WASHINGTON COUNTY HEALTH DEPARTMENT
333 E. Washington St., Suite 1100 - West Bend, WI 53095 - 262-335-4462 - Fax 262-335-4463
www.co.washington.wi.us/chn

Mission: Promote Health * Prevent Disease * Protect the Public

WASHINGTON COUNTY BOARD OF HEALTH MEETING
(HEALTH AND AGING LIASON COMMITTEE)
July 21, 2014 in Room 1023 PAC Building

Members Present: Supervisor Richard Gundrum, Supervisor Daniel Goetz, Supervisor Robert Milich, Doreen Buntrock, Patricia Hrobsky, and Assistant Director/Deputy Health Officer Joni Whitehouse

Excused: Supervisor Roman Schulteis, Cynthia Sieloff

Visitors: County Administrator Joshua Schoemann, Dr. James Algiers and Washington County Health Department Public Health Data Specialist Bruce Jordan

Chairperson Rick Gundrum called the meeting of the Washington County Board of Health to order at 7:40 a.m. Notice of Posting was given.

Minutes from Previous Meeting:
Moved by Doreen Buntrock, seconded by Robert Milich to approve the minutes of the June 16, 2014 meeting. Motion Carried.

Ordinance: Staffing Plan Change - Environmental Health Specialist (EHS):
Motion by Robert Milich, seconded by Patricia Hrobsky to approve change of Washington County Ordinance Sections 7.02 and 7.03 relating to: Washington County Staffing Plan – Health Department and Washington County Classification and Compensation Plan changing Environmental Health Specialist Position Non-Certified (Grade 8) to Environmental Health Specialist-Certified (Grade 9). No fiscal impact to budget. Motion Carried.

Step Placement in Pay Grade for promoted Health Specialist (EHS):
Motion by Doreen Buntrock, seconded by Patricia Hrobsky to place promoted Environmental Health Specialist-Certified at Step 4 Grade 9, retroactive to the date State certification was achieved. Motion Carried.

Discuss changing September Board of Health Meeting date:
A decision on the September meeting will take place during the August meeting.

Discuss appointment of Dr. James Algiers to the Board of Health:
The Board of Health welcomed Dr. James Algiers and introductions and discussion of appointment process will be completed.
Discussion on 2015 Budget:
Joni stated the target base budget number given to the Health Department for the 2015 budget is 2% less than the 2014 budget. The timeline for the budget was distributed. The Board also received a copy of the 2015 suggested user fee schedule. Motion by Dan Goetz, seconded by Robert Milich to approve user fee schedule as presented. Motion Carried.

Reports:
a) Updates on activities for the following coalitions were given by Joni:
   i) Washington County Breastfeeding Coalition
   ii) Health People Project of Washington County
   iii) Participation in Heroin Task Force
   iv) Participation in “Community Health Collaboration”
b) Half-time Public Health Specialist Staffing Plan Ordinance change voted on in June by the Board of Health was passed by the County Board on July 8, 2014.
c) Update on 2014-2015 License Renewals for Food Safety and Recreational Licensing Program was given by Bruce Jordan, Public Health Data Specialist. He stated the majority of license year renewal payments have been received with only a handful still outstanding, comparable to prior years at same timeframe. The state assigns a late fee of $85 after July 15th. Operators have until August 15th to pay or risk losing license.
d) Joni stated grant reports were recently submitted to DPH contract administrator.
e) July 11th Public Health Specialist and Deputy Assistant Health Officer attended meeting with Froedtert Health and Aurora on the top 5 community health needs assessments review.
f) Regional Community Health Survey is completed via telephone every three years and results are due early Fall.
g) The monthly reports on Public Health Activities and Reportable Diseases were distributed and reviewed.

Next Meeting & Adjournment:
The next meeting for the Board of Health is scheduled for August 18, 2014 at 7:30 a.m. in room 1023 of the PAC. Moved by Daniel Goetz, seconded by Doreen Buntrock to adjourn at 8:36 a.m. Motion Carried.
COMMITTEE REPORT
To: Administrative Services; Board of Health
From: Joni Whitehouse
Date: August 14, 2014 (ASC); August 18, 2014 (BOH)
Re: Change in Environmental Health Specialist Position Titles and Footnotes

POLICY QUESTION:
Should the Titles and Footnotes on the Environmental Health Specialists (EHS) positions be amended to provide flexibility in hiring a non-registered applicant who can be promoted immediately upon meeting the State of Wisconsin’s requirements for becoming registered as well as provide authority to the Department Head to determine which employee would be cut due to a decrease in non-county funds available to cover the costs of one of the positions?

DISCUSSION:
NOTE: Language clean-up is also being incorporated into the footnotes to correspond with terminology used by State of Wisconsin which uses “Registered Sanitarian” to indicate that one has passed an exam and obtained a license. Positions will be either Registered or Non-registered vs. Certified or Non-certified.

Footnote 22: Current Staffing Plan has one (1) fulltime and (1) pool Grade 9, Certified (Registered) and one (1) Grade 8, Non-Certified (Non-registered) EHS positions. Ordinance change was requested in July to accommodate promotion of a fulltime employee who had recently become registered. At the time, there was no other way to promote the employee as the fulltime Certified (Registered) position was already filled. On July 21st, The Board of Health approved an ordinance change making the Grade 8 Non-certified position a Grade 9, Certified (Registered) position. In the meantime, the Grade 9 position unexpectedly opened up and the employee was promoted into that position.

At this time, one position needs to be filled. Changing the footnote to reflect that both of these positions may be filled with either registered or non-registered personnel provides the EHS supervisor and department head with the flexibility to hire according to market availability and promote upon achieving registration without further changes to the staffing plan ordinance. Job titles were simplified to “Environmental Health Specialist”. Job descriptions will be edited as appropriate.

Submit this form in WORD format to the County Clerk’s office ONE CALENDAR WEEK PLUS 3 WORK DAYS prior to the Committee meeting WITH the Committee Agenda Preparation Form. Email to:

Brenda Jaszewski
Linda Doro
Mary Lemke
Patty Hoerig
Footnote 9: One of the two fulltime positions is funded by non-County funds. Should it be necessary to cut staff, the EHS Supervisor and Department Head should have the authority to use work performance rather than the staffing plan to determine the outcome.

**FISCAL EFFECT:**
None: Non-county funding continues to cover the cost of one position and the difference between overtime paid to non-exempt Grade 8 minimizes any additional cost to promoting an employee to an exempt Grade 9.

**ATTACHMENTS:**
Ordinance Change
“Registered Sanitarian – Pre-credential Education”
Environmental Health Specialist Non Certified Job Description
Environmental Health Specialist Certified Job Description

**RECOMMENDATION:**
Motion to amend Sections 7.02 and 7.03 relating to: Washington County Staffing Plan – Health Department and Washington County Classification and Compensation Plan as follows:
- Remove “Certified” and “Non-Certified” from the two (2) fulltime and one (1) pool Environmental Health Specialist position titles and
- Change footnote (22) allowing hiring of either registered or non-registered applicants and promotion of employee upon achieving registered status and
- Attach Footnote (9) to a position rather than an individual employee, providing authority to the Department Head to determine which employee would be cut should a decrease in non-county funds occur.

