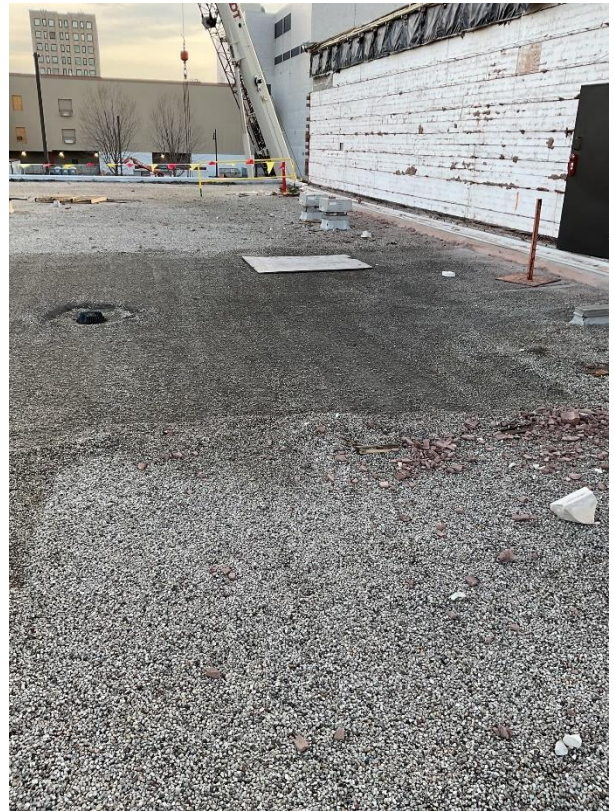
Lower Roof

Lower Level – North Side
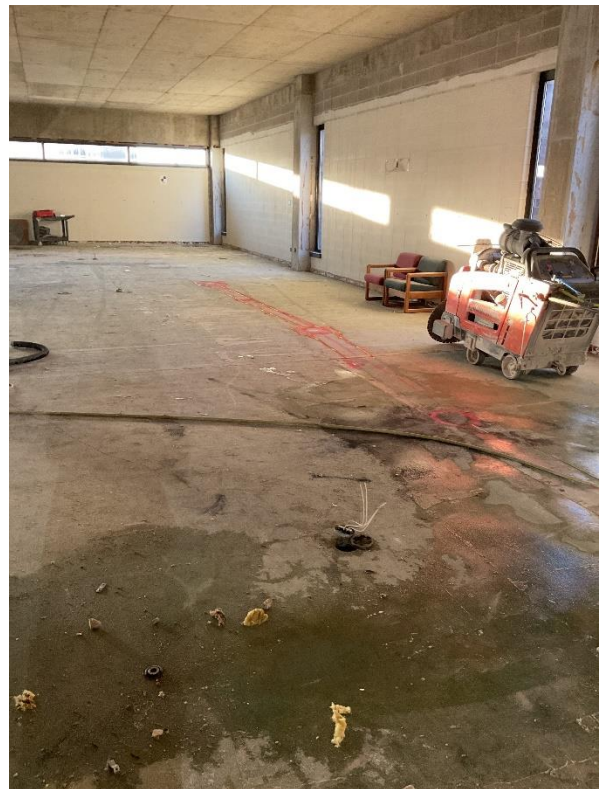
Ground Level – North/West Side

PROGRESS PHOTOS

Atrium

Atrium

Registration Open for Library Legislative Day 2024

Tuesday, February 6, 2024

Morning briefing at the Best Western Premier Park Hotel followed by legislator visits

Join us in Madison for a day of advocating for Wisconsin libraries! This year's event will kick off with a briefing at the Best Western Premier Park Hotel (22 S Carroll St, Madison, WI 53703), followed by visits with legislators at the Wisconsin State Capitol.

Once you register for this event, Library Legislative Day committee members will make appointments with legislators and develop the day's schedule for you. The schedule will be shared with attendees a few days in advance of the event.

Watch the WLA Library Legislative Day webpage for additional information as plans are finalized.

Need hotel accommodations? A courtesy block of rooms has been reserved at the Best Western Premier Park Hotel in downtown Madison through January 15, 2024.   See below for more information.

Start gathering your photos & preparing your library stories to share with your legislators - and register today! **Online registration will close January 12, 2024.**

Additional Resources

Find Your Representatives

Visit the Wisconsin State Legislature website and enter your address: click here.

Lodging

We have reserved a block of rooms at the Best Western Premier Park Hotel. Special group rates for the WI Library Association lodging accommodations on February 5 at the Park Hotel are:

- $149.00 for traditional rooms with one or two beds
- $159.00 for deluxe rooms with one or two beds
- $199.00 for king suites.

 Room rates are currently subject to 5.5% state tax and 10% city tax. Cutoff date for room reservations is January 15, 2024.

Click here to access the WLA 2024 Library Legislative Day Room Block.

 For information about other hotel options in the downtown Madison area, click here and here.

Foundational Public Health Services

PHAB

Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.

Foundational Public Health Services Framework

Foundational Areas

Community-specific Services

- Communicable Disease Control
- Chronic Disease and Injury Prevention
- Environmental Public Health
- Maternal, Child, and Family Health
- Access to and Linkage with Clinical Care

Foundational Capabilities

- Assessment & Surveillance
- Community Partnership Development
- Equity
- Organizational Competencies
- Policy Development and Support
- Accountability & Performance Management
- Emergency Preparedness and Response
- Communications

EQUITY

PHAB

Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.

- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.

- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.

- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.

- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.

- Ability to access 24/7 laboratory resources capable of providing rapid detection.

- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.

- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.

- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.

- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.

- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.

- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.

- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.

- Ability to develop and support staff to address equity.

- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.

- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.

- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.

- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.

- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.

- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.

- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.

- Ability to maintain a performance management system to monitor achievement of organizational objectives.

- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.

- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.

- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.

- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.

- Ability to lead the Emergency Support Function 8 — Public Health & Medical for the county, region, jurisdiction, and state.

- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.

- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.

- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.

- Ability to issue and enforce emergency health orders.

- Ability to be notified of and respond to events on a 24/7 basis.

- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.

- Ability to effectively use social media to communicate directly with community members.

- Ability to appropriately tailor communications and communications mechanisms for various audiences.

- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.

- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.

- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.

- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.

- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.

- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.

- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.

- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.

- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.

- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.

- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.

- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.

- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.

- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.

- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.

- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.

- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.

- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).

- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.

- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.

- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.

- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.

- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.

- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.

- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

Public Health 3.0

A Call to Action to Create a 21st Century Public Health Infrastructure

Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

PUBLIC HEALTH 3.0

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Letter from the Acting Assistant Secretary for Health

We have made great strides in the last several years to expand health care coverage and access to medical care and preventive services, but these successes have not yet brought everyone in America to an equitable level of improved health. Today, a person's zip code is a stronger determinant of health than their genetic code. In a nation as wealthy as the United States, it is unconscionable that so many people die prematurely from preventable diseases; even worse are the health disparities that continue to grow in many communities.

High-quality health care is essential for treatment of individual health conditions, but it is not the only tool at our disposal. In order to solve the fundamental challenges of population health, we must address the full range of factors that influence a person's overall health and well-being. From education to safe environments, housing to transportation, economic development to access to healthy foods—the social determinants of health are the conditions in which people are born, live, work, and age.

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

For Public Health 3.0 to succeed, local and state public health leaders must step up to serve as Chief Health Strategists for their communities, mobilizing community action to strengthen infrastructure and form strategic partnerships across sectors and jurisdictions. These partnerships are necessary to develop and share sustainable resources and to leverage data for action that can address the most urgent community health needs.

Public Health 3.0 exemplifies the transformative success stories that many pioneering communities across the country have already accomplished. The challenge now is to institutionalize these efforts and replicate these triumphs across all communities for all people.

Our collaborative action must ensure, for the first time in history, that every person in America has a truly equal opportunity to enjoy a long and healthy life. This report outlines the initial steps we can take to get there. I hope you will join me in Public Health 3.0.

