



Washington County Health Department

www.co.washington.wi.us/chn

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2012 Annual Report presented to the County Board May 14, 2013

Health Department Mission

Promote Health ♦ Prevent Disease ♦ Protect the Public

Director's Message

from Linda Walter, Director/Health Officer

This report of the Health Department's (HD) activities during 2012 is presented in compliance with Wisconsin Administrative Rule HFS 140.04(3) (a). I wish to thank the Board of Health for assuring that the core functions of public health are met. The department's 2011-2013 Strategic Plan and 2011-2015 Community Health Improvement Plan (CHIP) continues to guide activities and decisions. The HD strives to fulfill its mission and the County's expectation of providing all citizens with high quality, prompt and cost-effective services. Many changes occurred this year in public health, government and health care. As Director, I am proud to say that both the quality of services and the commitment of the employees providing those services has remained high. The HD has a quality improvement (QI) team that works towards ongoing improvements and readiness for the next 5-year state review process and its transition into national accreditation. The team participated in available state and regional trainings during 2012 and is in the process of developing a department QI plan.

*It is not the strongest of
the species that survive,
nor the most intelligent,
but the one most
responsive to change.*

Charles Darwin

The CHIP brochure, which was revised in July, represents the fourth community assessment process since 1994 and includes available current data. The 2011-2015 brochure and supporting documentation are available at www.co.washington.wi.us/chn. Multiple partners, coalitions, other county departments continue to work together with the Health Department to improve the health of the public. In 2012 non-profit hospitals under new IRS regulations were for the first time required to participate in community health needs assessment and planning with local health departments. The three hospitals that serve Washington County cooperated fully as they have done historically since the first assessment in 1994.

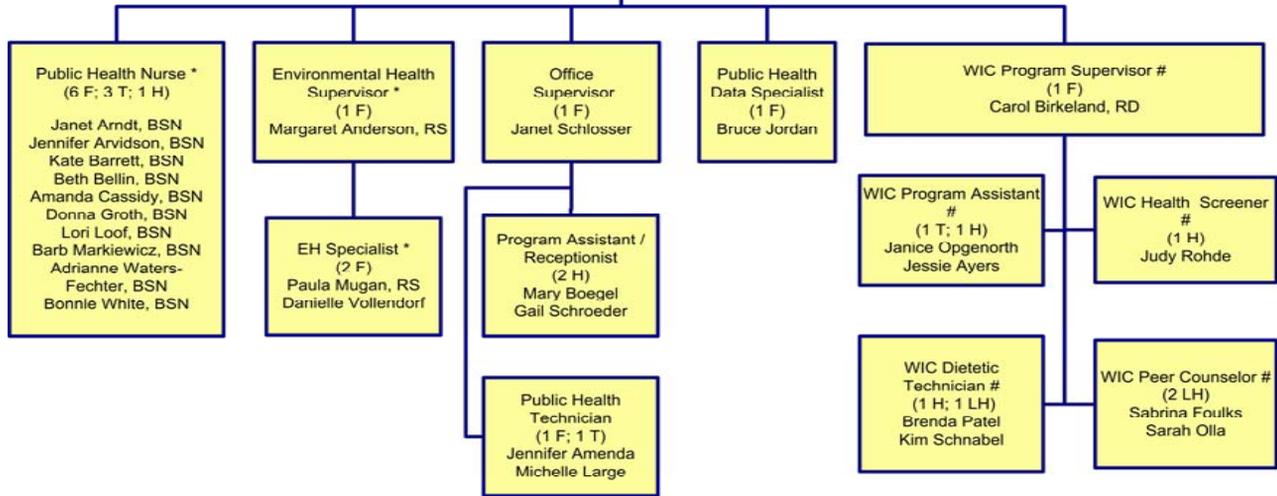
The annual national publication of the County Health Rankings in 2011 and 2012 confirmed that obesity remains a significant health issue in Washington County. Two telephone surveys done by JKV Research, LLC in 2006 and 2010 asked 400 Washington County adults what they thought was the most important health issue facing their community. The second survey documented a statistical increase in the overall percent of respondents who reported overweight, obesity and lack of physical exercise, or unhealthy food choices as one of the top three community health problems. In 2010, 60% of Washington County respondents indicated they thought obesity was the most important community health problem.

