



# Washington County Health Department

[www.co.washington.wi.us/chn](http://www.co.washington.wi.us/chn)

333 E. Washington Street  
Suite 1100, P.O. Box 2003  
West Bend, WI 53095-2003  
Phone (262) 335-4462  
Fax (262) 335-4463

## 2006 Annual Report

### Health Department Mission

Promote Health ♦ Prevent Disease ♦ Protect the Public

### Director's Message

from Linda Walter, Director/Health Officer

It is my pleasure to present this report of Health Department activities during 2006 in compliance with Administrative Rule HFS 140.04(3) (a). I wish to thank the Board of Health for their diligence in assuring that the core functions of public health are met. The Board reviewed and approved a new five year strategic plan for the Health Department and a Community Health Improvement Plan (CHIP) during 2006. The Health Department strives to meet its mission and the County's expectation of providing all citizens with high quality, prompt and cost-effective services. As the Director of the Health Department I am proud of the services offered and the employees who provide them.

The 2006 -2010 CHIP is the third community assessment done since 1994 and identifies priority areas that impact the general well being of all citizens. The revised plan identifies 3 priority areas needing more attention by the community: (1) obesity: nutrition & physical activity, (2) addictions: tobacco, alcohol & other drugs and (3) emergency preparedness: proactive measures. The plan is available on the county website [www.co.washington.wi.us](http://www.co.washington.wi.us) under Health Department publications.

Public health departments historically have adapted to the evolving needs of the communities they serve. The available level of resources often does not increase when demands change and public health resources are typically people not equipment. Many important functions that protect the public's health occur behind the scenes. The services delivered each year fluctuate among five areas mandated by Wisconsin statutes for all health departments. These changes are often based on mandates like preparedness but also reflect unpredictable communicable disease outbreaks and reportable disease trends. The quality of services and programming remained consistently high during 2006 as demonstrated through the data presented.

The Health Department continued to be able to adapt for several reasons including:

