WASHINGTON COUNTY BOARD OF HEALTH MEETING  
(HEALTH AND AGING LIAISON COMMITTEE)  
December 15, 2014 in Room 1023 PAC Building

Present: Supervisor Richard Gundrum, Supervisor Daniel Goetz, Supervisor Roman Schulteis, 
Dr. James Algiers, Cynthia Sieloff, Patricia Hrobsky and Assistant Director/Deputy Health Officer Joni Whitehouse

Also present: Public Health Specialist Megan Matuszeski, Environmental Health Supervisor Paula Mugan and Environmental Health Specialist Gina Ploessl

Excused: Supervisor Robert Milich and Doreen Buntrock

Chairperson Rick Gundrum called the meeting of the Washington County Board of Health to order at 8:00 a.m. Notice of Posting was given.

MINUTES
Moved by Daniel Goetz, seconded by Roman Schulteis to approve the minutes of the November 17, 2014 as presented. Motion carried.

UPDATE ON ENVIRONMENTAL HEALTH SERVICES SMART PHONE TECHNOLOGY FOR FOOD SAFETY AND RECREATIONAL LICENSING PROGRAM
Joni updated the Board on her request for two smart phones for the two sanitarians and also the option to have other electronic payment options offered in the field to facility owners/operators. Upon further research, other county departments are also interested in having credit or debit card options. The county will investigate options for a county wide service providers. Currently there are three departments that offer an alternative payment arrangement.

REPORTS
- The Health Department Communicable Disease Report and Activity Report was briefly reviewed.
- Radon Test Kits are being offered to residents of Washington or Ozaukee Counties for free while supplies last. Joni stated winter is a good time to test your home for radon.
- Megan Matuszeski, Public Health Specialist gave a report on the Healthy People Project (HPP) activities. A thank you letter was received from Slinger School District and distributed to The Board. Aurora provided a small grant which will allow reprint of 10,000 copies of the Washington County Park and Trail maps, which are still in demand. Core members of HPP are participating in a training opportunity for existing coalitions to continue to thrive and move on to function in a higher capacity within their communities.
NEXT TENTATIVE MEETING DATE
The next tentative meeting for the Board of Health is scheduled for January 19, 2015 at 8:00 a.m. in room 1023 of the PAC.

ADJOURNMENT
Moved by Patricia Hrobsky, seconded by Roman Schulteis to adjourn the meeting at 8:21 a.m. Motion carried.
COMMITTEE REPORT

To: Board of Health, Finance Committee, County Board

From: Joni Whitehouse

Date: February 16, 2015

Re: Health Department Non-Lapsing Funds

POLICY QUESTION:
Should the Health Department be allowed to carry forward the account balances in the Kraemer Trust Fund and Loan Donations for a total of $62,531.85 into the 2015 budget?

DISCUSSION:
The Health Department was one of twenty-seven beneficiaries named in the Elmore & Alyce M. Kraemer Charitable Trust Fund. The County Board passed 2004 Resolution 66 approving the acceptance of these funds by the Health Department. Through the years the amount of money has varied, but ranges from approximately $4500-$6500 annually. The Loan Donations were the result of money that was donated by patrons of the Health Departments “Loan Closet”, a collection of durable medical equipment (wheelchairs, walkers, etc.) that could be borrowed for short periods of time. In 2010, due to both space constraints and increased concerns regarding liability, the decision was made to discontinue the Loan Closet.

Upon approval of the BOH, funds have been used through the years for various purposes. At the July 18, 2011 meeting, the BOH passed motions to preserve the Loan Closet funds for voluntary accreditation and planning costs and the Kraemer Trust funds for projects benefitting the staff as well as accreditation fees.

In accordance with the Health Department’s 2011-2013 Strategic Plan, the accreditation process would be pursued in earnest after the State completed its five year review, which was completed in May 2014.

FISCAL EFFECT:
The $62,531.85 balance in these accounts at the end of 2014 would carry over into the 2015 Health Department budget.

