



Washington County Health Department

www.co.washington.wi.us/chn

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2013 Annual Report presented to the County Board May 13, 2014

Health Department Mission: Promote Health ♦ Prevent Disease ♦ Protect the Public

Director's Message

from Linda Walter, Director/Health Officer

This report of Health Department (HD) activities during 2013 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. Since 1994 the HD has developed three strategic plans and has had an ongoing Community Health Assessment (CHA) and Community Health Improvement Planning Process (CHIPP). The HD strives to fulfill its mission and the county's expectation of providing all citizens with high quality, prompt and cost-effective services.

Wisconsin health departments have a responsibility to monitor the health status of communities they serve — to regularly collect, assemble and disseminate information on community health status. The HD webpage, www.co.washington.wi.us/chn, has links related to this role with additional information on activities and initiatives that are aimed at improving the health of the public. Multiple partners and stakeholders, both public and private, work together towards the state health plan vision of **Everyone Living Better, Longer**. Under new IRS regulations, non-profit hospitals were first required in 2012 to participate in community needs assessment and planning in collaboration with local health departments. The hospitals that serve the county have done their own assessments and plans. The national *County Health Rankings* annually provide a statistically valid and reliable snapshot of current health status. Links to these plans and reports are on the HD's webpage.

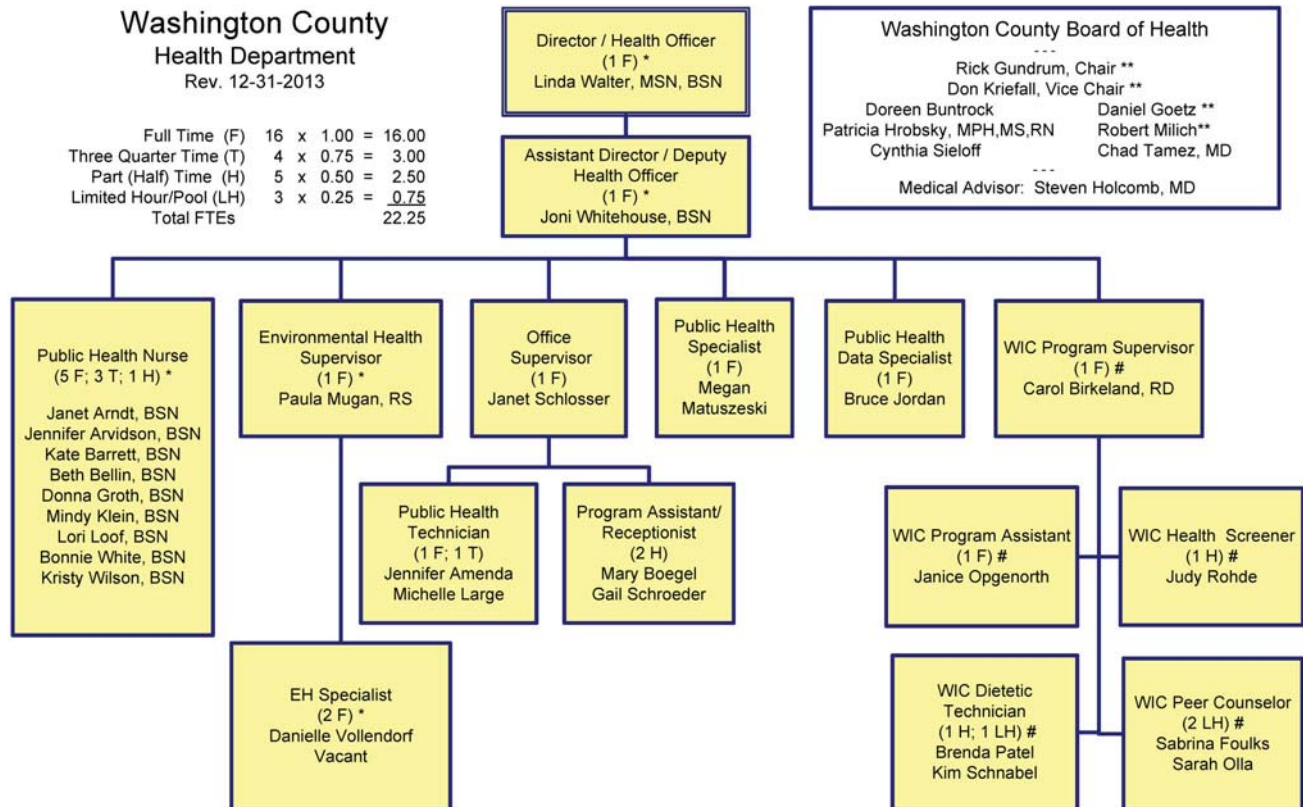
Addiction to prescription and street drugs has been identified as a growing problem in the region. Locally, public health nurses have seen an increase in referrals received for addicted mothers and newborns in withdrawal. In the past year, several groups have come together to address, from different angles, the many problems associated with drug abuse. The Maternal Child Health program's focus has been shifting nationally and statewide from individual services to systems work, so that ultimately more individuals will be impacted. This change in focus increases the emphasis on partnership and collaboration. The public health nurses are working with health care providers and other county departments to generate new ideas aimed at preventing and reducing the impact of drug-associated problems.