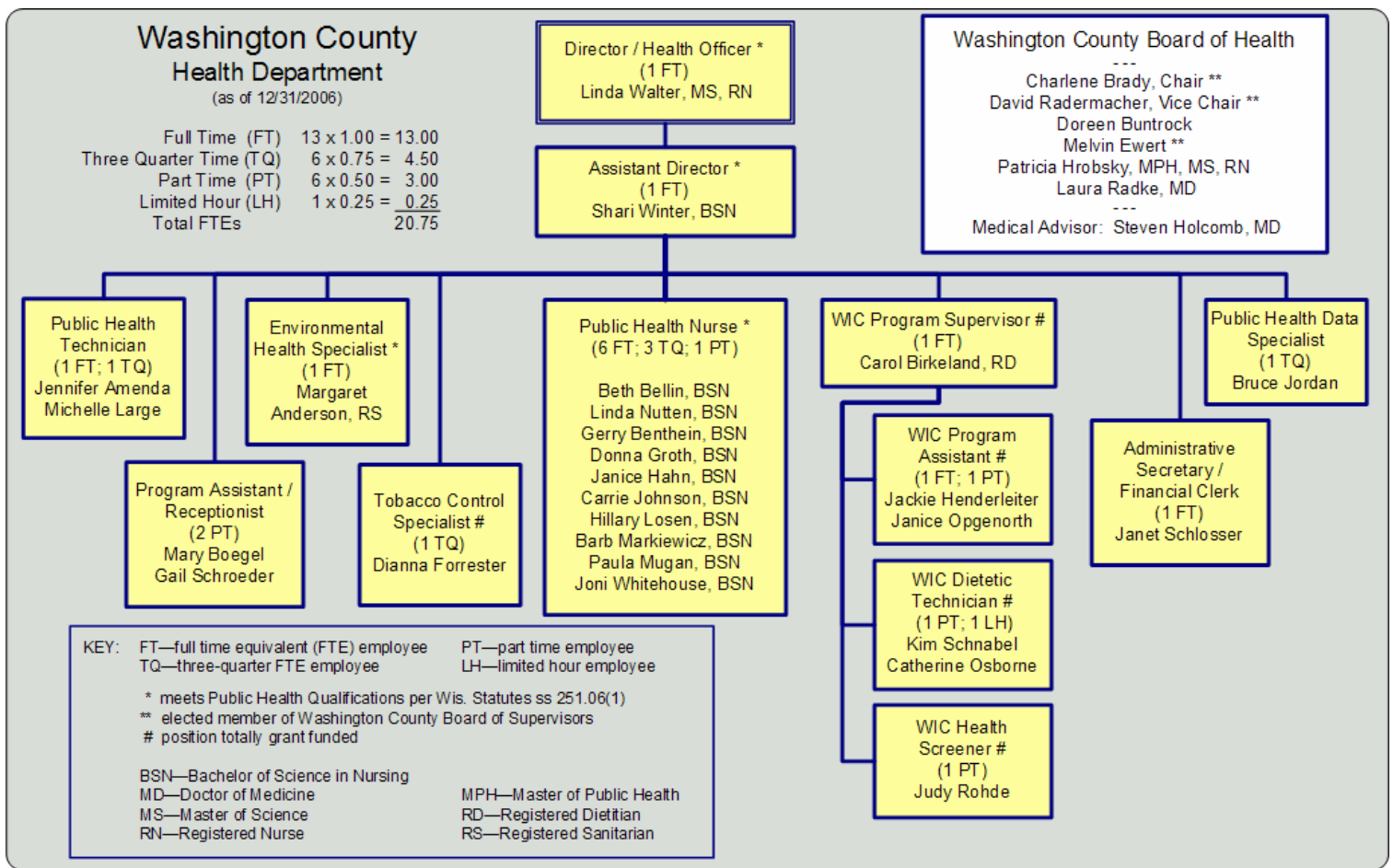
- ♦ Cross training of employees in multiple areas
- ♦ Increased acceptance and use of available technology
- ♦ Improved internal data systems (2003-2006)
- ♦ Availability of a data specialist to track and present program data allowing program staff time to analyze and implement needed change (2005-2006)
- ♦ More flexibility to utilize pool personnel to meet surge capacity needs (2005)
- ♦ Most importantly, efficient and effective change happened due to the dedication and teamwork of the Health Department's employees

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

- Charles Darwin

The Health Department appreciates the support it receives from its stakeholders and looks forward to continuing to deliver essential services to the public and individuals.

**Public Health makes a difference to the citizens of Washington County.**



## Focus Areas of Public Health

The remaining pages of the report are color coded to the focus areas being discussed

### ◆ Communicable Disease Control and Surveillance

- ◆ Communicable disease follow-up including
  - New, emerging, and re-emerging diseases
  - STD and hepatitis counseling services
  - HIV and AIDS partner notification services
- ◆ Immunization services/coalition
- ◆ Tuberculosis testing/case management/dispensary
- ◆ Disaster preparedness activities/coalition

### ◆ Environmental Health (Human Health Hazard Control)

- ◆ Radon information center/screenings
- ◆ Human health hazard and nuisance investigation including
  - Lead screening and risk assessments
  - Beach water testing
- ◆ Rabies control coordination
- ◆ Consultation and referral for environmental issues

### ◆ Disease and Injury Prevention

- ◆ Wisconsin Well Woman services/coalition
- ◆ Tobacco Control services/coalition
- ◆ Injury Prevention services/coalition
  - Car seat check site