Sincerely,

Karen B. DeSalvo, MD, MPH, MSc
Assistant Secretary for Health (acting)
U.S. Department of Health and Human Services

Executive Summary

Public health is what we do together as a society to ensure the conditions in which everyone can be healthy. Though there are many important sectors and institutions with a key role to play, the governmental public health infrastructure is an essential part of a strong public health system. But local public health agencies have been under extreme stress due to significant funding reductions during the Great Recession, changing population health challenges, and in certain circumstances changes brought on by the Affordable Care Act (ACA). In addition, they are increasingly working with others in the broader health system to address the social determinants of health in response to the mounting data on disparities by race/ethnicity, gender identity or sexual orientation, interpersonal violence and trauma, income, and geography.

To meet these new challenges head on, local public health has been reinventing itself in partnership with others in their communities, and is undergoing a transformation into a new model of public health we call Public Health 3.0 (PH3.0). In this model, pioneering local public health agencies are building upon their historic success at health improvement and are adding attention to the social determinants of health—the conditions in the social, physical, and economic environment in which people are born, live, work, and age [1] —in order to achieve health equity. They do this through deliberate collaboration across both health and non-health sectors, especially with non-traditional partners, and, where appropriate, through assuming the role of Chief Health Strategist in their communities.

In 2016, the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) launched an initiative to lay out the vision for this new model of public health, to characterize its key components, and to identify what actions would be necessary to better support the emergence of this transformed approach to public health, with particular attention to the efforts needed to strengthen the local governmental public health infrastructure as a critical and unique leader in advancing community health and well-being.

To learn more, OASH visited five communities that are aligned with the PH3.0 vision. In these regional listening sessions, local leaders shared their strategies and exchanged ideas for moving PH3.0 forward. Attendees represented a diverse group of people working in public health and other fields, including philanthropy and nonprofit organizations, businesses, social services, academia, the medical community, state and local government agencies, transportation, and environmental services.

This report summarizes key findings from these regional dialogues and presents recommendations to carry PH3.0 forward, organized in the following five themes:

1. Strong leadership and workforce
2. Strategic partnerships
3. Flexible and sustainable funding
4. Timely and locally relevant data, metrics, and analytics
5. Foundational infrastructure

Recommendations

Based upon what we have heard and seen from the field, we put forth the following set of recommendations to realize the PH3.0 vision for all communities in the United States:

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.

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.

4. Timely, reliable, granular (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.

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.

Introduction

Progress on Health Improvement

The United States has made enormous progress during the past century in improving the health and longevity of its population through effective public health actions and sizable investments in evidence-based preventive services and high-quality clinical care. In 2014, life expectancy at birth was 78.8 years, 10 years longer in lifespan than the 1950s.[2] Smoking rates among adults and teens are less than half what they were 50 years ago.[3] The Affordable Care Act (ACA) has dramatically expanded health insurance coverage, reducing the uninsurance rate to a historic low of of 9.1% in 2015, 16.2 million fewer uninsured Americans than in 2013.[4] Continuous health insurance reform efforts have also driven improvement in health care quality and have slowed the growth rate of health care costs.

Significant Health Gaps Remain

However, despite nearly $3.0 trillion in annual health care spending—almost twice as much as a percentage of gross domestic product as the rest of the world—Americans have shorter lifespans and fare worse in many health indicators, including obesity and diabetes, adolescent pregnancy, drug abuse-related mortality, vaccination rates, injuries, suicides, and homicides.[5] The Centers for Disease Control (CDC) recently reported that the historical steady gain in longevity in the United States has plateaued for three years in a row.[6] Further, race/

ethnicity disparities persist in life expectancy, vaccination rates, infant mortality,[7] and exposure to pollutants.[8] Many of these vexing challenges require solutions outside of the health care system, and require more broad-based actions at the community level.

Figure 1
Short Distances to Large Gaps in Health

Source: Chapman DA, Kelly L, Woolf SH. Life Expectancy Maps. 2015-2016. VCU Center on Society and Health. http://www.societyhealth.vcu.edu/maps

Key Influence of Social Determinants of Health

The lifespan of people living in different parts of the country is a powerful reminder that the opportunity to be healthy often depends more on one's zip code than one's genetic code. Researchers (Figure 2) found that the gap in life expectancy between people with the highest and lowest incomes is narrower in some communities but wider in others. Their data

showed significant variations in life expectancy and health risks across different regions in the country.[9] Even within a city, life expectancy can vary by neighborhood. Mapping life expectancies in several cities across the United States, researchers illustrated that in some cases, life expectancy can differ by as much as 20 years in neighborhoods just a few miles apart from one another. These data suggest that investing in safe and healthy communities matters, especially for the most disadvantaged persons.[10] Achieving the goal of Healthy People requires addressing social determinants of health, which includes both social and physical environments where people are born, live, work, and age.

Meanwhile, many pioneering communities are already taking action to do exactly that. These communities have built coalitions to address their priority health challenges such as tobacco use in public spaces; educational attainment and economic opportunity; community safety; substance use disorders and mental health conditions; healthy built environment; and hazardous exposures in and around their homes and neighborhoods.

These innovative, multi-sector approaches to health reflect an understanding of the conditions and factors that are associated with health. Scholars estimate that behavioral patterns, environmental exposure, and social circumstances account for as much as 60% of premature deaths.[11] These factors shape the contexts of how people make choices every day—and reflect the social and physical environments where these choices are made. Driven by policy incentives toward population health, our health care system is transforming from a system focused on episodic, non-integrated care toward one that is value-

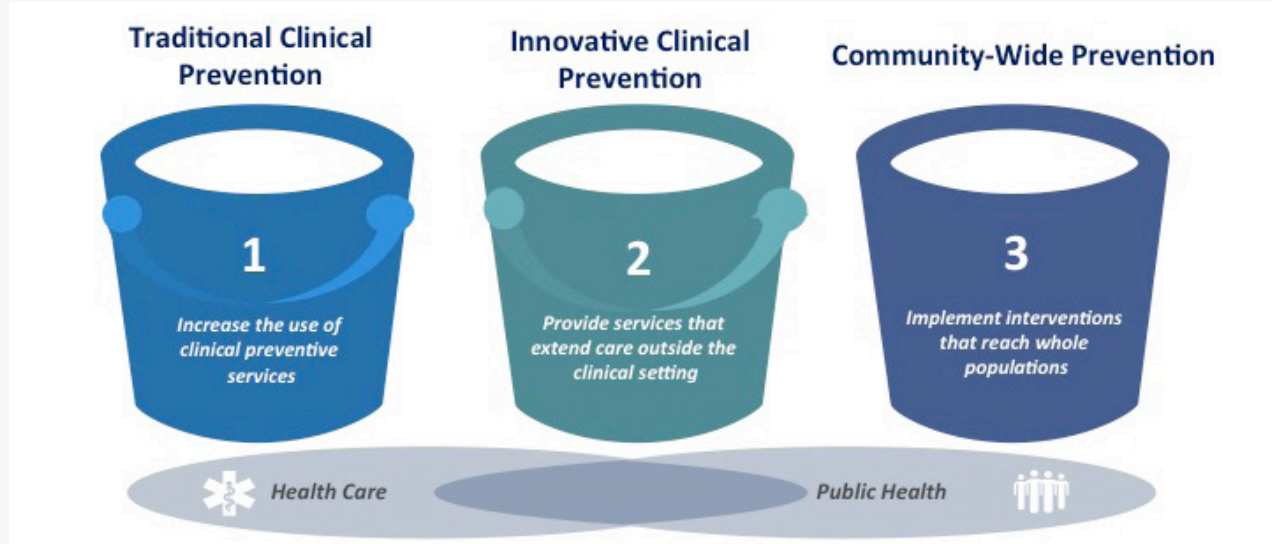## Figure 2 | Geography of Life Expectancy in the Bottom Income Quartile

Life Expectancy at Age 40 (race-adjusted)