Submit this form in WORD format to the County Clerk’s office ONE CALENDAR WEEK PLUS 3 WORK DAYS prior to the Committee meeting WITH the Committee Agenda Preparation Form. Email to:

Brenda Jaszewski
Linda Doro
Mary Lemke
Patty Hoerig
WASHINGTO N COUNTY, WISCONSIN

Date of enactment: __________
Date of publication: __________

2014 ORDINANCE ___

AN ORDINANCE to amend Sections 7.02 and 7.03 relating to: Washington County Staffing Plan – Health Department and Washington County Classification and Compensation Plan.

The people of the County of Washington, represented in the Board of Supervisors, do ordain as follows:

SECTION 1. Section 7.02 of the code is amended to read:

7.02(RR 12RES33)(CR 12RES34) WASHINGTON COUNTY STAFFING PLAN. (AM 12-12)(AM 13-1)(AM 13-2)(AM 13-6)(AM 13-7)(AM 13-9)(AM 13-10)(AM 13-12)(AM 13-22)(AM 13-25)(AM 13-29)(AM 14-2)(AM 14-4)(AM 14-5)(AM 14- ) Washington County maintains a Countywide Staffing Plan listed by department. Such plan shall indicate the type and number of positions currently authorized by the County Board together with the existing pay grade for said position. County departments are authorized to fill only those positions listed in the Countywide Staffing Plan. Any changes to the staffing plan shall be determined by the Washington County Board upon review and recommendation of the Administrative Services Committee consistent with sec. 7.04(9) of this chapter and sec. 2.44 of this Code.

HEALTH DEPARTMENT

<table>
<thead>
<tr>
<th>Position</th>
<th>Pay Grade</th>
<th>Authorized Positions</th>
<th>FLSA</th>
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</thead>
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<tr>
<td>Environmental Health Specialist Noncertified (9)(22)</td>
<td>8</td>
<td>1</td>
<td>NE</td>
</tr>
<tr>
<td>Environmental Health Specialist Certified (22)</td>
<td>9</td>
<td>1</td>
<td>NE</td>
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<tr>
<td>Environmental Health Specialist Certified Pool(9) (22)</td>
<td>9</td>
<td>As Needed</td>
<td>NE</td>
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</tbody>
</table>

(9) Authorized only while appropriate non-County funds meet the full cost of these positions.

(CR 14- ) This position may be filled with a nonregistered specialist at Pay Grade 8. After meeting the requirements of §440.98, Wis. Stats., becoming licensed as a Registered Sanitarian, and upon recommendation of the Department Head, the specialist may be reclassified to Pay Grade 9 and classified as Exempt for FLSA purposes.

SECTION 2. The list of pay grades established in Section 7.03(1)(a) shall be adjusted to incorporate the changes proposed in this ordinance.

SECTION 3. EFFECTIVE DATE. This ordinance shall become effective upon passage by the Board of Supervisors and publication as provided by law.
SECTION 4. SUMMARY. Ordinance amending staffing plan for Health Department.

VOTE REQUIREMENT FOR PASSAGE: Majority

APPROVED: Introduced by members of the BOARD of HEALTH
           and ADMINISTRATIVE SERVICES

Kimberly A. Nass, County Attorney COMMITTEES as filed with the County Clerk.

Dated________________________________________

Richard P. Gundrum, Chairperson

Considered____________________ Board of Health

Adopted________________________

Ayes_____ Noes_____ Absent_______

Voice Vote________________________ Peter I. Sorce, Chairperson

Countersigned: Administrative Services Committee

_____________________________

Herbert J. Tennies

County Board Chairperson

(No fiscal impact.)
Registered Sanitarian - Pre-Credential Education

Completion of one of the following combinations of training and experience:

(a) A baccalaureate or higher degree in environmental health from an accredited college or university with academic credits in physical, biological, chemical, environmental or environmental health areas and one year of full-time equivalent employment in the field of environmental health.

(b) A baccalaureate or higher degree in physical or biological sciences from an accredited college or university with academic credits in physical, biological, chemical, environmental or environmental health areas and 2 years of full-time equivalent employment in the field of environmental health.

(c) A baccalaureate or higher degree from an accredited college or university and 4 years of full-time equivalent employment in the field of environmental health.

(d) An associate degree from an accredited college, community college or technical institute in environmental, physical, biological or chemical sciences, and 5 years of full-time equivalent employment in the field of environmental health.

(e) An associate degree from an accredited college, community college or technical institute and 8 years of full-time equivalent employment in the field of environmental health.
Name: 

Position Title: Environmental Health Specialist I

Pay Grade: G8

Department: Health Department

Status: Non-Exempt

Reports To: Environmental Health Supervisor

Position Summary:

Under the general direction of the Environmental Health Supervisor, responsible for the development, implementation and monitoring of all Health Department environmental health services.

Duties/Responsibilities:

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- Answers environmental health calls received by local health department.
- Provides consultation to non-environmental health staff on environmental issues as needed.
- Coordinates activities with appropriate county and state agencies.
- Assists with the investigations of human health hazards, assists with determining appropriate corrective action, and assists with follow-up investigation to insure compliance.
- Provides consultation on a variety of environmental health issues including, but not limited to, asbestos, radon, lead, nuisance complaints, air quality, water quality, communicable disease, pest control and licensed facilities.
- Implements policies and procedures for public health response to possible rabies exposure.
- Implements policies and procedures for local food safety and recreational licensing services associated with agent status from the Department of Health services, Division of Public Health, FSRL Program for licensed facilities and functions as the Health Officer’s designee when writing citations and enforcing regulations.
- Collects samples, including but not limited to, drinking water samples for the DNR transient non-community (TNC) contract, beach water samples, dead birds for West Nile testing, other animals for rabies testing, food for communicable disease testing or stool samples for analysis.
- Maintains records, documents contacts and prepares reports and other correspondence necessary for the environmental health program.
- Educates the community on environmental health issues, problems and concerns.
- Other duties as assigned and within the scope of any licenses held.
- Participates in after hours duty rotation including checking agency emergency notification systems and accepting calls from health care providers reporting communicable diseases and other 24/7 access required by the CDC and WI DPH.

- Actively participates in ongoing training and education needed to meet the current CDC and Wisconsin Division of Public Health core competencies for this position classification for emergency preparedness.

- Performs other miscellaneous duties as assigned including responding to an emergency event with reassignment of responsibilities as deemed appropriate within an ICS/NIMS command structure.

- Performs other duties as assigned, including responding to an emergency event.

Work Direction Received:

Works under the general direction of the Health Department Environmental Health Supervisor in collaboration with the Wisconsin Department of Health Services Division of Public Health and other state departments.