### ◆ Health Promotion

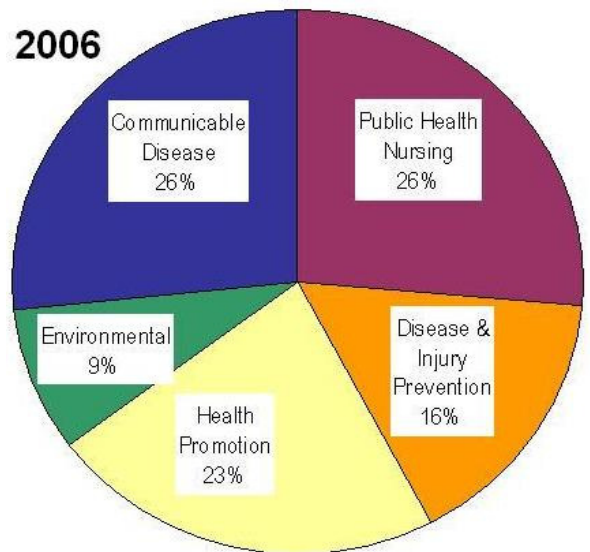
- ◆ Women, Infants and Children (WIC) program
- ◆ Community and coalition participation
- ◆ Information dissemination

### ◆ Generalized Public Health Nursing

- ◆ Community Health Improvement Process
- ◆ Maternal/newborn health services, including
  - Pregnancy testing
  - Referral to community resources
  - Prenatal/postpartum teaching and education
- ◆ Loan closet for short-term health care equipment
- ◆ Partner with DSS for Community Options Program and Protective Services assessments

## Health Department Time Allocation By Focus Area

- ◆ The pie chart shows proportion of time worked, not the number of hours, and does not include approved time off
- ◆ Output 2—cost per vaccine has increased significantly, not the number of vaccines given
- ◆ Outcome 9 reflects 16% increase in antepartum cases
- ◆ Outcomes 11 & 12 are new and reflect annual state report ranking 72 counties and City of Milwaukee since 2003
- ◆ Outcome 13 changed after the state made all birth certificates available electronically—this outcome is expected to remain high
- ◆ Outcome 15 reflects more complete tobacco data than in previous two years



## Performance Management Highlights

**Table 1** Data on Selected **Outputs**

		2001	2002	2003	2004	2005	2006
1	Communicable Disease Investigations	280	372	704	1026	497	554
2	Value of free vaccines retained locally	\$70,546	\$36,292	\$58,578	\$58,519	\$45,533	\$70,263
3	# Children followed with elevated lead	32	28	20	16	16	15
4	% of county lead screenings by Health Dept	27% 170/633	31% 187/607	22% 153/682	22% 177/812	18% 130/728	15% 100/669
5	Preparedness Hours	—	963	2,085	630**	1,412	2,695
6	WIC dollars available to be spent locally	\$556,406	\$577,126	\$642,906	\$690,554	\$677,222	\$693,331
7	Average monthly WIC caseload	953	1001	1126	1225	1251	1231

**Table 2** Data on Selective **Outcomes**

		2001	2002	2003	2004	2005	2006
8	Immunizations—90% national goal	77%	85%	87%	88%	86%*	89%
9	Early pregnancy care from Health Dept.	56% 86/154	62% 124/200	59% 95/161	70% 71/101	66% 81/122	59% 84/142
10	% County Births on Health Dept. Caseload	18% 272/1484	18% 279/1517	16% 231/1485	15% 213/1432	17% 251/1498	18% 241/1345
11	County's ranking from 1–73 and the (quartile) for health outcomes from annual state report	-	-	#7 (1st)	#11 (1st)	#10 (1st)	#7 (1st)
12	County's ranking from 1-73 and the (quartile) for health determinants from annual state report	-	-	#3 (1st)	#3 (1st)	#3 (1st)	#3 (1st)
13	% Low Birth Weight Babies monitored by HD	12% 10/86	11% 10/92	70% 47/67	91% 52/57	100% 90/90	100% 93/93
14	% WI Well Woman Program clients 50-64 yrs of age (at greatest risk)	55% 54/98	58% 44/76	62% 57/92	56% 59/105	51% 59/115	63% 87/138
15	Decreased tobacco use by pregnant women on caseload	83% 99/119	90% 104/115	83% 58/70	55%** 18/33	96%** 65/68	77% 66/85