- >80.7
- >80.1 – ≤80.7
- >79.7 – ≤80.1
- >79.4 – ≤79.7
- >79.1 – ≤79.4
- >78.9 – ≤79.1
- >78.6 – ≤78.9
- >78.3 – ≤78.6
- >77.9 – ≤78.3
- ≤77.9
- Insufficient Data

Top 5 Cities: New York City NY, Santa Barbara CA, San Jose CA, Miami FL, Los Angeles CA
Bottom 5 Cities: Tulsa OK, Indianapolis IN, Oklahoma City OK, Las Vegas NV, Gary IN
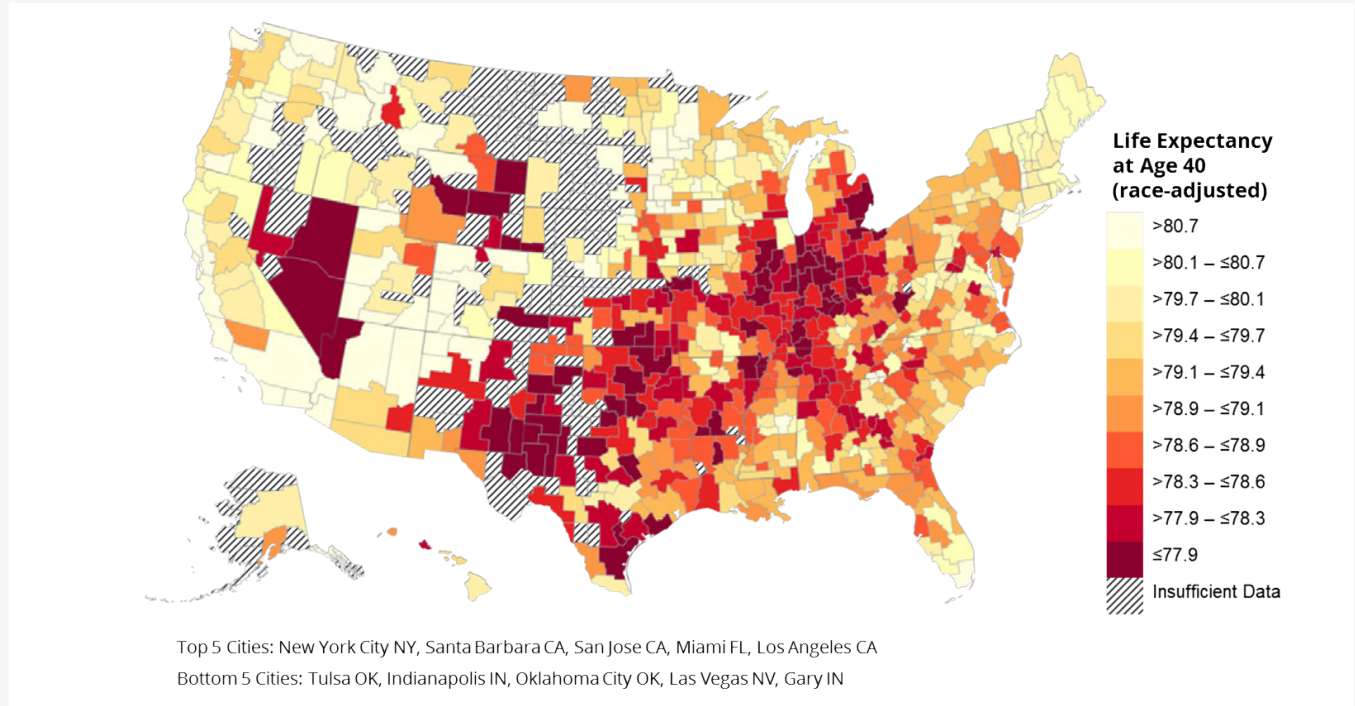
Source: The Health Inequality Project. https://healthinequality.org

based and increasingly community integrated.[12] There are tremendous opportunities for the health care and public health systems to be better integrated in order to produce substantial and lasting health for individuals, communities, and populations.[13] The CDC developed a framework to conceptualize such integration spanning three "buckets" of prevention—traditional clinical preventive interventions, interventions that extend care outside the care setting, and total population or community-wide interventions to achieve the most promising results for population health (Figure 3. The Three Buckets of Prevention).[14] Regarding to the second and the third "buckets", CDC recently launched the Health Impact in 5 Years (HI-5) initiative, highlighting non-clinical, community-wide approaches addressing context factors or social determinants of health that have shown positive health impacts within five years and evidence of cost effectiveness or cost savings. These resources showed that community-wide actions addressing upstream determinants are not only evidence-based and feasible, but also of good value.

However, public health and social services have been immensely underfunded. Compared to its spending on health care, the United States has made lower investments toward upstream, non-medical determinants of health—social services such as income support, education, transportation, interpersonal violence and trauma, controlling hazardous environmental exposure and housing programs—and this has had detrimental effects on health.[15] States that spent more on social services and public health, relative to

Figure 3 | The Three Buckets of Prevention

Traditional Clinical Prevention

1

Increase the use of clinical preventive services

Innovative Clinical Prevention

2

Provide services that extend care outside the clinical setting

Community-Wide Prevention

3

Implement interventions that reach whole populations

Health Care

Public Health

Source: Auerbach, John. "The 3 buckets of prevention." Journal of Public Health Management and Practice 22.3 (2016):215-218

spending on medical care, had significantly better subsequent health outcomes.[16,17] Unfortunately, the 2008 recession precipitated a large and sustained reduction in state and local spending on public health activities.[18] Nearly two-thirds of the U.S. population in 2012 lived in jurisdictions in which their local health department reported budget-related cuts to at least one critical program area.[19]

The 2002 Institute of Medicine (IOM) report *The Future of the Public's Health in the 21st Century*[20] called for strengthening governmental public health capabilities and requiring accountability from and among all sectors of the public health system. The need to strengthen the public health system, however, is often only revealed in the context of disasters and crises. For example, in the aftermath of Hurricane Katrina in the City of New Orleans, it became apparent that restoring health care services alone was insufficient in restoring New Orleans' health

system. For a community to address fundamental drivers of health while establishing readiness and resilience to crises, it requires strong public health infrastructure, effective leadership, usable data, and adequate funding. The water crisis in Flint, Michigan,[21] painfully reminded us of the costly consequences when environmental determinants of public health are not at the center of decision-making that impacts the health and safety of the public.

It is clear that to improve the health of all Americans, we must address factors outside of health care. Doing so means we must build upon past successes in public health and continue to attend to those issues, but also expeditiously work in a multi-sector fashion to get closer to the true definition of public health:

> **Public health is what we do together as a society to ensure the conditions in which everyone can be healthy.[22]**

Figure 4 | Health Impact in 5 Years

→ School-Based Programs to Increase Physical Activity
→ School-Based Violence Prevention
→ Safe Routes to School
→ Motorcycle Injury Prevention
→ Tobacco Control Interventions
→ Access to Clean Syringes
→ Pricing Strategies for Alcohol Products
→ Multi-Component Worksite Obesity Prevention

Counseling and Education

Clinical Interventions

Long Lasting Protective Interventions

Changing the Context
Making the healthy choice the easy choice

Social Determinants of Health

HI-5

→ Early Childhood Education
→ Clean Diesel Bus Fleets
→ Public Transportation System
→ Home Improvement Loans and Grants
→ Earned Income Tax Credits
→ Water Fluoridation

HEALTH **IMPACT** IN 5 YEARS

Source: U.S. Centers for Disease Control and Prevention, Health Impact in Five Years. http://www.cdc.gov/hi5

Public Health 3.0: A Renewed Approach to Public Health

To meet these new challenges, state and local public health entities have been innovating in partnership with their local communities a new model of public health. In this approach, pioneering local communities are building upon their historic success at health improvement, and adding a focus on social and environmental determinants of health to achieve health equity. They do this through deliberate collaboration across sectors, especially with non-traditional partners, and through assuming the role of Chief Health Strategist in their communities.