Supervision Exercised:

None.

Decision Making:

Decisions concerning daily work assignments are made independently, but overall program and service area decisions are made in collaboration with the Environmental Health Supervisor as needed.

Interaction:

There is interaction with local and state agencies and departments, public health nurses, and the general public.

Essential Knowledge and Abilities:

Knowledge of requirements for developing and implementing environmental health services and ability to manage programs. Ability to coordinate program activities with public health agency staff, other county and state personnel, community businesses and agencies and the general public. Excellent understanding of state and local statutes and ordinances relating to environmental health. Knowledge of food and water borne disease inspections and follow up needed for communicable disease outbreaks. Knowledge of rabies control practices and principles. Excellent oral and written skills. Ability to develop and conduct environmental education programs for the public. Able to fulfill physical demands of job, sensory demands (seeing and hearing), and cognitive demands (concentration, conceptualization, memorization).

Training and Experience:

Bachelor of Science Degree in environmental health, physical or biological sciences or related four year science degree. Copy of degree required. One year of employment in a field of environmental health or public health is preferred. Must possess a valid driver’s license.
NOTE: Environmental Health Specialist I (EHS1) under-fills the position of Environmental Health Specialist II (EHS2). After meeting the requirements of WI Chapter 160: Registered Sanitarians, becoming licensed as a Registered Sanitarian, and upon recommendation of the Department Head, may be reclassified to EHS2 with the appropriate increase in salary.

If not promoted at an annual 12 month review period, may apply for reconsideration of promotion after an additional 12 months have elapsed. (Registered Sanitarians are required to have 24 months of full-time work experience in a Health Department Environmental Health Program before they can apply for RS exam eligibility.)

______________________  __________________________
Employee's Signature    Supervisor's Signature
______________________  __________________________
Date                    Date

06/13/14
12/16/13 mtc
10/15/13
Name: 
Department: Health Department

Position Title: Environmental Health Specialist Certified  
Status: Exempt

Pay Grade: G9  
Reports To: Environmental Health Supervisor

Position Summary:

Under the general direction of the Environmental Health Supervisor, responsible for the development, implementation and monitoring of all Health Department environmental health services.

Duties/Responsibilities:

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- Answers environmental health calls received by local health department.
- Provides consultation to non-environmental health staff on environmental issues as needed.
- Coordinates activities with appropriate county and state agencies.
- Investigates human health hazards, works with the EH Supervisor to write orders for appropriate corrective action, and completes follow-up investigation to insure compliance.
- Provides consultation on a variety of environmental health issues including, but not limited to, asbestos, radon, lead, nuisance complaints, air quality, water quality, communicable disease, pest control and licensed facilities.
- Implements policies and procedures for public health response to possible rabies exposure.
- Implements policies and procedures for local food safety and recreational licensing services associated with agent status from the Department of Health services, Division of Public Health, FSRL Program for licensed facilities and functions as the Health Officer’s designee when writing citations and enforcing regulations.
- Collects samples, including but not limited to, drinking water samples for the DNR transient non-community (TNC) contract, beach water samples, dead birds for West Nile testing, other animals for rabies testing, food for communicable disease testing or stool samples for analysis.
- Maintains records, documents contacts and prepares reports and other correspondence necessary for the environmental health program.
• Educates the community on environmental health issues, problems and concerns.

• Other duties as assigned and within the scope of any licenses held.

• Participates in after hours duty rotation including checking agency emergency notification systems and accepting calls from health care providers reporting communicable diseases and other 24/7 access required by the CDC and WI DPH.

• Actively participates in ongoing training and education needed to meet the current CDC and Wisconsin Division of Public Health core competencies for this position classification for emergency preparedness.

• Performs other miscellaneous duties as assigned including responding to an emergency event with reassignment of responsibilities as deemed appropriate within an ICS/NIMS command structure.

• Performs other duties as assigned, including responding to an emergency event.

**Work Direction Received:**

Works under the general direction of the Health Department Environmental Health Supervisor in collaboration with the Wisconsin Department of Health Services Division of Public Health and other state departments.

**Supervision Exercised:**

None.

**Decision Making:**

Decisions concerning daily work assignments are made independently, but overall program and service area decisions are made in collaboration with the Environmental Health Supervisor as needed.

**Interaction:**

There is interaction with local and state agencies and departments, public health nurses, and the general public.

**Essential Knowledge and Abilities:**

Knowledge of requirements for developing and implementing environmental health services and ability to manage programs. Ability to coordinate program activities with public health agency
staff, other county and state personnel, community businesses and agencies and the general public. Excellent understanding of state and local statutes and ordinances relating to environmental health. Knowledge of food and water borne disease inspections and follow up needed for communicable disease outbreaks. Knowledge of rabies control practices and principles. Excellent oral and written skills. Ability to develop and conduct environmental education programs for the public. Able to fulfill physical demands of job, sensory demands (seeing and hearing), and cognitive demands (concentration, conceptualization, memorization).

Training and Experience:

Bachelor of Science Degree in environmental health, physical or biological sciences or related four year science degree. Copy of degree required. Must be a Registered Sanitarian (RS) in Wisconsin in accordance with DHS 139 and SPS 174 through 177. Two years of employment in a field of environmental health or public health is required. Must possess a valid driver’s license.

______________________  ________________________
Employee's Signature     Supervisor's Signature

______________________  ________________________
Date                  Date

6-13-14
10/28/2013
Health Department Budget 2015
## HEALTH DEPARTMENT

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<th>2015 BASE LEVEL</th>
<th>2015 REQUESTED LEVEL</th>
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### 2015 HEALTH DEPARTMENT BUDGET DECISION ITEM

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Account Number 1400001.422006 $600
1400001.411004 $5,000

Public Health Specialist Position Cost
Based on 20 hours per Week*

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<td>Retirement</td>
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<td>Short Term Disability</td>
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<tr>
<td><strong>Total Cost</strong></td>
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*The Public Health Nurse position that was traded for this was budgeted at 24 hours per week.
2015 Health Department (HD) Budget Notes

DEPARTMENT COMMENTS ON REVENUES & EXPENSES

- The base budget reflected a 2% decrease from 2013.
- A significant increase in costs associated with health care and short term disability insurance made it impossible to be fully staffed and come in at the base budget.
- Three additional employees may be eligible for health insurance in 2015. Based on the information currently available, these extra costs have not been included in the budget.
- Grant funding figures are conservative estimates based on preliminary information from the State.
- The Affordable Care Act will continue to change funding received and services provided by the HD.
- A Health Officer was budgeted in for 2015 at Step 1.
- A budget request equal to the cost of the currently vacant half time Public Health Specialist (PHS) position is the only decision item. (Attached)

STAFFING PLAN

- In 2013 the HD “traded” a fulltime Public Health Nurse (PHN) for a fulltime PHS. In June 2014, another half time PHN position was changed to a PHS. These positions were changed to assist in the accreditation process and community coalition work. The latter has not been filled due to the budget situation.
- A steady stream of retirements and staff vacancies have resulted in repetition of orientation process and costs associated of training new people including travel costs.
- The HD continues to adapt to the paradigm shift from individual services to focusing on community coalitions work, environmental and policy changes that create a healthier community. This requires both agility and retraining of staff.
- No additional positions are requested for the Health Department staffing ordinance for 2015.
- The current organizational chart is included for reference only.