Since 2006 the Health Department has been an active participant and leader in the broad based community coalition called the Healthy People Project of Washington County (HPPWC) which focuses on obesity prevention and awareness. The HPPWC has utilized the ongoing community assessment data the Health Department regularly and systemically makes available on its website informing citizens and policy makers about the health of the jurisdiction. The HPPWC will be updating its strategic and implementation plans during 2013. The Health Department will be participating and utilizing the collaborative plans developed by the community coalition to update the CHIP.

Health Department Vision: Everyone Living Better, Longer

**Washington County
Health Department**
12-31-2012

Full Time (F)	15	x	1.00	=	15.00
Three Quarter Time (T)	5	x	0.75	=	3.75
Part (Half) Time (H)	6	x	0.50	=	3.00
Limited Hour/Pool (LH)	3	x	0.25	=	0.75
Total FTEs					22.50



KEY:
* meets Public Health Qualifications per Wis. Statutes ss 251.06(1)
** elected member of Washington County Board of Supervisors
position totally grant funded

BSN—Bachelor of Science in Nursing
MPH—Master of Public Health
RD—Registered Dietitian

MD—Doctor of Medicine
MSN—Master of Science in Nursing
RS—Registered Sanitarian

Focus Areas of Public Health

The remaining pages of the report are color coded to the focus area being highlighted

◆ Communicable Disease Control and Surveillance

- ◆ Communicable disease follow-up including
 - New, emerging, and re-emerging diseases
 - STI (sexually transmitted infections) and hepatitis counseling services
- ◆ Immunization services/coalitions
- ◆ Tuberculosis testing/case management/dispensary status
- ◆ Disaster preparedness activities/coalition

◆ Environmental Health (Human Health Hazard Control)

- ◆ Radon information center/screenings
- ◆ Human health hazard/nuisance investigation
 - Lead screening and risk assessments
 - Beach water testing
- ◆ Rabies control coordination
- ◆ Water testing for selected wells—DNR contract
- ◆ Food Safety and Recreational Licensing services as an agent of the state Division of Public Health

◆ Disease and Injury Prevention

- ◆ Wisconsin Well Woman Program (WWWP)
- ◆ Obesity Awareness and Prevention
 - HPPWC Task Forces participation
- ◆ Injury Prevention services/coalition
 - Car seat safety check site
- ◆ ATODA Prevention Network participation