Obesity has been consistently identified in both the HD's CHA and CHIPP as a health priority for Washington County. Since 2006, the Kettle Moraine Y has partnered with the HD to co-chair a broad-based community coalition called the Healthy People Project of Washington County (HPPWC). Increasing awareness of and access to healthy food choices and opportunities to be active across the life span is the focus of HPPWC. Strategic Plans for 2010 and 2013 have utilized specific evidence-based strategies related to both nutrition and physical activity goals. In 2012 and 2013 HPPWC received grants from the St. Joseph's Hospital Healthy Community Fund to help six public school districts implement the Healthy Hunger-Free Kids Act. This work brought together food service directors throughout the county and impacted approximately 16,000 children.

The HD remains committed to maintaining a leadership role in HPPWC, the only county coalition with a primary focus on obesity. To maximize the return on investment with limited resources, the HD will continue to monitor, support and collaborate with the local hospitals as they implement their community health improvement plans.

**Washington County
Health Department**
Rev. 12-31-2013

Full Time (F)	16	x	1.00	=	16.00
Three Quarter Time (T)	4	x	0.75	=	3.00
Part (Half) Time (H)	5	x	0.50	=	2.50
Limited Hour/Pool (LH)	3	x	0.25	=	0.75
Total FTEs					22.25



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

◆ Communicable Disease Control and Surveillance

- ◆ Communicable disease follow-up including
 - New, emerging, and re-emerging diseases
 - Sexually transmitted infection 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