ATTACHMENTS:
Board of Health July 18, 2011 Meeting Minutes
2014 Non-Lapse Accounts

Submit this form in WORD format to countyclerk@co.washington.wi.us ONE CALENDAR WEEK PLUS 3 WORK DAYS prior to the Committee meeting WITH the Committee Agenda Preparation Form.
RECOMMENDATION:
Motion to approve non-lapsing both the Loan Donations and the Kraemer Charitable Trust Funds for a total of $62,531.85 from the 2014 to 2015 Health Department Budget and forward to the Finance Committee for their approval.
WASHINGTON COUNTY BOARD OF HEALTH MEETING  
(HEALTH AND AGING LIASON COMMITTEE)  
July 18, 2011 in Room 1023 PAC Building

Members Present: Supervisor William Meyers, Supervisor Daniel Goetz, Supervisor Melvin Ewert, Christian Klemmer, Patricia Hrobsky, Doreen Buntrock, and Health Officer Linda Walter

Excused: Supervisor Joan Russell, Dr. Laura Radke

Visitors: Paul Roback, UW Extension Community Development Educator; Margaret Anderson, Environmental Health Supervisor; Joni Whitehouse, Deputy Health Officer

Supervisor Daniel Goetz called the meeting of the Washington County Board of Health to order at 8:02 a.m. Notice of Posting was given.

Minutes from Previous Meetings:
Motion by Doreen Buntrock, Seconded by Melvin Ewert to approve the minutes of the June 20, 2011 meeting. Motion Carried.

2011-2013 Strategic Plan review:
Paul Roback UW-Extension Community Development Educator reviewed Strategic Planning for 2011-2013 he has conducted with the Health Department employees. The same PowerPoint presentation he used today with the Board will be shared with the employees in late September including the suggestions and changes made today. The Board of Health agreed to use the Decision Matrix included in the plan to make service change decisions if needed in the next 3 years. The core services required by statutes and administrative rules verses Level II and Level III services was presented in a colored chart format. Linda reported that the application fee national Public Health Department accreditation (which is included in the plan) was more expensive than she had originally thought. The Board continued to be supportive of the value of including accreditation in the Strategic Plan.

Environmental Health (EH) update:
Margaret Anderson, EH Supervisor updated the Board on the status of the 2010-2011 Food Safety and Recreational Licensing (FSRL) license renewal process. Discussion followed. Concern for pre-registration prior to change of operator that was raised during Linda’s annual report to the County Board was discussed. No change anticipated after discussion with state program.

2012 Budget Preparation discussion:
There are two meetings in August scheduled for budget. The first is scheduled for August 22nd @ 8 a.m. and second on August 29th @ 8 a.m., if needed.

Linda mentioned to the Board that the Finance Department was conducting a review and analysis of deferred revenues and agency deposit accounts to assure compliance with a new accounting
standard. She mentioned that the loan closet agency deposit account had unexpended funds that were not earmarked for a specific purpose. This service was discontinued in 2010. A variety of potential uses were discussed. **Motion** by Pat Hrobsky, **Seconded** by Christian Klemmer to use the remaining loan closet funds for accreditation associated costs and planning as needed. **Motion Carried.**

The Kraemer Trust Fund uses were also reviewed. The Board reaffirmed that the Health Officer was to submit proposals to the Board for approval of use of the Trust funds with an emphasis on projects benefiting the Health Department employees. The Board indicated that accreditation fees would be an acceptable use in the future.

**Director’s Announcements:**

a) City Readiness Initiative technical assistance review was completed 7-14-2011 with 92 out of 100 points  
b) Joni Whitehouse attended and briefly reported on Healthiest Communities Learning Institute training attended out of state  
c) Linda Walter reported on Emergency Planning and Special Needs Population (G-197) training attended on July 13-15th  
d) Two part time WIC positions that were vacant have been filled  
e) Safe Kids SE Wisconsin is applying for a $25,000 grant to support local community efforts to promote pedestrian safety. Having a local safety task force is part of the grant requirements. The Washington County Injury Prevention Coalition in collaboration with the Healthy People Project of Washington County and the West Bend Police Department have been asked to participate as the local safety task force because of their efforts including, but not limited to, the pilot safety project at Decorah Elementary School this year, annual bike rodeos, participation in the 2010 Mark Fenton community events and eight years in the Walk This Way event with safety education and activities. This grant is limited to 10 local coalitions across the United States. Applications were due July 15, 2011. Safe Kids SE Wisconsin felt the Washington County Injury Prevention Coalition was already accomplishing many of the grant requirements and is well positioned to participate based on the safety work they have already done with Decorah Elementary School.  
f) Media articles were available for review  