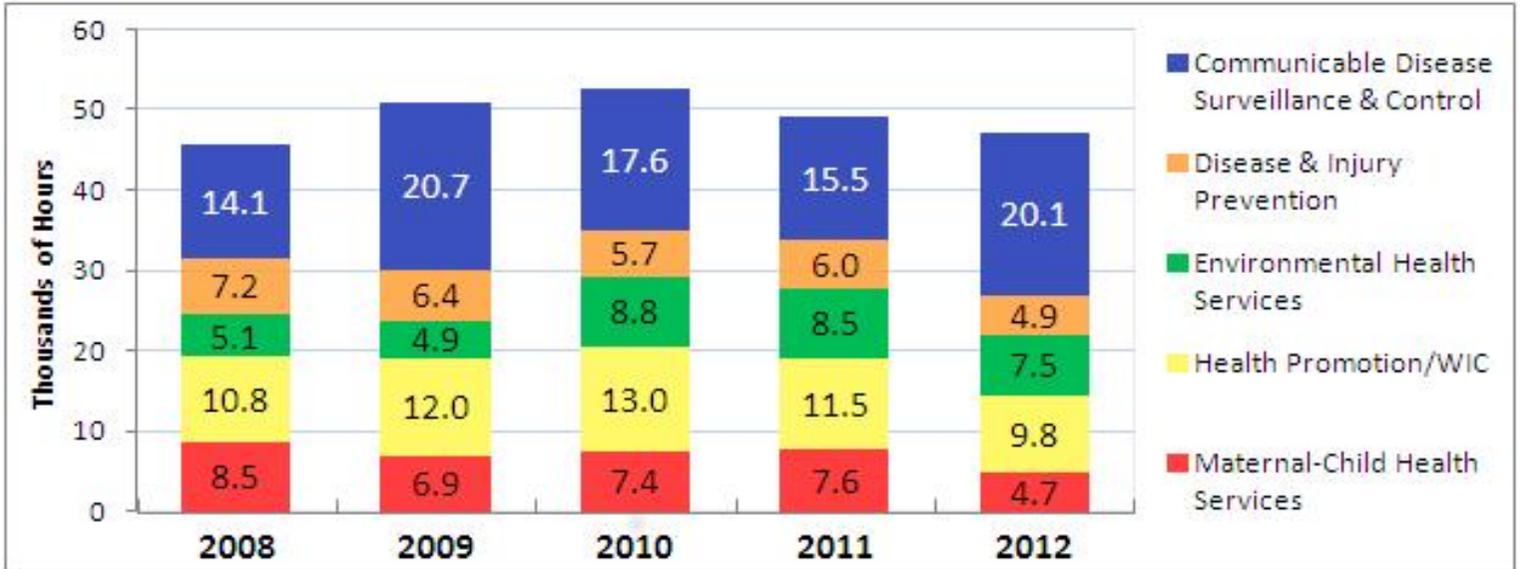
◆ Health Promotion

- ◆ Women, Infants and Children (WIC) program
- ◆ Breastfeeding community coalition
- ◆ Information dissemination
 - Website, brochures, media, displays

◆ Generalized Public Health Nursing

- ◆ Community Health Improvement Process
 - HPPWW support and leadership role
- ◆ Maternal/newborn health services including
 - Teaching and education
 - Referral to community resources
 - Pregnancy testing/case management

Health Department Staff Hours Allocated to Programs



Outputs and Outcomes		2008	2009	2010	2011	2012
1	Communicable Disease Investigations	519	996	628	566	812
2	Value of free vaccines distributed locally	\$199,500	\$154,663^^	\$198,477	\$114,175	\$80,131
3	# of children followed with elevated blood lead levels	11	8	No cases	No cases	17 at new lower level
4	% of blood lead screenings provided by Health Dept of those done annually in the county by all health care providers	12% 125/1024	15% 161/1090	14% 164/1146	12% 137/1143	19% 221/1145
5	Preparedness hours logged by Health Department annually	1,835	2,552 + 4,788 H1N1	2,074+ 996 H1N1	2,924	4,919
6	WIC vouchers redeemed in Washington County	\$1,136,521	\$1,116,954	\$1,098,511	\$983,510	\$965,931
7	Average monthly WIC caseload: individuals/families	1471/897	1555/955	1510/937	1384/881	1287/813
8	Local county per capita tax levy vs. average all local health departments' per capita tax levy	\$8.30 \$13.60	\$8.00 \$14.30	\$8.36 \$13.52	\$7.57 #	\$7.98 #
9	Local health department total staff FTEs per 10,000 population vs. average total FTEs all health departments in state	1.6 3.1	1.7 3.3	1.8 3.1	1.7 #	1.7 #
10	Agent Food Safety & Recreational Licensing Program inspections	69 Limited agent	68 Limited agent	519	787	761
11	% of age appropriate immunizations for 24 month olds In the county from all providers entered into the WIR	70% countywide	69% countywide	70% countywide	73% countywide	76% countywide
12	% of county births for which Health Dept. completed a prenatal or postpartum assessment	19% 290/1504	16% 242/1534	16% 217/1369	11% 147/1316	4% 56/1332
13	% WI Well Woman Program clients in targeted age groups divided by total enrolled all ages	63% 99/156	64% 92/143	69% 99/142	69% 109/159	73% 129/176
14	County's ranking and the (quartile) for health outcomes from annual state report	6th 1st quartile	3rd ** 1st quartile	3rd 1st quartile	3rd 1st quartile	6th 1st quartile
15	County's ranking and the (quartile) for health determinants or factors from annual state report	3rd 1st quartile	5th ** 1st quartile	5th 1st quartile	5th 1st quartile	6th 1st quartile