This expanded mission of public health—to ensure the conditions in which everyone can be healthy—was underscored in the IOM report *The Future of Public Health*[23] nearly two decades ago, and

it remains salient today. Pioneering communities across the country are demonstrating how this can be achieved, particularly with local governmental public health in the lead or playing a prominent role. **We call this enhanced scope of practice Public Health 3.0.**

This evolved model of public health builds upon the extraordinary successes of our past. **Public Health 1.0** refers to the period from the late 19th century through much of the 20th century, when modern public health became an essential governmental function with specialized federal, state, local, and tribal public health agencies. During this period, public health systematized sanitation, improved food and water safety, expanded our understanding of diseases, developed powerful new prevention and treatment tools such as vaccines and antibiotics, and expanded capability in areas

such as epidemiology and laboratory science. This scientific and organizational progress meant that comprehensive public health protection—from effective primary prevention through science-based medical treatment and tertiary prevention—was possible for the general population.

Public Health 2.0 emerged in the second half of the 20th century and was heavily shaped by the 1988 IOM report *The Future of Public Health*.[24] In that seminal report, the IOM described the many challenges faced by the American public health system. The report posited that public health authorities were encumbered by the demands of providing safety-net clinical care and unprepared to address the rising burden of chronic diseases and new threats such as the HIV/AIDS epidemic. The report's authors declared, "This nation has lost sight of its public health goals and has

allowed the system of public health activities to fall into disarray."

With this call to action, the field of public health defined a common set of goals and core functions, and developed and implemented target capacities and performance standards for governmental public health agencies at every level. During the 2.0 era, governmental public health agencies became increasingly professionalized and standardized.

Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public department functions and programs. Cross-sector collaboration is inherent to the PH3.0 vision, and the Chief Health Strategist role requires high-achieving health entities with the skills and capabilities to drive such collective action.[25] Only through inter-organizational

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Figure 5 | Evolution of Public Health Practices

Public Health 1.0

Tremendous growth of knowledge and tools for both medicine and public health

Uneven access to care and public health

Public Health 2.0

Systematic development of PH (public health) governmental agency capacity across the U.S.

Focus limited to traditional PH agency programs

Public Health 3.0

Engage multiple sectors & community partners to generate collective impact

Improve social determinants of health

Late 1800s   1988 IOM *Future of Public Health* Report   Recession   Affordable Care Act   2012 IOM *For the Public's Health* Reports

Source: DeSalvo et. al. (2016) Public Health 3.0: Time for an Upgrade. AJPH

There are five critical dimensions in the enhanced scope of public health practice:

Strong leadership and workforce

Strategic partnerships
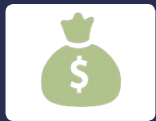
Flexible and sustainable funding

Timely and locally relevant data, metrics, and analytics

Foundational infrastructure

cooperation can policy and systems-level actions be taken to affect upstream determinants of health. Several pioneering U.S. communities are already experimenting with this expansive approach to public health, and several national efforts are also supporting this new approach.[26]

Despite successes by many innovative local jurisdictions, these pioneering PH3.0 efforts face challenges in advancing and sustaining their work. At present, they have not had a shared, defining vision or framework. Many have developed in relative isolation, without opportunity to share best practices and lessons learned. There is not a central repository of tool kits or information to support their work. Finally, key elements needed

to support their efforts such as flexible funding and access to timely data are not readily or systematically available.

Current and future public health leaders will need to embrace the Chief Health Strategist role in their communities, collaborating with stakeholders who can positively affect social determinants of health. 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. Developing strong strategic partnerships with players in other sectors is paramount to the success of this approach. PH3.0 will need both new sources of funding and flexible funding mechanisms to support its cross-sector, social determinants–oriented work. To guide community efforts, current, geographically specific, and granular data will be needed, as well as practical, readily accessible tools for data analysis and an enhanced informatics workforce capacity. Finally, a strengthened public health infrastructure needs to be designed and institutionalized, so that cross-sectoral collaborative efforts survive changes in public health, community, and political leadership.

This report describes examples of PH3.0 based on a series of regional meetings held by OASH across the United States.

Chief Health Strategist

...will lead their community's health promotion efforts in partnership with health care clinicians and leaders in widely diverse sectors, and be deeply engaged in addressing the causes underlying tomorrow's health imperatives. The emphasis will be on catalyzing and taking actions that improve community well-being, and playing a vital role in promoting the reorientation of the health system towards prevention and wellness.

Chief health strategists will participate in and support community-based coalitions that examine health data, set goals, and develop plans to improve health. They will enlist civic and other community leaders such as key local businesses and the Chamber of Commerce as well as leaders at the grassroots level to help carry out those plans.

Source: Public Health Leadership Forum, The High Achieving Health Department in 2020 as the Community Chief Health Strategist, 2015.
http://www.resolv.org/site-healthleadershipforum/hd2020/

The National Dialogue

At the core of PH3.0 is the notion that local communities will lead the charge of taking public health to the next level and ensuring its continued success and relevance. In 2016, OASH engaged with stakeholders across a variety of sectors—state and local public health (including the Association for State and Territorial Public Health Officials [ASTHO] and the National Association of City and County Health Officials [NACCHO]), philanthropic and nonprofit groups, businesses, social service organizations, academia, the medical community, state and local government agencies, transportation, environmental services, and others. OASH also engaged directly with state and local health officers, both those who had seen success in innovative, outside-the-box approaches to implementing public health practice and those who had experienced challenges.

Spotlight and Feedback: Public Health 3.0 Regional Meetings

Many communities across the U.S. are taking innovative approaches to public health and have developed cross-sector, collaborative structures to address the social, environmental, and economic determinants of health. Over spring and summer 2016, OASH leadership visited five of these geographically and demographically diverse communities.

Spokane, WA
July 11, 2016

Allegheny County, PA
April 4, 2016

Santa Rosa, CA
(Napa & Sonoma Counties)
April 12, 2016

Kansas City, MO/KS
June 21, 2016

Nashville, TN
June 14, 2016

The purpose of the regional meetings was three-fold:

1. For local leaders to share their knowledge, strategies, and ideas for moving PH3.0-style work forward

2. To hear about the successes and challenges for each of the five PH3.0 domains not only from host communities, but also from others in the region

3. To gather information about how the broader public health system could support local governmental public health as it transformed into a PH3.0 model

Meeting participants represented a wide array of expertise beyond public health and health care. While the majority of participants were from the local communities, we welcomed people and organizations from across the regions. Though participants noted unique challenges and successes, many common themes emerged across the meetings. These key findings are summarized below.

Key Findings: Strong Leadership and Workforce

PH3.0 relies on not only a strong, diverse, and policy-oriented public health workforce, but also leaders who can work in new ways to build structured coalitions, leverage actionable data and evidence, and communicate new approaches

within and outside of the traditional health sector. Meeting participants discussed several strategies for developing new public health leaders and for inspiring the existing public health workforce to transform the public health system in their communities.

1. Building a strong public health workforce pipeline.

Participants noted the challenges in finding sufficient incoming talent and the high turnover rates in local public health. They suggested innovative approaches, enhanced partnerships, and new incentives to attract and retain talent. Academic institutions can establish mentorship programs, expand internships to include non-traditional opportunities, or work with federally funded job training programs. Opportunities also exist within primary education; some participants also suggested integrating public health into science, technology, engineering, and mathematics (STEM) curricula.

> ❝
> Public health is now more central to all the health sciences disciplines than ever before."
>
> — *Participant, Spokane*

For public health professionals already in the workforce, new benefits or incentives (both financial and non-financial) may encourage them to stay in the field. Public health entities should create opportunities for growth within their organizations and celebrate individual successes.