\* Measurement tool changed

\*\* Incomplete data available from state systems

**CONFIRMED AND PROBABLE COMMUNICABLE DISEASE CASES**

Washington County	2006												* Population		125,940		2006	2006	2005	2005	2004	2004
Disease Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Cases	YTD Rate	YTD Cases	YTD Rate	YTD Cases	YTD Rate	YTD Cases	YTD Rate		
<b>Non-reportable</b>																						
Norovirus												2	2	1.6	0	0.0			5	4.0		
Unknown GI Illness													0	0.0	0	0.0			3	2.4		
STI Reportable to State													0	0.0	2	1.6			0	0.0		
Pseudomonas		26	3										29	23.0	2	1.6			1	0.8		
<b>Total Non-reportable</b>	<b>0</b>	<b>26</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>31</b>	<b>24.6</b>	<b>4</b>	<b>3.2</b>	<b>9</b>	<b>7.3</b>				
<b>Category I</b>																						
Hepatitis A	1												1	0.8	1	0.8			2	1.6		
Measles													0	0.0	0	0.0			0	0.0		
Meningococcal disease													0	0.0	1	0.8			0	0.0		
Pertussis	1	1											2	1.6	25	10.3			498	120.6		
Tuberculosis													0	0.0	3	2.4			1	0.8		
<b>Total Category I</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2.4</b>	<b>30</b>	<b>14.29</b>	<b>501</b>	<b>123.0</b>				
<b>Category II</b>																						
Blastomycosis													0	0.0	1	0.8			0	0.0		
Campylobacter	2	2	2	2		1	4	3	4	6	4	3	33	26.2	32	25.4			40	32.4		
Cryptosporidiosis			1					3	5		1	1	11	8.7	10	7.9			7	5.7		
<i>E. coli O157:H7</i>	1						4	4	1				10	7.9	10	7.9			1	0.8		
Encephalitis, viral (other than arboviral)												1	1	0.8	1	0.8			0	0.0		
Giardiasis	1		1		1		1	9	3	4	1		21	16.7	7	5.6			4	3.2		
Hemolytic uremic syndrome													0	0.0	0	0.0			0	0.0		
Hepatitis B				1							1		2	1.6	5	4.0			4	3.2		
Hepatitis C			1	1		1		2	1	1	1	4	12	9.5	22	17.5			13	10.5		
Hepatitis non-A, non-B, (acute)													0	0.0	0	0.0			1	0.8		
Hepatitis E													0	0.0	1	0.8			0	0.0		
Histoplasmosis											1		1	0.8	1	0.8			0	0.0		
Kawasaki disease										1			1	0.8	0	0.0			1	0.8		
Legionellosis							1			1			2	1.6	3	2.4			1	0.8		
Listeriosis													0	0.0	0	0.0			0	0.0		
Lyme Disease	1					1							2	1.6	2	1.6			3	2.4		