- ◆ CHA and CHIPP (see Director's Message)
 - HPPWC strategic plan and work plans
- ◆ 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		2009	2010	2011	2012	2013
1	Communicable Disease Investigations	996	628	566	812	704
2	Value of free vaccines distributed locally	\$154,663 ^{^^}	\$198,477	\$114,175	\$80,131	\$24,617
3	# of children followed with elevated blood lead levels	8	No cases	No cases	17 at new lower level	10
4	% of blood lead screenings provided by Health Dept of those done annually in the county by all health care providers	15% 161/1090	14% 164/1146	12% 137/1143	19% 221/1145	39% 401/1022
5	Preparedness hours logged by Health Department annually	2,552 + 4,788 H1N1	2,074+ 996 H1N1	2,924	4,919	5,605
6	WIC vouchers redeemed in Washington County	\$1,116,954	\$1,098,511	\$983,510	\$965,931	\$896,793
7	Average monthly WIC caseload: individuals/families	1555/955	1512/938	1385/882	1289/815	1162/728
8	Local county per capita tax levy vs. average all local health departments' per capita tax levy	\$8.00 \$14.30	\$8.36 \$13.52	\$8.30 \$13.83	\$7.98 #	\$7.98 #
9	Local health department total staff FTEs per 10,000 population vs. average total FTEs all health departments in state	1.7 3.3	1.8 3.1	1.7 3.1	1.7 #	1.7 #
10	Agent Food Safety & Recreational Licensing Program inspections	68 Limited agent	519	787	761	834
11	% of age appropriate immunizations for 24 month olds In the county from all providers entered into the WIR	69% countywide	70% countywide	73% countywide	76% countywide	77% countywide
12	% of county births for which Health Dept. completed a prenatal or postpartum assessment	16% 242/1534	16% 217/1369	11% 147/1316	4% 56/1332	3% 44/1342
13	% WI Well Woman Program clients in targeted age groups divided by total enrolled all ages	64% 92/143	69% 99/142	69% 109/159	73% 129/176	73% 112/153
14	County's ranking and the quartile for health outcomes from annual state report	3rd ** 1st quartile	3rd 1st quartile	3rd 1st quartile	6th 1st quartile	10th 1st quartile
15	County's ranking and the quartile for health determinants or factors from annual state report	5th ** 1st quartile	5th 1st quartile	5th 1st quartile	6th 1st quartile	5th 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													* 2013 Population 132,661				2013	2013	2012	2011
Disease Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cases	Rate*	Rate *	Rate *				
Category I																				
Haemophilus influenza	1												1	0.8	1.5	1.5				
Hepatitis A				1									1	0.8	0.0	0.0				
Pertussis		1	5	3	7	1	2		1	2	2	1	25	18.8	137.4	13.6				
Tuberculosis													0	0.0	0.8	0.8				
Total Category I	1	1	5	4	7	1	2	0	1	2	2	1	27	20.4	139.6	15.9				
Category II																				
Arboviral Infection													0	0.0	0.8	0.0				
Blastomycosis								1					1	0.8	0.8	3.0				
Campylobacter			2	4	5	4	6	1	4	2	3	6	37	27.9	15.1	36.3				
Chlamydia trachomatis	24	11	15	18	23	22	15	22	27	27	27	18	249	187.7	141.9	101.4				
Cryptosporidiosis					1	2	2	4	3				12	9.0	8.3	10.6				
E. coli	1	1			1		2		2		1		8	6.0	4.5	3.8				
Ehrlichiosis/Anaplasmosis phagocytophilum													0	0.0	0.8	0.8				
Giardiasis		2		1	1			3					7	5.3	1.5	5.3				
Gonorrhea	6	4		2	5	3	1	2	7	3	2	2	37	27.9	25.7	28.7				
Hepatitis B				1		1					1		3	2.3	1.5	5.3				
Hepatitis C	3	2	1	3		1	2	3	2	3	3	1	24	18.1	24.2	17.4				
Histoplasmosis							1						1	0.8	0.0	0.0				
Influenza													0	0.0	0.8	2.3				
Influenza-Associated Hospitalization	18	7	3	5	1	1						14	49	36.9	22.6	9.1				
Kawasaki disease													0	0.0	0.0	0.8				
Legionellosis											1		1	0.8	1.5	0.8				
Listeriosis				1									1	0.8	0.0	0.0				
Lyme Disease	1				3	1	4	2					11	8.3	3.8	15.1				
Meningitis, bacterial												1	1	0.8	0.0	0.0				
Mumps													0	0.0	0.8	0.0				
Mycobacterial disease (nontuberculosis)	1		1	2	3	3		2		3	3	2	20	15.1	18.9	23.4				
Other emerging/novel disease													0	0.0	0.8	0.0				
Q fever													0	0.0	0.8	0.0				
Salmonellosis		1	2	2	2	3	2				2	1	15	11.3	18.1	13.6				
Shigellosis													0	0.0	3.0	0.8				
Streptococcus group A invasive disease	1	2	1				1						5	3.8	2.3	3.0				
Streptococcus group B invasive disease	2	2	2				1		1	1	3		12	9.0	6.8	3.0				
Streptococcus pneumoniae invasive	2					1				3		2	8	6.0	9.1	6.1				
Syphilis		1										1	2	1.5	2.3	0.0				
Varicella										1			1	0.8	2.3	6.8				
Total Category II	59	33	27	39	45	42	37	40	46	43	45	48	504	379.9	318.5	297.3				
Category III																				
AIDS													0	0.0	0.0	0.0				
HIV													0	0.0	2.3	0.8				
Total Category III	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	2.3	0.8				
Total Reportable	60	34	32	43	52	43	39	40	47	45	47	49	531	400.3	460.4	313.9				

These data are provisional, are subject to correction, and may not correspond with WI DPH reporting criteria.