USER FEE SCHEDULE – WASHINGTON COUNTY HEALTH DEPARTMENT

- Except for the temporary food stand fees (Attached), the Food Safety & Recreational Licensing (FSRL) program uses fees set by State Department of Health (not included).
I.S. FEES:

- HD 2500001 $29,217
- WIC 2500002 $9,538

OUTLAY AND LEASE EXPENSES

There are no lease expenses outlay requests.

OUT OF STATE TRAVEL

Expenses will be covered by grants/non-levy funds. (Attached)

ADDITIONAL REQUIRED INFORMATION

PROJECTED 2014 FINANCIAL CONDITION

No request for additional levy is anticipated for Y2014. The first 6 month projection indicates that $100,000 plus of unspent levy may be available at year end. Retirements of the Environmental Health Supervisor in late 2013 and the Health Officer at the end of May account for the bulk of the unspent salaries. One of the Environmental Health Specialists was promoted to the supervisory position (at a lower step than the retiree) which resulted in a vacancy in that program for most of the year. Several PHN’s also left for various reasons which resulted in intermittent vacancies as well. As noted above, the half time PHN position that was changed to PHS remains vacant. In addition, the State unexpectedly provided additional grant funding that has been added to the budget.

The HD will again be requesting that the two GASB 54 accounts be non-lapsed at year’s end. The Board of Health has directed that these accounts should be reserved for the costs associated with the accreditation process. Some of these funds will be needed in 2015 to complete the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP), which are part of accreditation but also required by the Department of Health Services (DHS) Chapter 140 Administrative Code.
MISSION

The Washington County Health Department strives to
- Preserve and promote health for all
- Prevent disease, injury and premature death
- Protect the public – ensuring conditions in which all can be safe and healthy

No major changes are anticipated. Staff will review the mission and vision as part of the
department’s upcoming Strategic Planning process.

"WHAT WE DO"

- Communicable Disease (Prevention, Surveillance and Control)
- Environmental Health (Human Health Hazard Control)
- Disease and Injury Prevention
- Health Promotion
- Public Health Nursing Services

The above are required services of all local health departments in Wisconsin per Chapter DHS
140 Administrative Code.

ACCOMPLISHMENTS IN 2014

- In May, successfully completed the State of Wisconsin five year 140 Administrative Rule review
  providing evidence that the HD continues to meet the statutory requirements to maintain a Level 2
  health department. The new PHS orchestrated the collection, organization and electronic submission
  of all documents required for this review.
- Also in May, the entire public health staff participated in a regional preparedness exercise to respond
  to an anthrax event. This included a call down to members of the Washington County Health Care
  Partners coalition, which was started in 2002 in response to the threat of terrorist attacks using
  smallpox and anthrax.
- Completed CDC City Readiness Initiative grant Technical Assistance Review (TAR) with a score of
  99%.
- HD staff regularly participates in trainings and preparedness exercises and are ready, willing and
  able to respond to a PH emergency or assist in response to other county emergencies.
• Continued work on obesity by ongoing collaboration with community partners using the Healthiest Wisconsin 2020 State Health Plan, the 2011-2015 CHIP and the Healthy People Project of Washington County (HPP) Implementation Plan. HPP focused on School Nutrition in both 2013 and 2014.

• Mental Health (MH) and Alcohol and Other Drug Abuse (AODA) including opiates and heroin have been called public health crises. Two new collaborations were formed to tackle these issues. Elevate/The Prevention Network spearheaded the Heroin Task Force, in which the HD actively participates. The Community Health Collaborative is composed of representatives from multiple county departments, health care providers, law enforcement, schools, and other not for profit agencies which came together to address MH/AODA.

• The Environmental Health program successfully completed the fourth full year of the Food Safety and Recreational Licensing (FSRL) services.

• Submitted the Washington County Health Department 2015-2017 Quality Improvement Plan to the Board of Health for approval.

GOALS FOR 2015

• The State of Wisconsin leads the country in the number of accredited HD’s. It is possible that being accredited will one day replace the 140 Administrative Rule review process completed in May. In accordance with the existing Strategic Plan, the HD will aggressively pursue national accreditation by the Public Health Accreditation Board (PHAB). Our current timeline is to be ready to submit a letter of intent in the latter half of 2016.

• Accreditation requires implementing a Quality Improvement Plan; a CHA and developing a new five year CHIP; Performance Management; Workforce Development and creating a Strategic Plan as a roadmap for setting priorities and measuring outcomes.

• Transitioning the entire HD team into an era with new leadership at both the county and department level.

• Stabilization of staff to turnover within expected limits.

• Provide services identified by statute, CHA and CHIP as well as consistent with Mission, Vision and Strategic Plan. These services must be essential to the health of the community, be provided with efficiency and excellence and be evaluated regularly through continuous Quality Improvement.

CLOSING COMMENTS

The HD uses the budget process to review opportunities and challenges that lie ahead. The accreditation process will guide the HD through a complete survey of programs and services to evaluate how the HD meets its responsibilities to serve and protect those who live, work and play in Washington County.
Washington County
Health Department
As of 7-30-2014

Director / Health Officer
(1 F) *
VACANT

Assistant Director / Deputy Health Officer
(1 F) *
Joni Whitehouse, BSN

Public Health Nurse
(5 F; 3 T) *
Janet Arndt, BSN
Jennifer Arvidson, BSN
Kate Barrett, BSN
Beth Bellin, BSN
Donna Groth, BSN
Lori Loof, BSN
Barbara Staven, BSN
Bonnie White, BSN

Environmental Health Supervisor
(1 F) *
Paula Mungan, RS

Office Supervisor
(1 F)
Janet Schlosser

Public Health Specialist
(1 F; 1 H)
Megan Matuszeski
VACANT

Public Health Data Specialist
(1 F)
Bruce Jordan

WIC Program Supervisor
(1 F) #
Carol Birkeland, RD

WIC Program Assistant
(1 F) #
Janice Oprenorth

WIC Health Screener
(1 H) #
Christine Steinmetz

WIC Dietetic Technician
(1 H; 1 LH) #
Brenda Patel
Kim Schnabel

WIC Peer Counselor
(1 LH) #
Sarah Olla

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

WASHINGTON COUNTY BOARD OF HEALTH

Rick Gundrum, Chair **
Robert Milich, Vice Chair **
Doreen Burtrock
Patricia Hrobsky, MPH,MS,RN
Cynthia Sieloff

Daniel Goetz **
Roman Schulteis **
Appointment Pending

Medical Advisor: Steven Holcomb, MD

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
TEMPORARY RESTAURANT PERMIT REQUIREMENTS

Note: “permit” and “license” mean the same thing

Does the food-stand meet one of the following definitions?
1. A not-for-profit food stand operating ≥4 days in a fiscal year which runs from July 1st to June 30th
2. A licensed restaurant operating a food-stand off-premise for-profit
3. A private individual or business operating a food stand for-profit
Temporary Restaurant is defined in DHS 196

Yes

Temporary restaurant permit is required

Is the food-stand currently permitted to operate by DHS or another DHS agent?