2. Leading for collective impact.[27]

Strategic cross-sector partnerships drive PH3.0-style efforts, but the skills necessary to form and cultivate these partnerships may be foreign to public health practitioners who have long operated in silos. Existing opportunities for developing collaboration, leadership, and other essential skills should be explored. This can serve as a means to both grow expertise in the public health field and involve local stakeholders in achieving collective impact. In addition, public health and partners in other sectors can identify opportunities for exchanging skills and cross-pollinate their professional development activities. To build in-house capacity, participants suggested that public health entities also consider providing formal online training and certification opportunities.

> ❝
> With PH3.0, our existing leaders need to shift, to step out of the box of their own personality and be able to serve the team, serve the connections."
>
> — *Participant, Santa Rosa*

3. Thinking outside of the box.

Several participants noted the importance for public health leaders to think creatively in order to seize critical opportunities for growth. Forward-thinking businesses may serve as models for PH3.0. For example, the incubator system popularized by the technology industry allows established businesses to provide management training to help startup companies succeed. Similarly, participants suggested recruiting people who have skills, training, or education that are not traditional to the public health

Bright Spot of Innovation: *Live Well Allegheny*

In January 2014, Allegheny County Executive Rich Fitzgerald launched *Live Well Allegheny*, a response to county residents who expressed a desire to develop a healthier lifestyle.

The [Live Well Allegheny](#) campaign aims to improve the health and well-being of people in Allegheny County by addressing behaviors that lead to chronic diseases. The initiative, now led by the Board of Health and Allegheny Health Department Director Karen Hacker, asks county residents to increase physical activity, decrease cigarette smoking, and take a proactive role in managing their own health. Ultimately, the campaign will also incorporate efforts to improve mental wellness, personal and community safety, preparedness, quality of life, education, and health literacy.

Live Well Allegheny brings together local stakeholders across Allegheny County, including municipalities, school districts, government agencies, community-based organizations, academia, and the private sector, to improve the community's health. It includes programs such as *Live Well Communities*, Live Well Schools, *Live Well Restaurants*, and *Live Well Workplaces*. To achieve *Live Well* status, each community or entity must demonstrate its commitment to achieving campaign goals.

To date, *Live Well Allegheny* has:

1. 22 *Live Well* communities
2. 5 *Live Well* school districts (with more in progress)
3. 10 *Live Well* restaurants
4. 1 *Live Well* workplace
5. 112 partners committed to *Live Well*

For more information, read the [2014–2015 Live Well Allegheny Biannual Report](#).

field. Community advocates and organizers, for example, embody many qualities that could support PH3.0-style efforts: authentic community voices, relationships with community members, enthusiasm for effecting change, and the ability to grow a grassroots movement. Business and entrepreneurial experience represent another example. In addition, by forging partnerships with non-traditional collaborators like universities and business mentorship programs, health departments can expand their capacity and their skill sets.

Key Findings:
Strategic Partnerships

Participants identified building blocks for successful strategic partnerships across sectors, including key partnership attributes, strategies for engaging partners, and partners critical to PH3.0-style initiatives.

1. Establishing backbone entities for strategic planning and funding.

Participants noted that a politically neutral backbone entity is an essential component of any successful collaborative effort. The entity would convene and collect input from partners, mobilize funding, and drive action toward shared goals. Participants noted that backbone entities are most effective when they have political and social capital, including the public's trust and respect.

Participants warned against the pitfall of unstructured collaboratives in which group members only engage in discussion without committing to formal working partnerships. The backbone organization requires structure, including timelines, work plans, and most importantly, concrete mechanisms to pool and deploy funding and other resources.

> " It doesn't matter who you get into a room, if you don't have a doer, it will be a lot of ideas but not how you accomplish them. . . If people in the room don't have the power to implement, it's just going to be a lot of talk."
>
> — *Participant, Nashville*

2. Cultivating new and existing relationships.

Participants noted that PH3.0-style initiatives hinge on authentic and strong relationships to yield sustained collaboration and impact, and should align the values of each participating organization's missions.

Developing trust and communication takes time—particularly when cultivating new relationships. Participants suggested that convening organizations invest this time strategically. They urged conveners not to overlook seemingly minor steps like meeting face to face, clearly explaining each partner's value, setting expectations for how each partner will contribute, and setting deadlines for meeting the group's goals.

> " This is relational work, we're all people. It never hurts to take a one-off meeting, meet face to face with people."
>
> — *Participant, Santa Rosa*

3. Identifying collective goals and defining value.

Participants noted that collaborations are successful when they bring together entities with diverse, relevant expertise. Conveners should also consider non-traditional partners, who can often add important value and insight. At times, crises serve as opportunities to catalyze partnerships and stimulate collaborative efforts by producing a collective goal to resolve a pressing community challenge; that collective goal can inspire and drive collective action.

Bright Spot of Innovation: *Healthy Kansas City*

In 2014, more than 100 local stakeholders came together to identify ways for the business community to become active leaders in health. That initial strategy session led to Healthy KC, a partnership of the Greater Kansas City Chamber of Commerce, Blue Cross Blue Shield of Kansas City, and other regional health organizations. The collaborative aims to create a culture of health in Greater Kansas City.

Healthy KC selects interventions based on local issues and community needs. In the Kansas City region, tobacco use among youth is a significant problem: nearly 25% of high school students in Missouri and Kansas are current tobacco users. In response, Healthy KC launched the Tobacco 21|KC initiative, an offshoot of a national effort to increase the minimum age for the sale and purchase of tobacco products from 18 to 21. Healthy KC initially set a goal for five communities to adopt Tobacco21 ordinances by 2018, and they have vastly exceeded that goal: as of June 2016, 15 municipalities had jumped on board. Tobacco21 ordinances now cover 1.2 million people and have resulted in 1,000 fewer smokers each year.

Healthy KC credits effective partnerships with making Tobacco 21|KC a success. Because local stakeholders—including the public health community, school districts, businesses, and chambers of commerce—have embraced and advocated for the initiative, city councils have been more willing to adopt these ordinances. The business industry has a vested interest in reducing tobacco use since each employee who smokes costs employers an average of more than $6,000.

Healthy KC has also developed initiatives to promote mental health, workplace wellness, healthy eating, and active living.

Participants noted the importance of identifying the value a potential partner adds to the group, in addition to defining the expected return on investment for the partner. Several participants recommended proactively answering the question, "What's in it for me?" For example, one participant described how Sonoma County successfully engaged the business community in health care

workforce development. Since the decrease in skilled workers is a key concern of the business community, the group was able to define the value proposition of growing the local pipeline for skilled health care professionals.

Participants identified other specific sectors that have not traditionally worked with public health but

are relevant to PH3.0-style collaboratives. These include but are not limited to:

- Behavioral health agencies
- Chamber of commerce and/or individual business owners or developers
- Community- and faith-based organizations
- Early care and education
- Elected officials and legislators
- Employers
- Funders
- Housing
- Human services
- Labor unions
- Media and marketing professionals
- Public safety and law enforcement
- Schools and departments of education
- Substance use disorder treatment programs
- Third-party payers
- Transportation
- Tribal entities

One participant noted that a critical partner may also be "the person you never thought to ask." This can be a helpful reminder to think creatively about goals and who else has a stake in achieving them.

> " Partnerships don't evolve on their own—they take time, effort, commitment, and a common goal."
>
> — *Participant, Kansas City*

Key Findings: Flexible and Sustainable Funding

Funding enables groups to implement the programs, training, or infrastructure changes necessary to achieve a collective goal. However, local initiatives perpetually struggle to secure sufficient funding and resources, and many funding sources are categorical or disease specific. Strategies for leveraging sustainable and flexible funding that support PH3.0-style work were discussed.

1. Leveraging shared goals.

Participants suggested that the backbone entity should identify funders whose missions resonate with those of the initiative while cautioning against changing the mission or goal to fit a funding source. As with any partnership, developing and sustaining connections with funders takes time. In some cases, funders invested in an initiative may have over time become active partners.