**changed to standard national metrics & formula for 72 WI counties for 2009/2010

State data not published yet

^^Does not include H1N1 vaccine

Confirmed and Probable Communicable Disease Cases

Washington County													* 2012 Population 132,482			
Disease Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2012 Cases	2012 Rate*	2011 Rate *	2010 Rate *
Category I																
Haemophilis influenza	1			1									2	1.5	1.5	2.3
Hepatitis A													0	0.0	0.0	0.8
Pertussis	2	3	6	40	68	33	9	5	10	3	2	1	182	137.4	13.6	17.5
Tuberculosis							1						1	0.8	0.8	1.5
Total Category I	3	3	6	41	68	33	10	5	10	3	2	1	185	139.6	15.9	22.1
Category II																
Arboviral Infection								1					1	0.8	0.0	0.8
Blastomycosis	1												1	0.8	3.0	1.5
Campylobacter	1			4		1	3	2	2	4	3		20	15.1	36.3	36.5
Chlamydia trachomatis	15	15	9	15	16	17	7	19	17	21	16	21	188	141.9	101.4	111.9
Cryptosporidiosis		1		1	1		1	3	1	1	1	1	11	8.3	10.6	29.7
E. coli	1		1				1				2	1	6	4.5	3.8	3.8
Ehrlichiosis/Anaplasmosis phagocytophilum							1						1	0.8	0.8	0.0
Giardiasis			1				1						2	1.5	5.3	6.9
Gonorrhea	7	4	2	3	2	2	3	4	1	3	1	2	34	25.7	28.7	18.3
Hepatitis B	1								1				2	1.5	5.3	6.1
Hepatitis C	2	3	2	5	1	1	2	2	4	1	8	1	32	24.2	17.4	21.3
Influenza				1									1	0.8	2.3	2.3
Influenza-Associated Hospitalization	2	2	3	4							1	18	30	22.6	9.1	0.0
Kawasaki disease													0	0.0	0.8	0.0
Legionellosis							1					1	2	1.5	0.8	0.8
Lyme Disease	1					3	1						5	3.8	15.1	19.0
Malaria													0	0.0	0.0	0.8
Mumps							1						1	0.8	0.0	0.0
Mycobacterial disease (nontuberculosis)	1	1	2	2	3	3		1	3	3	4	2	25	18.9	23.4	14.5
Other emerging/novel disease							1						1	0.8	0.0	0.0
Q fever				1									1	0.8	0.0	0.0
Rheumatic fever													0	0.0	0.0	0.8
Salmonellosis	2	1	2	1	1	5	2	8		2			24	18.1	13.6	12.2
Shigellosis											4		4	3.0	0.8	0.0
Streptococcus group A invasive disease					1					1		1	3	2.3	3.0	1.5
Streptococcus group B invasive disease					1		3	2			1	2	9	6.8	3.0	5.3
Streptococcus pneumoniae invasive	1	1		2	2			2		1	3		12	9.1	6.1	9.9
Syphilis								1		2			3	2.3	0.0	0.0
Varicella						2						1	3	2.3	6.8	11.4
Total Category II	35	28	22	39	28	34	28	46	29	38	44	51	422	318.5	297.3	315.2
Category III																
AIDS													0	0.0	0.0	0.0
HIV												3	3	0.0	0.8	0.0
Total Category III	0	3	0	0.0	0.8	0.0										
Total Reportable	38	31	28	80	96	67	38	51	39	41	46	55	610	460.4	313.9	337.3

These data are provisional, are subject to correction, and may not correspond with WI DPH reporting criteria. (Updated 04/08/2013)

* Population estimate is as of 1/1/2012 from WI Dept of Administration (<http://www.doa.state.wi.us/>). Rates are per 100,000 population.