No

$125 WCHD permit is required
Temporary Restaurant permit is required.

Yes

Is the operator operating more than one food stand at the same event?

Yes

Operator pays a $75 WCHD Set-up Fee

No

$125 WCHD permit is required for one stand and operator pays a $75 WCHD fee for each of the additional stands.

Has the food stand been properly permitted with all fees paid and been approved for operation by the WCHD?

No

Yes

Has the food stand been brought into compliance and the $75 fee to cover reinspection been paid?

No

Stand remains closed

Yes

Spot check or complaint inspection finds stand in non-compliance?

No

Is the stand properly operated and remaining in compliance?

Yes

FEES FOR OPERATING A TEMPORARY RESTAURANT IN WASHINGTON COUNTY

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual WCHD Permit (an additional set up fee is not charged to a stand operator who has a WCHD Permit)</td>
<td>$125</td>
</tr>
<tr>
<td>Set-up Fee - this fee applies to stands that are currently permitted to operate by DHS or another DHS agent.</td>
<td>$75</td>
</tr>
<tr>
<td>Set-up Fee for operator with multiple stands at the same event One stand is required to have a DHS, DHS Agent or a WCHD permit additional stands are charged only the set-up fee.</td>
<td>$75</td>
</tr>
<tr>
<td>Reinspection Fee</td>
<td>$75</td>
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</tbody>
</table>

Not for profit stands operating < 4 days in a fiscal year and licensed restaurant stands operating on the restaurant premises and serving the same food they are licensed to sell in their restaurant.

Temporary restaurant permit is not required.
<table>
<thead>
<tr>
<th>Name of Fee</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Tuberculin Skin Test(s)</td>
<td>$15/test</td>
<td>$15/test</td>
<td>$15/test</td>
<td>$15/test</td>
</tr>
<tr>
<td>Adult Td or Tdap</td>
<td>$15.00</td>
<td>$15.00</td>
<td>$15.00*</td>
<td>$15.00*</td>
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<tr>
<td>Adult MMR per vaccine</td>
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<td></td>
<td></td>
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<tr>
<td>Temporary food stand</td>
<td>$170</td>
<td>$170</td>
<td>$125 or $75</td>
<td>$125 or $75 **</td>
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<tr>
<td>Water testing</td>
<td></td>
<td></td>
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<tr>
<td>Nitrates</td>
<td>$36.00</td>
<td>$36.00</td>
<td>$36.00</td>
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<tr>
<td>Nitrites</td>
<td>$27.00</td>
<td>$27.00</td>
<td>$27.00</td>
<td>$27.00</td>
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<tr>
<td>Bacteria</td>
<td>--------</td>
<td>--------</td>
<td>$20.00</td>
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</table>

*If state supplied 317 vaccines are available free (HD does not purchase) - $15 administration fee per dose is suggested, but may be waived

**The state FSRL fee scheduled published in Administrative Rules will continue to be used for all other fees.
## 2015 I.S. Budget Sheet

### JONI WHITEHOUSE
HEALTH DEPARTMENT

<table>
<thead>
<tr>
<th>Fixed Charges: Charges billed each January 1st</th>
<th>Qty</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Infrastructure</td>
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<td>454</td>
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<tr>
<td>Notes Annual Maint.</td>
<td>22</td>
<td>125</td>
<td>2,750</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Costs charged when they are incurred</th>
<th>Qty</th>
<th>Rate</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS/400 Costs</td>
<td>4</td>
<td>175</td>
<td>700</td>
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<tr>
<td>IS Staff Costs</td>
<td>156</td>
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<td>9,556</td>
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<tr>
<td>Misc Supplies &amp; Equipment</td>
<td>1</td>
<td>750</td>
<td>750</td>
</tr>
</tbody>
</table>

### New Equipment (Costs are Depr over 4 years and included in the Annual Depreciation Cost)

<table>
<thead>
<tr>
<th>Qty</th>
<th>Rate</th>
<th>Cost</th>
<th>Per Yr</th>
</tr>
</thead>
</table>

- **Annual Depreciation Cost**: $21

Total to budget in your I.S. Account is: $29,217
**2015 I.S. Budget Sheet**

**Fixed Charges: Charges billed each January 1st**

<table>
<thead>
<tr>
<th>Qty</th>
<th>Rate</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>12</td>
<td>510</td>
<td>6,120</td>
</tr>
<tr>
<td>6</td>
<td>125</td>
<td>750</td>
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</table>

**Costs charged when they are incurred**

<table>
<thead>
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<th>Qty</th>
<th>Rate</th>
<th>Cost</th>
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<tbody>
<tr>
<td>34</td>
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<td>2,060</td>
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<tr>
<td>1</td>
<td>500</td>
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<tr>
<td>9</td>
<td>12</td>
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**New Equipment (Costs are Depr over 4 years and included in the Annual Depreciation Cost)**

<table>
<thead>
<tr>
<th>Qty</th>
<th>Rate</th>
<th>Cost</th>
<th>Per Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Annual Depreciation Cost

**Total to budget in your I.S. Account is:** $9,538
# OUT OF STATE TRAVEL

## HEALTH DEPARTMENT - 2015

<table>
<thead>
<tr>
<th>CONFERENCE NAME</th>
<th>WHERE</th>
<th>NUMBER ATTENDING</th>
<th>BUDGETED COST</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Association of Local Boards of Health (NALBOH) annual conference</td>
<td>2015 location unknown</td>
<td>1 – Health Officer</td>
<td>$1200 from state grants for registration, lodging, meals &amp; travel</td>
<td>Annual conference designed for public health officials to have opportunity to expand their knowledge of current issues, products and services. Last attended in 2011.</td>
</tr>
<tr>
<td>CDC Pioneering Healthy Communities annual conference and meeting</td>
<td>2015 location unknown</td>
<td>1 – Deputy Health Officer</td>
<td>Y grant covers transportation, meals and lodging – there has been no registration fee in past</td>
<td>Annual meeting of recipients of Pioneering Healthy Communities CDC grant that funds Healthy People Project Of Washington County group. Joni is co-chair and attended last in 2011.</td>
</tr>
<tr>
<td>National WIC Association conference (NWA)</td>
<td>2015 location unknown</td>
<td>1 – WIC Program Supervisor</td>
<td>$1200 from WIC grant for registration, lodging, meals &amp; travel</td>
<td>Annual conference designed for WIC personnel to be updated on current nutrition and breastfeeding issues. Last attended in 2014.</td>
</tr>
<tr>
<td>FEMA Preparedness course</td>
<td>Emmetsburg, VA</td>
<td>2-4 Public Health Nurses</td>
<td>If applications accepted, FEMA pays for airfare, lodging &amp; no registration fee</td>
<td>Orientation to preparedness for new professional employees – previous employees who have attended have recommended experience as very valuable. No one has attended since 2010</td>
</tr>
</tbody>
</table>