**Next Meeting & Adjournment:**  
The next meeting for the Board of Health is scheduled for August 22, 2011 at 8:00 a.m. in room 1023 of the PAC. **Motion** by William Meyer, **Seconded** by Patricia Hrobsky to adjourn meeting at 10:15 a.m. **Motion Carried.**
REQUEST FOR NON-LAPSING ACCOUNTS

When to use: When 2014 budget money needs to be carried forward and added to 2015 budget.
Due date: This form is due in Finance no later then 2/13/15. It must be e-mailed in excel format by the Department Head to Susan Haag, Finance Director.
Note- If an exact amount to be non-lapsed isn't known fill the "AMOUNT" column in with the word "BALANCE" for each unknown amount. Then the entire amount will be carried into the 2014 budget.

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<th>HEALTH</th>
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</table>

Total of Department's non-lapses 62,531.85

Note: If you would like the entire account non-lapsed, please write the dollar amount or the word "balance"

DEPARTMENT HEAD MUST E-MAIL THIS EXCEL FORM DIRECTLY TO SUSAN HAAG, FINANCE DIRECTOR AS DOCUMENTATION OF THEIR APPROVAL.
Just wanted to let you know what we got today.
Paula

Sent from Lotus Traveler

Food Safety Partners,

Below is an email from Steve Ingham that was sent out to the entire Division of Food Safety after last night’s Governor’s budget proposal. I wanted you to hear the same message. If you have questions please direct them to me.

“Dear DFS colleagues,

Budget season is now officially upon us. Many of you may have heard news items relating to DATCP. Some of you may have actually looked at the proposed budget for yourself. I will tell you what I know and offer some suggestions for navigating the next few months.

The Governor’s proposed budget is the first step in a long process. Debate, adjustments, and voting in the Legislature could result in many changes before a bill reaches the Governor’s desk. Remember also that the Governor has a line-item veto. Bottom-line: there is a long way to go yet.

The proposed budget calls for the merger between DHS’ Food Safety and Recreational Licensing unit and DFS. The tattoo and body-piercing programs are not moving to DFS,
however. This merger would likely not be in effect until July of 2016. The interim period would allow us to very carefully work out the details of how the merged program would operate. Bottom-line: If it ends up happening, watch for opportunities to help in the transition process; speak out, ask questions, and offer suggestions; be prepared to welcome new colleagues into the DFS family.

The proposed budget calls for the loss of a small number of DATCP positions which have been vacant for an extended period. Bottom line: I will make the strongest case possible for filling jobs that are needed to fulfill our public health mission and meet mandatory statutory / regulatory requirements.

There are several other items in the proposed budget which affect DATCP as a whole much more than DFS. These include a change in the authority of the DATCP Board and moving oversight of the State Laboratory of Hygiene and the Veterinary Diagnostic Lab to DATCP. As I mentioned earlier, there is a long ways to go yet before these proposals become reality.

Bottom line: I value you and your work to safeguard public health very much; I will do my best to keep you informed. Please feel free to ask me questions in person, by e-mail, or by phone.

Thanks,
Steve"

Thank you,

Tim Anderson RS
Chief, Regulatory & Technical Services
DATCP – Division of Food Safety
2811 Agriculture Dr.
PO Box 8911
Madison, WI 53708-8911
(608) 224-4716
Timothy.Anderson@wisconsin.gov

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Message from the Health Officer
What is the Community Health Assessment?
According to Wisconsin statutes, all local public health departments must conduct a Community Health Assessment (CHA) and create a Community Health Improvement Plan (CHIP) every five years. An assessment is a formal process of evaluation that involves the collection, review, and analysis of qualitative and quantitative data.