* Population estimate is as of 1/1/2013 from WI Dept of Administration (<http://www.doa.state.wi.us/>). Rates are per 100,000 population.

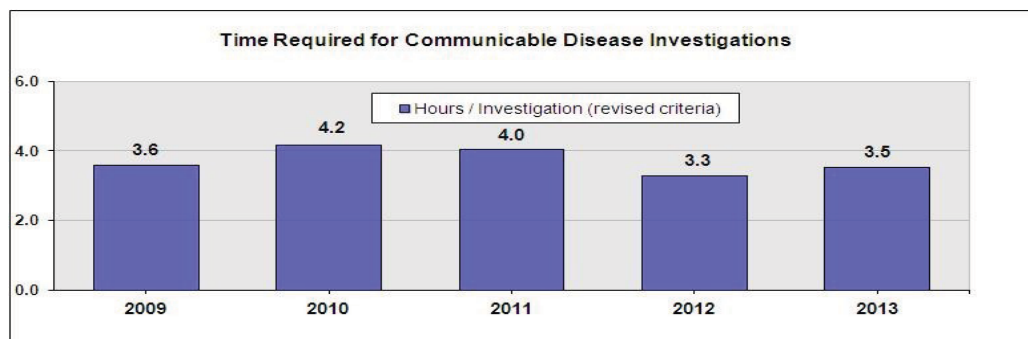
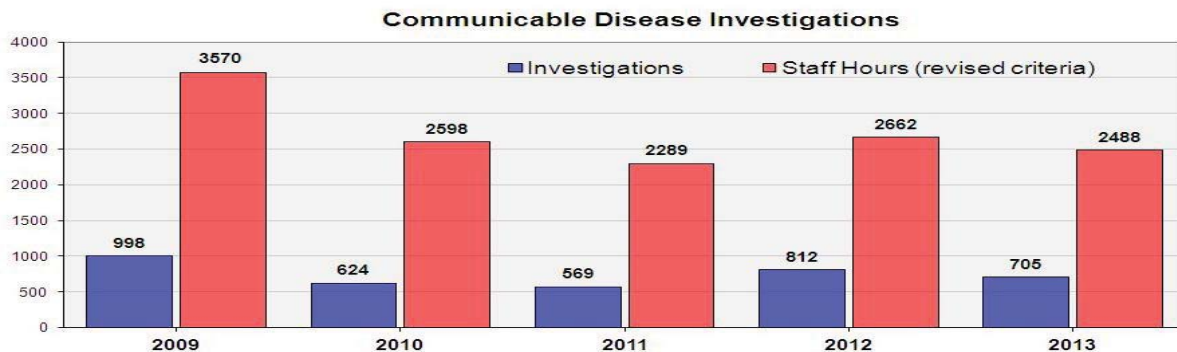
Strategic Plan Long Term Goal:

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

Highlights:

◆ **Communicable disease surveillance, investigation, control and prevention**

- ◆ General reporting requirements are described in Wisconsin Statute [Chapter 252](#), Communicable Diseases. The specific reporting requirements are described in [Chapter DHS 145](#), Control of Communicable Diseases. A list of reportable diseases is provided in [Chapter DHS 145 - Appendix A](#).
- ◆ The HD uses the Wisconsin Electronic Disease Surveillance System (WEDSS) to receive reports, enter data and store records. The state provides detailed, disease specific protocols for follow-up by local health departments.
- ◆ The diseases listed on the opposite page are considered to have significant public health impact. Requirements for timely reporting to the HD, once the disease or condition is recognized or suspected, vary by disease and the potential harm to the public.
 - ◆ Category I: reported IMMEDIATELY by telephone or fax to the patient's local health officer
 - ◆ Category II: reported within 72 hours
 - ◆ Category III: reported directly to the State Epidemiologist (AIDS, HIV)
- ◆ Anthrax is an example of a Category I disease with the potential to harm large numbers of people. Through the Cities Readiness Initiative (CRI) funding, the HD plans and exercises the response to a credible threat or event. This would require providing antibiotics to everyone in the county within 48 hours of exposure. The HD scored 99% on the 2013 CDC Technical Assistance Review of its plan.
- ◆ The majority of public health nursing time in communicable disease control and surveillance is spent on investigation and follow up of Category II diseases.
- ◆ The HD provides guidance and assistance to licensed facilities such as nursing homes and child care centers that are experiencing an outbreak of gastrointestinal or respiratory illnesses. The HD facilitates obtaining specimens to be tested at the Wisconsin State Lab of Hygiene (WSLH) and provides information on sanitizing and other measures to control further spread.
- ◆ In 2013, there were 8 respiratory and 4 Norovirus reported outbreaks in long term care centers, affecting approximately 280 people. In addition, 1 restaurant outbreak resulted in 12 ill patrons. To prevent further illnesses, the public health nurses, environmental health specialists and other staff interviewed a total of 28 diners. Four other health departments assisted in obtaining food and stool specimens. State epidemiologists provided the HD with guidance from the first phone call to the final report.



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:

◆ **Childhood Lead Poisoning Prevention**

- ◆ A Sesame Street “Lead Away” DVD was provided to 17 large day care centers in the county with an offer to obtain an additional educational toolkit. A letter with the same information offering free rental of this DVD was sent to another 32 smaller day care centers.
- ◆ A letter was electronically mailed to county pediatric practitioners with a link to the Lead Poisoning Education and Intervention toolkit on the Lead-Safe Wisconsin website. That site offers a review of the most recent changes in the intervention levels, information and resources on educating parents, current recommended schedules for confirmatory and follow up blood lead testing and recommended actions based on blood lead levels.
- ◆ The Health Department included information on lead poisoning with all birth letters sent to families with new babies and updated the website with current links to state and federal lead poisoning program websites.

◆ **Injury Prevention Efforts**

- ◆ For the 9th consecutive year the HD participated in Celebrate Families.
- ◆ Over a 3 month period seat belt surveys were conducted at West Bend High Schools and UWWC; education was provided and there was improvement in the number reporting seat belt use.
- ◆ There was a significant increase in participation in the 2nd National Bike to School Day at Green Tree Elementary this year—up from 50 bikers in 2012 to 130 in 2013.
- ◆ Today’s TMJ4 presented a “Band Together” initiative, emphasizing the dangers of texting and driving, to an all school assembly at Germantown HS. This event was facilitated by the Washington County Injury Prevention Coalition.

◆ **Obesity: Physical Activity and Nutrition (CHIPP Priority)**

- ◆ See the Director’s letter on the front page

◆ **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 - 68% of the women served by WWWP were in this age group.
- ◆ During 2013, 48 women were newly enrolled and 75 were re-enrolled for WWWP services
- ◆ The Health Department coordinated 321 cancer screenings and diagnostic procedures through pre-approved medical care partners for 222 clients who were income eligible for WWWP services

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, Infants and Children) served 2,043 women and children in 2013.
- ◆ In addition to their regular package, WIC participants redeemed \$4,766 in vouchers to purchase fresh fruits and vegetables from local producers at farmers’ markets during 2013.

	01	02	03	04	05	06	07	08	09	10	11	12	2013	2012	2011
Individual WIC Caseload	1254	1227	1202	1205	1182	1157	1165	1155	1130	1109	1081	1077	1162**	1289**	1385**
Family WIC Caseload	783	771	754	755	750	735	734	727	708	693	678	644	728**	815**	882**

** Monthly average

Strategic Plan Long Term Goal:

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

Highlights:

- June of 2013 marked the completion of the 4th year for the Food Safety and Recreational Licensing (FSRL) program with a focus on educating facility operators and staff to assure compliance with state codes covering restaurants, lodging, tattoo and body piercing, campgrounds, recreational/educational camps and public pools.
- The WCHD website is updated quarterly to ensure the most accurate data is distributed. Facility operators can find information on license applications and requirements for their businesses. The website contains many other environmental topics that citizens may find helpful.
- As a state agent, the HD conducted bacteria and nitrate tests on 229 wells that were designated by the DNR. These “transient non-community” wells supply drinking water to churches, restaurants, campgrounds, parks, convenience stores and other facilities that serve the general public.
- In early 2013 the State Laboratory of Hygiene changed water sample submission requirements from 48 to 30 hours. Shipping delays combined with the reduced submission time resulted in the need for frequent repeat sampling. Because of this the Health Department initiated its own bacteria testing for the DNR well program. Results are reported faster and samples can be obtained on a more flexible schedule, resulting in improved customer satisfaction.
- Distribution of over 500 radon test kits resulted in 309 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.
- Beaches were tested weekly from Memorial Day through Labor Day at the 3 county parks with swimming areas. The beach at Ackerman's Grove was posted once 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.
- Collaboration between communicable disease nurses, environmental health staff and state health agencies resulted in timely identification of a food borne outbreak at a restaurant in Washington County. The prompt investigation, which included interviews, stool sample collection, food sample collection and restaurant inspection, quickly identified the organism and source. A registered sanitarian reviewed procedures at the restaurant and made suggestions to assure quality control and avoid possible future issues.

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 2013 80.3% of WIC babies were breastfed, higher than the last 3 years, and of those :
 - ◆ 75.8% were breastfed for 1 month or more
 - ◆ 71.2% were breastfed for at least 3 months
 - ◆ 47.5% were breastfed for 6 months or more
- ◆ 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 child care facilities to support breastfeeding.
- ◆ The breastfeeding peer counselors initiated contact with 969 WIC clients and of those 422 were successful with women receiving services.

**Breastfeeding is considered protective
against obesity later in life.**

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:

- ◆ Under the direction of the state DPH Maternal Child Health Division, the HD selected systems-based objectives for use in the five year Maternal Child Health grant cycle which started in 2011. Focus areas in 2013 for the *Wisconsin Healthiest Families* initiative were (1) child development with emphasis on breastfeeding and (2) family support using the *Life Course Model*.
- ◆ The *Life Course Model* describes a complex interplay of biological, behavioral, psychological, and social protective and risk factors that contribute to health outcomes across the span of a person's life. For example, disparities in birth outcomes, such as low birth weight and infant mortality, are often explained by the quality and frequency of prenatal care. The model suggests that these disparities result from differences in protective and risk factors between groups of women over the course of their lives. As a result, the health and socioeconomic status of each generation directly affects the health status of the next generation.
- ◆ 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 case management services in established programs during their pregnancy has been decreasing. The total number of women who walk in, call, or are referred for assistance has not decreased much over the past 5 years. Public health nurses continued to advocate for healthy families and pregnancies by providing proactive education, information about community resources and referrals to other community agencies.
- ◆ Public health nurses provided education about healthy pregnancy, breastfeeding, safe sleep, car seat safety, smoking cessation, nutrition, physical activity, infant care, childhood growth and development, and other client-appropriate topics. Public health nurses coordinated and collaborated with WIC in providing services.
- ◆ Surveillance of birth record data was done to facilitate outreach to those at higher risk. It allowed the HD to monitor and evaluate possible local trends before publication of official birth data. New parents in the county received two general educational mailings about preventative and age appropriate services from the HD and available community resources.
- ◆ Public health nurses promoted a free mobile messaging service that provides educational messages in both English and Spanish for pregnant women and new moms called text4baby. It has been well received by clients.
- ◆ Public health nurses along with many partners identified a need for more education for parents of newborns in substance withdrawal. This is a significant trend seen and verified by service providers. A community coalition has been established to address this need and this is part of the Maternal Child Health *Healthiest Families-Family Support* initiative.
- ◆ The Breastfeeding Coalition provided 4 educational displays for family events, gave 3 presentations to community partners and recognized 1 childcare center in Washington County as being breastfeeding friendly. This work supports the Maternal Child Health *Healthiest Families-Child Development* initiative.

The Wisconsin Department of Health Services Division of Public Health (DHS/DPH) reviewed the Washington County Health Department in 1999, 2005 and 2009. The next review will be in 2014 and then the process is anticipated to transition into a 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.