**DEPARTMENT HEAD SIGNATURE**

Joni Whitehouse, Assistant Director/Interim Health Officer

**LIAISON COMMITTEE APPROVAL DATE**
## WASHINGTON COUNTY
### 2015 HEALTH DEPARTMENT
#### REVENUES AND EXPENSES

<table>
<thead>
<tr>
<th></th>
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</table>
### 2015 HEALTH DEPARTMENT
#### REVENUES AND EXPENSES

<table>
<thead>
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## Washington County
### 2015 Health Department
#### Budget Center Summary

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I. QUALITY IMPROVEMENT PURPOSE

The purpose of the Washington County Health Department (WCHD) Quality Improvement Plan is to provide a framework for quality improvement initiatives at WCHD.

Policy Statement: WCHD has an interest in systematically evaluating and improving the quality of satisfaction. To achieve this culture of continuous improvement, QI efforts should target department-level (“Big QI”) as well as program/project level (“Small QI”).

*Note: Quality Improvement is part of WCHD’s Performance Management plan.

A. Mission

The National Committee for Quality Assurance defines Quality Improvement (QI) as an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization.

The mission of the QI process at the Washington County Health Department (WCHD) is: To improve the health of Washington County residents by understanding and improving the efficiency, effectiveness, and reliability of public health processes and practices.

B. Quality Improvement Principles.

Quality improvement is a systematic approach to assessing programs/services and improving them on a priority basis. The WCHD approach to quality improvement is based on the following principles:

□ Customer Focus. High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.

□ Employee Empowerment. Effective programs involve people at all levels of the organization in improving quality.

□ Leadership Involvement. Strong leadership, direction and support of quality improvement activities by the governing body and Director are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with WCHD’s mission and/or strategic plan.

□ Data Informed Practice. Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.

□ Statistical Tools. For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. WCHD will use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.

□ Prevention Over Correction. WCHD will seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.

□ Continuous Improvement. Processes must be continually reviewed and improved. Small incremental changes do make an impact.
C. Culture of Quality
WCHD is not only dedicated to implementing quality improvement initiatives, but strives towards a complete culture of quality within the department.

In 2010, the department participated in the Wisconsin Public Health Quality Initiative, a partnership with the Institute for Wisconsin’s Health, Inc. (IWHI), the Wisconsin Association of Local Health Department and Boards (WALHDAB) and the Wisconsin Division of Public Health (DPH). Through this initiative, resources were provided for quality improvement training and an agency self-assessment using the essential services/Public Health Accreditation Board (PHAB) standards was completed.

Since 2010, all health department staff have received basic QI training and several QI projects have been undertaken and completed. The Plan-Do-Study-Act (PDSA) model is being used by staff. A variety of tools selected from The Public Health Memory Jogger II: A Pocket Guide for Continuous Improvement and Effective Planning are used to assist in problem solving.

The PHAB QI Self-Assessment completed in 2010 indicated a number of areas requiring attention including evaluating and improving processes, programs and interventions. Continuing work on QI will help to focus process improvement efforts to address these areas.

In addition to implementing QI projects internally, the WCHD participates in QI trainings and accreditation preparation presentations that are provided by DPH and IWHI. In 2012, the Health Officer and staff participated in “communities of learning” activities organized to share knowledge and experiences between local health departments, and identify and work on common areas of need related to quality improvement, accreditation and performance management.

II. GOVERNANCE OF QUALITY IMPROVEMENT PLAN

A. Organizational Structure
Quality Improvement/Accreditation Team provides ongoing operational leadership of continuous quality improvement and accreditation* activities at the WCHD.

*Note: Accreditation is part of WCHD’s Performance Management plan.

The Health Officer has charged the multidisciplinary QI/Accreditation Team with carrying out the purpose and scope of the QI program in the department. The QI/Accreditation Team is responsible for oversight of QI efforts and for promoting, training, challenging, and empowering WCHD staff to participate in the ongoing process of QI.

Actions and decisions will be made by the Quality Improvement (QI)/Accreditation Team and will be compared against the QI mission statement to evaluate if the actions and decisions of the QI/Accreditation Team are consistent with the intent of the mission.

The WCHD QI/Accreditation Team will guide and evaluate the QI process by:
- Approving QI Project Proposals
- Developing, evaluating, and approving the QI Plan
• Establishing a calendar for QI activities
• Identifying processes that need improvement
• Developing team consensus on the root cause of a problem and on the plan for improvement
• Identifying, monitoring, and reviewing results from QI projects using the Plan, Do, Study, Act (PDSA) cycle
  o Plan what to accomplish over a period of time and what needs to be done to get there
  o Do what is planned
  o Study the results of what was done to see if objectives were achieved
  o Act on the information
• Championing QI activities, tools, and techniques
• Providing committed and consistent leadership
• Developing a strong customer focus – internal and external
• Encouraging and fostering a supportive QI environment
• Involving staff through encouragement, training, support, and celebration of accomplishments
• Mobilizing knowledge to improve decision making
• Providing a safe and efficient outlet for ideas at all levels

The QI/Accreditation Team consists of the Accreditation Coordinator, at least two (2) Public Health Nurses/Public Health Specialists, and one (1) other WCHD staff member.

Leadership Team supports the efforts of the QI/Accreditation Team. The Leadership Team will be responsible for Administrative QI projects. Additionally, the Leadership Team will coordinate with the QI/Accreditation Team in QI training activities and other staff development opportunities. The Leadership team consists of the Director, Assistant Director, Environmental Health Supervisor, WIC Supervisor, and Office Supervisor.