Strategic Plan Long Term Goal:

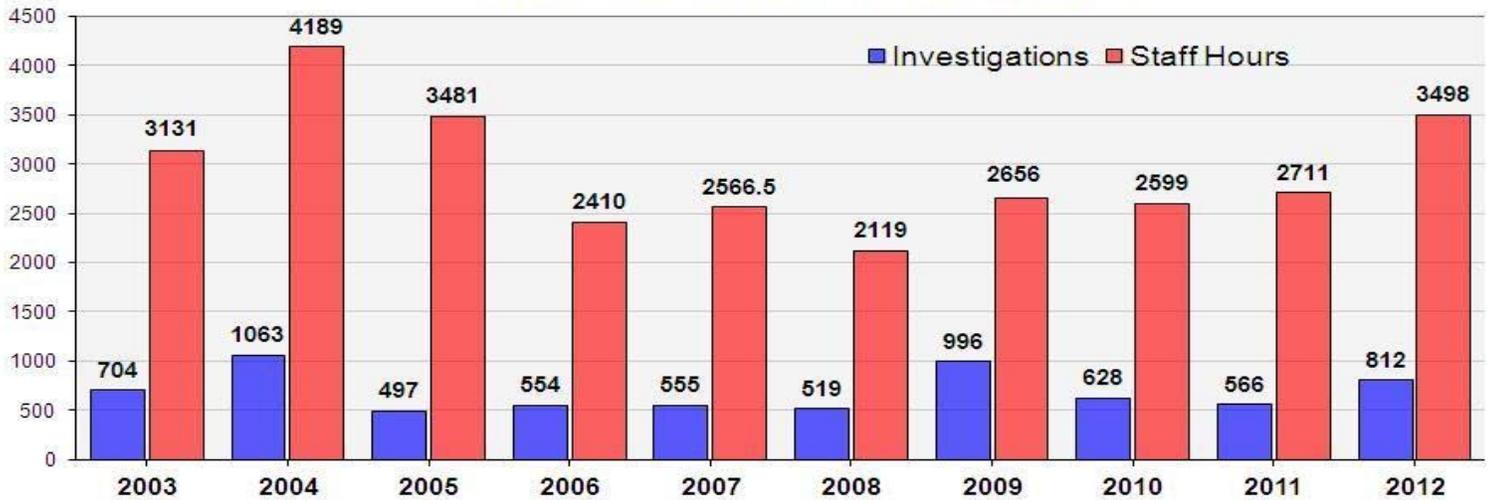
The public's health will be protected from preventable communicable diseases

Highlights:

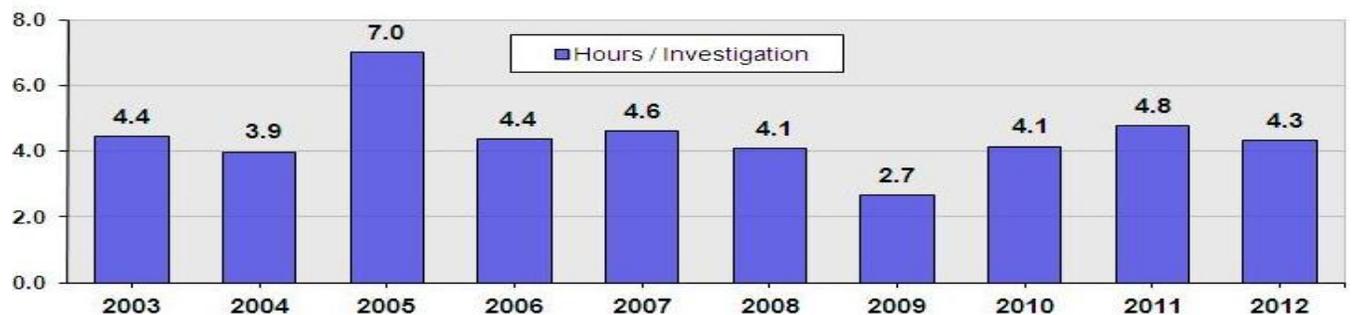
◆ **Communicable disease (CD) surveillance, investigation, control and prevention**