Assessments involve collecting, reviewing, and analyzing health data in the community, along with case-finding to identify population groups, families and individuals at a higher risk for illness, injury, disability, or premature death. Health assessments are important to identify and quantify the magnitude of health problems in the community. A high quality assessment is the first step of the community health improvement planning process. The assessment findings should drive planning to improve the health status of the community.

How was the Washington County Health Department’s CHA performed?
Several primary and secondary data sources were used for the CHA. Primary data included data collected by the Washington County Health Department (WCHD), as well as the Washington County Health Survey conducted in partnership with Aurora Health Care and the Center for Urban Population Health. Secondary data included the County Health Rankings, US Census Bureau, American Community Surveys, Healthy People 2020, and Healthiest Wisconsin 2020.

The structure of the WCHD’s CHA is a blended version of the Wisconsin State Health Plan (Healthiest Wisconsin 2020) and the County Health Rankings. The twelve health focus areas of Healthiest Wisconsin 2020 are listed below; these focus areas will be utilized to determine the health priorities of the community during the community health improvement planning process which follows the completion of the CHA:

- Adequate, appropriate, and safe food and nutrition
- Alcohol and other substance use
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health hazards
- Healthy growth and development
- Injuries and violence
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure

The County Health Rankings help communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that are known to affect health, such as education and income. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what is known when it comes to what is making people sick or healthy.

The County Health Rankings illustrate that much of what affects health occurs outside of the doctor’s office. The Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, rates of smoking, obesity, and teen births. Based on data available for each county, the Rankings are unique in their ability to measure the overall health of each county in all 50 states on the many factors that influence health, and they have been used to garner support among government agencies, healthcare providers, community organizations, business leaders, policymakers, and the public for local health improvement initiatives. [1]
The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. [1]
County Demographic Profile

With the landscape carved by glaciers and towered by the historical landmark of Holy Hill, Washington County provides an atmosphere for family living, business, and industry. Washington County has well-known major manufacturing industries including: machine tooling, metal fabrication, printing, pharmaceutical distribution, photo finishing, and trucking. The location along the US Highway 45 and US Highway 41 corridors makes Washington County an ideal location for trade, business, and retail [6].

Ancient glaciers, inland lakes and woodlands form the foundation for a variety of recreational activities. Hiking, hunting, boating, fishing, golfing, skiing, and snowmobiling are among the many outdoor activities for sport enthusiasts. The Ice Age National Service Trail provides for the enjoyment of wild flowers and wildlife appreciation [6].

According to the U.S. Census Bureau, the county has a total area of 436 square miles, of which 431 square miles is land and 5 square miles is water.

The total population of Washington County is 131,887. The ethnic make-up is 95.8% white [7].
Social and Economic Factors that Influence Health in Washington County

**Education**

Years of formal education are correlated strongly with improved work and economic opportunities including higher income, better working conditions, access to health care, more stability during variations in the job market, reduced psychosocial stress through a greater sense of personal control, and in general, healthier lifestyles. [1]

Even after controlling for income and health insurance status, education still has a significant effect on health outcomes. In addition, there are multi-generational health effects because the educational level of parents affects the health of their children through resources available for the children and through the quality of the schools their children attend. [1]

Reading is a critical predictor of high school success or failure. Poor readers are more likely to drop out of school. Dropouts are more likely to be unemployed, to earn low wages and to end up on welfare or in prison.

**Health Literacy**

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Adults with less than average health literacy are more likely to have poor health status.

There is a striking difference between health literacy levels based on education. The percent of people with below basic literacy skills is [1,2]:

- 3% in college graduates
- 15% in high school graduates
- 49% in adults who have not completed high school

There is limited data on “health literacy” in Wisconsin. Therefore, general literacy data is used as a proxy to represent this topic.
Almost 25% of adults in the United States earn less than $27,000 a year in jobs that offer no health care, vacation, or paid sick leave [3]. Additionally, 40% of all households in the US earn below 250% of the federal poverty level [3].