B. Roles and Responsibilities

Health Officer/Director:
• Oversees the QI/Accreditation Team
• Provides vision and direction for QI program
• Allocates resources for QI programs and activities
• Reports on QI activities to the Board of Health
• Determines appropriate media outlets and messages to communicate selected QI results to the public
• Oversees appropriate interdisciplinary staff to participate in QI projects
• Oversees the development of the QI plan and QI program evaluation
• Requests review of specific evaluation activities or the implementation of QI projects
• Serves as a voting member of the QI/Accreditation Team

Assistant Director/Nursing Supervisor:
• Assists with QI training plan for WCHD staff
• Assists with the development of the QI plan and QI program evaluation
- Oversees the implementation of QI projects primarily impacting nursing personnel and reports progress to the QI/Accreditation Team
- Requests review of specific evaluation activities or the implementation of QI projects
- Identifies appropriate support staff to participate in QI projects
- Encourages staff to incorporate QI concepts into their daily work
- Serves as a voting member of the QI/Accreditation Team

**Accreditation/QI Coordinator:**
- Coordinates, supports, guides and defines QI department-wide
- Facilitates the agenda for the QI/Accreditation Team meetings
- Develops, updates, and evaluates the annual QI plan with the input of the QI/Accreditation Team and Leadership Team, assuring that it meets PHAB accreditation requirements
- Provides training, consultation, and technical assistance to QI project teams, the QI/Accreditation Team, and for other staff
- Works with the Leadership Team to define and document QI issues
- Supports Director, Assistant Director, and QI/Accreditation Team in development of messages to communicate QI activities to staff, the public and other audiences
- Assures communication of QI project results
- Implements other strategies to develop a “culture of QI”
- Applies QI principles and tools to daily work

**Environmental Health Supervisor:**
- Oversees the implementation of QI projects in the Environmental Health Section and reports progress to the QI Team
- Requests review of specific evaluation activities or the implementation of QI projects
- Identifies appropriate environmental health staff to participate in QI projects
- Incorporates QI concepts into their daily work
- Serves as a voting member of the QI/Accreditation Team

**Public Health Nurse/Public Health Specialist:**
- Requests review of specific evaluation activities or the implementation of QI projects
- Assists with the development of the QI plan and QI program evaluation
- Participates in QI projects and training
- Incorporates QI concepts into daily work

**WIC Supervisor:**
- Oversees the implementation of QI projects in the WIC Program and reports progress to the QI/Accreditation Team
- Requests review of specific evaluation activities or the implementation of QI projects
- Identifies appropriate WIC staff to participate in QI projects
• Incorporates QI concepts into their daily work
• Serves as a voting member of the QI/Accreditation Team

Office Supervisor
• Participates in QI projects and training
• Implements QI projects as requested
• Incorporates QI concepts into daily work
• Oversees the implementation of QI projects for Administrative Support Staff and reports progress to the QI/Accreditation Team
• Serves as a voting member of the QI/Accreditation Team

All WCHD Staff:
• Participate in at least ONE QI project each year and as requested by the Leadership Team
• Identify areas needing improvement and submit Project Plan Proposals to QI/Accreditation Team
• Participate in QI training
• Incorporate QI concepts, principles and tools into daily work

The QI/Accreditation Team meets monthly and maintains records and minutes of all meetings. These minutes are then presented for review and acceptance by QI/Accreditation Team members. At least annually, the QI/Accreditation Team will provide a report of the QI program to the Board of Health.

The QI/Accreditation Team members will serve a term no longer than two years (with the exception of the Accreditation/QI Coordinator. No more than half of the team membership will be replaced each year in order to provide consistency.

QI/Accreditation Team members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the QI/Accreditation Team will make decisions by a majority vote.

C. Dedicated Resource Allocation and Budget
Washington County Health Department provides administrative and technical support to the QI/Accreditation Team and the Department’s QI initiative. This support includes:
• Providing staff coordination for the monthly QI/Accreditation Team meetings, including:
  • Facilitating meetings
  • Developing and distributing the agenda
  • Maintaining meeting minutes
  • Providing staff training in QI methods and tools
  • Assisting program staff to track and trend their performance data
• Providing technical assistance to programs conducting continuous QI or quality planning, which may include data collection/analysis, advice on quality methods/tools or meeting facilitation.

G:\ACCREDITATION140 Review\Quality Improvement\QI Plan\QI Plan 2014.doc
Created On: 6-17-2014
Last Update: 8-4-2014
• Providing technical assistance to QI projects, which may include data collection/analysis, advice on QI methods/tools, meeting facilitation/project management services, or participation as a team member.

• A combination of tax levy and grant dollars fund staffing and/or administrative support for QI efforts. Tracking for dollars spent on quality improvement efforts is done through Lotus Notes.

D. Establishing and Approving the QI Plan

The QI plan will be reviewed annually to reflect program enhancements and revisions. The QI plan and program evaluation are approved annually by the QI/Accreditation Team.

The QI/Accreditation Team will track QI activities to include specific staff responsible for completion of the project, date of project completion, date of project review by the QI/Accreditation Team, and other additional information as appropriate.

Progress of QI projects are reviewed at each monthly QI/Accreditation Team meeting. Records of the review are in the meeting minutes.

E. Quality Improvement Tools

Quality improvement tools are designed to assist a team when solving a defined problem or project. These tools help the team get a better understanding of a problem or process they are investigating or analyzing. Examples of tools are: flow chart; five whys; cause and effect; and fishbone. (The Public Health Quality Improvement Handbook, 2009 Pg. 159)

Plan-Do-Study-Act (PDSA)
The plan-do-study-act cycle is a quality improvement method consisting of four steps: design or plan, test or implement, check or study the results, and act on the conclusions to identify an effective and efficient way to change a process. (The Public Health Quality Improvement Handbook, 2009, Pg. 133)

Performance Management (PM)
This is the practice of actively using performance data to make improvements. The practice involves strategic use of performance measures and standards to establish targets and goals. PM can also be used to prioritize and allocate resources, to inform managers about needed adjustments or changes in policy and program directions to meet goals and to improve the quality of public health practice. (The Public Health Quality Improvement Handbook, 2009 Pg.18)

Performance Management System
A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes:
1. Setting organizational objectives across all levels of the department
2. Identifying indicators to measure progress toward achieving objectives on a regular basis
3. Identifying responsibility for monitoring progress and reporting
4. Identifying areas where achieving objectives requires focused quality improvement processes.
(Public Health Accreditation Board. *Acronyms and Glossary of Terms Version 1.0*. September 2011)

**Public Health Accreditation Board (PHAB)**
PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of tribal, state, local and territorial public health departments. (Public Health Accreditation Board. *Acronyms and Glossary of Terms Version 1.0*. September 2011)

**Rapid Cycle Improvement (RCI)**
This is a quality improvement model based on the plan-do-study-act (PDSA) model. The RCI model entails four steps: set the aim (goal), define the measures (expected outcome), make changes (action plan), and test changes (solution). The concept behind RCI is to first try a change idea on a small scale to see how it works; then modify it and try it again until it works well for staff and customers and becomes a permanent improvement. After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team may implement the change on a broader scale. (Embracing Quality in Local Public Health: Michigan’s Quality Improvement Guidebook, 2008. Pg. 33, 109)

**Story Board**
This is the graphic representation of an organization’s quality improvement journey. A QI story board is a visual depiction of the team’s story, beginning at the “plan” phase and ending at the “act” phase. It can be updated continually throughout the PDSA cycle. Graphics are key when creating a story board with minimal complementary text. The QI story board should include key elements of all stages of the PDSA process. (Embracing Quality in Local Public Health: Michigan’s Quality Improvement Guidebook, 2008. Pg. 110)