> " We need flexible and smarter funding for shared goals. We need to identify shared goals on the front end so we don't head down parallel paths without conversation in between."
>
> — *Participant, Spokane*

Participants urged conveners to consider unconventional partners, such as venture capital firms committed to social change, and non-monetary resources, like access and influence. Backbone entities can also identify opportunities to re-allocate funds from existing public health

programs or capitalize on successful community projects already underway. By piggybacking on existing efforts, collaboratives can pool resources with partners working toward the same or different goal.[28] For example, a food waste rescue effort could meet the mission of hunger relief as well as reduce food waste.

2. Breaking funding silos.

Historically, public sectors have had access to distinct, narrowly defined federal, state, and local government funding streams. Before PH3.0, this approach was seen as effective: public health departments organized their service by conditions (e.g., HIV/AIDS, maternal and child health, diabetes), and funding streams supported that style of work. But this model tends to fall short when addressing social determinants of health or building capacity for readiness. A move from categorical, siloed funding to more flexible funding models also allows local leaders to respond more rapidly to emerging community needs.

Participants noted that the public health system should advocate for flexible spending dollars by stressing the efficiency in avoiding duplicated work. Communities may also pursue removing barriers to pooling funding across organizations and jurisdictions, which would enable programs to mix funds for collective efforts.

Participants noted that funder engagement is critical to sustaining funding. Collaboratives can, for example, leverage program evaluation results to show impact, and to collect and share data. In particular, capturing and documenting cost savings attributable to the initiative can be instrumental when seeking additional or continued funding; but data and analytic challenges exist.

3. Exploring alternative financing models.

Health care delivery system reform has catalyzed a shift from fee-for-service to pay-for-performance models. Several funding mechanisms, including Medicaid, now have ways to pay for population health outcomes. For financing public health, participants discussed the potential for pay-for-performance models and ones that blend and braid funding from public and private sources. One much-discussed example is the social impact bond model, where private funders invest in programs designed to yield a social impact and are repaid if and when the programs achieve desired outcomes.

Participants shared several suggestions for leveraging existing federal funding to advance population health, such as integrating prevention into Medicare Advantage. At the state level, the Medicaid Section 1115 waiver mechanism provides one potential funding source for transforming the payment and delivery system to improve population health. States could strategically use these waivers to implement demonstration projects that reduce the costs of care and then capture and reinvest these savings.

> "
> The chasm between primary care and public health is not built into the reimbursement structure. We need payment reform, a fundamental shift in how we reimburse care. The millennials coming into primary care are excited about bridging the chasm, but we need to bridge the funding gap."
>
> — *Participant, Santa Rosa*

Bright Spot of Innovation: California Accountable Communities for Health

California has embraced a new model for achieving health equity: accountable communities for health (ACH). An ACH is a multi-payer, multi-sector alliance of health care systems, providers, insurers, public health, community and social service organizations, schools, and other partners.

The California Endowment has identified criteria for a successful, sustainable ACH:

- Shared vision and goals
- Partnerships
- Leadership that spans many organizations and is pervasive throughout each organization
- A backbone organization that convenes and facilitates the group, and mobilizes funding
- Capacity to collect, analyze, and share data across sectors
- A wellness fund that serves as a vehicle for attracting and pooling resources
- A portfolio of interventions that addresses social determinants of health from many angles, including clinical and behavioral interventions, clinical-community linkages, community programs and resources, and public policy, systems, and environmental changes

> "
> The idea [behind ACHs] is that if we can save money in the health care system, we may be able to reinvest that funding in upstream prevention."
>
> — *Karen Smith, Director and State Public Health Officer, California Department of Public Health*

Sonoma County has worked to develop an ACH infrastructure, including data-sharing capabilities and a wellness fund. It has also built a financing framework that includes:

- Backbone funding (for facilitation, strategy development, and infrastructure needs)
- Pooled funding (for pilot testing programs including non-traditional funding methods and proof-of-concept work)
- Innovative loan funding (for scaling up programs and long-term investments)

In Napa County, the Live Healthy Napa County (LHNC) collaborative has made progress toward becoming an ACH. For example, with backbone support from the Napa County Health and Human Services Agency, LHNC has established a shared vision and goals and has nurtured partnerships. Under LHNC's leadership, Napa County has developed a portfolio of interventions to address social determinants of health for priority issues, like overweight and obesity.

Key Findings: Timely and Locally Relevant Data, Metrics, and Analytics

Participants in all meetings highlighted the importance of reliable, diverse, real-time data to drive public health decision making. They noted several data obstacles, catalogued critical data types, and shared strategies for building local capacity to access, analyze, and apply data.

1. Addressing current data gaps and access challenges.

Public health practice relies on timely data that are locally relevant. Despite progress made in the national- and state-level survey infrastructure and the wide adoption of interoperable electronic health records, local public health professionals continue to face challenges in obtaining access to critical data that can guide their actions and track impact. Participants noted the prevailing time lag in existing data systems. For instance, publicly available National Health and Nutrition Examination Survey data were often collected several years prior. Many participants urged substantial expansion of county- and sub-county-level data collection efforts to enable local efforts that are pertinent to the population they serve. Further, there needs be a cultural shift in public agencies across the federal, state, and local levels in striving to make more raw, de-identified data available to researchers and the community in a more timely fashion to accelerate the translation of evidence to action.

Ancillary Event: Data, Metrics, and Analytics Roundtable, March 22, 2016

On March 22, 2016, OASH convened more than 40 thought leaders representing government, academia, and the private sector in Washington, DC to discuss the role of data in advancing public health.

Data, metrics, and analytics tools are critical to effective public health practice. Many local health departments currently rely on national data that are years old, were collected from labor-intensive surveys, or are not granular enough to inform local efforts. Even when public professionals can access essential data, they may struggle to link them to other data sets or use them effectively.

The full-day meeting focused on state and local health departments' data-related challenges and opportunities—and how the federal government can help modernize the data and analytics infrastructure. The group was unanimous that cross-sector partnerships can bolster the local public health data that professionals rely on. Panelists also highlighted innovative public health data initiatives across the country.

Roundtable participants developed an initial set of recommendations to collect, access, and use relevant data to support PH3.0 initiatives. The full meeting summary can be downloaded at: https://www.healthypeople.gov/2020/tools-resources/public-health-3/resources.

There are also substantial barriers to data sharing. In addition to significant variability in file formats and metrics of measurement, there is widespread misunderstanding of the Health Insurance Portability and Accountability Act requirements and a lack of expertise and capacity at the local level to handle the legal processes involved in data-sharing agreements across agencies and entities. Tracking individuals or linking individuals across different data systems is oftentimes impossible in the absence of unique personal identifiers. Participants suggested the need for best practices in data sharing that create interoperability standards while protecting privacy.

> **Granularity matters. We need community-level data to identify places with specific needs."**
>
> — *Participant, Allegheny*

2. Exploring new types of data.

Data traditionally collected by local public health officials at times paint an incomplete picture of a community's challenges and successes. Participants encouraged local leaders to explore alternative sources of data, including hospital and ambulatory care records, health insurance claims, and electronic health records. These data sources provide trends and patterns of health care utilization and admissions/discharges. They often contain sufficiently granular location information, and are made available with only a short lag time. Many communities, for example, are using this type of data for "hot spotting" areas

with high health care needs that may benefit from comprehensive preventive efforts.

To better understand community needs, participants also suggested taking advantage of data across sectors, especially data on upstream challenges related to income, education, housing, crime, interpersonal violence and trauma, environmental hazards, transportation, and education. Sources of these data include programs such as the Supplemental Nutrition Assistance Program (SNAP), the Homeless Management Information System, the American Community Survey, and the National Committee on Vital and Health Statistics (NCVHS) report, *Environmental Scan of Existing Domains and Indicators to Inform Development of a New Measurement Framework for Assessing the Health and Vitality of Communities*. Public health practitioners can also use cross-sector data to evaluate collaborative initiatives—for example, one could evaluate whether an intervention that promotes wellness among school-age youth results in improvement in educational attainment or graduation rate.