Unemployment and under-employment affect health outcomes in several ways. Unemployment leads to an increase in unhealthy behaviors such as alcohol use, tobacco use, poor diet, and lack of exercise. These behaviors, in turn, can lead to higher risk of disease and premature death [1].

Some studies indicate that unemployment can lead to physical illness and even death (especially by suicide) [1]. Unemployment can also reduce access to health care (because insurance is often tied to employment).

While poverty data usually uses the federally established poverty level, a good general definition of poverty is: insufficient income to meet the needs for food, clothing, and shelter. Adequate income is important in obtaining health insurance, paying for medical care, and having access to other basic goods.

Poverty leads to increased risk of a variety of medical conditions and diseases, depression, intimate partner violence, poor health behaviors, and death. Children in poverty have higher rates of illness and premature death largely due to accidental injury and lack of health care access.

In Washington County, 8% of children under the age of 18 are living in poverty, compared to 18% in Wisconsin and 14% in the United States [1].
Family and Social Support
Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. A 2001 study found that the magnitude of health risk associated with social isolation is similar to the risk of cigarette smoking [8]. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network.

A study that compared Behavioral Risk Factor Surveillance System (BRFSS) data on health status to questions from the General Social Survey found that people living in areas with high levels of trust in society are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust [9].

Both adults and children in single-parent households are at higher risk for unhealthy behaviors such as smoking and excessive alcohol use, adverse health outcomes, and premature death. Self-reported health among single parents (both male and female) were found to be worse than for parents living as couples, even after controlling for socioeconomic characteristics.

Community Safety
High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence [1].

Violence against others has a major impact in the US:
- 18,000 deaths per year
- Approximately 268,000 cases of hospitalized violence-related injury
- Homicide is the 2nd leading cause of death in ages 15 – 24

According to the 2013 County Health Rankings, Washington County had 83 violent crimes per 100,000 people, which is significantly less than the Wisconsin rate of 261 violent crimes per 100,000 people.
Behaviors that Influence Health in Washington County

**Tobacco Use**
Tobacco use is the single most preventable cause of death and disease in the US. Every year in the US there are 443,000 deaths due to tobacco. Tobacco use accounts for 11% of Medicaid costs and nearly 10% of Medicare costs. Annual health care costs are $2,000 higher for smokers than nonsmokers. [15]

Every year in Wisconsin there are [12]:
- 8,000 deaths due to tobacco use
- $2.2 billion in direct health care costs
- $1.6 billion in lost productivity

**Obesity**
Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, hyperlipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.

**Physical Activity**
Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality (independent of obesity). In addition, physical inactivity at the county level is related to health care expenditures for circulatory system diseases. [1]
Chronic Disease

Chronic diseases include heart disease, stroke, cancer, diabetes, and asthma. They can often be prevented by having a healthy diet, increasing physical activity, and by eliminating tobacco use and substance abuse. Chronic diseases are important public health issues to address because they can be prevented and effective condition management can prevent more serious complications.

Diabetes affects 25.8 million people in the US and is the 7th leading cause of death. One in every five US health care dollars is spent caring for people with diagnosed diabetes. [19]

Cancer is the 2nd leading cause of death in the US. The risk factors include use of tobacco, physical inactivity and poor nutrition, obesity, and UV light exposure. Cancer incidence can be reduced through early screening, vaccination, and other prevention efforts. [20]

The Susan G. Komen Foundation published “Quantitative Data Report: Measuring Breast Cancer Impact in Local Communities, 2007-2011” and identified Washington County as the Southeast Wisconsin Affiliate’s highest need community. In comparison to other southeast Wisconsin counties, Washington County is in the highest tier for breast cancer incidence rate, death rate, and death rate trends. [22]

Asthma affects more than 23 million people in the US. According to the BRFSS, approximately 12% of adults and 11% of children have asthma. [10]

Coronary heart disease is the leading cause of death in the US. The risk factors include high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical activity, overweight and obesity. Cardiovascular disease accounts for 20% of medical expenditures in the US. [15]

Communicable Disease

Communicable diseases are recorded to monitor their incidence, prevalence, and distribution patterns. This helps epidemiologists prepare for and prevent mass outbreaks from communicable diseases. Prompt identification and control can reduce illness, death, health care costs and absenteeism.