- ◆ One tuberculosis (TB) case required directly observed therapy (DOT) for six months. DOT helps to protect the public by assuring completion of complex prescribed drug therapy and reduce the incidence of drug resistant strains of TB.
- ◆ There was a 47% increase in reportable diseases in 2012 with a 29% increase in investigation hours to manage the cases. This is due in part to the statewide pertussis outbreak. The County had 182 cases of pertussis that were confirmed increasing its rate per 100,000 from almost 14 in 2011 to 137 in 2012. Also three vacant public health nurse positions were hired and oriented to the communicable disease team during 2012.
- ◆ The CDC and the state DPH reviewed the Health Department's City Readiness Initiative (CRI) plans in March—a passing grade was received and suggestions for improvement have been incorporated.
- ◆ The department participated on a regional design team and in the resulting CRI dispensing tabletop exercise held in May for bioterrorism agent preparedness.
- ◆ The CDC and the state DPH changed the eligibility for children who receive no cost vaccines through the federal Vaccines for Children (VFC) program. This change was effective October 1, 2012 and did reduce the number of children served in the last quarter. Staff is advocating for children and families to receive vaccines through other providers utilizing the insurance they have. The Health Department will continue to provide free vaccines in the VFC program to children who are not insured and work collaboratively with all providers towards increasing communitywide immunization rates to protect the population from vaccine preventable diseases.

Communicable Disease Investigations



Time Required for Communicable Disease Investigations



Disease and Injury Prevention

Wisconsin Statute 251.05(2)(a)
Administrative Rule HFS 140.04(1)(c)

Strategic Plan Long Term Goal:

The public's health is protected and promoted through prevention information and activities with respect to the leading causes of death in the jurisdiction: heart disease, cancer, stroke, and injury

Highlights:

- ◆ **Wisconsin Well Women Program (WWWP)**
 - ◆ Because of their age women 45-64 are at higher risk for breast or cervical cancer and more likely to be uninsured—63-73% of all the women served for the past 5 years have been in this target group
 - ◆ During 2012 there were 58 women who were newly enrolled and 88 re-enrollments for a total of 176 women enrolled for WWWP services
 - ◆ The Health Department coordinated 511 cancer screenings and diagnostic procedures through pre-approved medical care partners for 238 clients who were income eligible for WWWP services
- ◆ **Injury Prevention Efforts**
 - ◆ The Health Department and the Washington County Injury Prevention Coalition participated in the Celebrate Families event, Fire Prevention Week, Walk Your Child to School Day (Walk This Way), Street Smart Kidz, 4-H Super Summer Safety Day Camp, Halloween Pedestrian Preschool program at the West Bend library as well as holding the annual *Every 15 Minutes* program which is a mock alcohol related traffic crash for high school students and was held in Slinger in 2012
 - ◆ During 2012 there were 143 infant and child car safety seats educational demonstrations provided to parents and grandparents with installation assistance and a return demonstration recommended
 - ◆ Completion of the Safe Kids and Healthy People Project demonstration pilot at Decorah Elementary School resulted in a safer walking and biking environment for the children
- ◆ **Childhood Lead Poisoning Prevention**
 - ◆ In May the CDC lowered its blood lead action level for early intervention services for children and using the new guidelines, follow-up services were provided for 17 children in the County
 - ◆ Lead testing status is now available in the Wisconsin Immunization Registry (WIR); helping to prevent duplication and missed opportunities— the number done at the HD increased by 61% to 221
- ◆ **Obesity: Physical Activity and Nutrition (CHIP Priority)**
 - ◆ The HPPWC coalition received a \$36,000 grant from the St. Joseph's Healthy Community Fund for school nutrition projects including Farm to School, school gardens and the implementation of the Healthy Hunger Free Kids Act working with food service directors from all the public schools
 - ◆ The HPPWC coalition sponsored the second printing of the Get Moving Washington County map with over 12,000 maps already distributed locally