> **We need data on social determinants, prevention, and return on investment. We have to marry health economics with public health prevention and get people to take a long—not short—look."**
>
> — *Participant, Spokane*

Priority Spokane serves as a catalyst for focused improvements in economic vitality, education, the environment, health, and community safety. The collaborative convenes diverse partners from across the county, including the Spokane Regional Health District, Spokane Public Schools, the City of Spokane, the Spokane Housing Authority, and Greater Spokane Incorporated. Priority Spokane also includes local and regional hospitals, universities, and foundations.

Identifying Public Health Priorities

According to Priority Spokane, public health priorities must affect a significant number of people in the community, affect various areas within the community, and be actionable. To address public health priorities, Priority Spokane analyzes data, develops and implements data-driven strategies, and evaluates progress.

In 2009, Priority Spokane analyzed graduation rates to identify educational attainment as a priority indicator. The collaborative conducted a study of 7,000 public school students over two years to understand when students were falling behind and dropping out. These findings pointed to three tipping points: low attendance, suspensions for disruptive behavior, and low course completion.

Taking Action

Equipped with these insights, Priority Spokane took action to create essential supports for students that would help them stay on track. For example, Priority Spokane advocated for new state laws that promote restorative rather than exclusionary discipline, developed a mentorship program with Gonzaga University, and worked with community partners to establish a community dashboard for monitoring progress. In five years, Spokane's graduation rate jumped from 60% to 80%.

In 2013, Priority Spokane again followed this process to work toward solving another countywide public health priority: mental health issues among school-age youth. Priority Spokane received a Culture of Health Prize from the Robert Wood Johnson Foundation in 2014, in recognition for its work advancing community health.

3. Supporting data sharing and analysis.

Barriers to sharing, analyzing, and interpreting data can impede local efforts to assess needs and evaluate programs. Participants noted that sharing and analyzing data across sectors is critical to achieving a person-centric and community-centric perspective. To incentivize data sharing, local leaders need to articulate how it can support a collective goal. For example, health departments aiming to address the issue of sedentary lifestyles within the community can use transportation and city planning data to inform their efforts. However, participants also suggested that governance is required to create a platform for exchanging data across sectors and institutionalize data-sharing capabilities.

> "
> Public health departments need access to whole-person data across multiple organizations and agencies—and the ability to analyze and take action."
>
> — *Participant, Kansas City*

Key Findings: Foundational Infrastructure

Participants from all meetings identified salient features of a PH3.0-capable local health department and shared ideas about how to make progress toward institutionalizing these features.

1. Creating a mission-based, collaborative infrastructure.

Participants underscored the importance of public health departments developing a clear mission and roadmap centered on community needs and involvement. Local health departments embracing PH3.0 should welcome community engagement both formally—for example, through community advisory boards—and informally. Community engagement means focusing not only on disseminating information to communities, but also on collecting information from communities.

According to participants, a PH3.0 public health department should reflect PH3.0 values—collaboration, equity, and commitment to addressing social determinants of health—in its mission statement, strategic plan, organizational chart, and new-hire orientations. State and local health departments should also include information technology and data capabilities (collecting, analyzing, disseminating, and acting on them) in their routine quality improvement process. In addition, participants noted that a PH3.0 health department is one whose financing mechanism allows for flexibility in its funding to respond to emerging health concerns.

2. Focusing on equity and cultural competence.

Participants explained that local and state health departments must adopt an equity lens through which they view the community and their work. Health departments can institutionalize this approach by training all staff in cultural competence. Participants suggested a few training options—for example, computer-based training on implicit (unconscious) bias—but also noted that

engaging with the community is the best training. Many agreed that making one person accountable for equity is not sufficient; rather, there has to be a department-wide cultural shift.

> **"** A PH3.0 infrastructure requires cultural humility and competency—a recognition that I don't know what I don't know."
>
> *— Participant, Nashville*

3. Articulating foundational infrastructure and the public health "brand."

Participants defined PH3.0 health departments of the future as forward-thinking change makers. Several urged HHS to continue to communicate a PH3.0 model that communities can tailor to fit local culture and priorities. Departments can take other steps to institutionalize PH3.0 operations

and leadership, such as documenting processes for making decisions and taking collective action. Documentation helps to ensure the continuation of activities even as leaders come and go. Participants noted that the department's structure can also promote a PH3.0 ethos; for example, departments can build cross-disciplinary teams internally or create a horizontal leadership structure. In addition, they could develop a center, unit, or program housed within the department dedicated to external relations, strategic development, and community engagement.

To foster a cultural shift to PH3.0 within departments, participants from local public health departments shared the experience of undergoing accreditation as a significant process for assessing their capacity to deliver essential public health services, improve quality, and enhance their accountability. Participants also called on the private sector to engage, collaborate, and create shared value. Emulating private sector

Bright Spot of Innovation: *Nashville Health*

Nashville is a thriving city with a robust health care delivery system—but many residents suffer from poor health. NashvilleHealth is a new collaborative founded by Senator William Frist, MD, that adds momentum and dimension to the county's collective effort to improve health.

NashvilleHealth is guided by a simple mission: to substantially improve the health and well-being of Nashvillians.

In its first year, NashvilleHealth will focus on:

- Preventing and curbing tobacco use, since Tennessee has one of highest tobacco use rates in the nation (23%)
- Lowering high blood pressure rates, since high blood pressure can lead to several chronic health conditions
- Creating conditions in which children can be healthy, since behaviors adopted in childhood are predictors of wellness later in life

The collaborative will leverage resources and relationships to address these problems from several angles. To support this important work, NashvilleHealth is developing a framework for effecting change that is affordable, sustainable, and scalable.

NashvilleHealth aims to make Nashville one of the healthiest places to live in the state and the nation. The collaborative will use state and national health rankings to measure progress toward this goal—and will strive to make Nashville number 1.

business practices could take health departments a long way. These processes include implementing meaningful metrics, timelines, and deliverables. Participants also noted that certain skills that are traditionally thought of as valuable only in the private sector—such as sales and marketing—are useful in public health. The ability to approach a new partner, deliver a "sales" pitch, and forge new collaborative ventures is not only valuable—it is essential to PH3.0.

> "
> [PH3.0 health departments need] a culture of creativity and innovation: capable of storytelling, engagement practices, creative place making."
>
> — *Participant, Santa Rosa*

Recommendations to Achieve Public Health 3.0

The era of Public Health 3.0 is an exciting time of innovation. Without support from across the broader public health system, however, public health entities will not be able to achieve or sustain their transformation. Our recommendations reflect what we heard from the public health community across the country, from conversations with leaders, and from a review of prior reports that lay out a framework for strengthening public health. We propose five key recommendations that define the conditions needed to support health departments, and the broader public health system as it transforms.

We also propose specific actions that can be taken related to these broader recommendations.

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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.

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.

a. Public health associations such as ASTHO and NACCHO should develop best practice models and training for current public health leaders looking to work as Chief Health Strategists.

b. The Health Resources and Services Administration (HRSA) should incorporate principles of Public Health 3.0 and social determinants of health in their workforce training programs, including the National Health Service Corps orientation, public health training center, and National Coordinating Center for Medicare and Medicaid Services Accountable Health Communities Model.

c. Local public health agencies should partner with public health training centers and academic schools and programs of public health to inform training that meets the local public health workforce needs.

d. The business and public health communities should jointly explore leadership development and workforce enrichment opportunities such as short-term fellowships or exchange programs, with a particular focus on the financial and operational capacity of local health departments. Academic institutions should encourage their faculty and administrations to develop meaningful partnerships with local public health departments and support service learning and internships for students from all disciplines in state and local health departments.

e. Academic institutions should encourage their faculty and administrations to develop meaningful partnerships with local public health departments and support service learning and internships for students from all disciplines in state and local health departments.

f. Local health departments should train their leaders and staff in the concept and application of the collective impact model of social change.

g. Public health should work with leadership institutes and business schools to establish professional development resources and opportunities.