Malaria								1					1	0.8	0	0.0			0	0.0		
Meningitis, bacterial (non-Hib, non-meningoccal)													0	0	2	1.6			1	0.8		
Meningitis, viral				1				1		1			3	2.4	1	0.8			0	0.0		
Mumps				6	5								11	8.7	0	0.0			0	0.0		
Mycobacterial disease (nontuberculosis)**	3	1	1				1	1	1		1	2	11	8.7	12	9.5			14	11.3		
Salmonellosis			1	1	3	2	3	2		2	1	5	20	15.9	17	13.5			13	10.5		
Shigellosis								7	1		1		9	7.1	8	6.4			27	21.8		
STI: Chancroid													0	0.0	0	0.0			0	0.0		
STI: <i>Chlamydia trachomatis</i>	9	7	6	8	7	9	7	3	6	13	4	13	92	73.1	94	74.6			94	76.1		
STI: Genital herpes infection	3	5	2	5	8	3	3	4	7	7	3	5	55	43.7	66	52.4			43	34.8		
STI: Gonorrhea	1	1	1	1	1	1		2	3		2	1	14	11.1	18	14.3			8	6.5		
STI: Pelvic inflammatory disease													0	0.0	0	0.0			0	0.0		
STI: Other	1			1									2	1.6	0	0.0			1	0.8		
Streptococcus group A invasive disease											1		1	0.8	3	2.4			2	1.6		
Streptococcus group B invasive disease			1	1	1							1	4	3.2	3	2.4			1	0.8		
<i>Streptococcus pneumoniae</i> invasive				1	1								2	1.6	3	2.4			7	5.7		
Varicella	15	6	23	10	9	7	0	0	1	3	2	1	77	61.1	17	13.5			25	20.2		
Yersiniosis													0	0.0	0	0.0			0	0.0		
<b>Total Category II</b>	<b>37</b>	<b>22</b>	<b>40</b>	<b>38</b>	<b>36</b>	<b>25</b>	<b>24</b>	<b>42</b>	<b>33</b>	<b>39</b>	<b>24</b>	<b>37</b>	<b>398</b>	<b>316.0</b>	<b>339</b>	<b>269.2</b>	<b>312</b>	<b>252.5</b>				
<b>Category III</b>																						
AIDS-Acquired Immune Deficiency Syndrome										1			1	0.8	0	0.0			0	0.0		
HIV-Human Immunodeficiency Virus													0	0.0	3	2.4			0	0.0		
<b>Total Category III</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0.8</b>	<b>3</b>	<b>2.4</b>	<b>0</b>	<b>0.0</b>				
<b>Total Reportable</b>	<b>39</b>	<b>23</b>	<b>40</b>	<b>39</b>	<b>36</b>	<b>25</b>	<b>24</b>	<b>42</b>	<b>34</b>	<b>39</b>	<b>24</b>	<b>37</b>	<b>402</b>	<b>319.2</b>	<b>372</b>	<b>285.9</b>	<b>813</b>	<b>375.4</b>				
<b>Total ALL</b>	<b>39</b>	<b>49</b>	<b>43</b>	<b>39</b>	<b>36</b>	<b>25</b>	<b>24</b>	<b>42</b>	<b>34</b>	<b>39</b>	<b>24</b>	<b>39</b>	<b>433</b>		<b>376</b>							