Health Promotion

Wisconsin Statutes 251.05(2)(a) and 253.06
Administrative Rule HFS 140.04(1)(c)

Strategic Plan Long Term Goal:

The public's health is protected and promoted through health promotion information and activities that affect the health and well-being of all

- ◆ WIC (Women, Infant and Children) services were provided to 2,205 unduplicated Washington County women and children in 2012
- ◆ In addition to their regular package, WIC participants redeemed \$5,015 in vouchers to purchase fresh fruits and vegetables from local producers at farmers' markets during 2012

	01	02	03	04	05	06	07	08	09	10	11	12	2012	2011	2010
Individual WIC Caseload	1297	1291	1332	1314	1310	1287	1291	1308	1273	1294	1274	1201	1289**	1384**	1512**
Family WIC Caseload	830	833	856	839	832	812	808	806	798	812	802	753	815**	881**	938**

** Monthly average

Environmental Health (Human Health Hazard Control)

Wisconsin Statutes 251.05(2) & 252
Administrative Rule HFS 140.04(1)(e) & (f)

Strategic Plan Long Term Goal:

The public is to be protected from unhealthy environmental conditions where they live, work and play

Highlights:

- July of 2012 marked the completion of the 3rd year for the Food Safety and Recreational Licensing (FSRL) program with a focus on helping facility operators assure compliance with state codes covering restaurants, lodging, tattoo & body piercing, campgrounds and public pools.
- During 2012 employees attended Hazard Analysis and Critical Control Point (HACCP) training provided by DHS and DATCP. HACCP inspections review the food from its origin to the point where it is served to the public. The 5 CDC risk factors reviewed were: 1) unapproved source, 2) inadequate cooking, 3) improper time/temperature, 4) poor personal hygiene and 5) cross contamination.
- The WCHD website was updated to allow facility operators to easily find information on license applications and requirements for their businesses. Environmental Health (EH) staff developed a brochure to assist both licensees and inspectors in licensing Mobile Restaurants.
- During 2012, 215 Transient Non-Community wells (wells that serve the public in churches, restaurants, campground and convenience stores) were tested for bacteria and nitrate through the DNR well program.
- In collaboration with the municipalities EH personnel investigated 10 possible human health hazards. None of the situations required a written human health hazard order and one on-site inspection was done.
- Three lead risk hazard evaluations were conducted for county residents who requested services.
- Distribution of over 500 radon test kits resulted in 286 tests completed by county residents. Presentations and press releases advised the public that radon is the leading cause of lung cancer in nonsmokers. Fifty three percent of test results were at or above the radon action level of 4.0 pCi/L.
- EH personnel continue to assist with consumer concerns about indoor air quality, beach safety, well water testing, pest control, animal bites, lead poisoning, food safety, nuisances, hazards, and housing. Education and resources are provided to callers as well as referrals to appropriate agencies.
- Beach testing occurred from Memorial Day through Labor Day at the 3 county parks with swimming areas. The beach at Ackerman's Grove was posted 3 times last summer due to high bacteria levels. Water quality is usually very good at the 3 swimming areas. Swimmers need to be aware that problems with water quality can occur in open bodies of water due to rain run off and possible contamination from wildlife.
- During the pipeline spill EH personnel were involved in assisting the DNR, West Shore Pipeline Company and residents from the Town of Jackson with maps (provided through WC Planning & Parks GIS Division), DHS/DPH Gasoline Fact Sheets, and handouts explaining terms such as Maximum Contaminant Level, Drinking Water Advisory and Flush Only Advisory. EH personnel, the Director and Assistant Director attended community meetings. Residents voiced appreciation for the WCHD's presence.