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 heath department will lead, but others may lead these efforts.

a. Local public health agencies should form cross-sector organizational structures aimed at achieving a collective vision of community health that are capable of receiving and sharing resources and governance.

b. HHS should work with others to develop a report defining the key characteristics of successful local public health models that address social determinants of health through cross-sector partnerships and recommending pathways to wide adoption.

c. The Assistant Secretary for Preparedness and Response (ASPR) and the CDC should work with state and local health entities to ensure synchronization between health care practices, coalitions, and public health entities. Pre-crisis collaboration is essential to improve sharing of limited resources, improve timely and accurate communication, and improve sharing of data relevant to preparedness planning and response.

d. Local public health leaders should engage with elected officials to create cross-jurisdictional organizational structures or partnerships for all community development efforts.

e. Public health entities should partner with environmental health agencies to address the environmental determinants of health.

f. HHS should continue to develop tools and resources (such as the HI-5) that identify system-level drivers of health disparities, connecting health and human services, and work with communities to translate evidence to action.

g. HRSA should recommend that health centers to document collaboration with their state and/or local health department.

h. Health care providers should identify clear mechanisms to engage with local public health as part of their effort to achieve the three-part aim of better care, smarter spending, and healthier people.

i. The Centers for Medicare and Medicaid Services (CMS) and ASPR should work together to ensure state and local public health entities engage health care providers during times of crisis or disaster. Preparedness measures are essential to healthier and more resilient people.

j. The Substance Abuse and Mental Health Services Administration should encourage state mental health and substance use disorder agencies and other grantees to collaborate with state, local, and tribal public health entities in achieving PH3.0 goals.

k. The Agency for Health care Research & Quality should ensure linkages between primary care and public health via the Primary Care Extension Program and evaluate outcomes.

l. The National Institutes of Health should continue its community participatory research and engagement efforts, such as the Clinical and Translational Science Awards and the Partnerships for Environmental Public Health, to accelerate translation of evidence to community action, as well as to generate new knowledge in the evaluation and implementation of public health interventions.

m. Public health leaders should pursue local partnerships to ensure population health is central in all community development efforts.

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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.**

a. HHS should assess opportunities to incentivize PHAB accreditation through federal programs and policies.

b. HHS should require state and local health departments receiving federal grants to indicate their PHAB accreditation status, including applications in progress or plans to apply in the future.

c. The federal government should partner with the private sector to create a learning community for local health departments seeking to engage in PH3.0 work with a particular focus on collective impact models to address the social determinants of health.

d. Resources to support the accreditation process and maintenance should be more readily available from public and private funding sources.

e. PHAB should continue to evolve accreditation expectations by incorporating Public Health 3.0 concepts.

f. Philanthropic organizations supporting local public health activities and social interventions should require grant applicants to collaborate with local health departments.

g. ASTHO and NACCHO should accelerate their support of state and local health departments moving to accreditation.

h. PHAB and its strategic partners should continue to enable pathways to accreditation for small and rural health departments.

i. States should assess the efficiency and effectiveness of their local health departments, including addressing jurisdictional overlaps and exploring opportunities for shared services mechanisms.

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.**

a. HHS should utilize opportunities such as Healthy People 2030, NCVHS's population health subcommittee, the Evidence-Based Policymaking Commission, and the census to elevate metrics related to social determinants to be leading health indicators, to define community-level indicators that address the social determinants of health, and to explore models to leverage administrative data.

b. NCVHS should advise the secretary of HHS to incentivize the integration of public health and clinical information.

c. CDC should continue its work with the private sector to make sub-county-level data including health, health

care, human services, environmental exposure, and social determinants of health available, accessible, and usable.

d. HHS should work with public health leadership and the private sector to develop a non-proprietary tool to support geographic information systems and other analytic methods for front-line public health providers.

e. Health systems and other electronic health data repositories should prioritize data sharing at the federal, state, and local level with the goal of achieving a learning health system inclusive of public health by 2024 as described in the Office of the National Coordinator for Health Information Technology (ONC) Nationwide Interoperability Roadmap.

f. The HHS Office for Civil Rights should continue to develop guidance for the public health system to provide clarity on private and secure data use, as well as guidance to promote civil rights compliance to address those social determinants which are the product of discriminatory practices.

g. ONC and the Administration for Children and Families should continue to establish clear data and interoperability standards for data linkage between health and human services sectors.

h. HHS should continue to identify gaps in the collection of data relating to race/ethnicity, language, gender identity or sexual orientation in existing surveys. When feasible, governmental and nongovernmental stakeholders at all levels—federal, state, local, and tribal—should collect standardized, reliable data concerning disparities.

i. HHS should facilitate linking environmental and human services data to health.

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.

a. The CMS and private payers should continue to explore efforts to support population-level health improvements that address the social determinants of health.

b. HHS should explore transformation grants for state and local health departments to evolve toward PH3.0 structure, analogous to the State Innovation Model (SIM) grants to support health care system transformation.

c. State governments receiving funds through SIM or Medicaid Waiver processes should be required to document their health department accreditation status, and their strategies for addressing the social determinants in partnership with their local public health departments.

d. States should maximize their use of the funding through the Health Services Initiative option under the Children's Health Insurance Program to advance their public health priorities for low-income children.

e. HHS should enhance its coordination both within the department and with other agencies, developing and executing cross-agency efforts to strategically align policies and programs that address the social determinants of health.

f. Public and private funders should explore options to provide more flexibility for accredited health departments to allocate funds toward cross-sector efforts including partnership development and collective impact models in addressing the social determinants.

g. Communities should examine how to best use the ACA's community benefits requirement for nonprofit hospitals by coordinating the alignment of the data collection process and pooling resources, and how these can be used to advance and provide funding for public health.

h. Public health agencies and academic institutions should periodically calculate the funding gap—the difference between the costs of providing foundational capabilities by each local health department and its current funding level—and communicate these figures in the context of forging partnerships and expanding funding sources.

Conclusion

The Public Health 3.0 framework leverages multi-sector collaboration to address the non-medical care and social determinants in communities, with local public health entities at the core, serving as Chief Health Strategists in their communities.

This sort of cooperation across the broader health system will be necessary to assure health equity for everyone, regardless of race/ethnicity, gender identity or sexual orientation, zip code, or income. At the local level, this effort will require a Chief Health Strategist, and local public health is best suited to serve in that role. For local public health leaders and entities to step up to this challenge, they will need to build upon their past successes and transform their agencies.

The exciting news is that many public health leaders and communities across the United States are doing just that. They are forging a new framework for public health that is leveraging new partnerships and resources to create the conditions in which everyone can be healthy. To ensure that these innovative PH3.0-style health agencies and communities can sustain their work and spread the model to other communities, all parts of the public health system will need to not only invest appropriately in public health, but support its ongoing transformation. Only then, through the collective actions of our society, can we ensure the conditions in which everyone can be healthy. The time is now to create the robust public health infrastructure needed to improve the public's health; the time is now for Public Health 3.0.

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Endnotes

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Website Redesign Process

Research and Planning

Content Creation

Information Architecture

Design

User Testing and Launch

Research and Planning

Primary Audience: Public

Uses the website to...

- Get to the catalog/find materials
- Find current hours
- Use calendar/find information about programs
- Use online resources (elibrary)
- Find current library information (address, building project information)

Challenges...

- Navigation/Finding Information
- Catalog
- Calendar

Research and Planning

Secondary Audience: Staff

Uses the website to...

- use calendar/find information about programs
- connecting patrons to information
- helping patrons navigate site
- find online resource information
- get to the catalog/find materials

Challenges...

- Navigation/Finding Information
- Repeating Content/Too Much Information
- Outdated Information

Appleton Public Library

Research and Planning

Goals and Guideposts

- Improve the organization, navigation and searching functions.

- Become a model for accessibility.

- Reduce the number of pages and complexity of the existing site.

- Standardize the look and feel of website pages.

- Create consistency in tone and language across the site.

- Reflect the experience of a modern, 21st century library.

Where we are in the process

Research and Planning

Content Creation

Information Architecture

Here →

Design

User Testing and Launch