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

\* Population estimate is as of January 1, 2005 from WI Dept of Administration ([http://www.doa.state.wi.us/docs\\_view2.asp?docid=3597](http://www.doa.state.wi.us/docs_view2.asp?docid=3597))

\*\* Includes Atypical Mycobacterium Avium Complex and Pulmonary Mycobacteria 031.0, and nonpulmonary mycobacterium 031.1

Strategic Plan Long Term Goal:

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

Highlights:

◆ **Preparedness**

- Exercises included several drills during department staff meetings
- Regional pandemic tabletop exercise at the fall influenza forum held at the Medical College
- County-wide functional exercise on opening the EOC in a mass clinic scenario
- All department employees participated in preparedness education and activities, totaling more than 2,466 hours compared to the 1,412 hours logged the previous year

◆ **Communicable disease outbreaks**

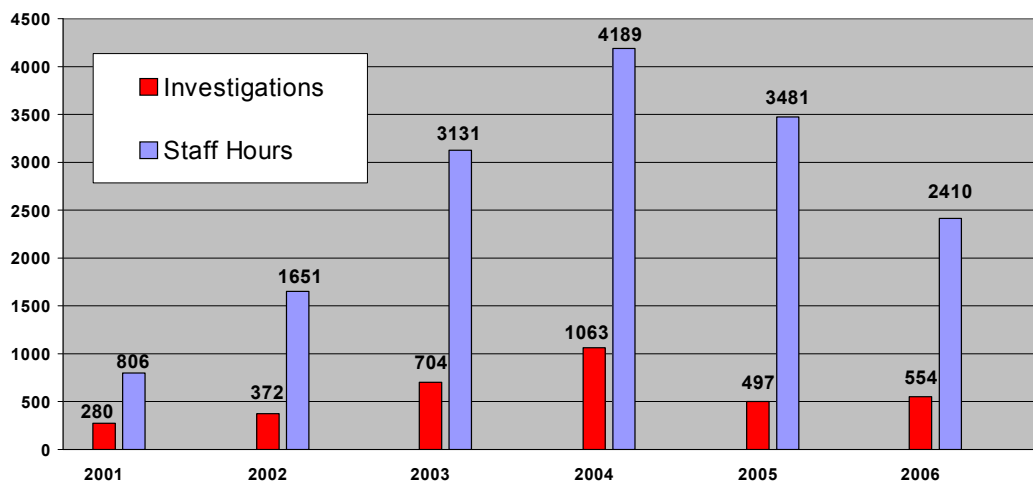
- Pseudomonas in a swimming pool at a local motel involving 29 people with symptoms
- E. coli in spinach, which was part of a nationwide outbreak
- Varicella in 23 children who attended the same day care center
- Shigella in a group of seven food handlers from the jurisdiction
- Giardia in a cluster of cases linked to swimming at a local lake
- Mumps (11 cases), part of a large multi-state outbreak
- Norovirus outbreak at a potluck dinner in a retirement community (28 cases)

◆ All public health nurses received education on administering six new vaccines

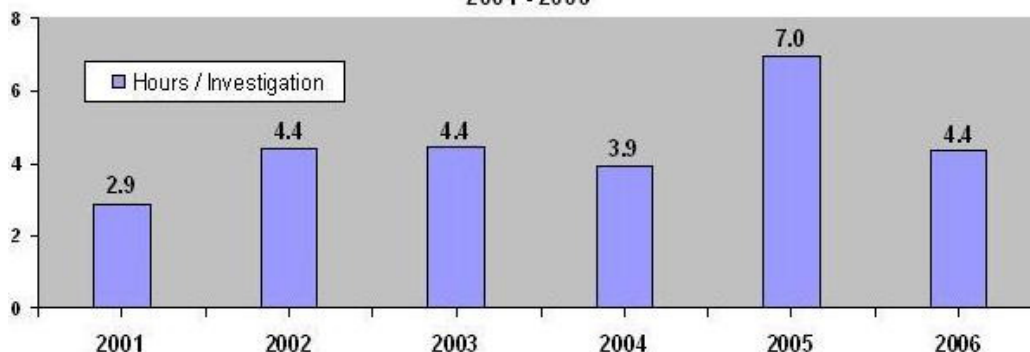
◆ New community educational brochure developed on antibiotic resistant organisms in the community

◆ Health Department representative added to the Synergy Health Care Hospital Infection Control Committee

**COMMUNICABLE DISEASE INVESTIGATIONS  
2001- 2006**



**Time Required for Communicable Disease Investigations  
2001 - 2006**



Confirmed and probable cases of reportable communicable diseases increased from 371 in 2005 to 402 in 2006 (+31). The number of background investigations increased from 497 to 554 (+57). However, the time devoted to investigations decreased from 3481 hours to 2410 hours.

A 2005 tuberculosis outbreak skewed the time requirement due to the high complexity of those cases. Complexity of cases in 2006 was closer to the expected norm.

Investigational efficiency improved from 7 to 4.4 hours per investigation, a result of fewer highly complex cases and improved ability to gather and interpret data through improvements in information technology.