In the US each year, 42,000 adults and 300 children die of vaccine-preventable diseases. Each birth cohort vaccinated with the routine schedule of childhood vaccines: [15]
- Saves 33,000 lives
- Prevents 14 million cases of disease
- Reduces direct health care costs by $9.9 billion
Viral hepatitis, influenza and TB are among the leading causes of illness and death in the US [15].

Food-borne illness causes millions of illnesses every year in the US. Children under 4 have the highest incidence and adults over 50 are at highest risk of serious complications. [15] Respiratory infections (including influenza & pneumonia) are the 8th leading cause of death in the US. [15]

**Alcohol Use**

In the US, an estimated 22 million people per year have drug and alcohol problems. Approximately 80,000 deaths annually in the US are attributed to excessive drinking. Alcohol-related deaths are the fourth leading cause of death in Wisconsin. It is the third leading lifestyle-related cause of death. Wisconsin’s rates for various measures of alcohol use and abuse are among the highest in the nation. [12]

Substance abuse has a major impact on individuals, families and communities. Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.

In 2013, 216 citations were issued by Washington County Sherriff Deputies for Operating While Intoxicated (OWI) with 183 citations also being issued for Prohibited Alcohol Concentration (PAC). In Wisconsin, a person is first arrested and issued a citation for OWI. A test for blood alcohol level is then conducted. If the test indicates a blood alcohol level over the legal limit, a citation is issued for operating with a PAC. Drunk driving continues to be a concern in Washington County. [14]

**Reproductive and Sexual Health**

Sexually Transmitted Infections (STIs) are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. STIs also have a high economic burden on society [1]. The CDC’s newest estimates show that there are about 20 million new infections in the United States each year, costing the US healthcare system nearly $16 billion in direct medical costs alone.
Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities.

Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. Teens are also more likely than older women to have a pre-term delivery and low birth weight baby, increasing the risk of child developmental delay, illness, and mortality. [1]

**Breastfeeding**

Breastfeeding is known to provide significant health benefits to both the child and the mother. Recent research shows that if 90 percent of families breastfed exclusively for 6 months, nearly 1,000 infant deaths could be prevented.

The United States would also save $13 billion per year — medical care costs are lower for fully breastfed infants than never-breastfed infants. Breastfed infants typically need fewer sick care visits, prescriptions, and hospitalizations, resulting in a reduction of employer medical costs. Breastfeeding also contributes to a more productive workforce since mothers miss less work to care for sick infants. [21]

The measure above represents the percentage of infants breastfed exclusively through three months whose mothers qualify for and receive Wisconsin Infant and Children (WIC) nutrition assistance funds.

**Unintentional/Intentional Injury**

Injury is the leading cause of disability and is also the leading cause of death among 1-44 years olds. Injuries tend to be coined as “accidents” or “acts of fate”, when in actuality most injuries are predictable and preventable. According to the 2011 Burden of Injury Report, the top three causes of injury related deaths in Washington County are falls, suicide, and motor vehicle crashes. [16]
Clinical Care Factors that Influence Health in Washington County

Access to Care
Access to health care includes medical, dental and mental health care. There are many aspects to having access to care. Coverage (having health insurance) is essential but does not ensure access. It is also necessary to have:

- Comprehensive coverage, including preventive services
- Providers that accept the individual’s insurance
- Relatively close geographic location of providers
- Services from a usual and ongoing source (a “medical home”)

Having a usual and ongoing source of primary care is associated with greater patient trust in the provider, good patient-provider communication, and increased likelihood that the patient will receive appropriate care. These can then lead to better health outcomes, fewer disparities, and lower costs [15].