Health Promotion (continued)

Highlights:

- ◆ In Wisconsin mothers have a right to breastfeed. State Statute 253.16 says a mother may breastfeed her child in any public or private location where the mother and child are otherwise authorized to be.
 - ◆ In 2012 79% % of WIC babies were breastfed, higher than in both 2011 and 2010, and of those:
 - 78.6 % were breastfed for 1 month or more
 - 69 % were breastfed for at least 3 months
 - 46.3 % were breastfed for 6 months or more
- Breastfeeding is considered
protective against obesity
- ◆ The breastfeeding coalition provided education and outreach to employers concerning regulations for break time for employees who are nursing mothers. Information and education was also provided to daycares to support breastfeeding.
 - ◆ The breastfeeding peer counselors initiated contact with 1,230 WIC clients and of those 636 women received services.

Strategic Plan Long Term Goal:

Public health needs will be balanced with community resources/capacity through community assessment and prioritization to identify at-risk or vulnerable populations and match resources to needs

Highlights:

- ◆ Pregnant women and families with children under age 5 with risk factors continue to need assistance and support. The number of women who receive ongoing services in established programs during their pregnancy has been decreasing the past 2 years as indicated by the number of prenatal and postpartum assessments done. But the total number of women who walk in, call, or are referred for assistance has remained fairly stable over the past 5 years. Public health nurses continued to advocate for healthy families and pregnancies by providing proactive education, suggestions about community resources and referrals to other community agencies.
- ◆ Public health nurses provide education to individuals and groups on topics including, but not limited to, safe sleep, car seat safety, smoking cessation, nutrition, physical activity, infant care and childhood growth and development.
- ◆ Review of preliminary birth data is done routinely to facilitate outreach to those at higher risk such as low birth weight infants; this allows the HD to monitor and evaluate possible local trends before the official data is published. New parents in the county received 2 general educational mailings about prevention and age appropriate services from the Health Department and community resources.
- ◆ During 2012 the Health Department, under the direction of the state Division of Public Health Maternal Child Division, implemented systems-based objectives for use in the five year Maternal Child Health grant cycle. Two new systems initiatives, *Wisconsin Healthiest Families* and *Keeping Kids Alive*, both started in 2011. DPH has continued to promote the Life Course model also introduced in 2011 and fosters a “no wrong door” philosophy for partners working with families. The Health Department is participating in these new systems’ initiatives by serving as a linkage between already established groups as well as continuing to provide more limited individual services.
- ◆ The public health nurses also utilized an educational tool in both English and Spanish for pregnant women and new moms called Text 4 Baby that was well received by the clients.
- ◆ The public health nurses along with many partners identified a need for more education for parents of newborns in substance withdrawal.
- ◆ The Breastfeeding Coalition provided 3 educational lactation displays for family events, gave 3 presentations to community partners and recognized 2 childcare centers in Washington County as being breastfeeding friendly. These events recognize breastfeeding as the infant feeding norm.

	2012	2011	2010	2009	2008
% of births that are low birth weight (< 5lbs 8 ozs)	^	^	6.0%	5.9%	6.4%
Express Enrollment (EE) for Title 19	24	40	75	54	96
# women receiving a pregnancy related service*	307*	343*	354*	354*	512
# women receiving services funded by Title 19*	39*	60*	135*	109*	145

* Duplicate services for individual clients were eliminated, counting each client only once per year ^DPH has not yet published data

The Wisconsin Department of Health Services Division of Public Health (DHS/DPH) reviewed the Washington County Health Department in 1999, 2005 and again in 2009. The next review will be in 2014 and then the process is anticipated to transition into the new national accreditation process. The Washington County Health Department has continued to meet the Level II requirements of Administrative Rule HFS 140.07(4) during each five year review period. To qualify for Level II the Health Department has met the minimum standards outlined in Wisconsin Statutes for all Level I health departments and, in addition, demonstrated that programming and services were in place addressing at least 7 areas of the current state health plan and had a qualified Health Officer. To meet Level III standards a health department must be an agent of the state providing a local licensed facility inspection program, meet higher standards and offer more programming than Level I and II departments. The Health Department implemented food safety and recreational licensing (FSRL) services as an agent of the state in 2010.