# 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: heart disease, cancer, stroke, and injury***

Highlights:

◆ **Wisconsin Well Women Program (WWWP)**

- Provides income eligible women with cancer screenings and access to medical care
- Total clients enrolled increased by 20%
- High risk women (age 50-64) enrolled increased 47%

◆ **Injury Prevention Services**

- Alcohol-related mock traffic crash planned by multiple community agencies for over 1300 students at West Bend High Schools
- Continued to offer the only “Permanent Fitting Station” for car seat safety checks in the jurisdiction
- Employed 4 of the 10 Certified Car Seat Technicians in the county
- 2006 child safety seat law contributed to 69% increase of safety seat checks done at Health Dept
- 77% of the installed car seats inspected were incorrectly installed— education provided with all checks
- Safety checks at five community events in Hartford, Germantown, Kewaskum and West Bend resulted in another 166 seats and education provided to the parents or grandparents

◆ **Tobacco Surveillance and Control**

- 100 Washington County residents utilized the Quit Line to try to stop smoking in 2006
- Policy makers and business leaders were provided a summary of the Surgeon General’s Report on Second Hand Smoke and 6 major conclusions
- Anti-tobacco training for the Germantown Youth Futures, a high school group, was organized

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2006	2005
Car Seat Checks at Health Department	11	16	25	17	20	28	42	79	29	22	21	9	319	189
Tobacco Assessments	5	8	7	1	1	3	10	5	7	7	5	6	65	49

# 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***

- ◆ Women, Infants and Children (WIC) program remains a critical support for working families, encompassing
  - Nutrition information and education
  - Preventative lead screening and water testing
  - Promotion of breastfeeding which is associated with reduced childhood obesity
  - Access and referral to adequate food resources

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2006	2005
Individual WIC Caseload	1209	1216	1231	1216	1210	1205	1226	1251	1248	1239	1242	1294	1232**	1251**
Family WIC Caseload	732	747	763	762	765	765	782	800	782	773	760	790	768**	NA

\*\* 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:

- ◆ Partnered with Hartford, Slinger, and West Bend housing agencies to promote lead safe low income housing, developed a brochure about lead abatement funds available and maintained low number of lead poisoned children in jurisdiction while continuing to promote screenings and education to general public
- ◆ Worked successfully with area libraries to recall lead contaminated toys that were distributed during a summer reading program
- ◆ Distributed over 600 radon test kits and informational materials during 2006
- ◆ Participated in regional Urban Area Security Initiative (UASI) subcommittee on agroterrorism
- ◆ Facilitated two day-long trainings that were well attended entitled “Understanding the Dangers of Agroterrorism” and “Principles of Preparedness for Agroterrorism and Food System Disasters”
- ◆ Initiated cross training of three public health nurses in environmental health services
- ◆ Developed 2006–2010 Health Department Strategic Plan including
  - Future water laboratory for testing and referral of drinking water quality needs
  - Subcontracting with DPH for inspection of low risk licensed facilities starting in 2007 and initiation of a full local program for inspection of all licensed facilities in 1-3 years
  - Subcontracting with DNR for transient non-community well water system testing starting in 2007
  - Ongoing collaboration with Parks and Planning Department to update county code concerning environmental conditions

# Contacts to Health Department	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2006	2005
Air Quality/Water Quality/Solid Waste	10	7	11	9	13	18	5	16	7	13	6	8	123	67
Lead/Asbestos/Hazardous Material	1	1	4	2	1	4	0	5	4	5	7	4	38	39
Radon	1	12	8	1	5	7	0	4	3	2	1	4	48	35
Rabies Control/Insects/Animals/Rodents	5	5	3	5	8	12	4	20	18	10	7	10	107	79
Housing	3	2	2	0	4	2	1	3	7	1	4	2	31	35
Licensed Facilities	0	3	1	1	5	3	1	8	2	5	3	2	34	20
Occupational Health & Other	0	1	1	0	0	1	0	0	0	0	0	0	3	5

## Health Promotion (continued)

Highlights:

- ◆ Successfully completed major transition to a new state data system
- ◆ \$5,245 in vouchers redeemed by Washington County WIC participants to purchase fresh fruits and vegetables from local producers at farmers’ markets
- ◆ \$668,407 spent on food by WIC participants who are Washington County residents
- ◆ \$693,331 spent on food in Washington County by WIC participants, regardless of where they live
- ◆ Of all babies certified on WIC 68% were breastfed
  - 60% were breastfed for 1 month or more
  - 37% were breastfed for 3 months or more
  - 17% were breastfed for 6 months or more
- ◆ A total of 2,148 mothers and children participated in WIC during 2006 with a monthly average of 1,232 individuals receiving supplemental food vouchers

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 needs to resources***

Highlights:

- ◆ Pregnant women, new mothers and their babies continued to be identified as an at-risk group needing resources and support from the Health Department and referral to other community resources
- ◆ Daily surveillance of birth certificates received from the state through the SPHERE system continued with at least 2 general mailings to all new parents about services and immunization schedule reminders
- ◆ 48% increase in women assisted to apply for presumptive eligibility program that provided a temporary card to access early medical pregnancy care while they applied for Title 19
- ◆ Problems continued with the state data system, SPHERE, resulting in not all data entered retrievable
- ◆ Met the required 75% match for local services/funds for annual state maternal child grant
- ◆ Nursing care plan form was revised to reflect outcome based care and public health nurses participated in regional collaborations and partnerships to standardize maternal child protocols
- ◆ Modified waiting room area to add three additional interview rooms to accommodate need for client privacy, protection of computer equipment and accessibility of program specific materials
- ◆ Number of Spanish speaking clients needing public health and WIC services increased; cost of interpretation services increased 63% from 2005 to 2006
- ◆ Russian refugee families who were sponsored by local churches were connected to medical care

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2006	2005
MCH Antepartum Cases	9	24	7	8	15	12	5	11	7	17	11	10	136	76
PNCC Antepartum Cases	4	3	4	4	7	4	8	6	2	6	6	1	55	22
Newborn Cases	12	33	14	17	16	25	23	19	39	39	38	39	314	146
Infant Cases	6	5	0	0	3	0	0	1	0	1	2	2	20	13
Postpartum Cases	10	39	14	13	18	20	17	14	37	29	33	38	282	147
Family Planning Waiver	1	0	0	0	0	1	1	0	0	1	1	0	5	10
Pregnancy Test	7	5	9	8	11	7	7	9	7	14	12	9	105	35
Presumptive Eligibility	6	4	10	8	9	8	7	9	8	13	10	6	98	66
Refugee Health	0	0	0	6	4	3	0	0	0	0	0	1	14	3

- ◆ The previous community health improvement plan was revised with the assistance of the epidemiologist from the Quad Counties Public Health Consortium and validated by Health Department staff, the Board of Health, Washington County Health Care Partners committee and the Healthy Washington County Implementation committee. Some of the activities in 2006 that supported the 3 priority areas were:
  - A community forum on obesity prevention sponsored by the Health Department and Kettle Moraine YMCA reached almost 100 individuals
  - A mock alcohol-related vehicle crash for West Bend High Schools sponsored by the Washington County Injury Prevention Coalition and Health Department reached over 1000 youth
  - A presentation on the 1918 Influenza Pandemic for the public sponsored by the Health Department and Quad Counties Public Health Consortium was replayed on West Bend cable TV numerous times

The Wisconsin Department of Health and Family Services, Division of Public Health, formally reviewed the Washington County Health Department on May 27, 1999 and July 29, 2005. A state team determined at both reviews that the Health Department met the requirements of Administrative Rule HFS 140.07(4) and granted a Level II designation. A level designation of I, II or III is effective for up to five years. The Health Department met minimum standards outlined in Wisconsin Statutes for all Level I health departments and, in addition, demonstrated programming and services are in place addressing at least 7 areas of the current state health plan and has a qualified Health Officer meeting Level II standards.