<table>
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Dental/Oral Health Services
Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from shortages. According to 2014 data, the ratio of the population to dentists in Washington County is 2,041:1. This is significantly worse than the state ratio of 1,660:1. [1]
However, having an adequate supply of dentists does not ensure that people will seek care efficiently. The measure does not report patient satisfaction with the care they receive, how often they make use of dental services, if the dentist in their area accepts their type of insurance, or how long they have to wait to see a dentist. This suggests that while the measure provides an estimate of dental access at the county level, it does not account for all of the barriers to access that individuals may encounter. [1] According to the County Health Rankings, in Washington County only 16% of individuals over the age of two did not have a dental visit in the past 12 months, compared to 25% at the state level.

**Mental Health**

Mental health can be defined as a state of successful mental function, resulting in productive activities, fulfilling relationships, ability to adapt and cope with challenges. Mental health is essential to personal well-being, relationships, and the ability to contribute to society.

Mental disorders are one of the most common causes of disability. Approximately, 13 million adults have seriously debilitating mental illness each year in the US. Approximately 20% of the population experiences a mental health problem during any given year. Suicide is another major preventable public health problem. It is the 11th leading cause of death overall in the US with 30,000 deaths per year. [15]

In Washington County, the ratio of the population to mental health providers is 7,333:1. This is significantly worse than the state ratio of 2,714:1. [1]

**Physical Environment Factors that Influence Health in Washington County**

**Environmental Health**

The natural environment includes a variety of factors that influence the health of our community, particularly air and water quality. Poor air and water quality have the greatest impact on the very young, the old, and those with chronic health conditions.

Air pollution can lead to decreased lung function, chronic bronchitis, and asthma. Exposure to high levels of ozone or fine particulate matter leads to higher rates of emergency room visits and hospitalizations for people with asthma and other respiratory problems. It can also lead to higher risk of death due to heart and lung conditions. [1]
Municipal water supplies are regularly tested and treated so they pose less risk of adverse health conditions. Therefore, two measures are used to indicate the potential impact of the water supply on the community:

- Percent of the population using municipal water
- Percent of the population exposed to contaminants in municipal water each year.

**Built Environment**

The built environment includes human-made resources and infrastructure such as buildings, roads, parks, restaurants, and grocery stores. Built environment health hazards can be reduced through engineering, regulation, safe work practices, and other methods.

One critical aspect of the built environment is having access to healthy foods. Not having access to fresh fruits and vegetables is related to premature mortality. Too much access to fast food restaurants and residing in a food desert correlate with: overweight, obesity, and premature death. A “food desert” is a neighborhood where a high proportion of the residents have low access to a supermarket or large grocery store (more than a mile in urban areas and more than ten in rural areas). [1]

Access to recreational facilities has a strong relationship with physical activity levels in adults and children and is linked to lower obesity levels. Increasing access to recreational facilities is one of the CDC’s twenty-four recommended strategies to reduce obesity. [12]
References:
[11] The Community Health Survey – The Washington County Community Health Survey was conducted by JKV Research, LLC, March 2012. The data cited in this report is compiled from several different county and community-based surveys.
[17] Washington County Health Department Annual Report
# Washington County Health Department

## Activity Report

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Printed on 2/5/2015

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* YTD and Entire Year figures are averages rather than totals
** Individual clients are counted once in YTD and yearly totals, hence these totals do not equal the sum of monthly totals.
1 'Perinatal' refers to pregnancy and 60 days after delivery
2 WWWP is the Wisconsin Well Woman Program for cancer screening and access to medical care.
3 WIC caseload for the recent month is preliminary and will be finalized next month
# Reportable Disease Cases
(Confirmed and Probable)

## Washington County

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*Population 133,071

Printed on 2/4/2015
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## Washington County
### 2015

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<td>53.4</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total Cat 3 Rate/100,000</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

* Population is estimated as of January 1, 2014 by WI Dept of Administration

** Rates are given per 100,000 residents

*** AIDS/HIV cases are reported to Waukesha County and published annually by Wisconsin DHS

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