**Strategic Planning**
A deliberate decision making process to define where an organization is going that results in a plan that sets the direction for the organization. The plan provides a template for all employees and stakeholders to make decisions that move the organization forward. (Public Health Accreditation Board. *Acronyms and Glossary of Terms Version 1.0*. September 2011)

**III. TRAINING**
*Please see the Policy and Protocol for Quality Improvement*

**A. New Employee Orientation**
- New employees will receive QI training as part of orientation to the department; through self-study using on-line resources including the Institute for Wisconsin’s Health website, the State Division of Public Health media site archived trainings or other sites; participate in at least one formal training in the first 12 months of employment (if training is available and affordable); and participate in at least one project within the first 12 months of employment. New employees will also review:
  1) Quality Improvement Quick Guide: Public Health Foundation (click [here](#) to view this guide and webinar)
2) Washington County Health Department’s Quality Improvement Plan and Policy and Procedure document for Quality Improvement
3) CDC Performance Management and Quality Improvement Resources: http://www.cdc.gov/stltpublichealth/Performance/index.html

B. Current Employee Training
• Current employees will participate in at least one QI training each year; review the WCHD Policy and Procedure document for Quality Improvement; provide quarterly updates on projects at staff meetings; participate on at least one QI project each year; and receive project specific training as available

C. QI/Accreditation Team Training
• The QI/Accreditation Team will follow the same requirements as current employees but may also get additional training or practice by partnering with other public health system partners in order to further develop QI knowledge and skills. As part of the QI/Accreditation Team, members are provided additional training on QI tools and methodologies (this list is not all inclusive):
  o Aim Statement
  o Affinity Diagrams
  o Brainstorming
  o Cause & Effect Diagrams
  o Data Collection & Analysis (Check Sheet, Bar Chart, Pie Chart, Run Chart)
  o Flowcharts
  o Kaizen
  o Gantt Chart
  o PDSA
  o Storyboards

D. Employee Recognition
• Employees submitting QI project proposals, participating on QI projects or participating on the QI/Accreditation Team will be recognized annually. In addition, QI project team members will be provided with opportunities to present their work at staff meetings or other appropriate events.

IV. IDENTIFICATION OF QI PROJECTS AND ALIGNMENT WITH STRATEGIC PLAN AND PERFORMANCE MANAGEMENT PLAN

A. Project Selection Criteria
Project Proposals
Any employee may recommend projects for QI to the QI/Accreditation Team. The QI Project Proposal Form will be used to submit recommendations for potential projects. Technical assistance
for completing projects can be provided by the QI/Accreditation Team or other designated employees.

**Project Selection**
QI project proposals are reviewed on a monthly basis. Proposal will be (a) approved, (b) returned for additional work or (c) declined. Project selection criteria will be based, in part, on high-risk, high-volume or problem-prone areas and have a method of data collection already in place or easily put into place. The Health Officer will have final approval on all project proposals. In order to be ready for accreditation, at least one project will be completed each year in the administrative area (completed by the Leadership Team) and one in the program area.

**Project Reporting**
Approved projects are required to submit follow-up progress and completion reports to the QI/Accreditation Team using the QI Project Worksheet that follows the PDSA model. If the project is estimated to take longer than 3 months, written quarterly reports are required.

**V. GOALS AND ACTIVITIES**

**QI/Accreditation Team**
The QI/Accreditation Team will meet monthly to review and select QI project proposals, review progress on projects and determine what additional support may be recommended for project teams. The QI/Accreditation Team will also review and adjust the QI Plan annually.

**Communication**
The QI/Accreditation Team will work with supervisors and project teams to provide QI updates and present the results of all QI projects completed during the year. It is the goal of the WCHD to assure that all staff members are aware of QI efforts. It is the practice of the Washington County Health Department to communicate these efforts through:

- Presentations at annual training
- Minutes from monthly QI/Accreditation Team meetings
- Updates at monthly Staff/Team Meetings
- Presentation of updated QI plan to all staff
- Visible Story Boards

**Sustainability**
Supervisors will support and monitor staff participation in QI activities. The QI/Accreditation Team will review, adjust, and submit to the Director an annual plan for approval. When a project has ended, performance measures established during the project phase will be continually monitored to ensure improvements are sustained.

- **Continuous Quality Improvement**
  After all projects are completed, performance data will continue to be periodically monitored to ensure sustained improvements. If improvements are not sustained, the appropriate team leader will notify the QI/Accreditation Team and make recommendations for further actions.
VI. MONITORING OF QUALITY IMPROVEMENT

A. Collection, Analysis, and Monitoring of Data
Data will be collected for each performance measure and each QI project. It will be the responsibility of each lead staff member as identified in the performance management plan (effective in 2015), for collecting and monitoring data for their own measure. It will be the responsibility of each project team leader to collect and monitor data for their own QI project. Assistance and support will be provided by the director, assistant director, and/or Accreditation/QI Coordinator as requested.

QI project data will be reviewed at the monthly QI meeting. Performance measurement data will be shared quarterly at the staff meeting.

B. Reporting of Progress
Progress will be reported at Leadership Team meetings, QI/Accreditation Team meetings, and staff meetings. These reports will include updated data from the responsible staff member in order for the Accreditation Coordinator to update the performance management log. A summary of the progress on each QI project will also be included in these reports. Reports of performance measures will be given quarterly and reports of quality improvement projects will be given monthly.
Appendix A  
Washington County Health Department  
Quality Improvement PDSA Project Decision Matrix

**Place an X in boxes where the criteria matches the potential project. Add up each column and place the total in the box at the bottom of each column.**

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<td>Has an existing process (if not, explore quality planning)</td>
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<td>Has existing data to indicate a problem exists (or data can be easily collected)</td>
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<td>Is connected to CHIP, Strategic Plan or program/grant requirements</td>
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<td>Has potential for rapid turnover (at least monthly)</td>
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<td>Project is on a manageable scale (“bite” vs. “elephant”)</td>
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<td>Resources are available to support project’s implementation</td>
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<td>We have ownership/control over the outcome of the issue</td>
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<td>Have discussed level of reach and potential need to include others</td>
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<td>Staff has demonstrated interest and engagement in the project</td>
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# Appendix B
## QI PROJECT PROPOSAL FORM

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**Explain the gap in service, efficiency or process targeted for improvement (what is the problem?):**

**Key project objective(s):**

**Project aligns with:**
- [ ] Administrative
- [ ] Program

**Explain why this project is a priority:**

**Resources needed (financial and other):**

**List the stakeholders you plan to involve:**

**Who should lead this team?** | **Who should be on this QI team?**

**Anticipated start date:** | **Anticipated project duration:**
- [ ] 3 mo
- [ ] 6 mo
- [ ] 9 mo
- [ ] 1 yr

**QI/Accreditation Team Approval:**

Date submitted: _______________________

Review date: _______________________

Initials:

Supervisor: _______________________

Date: _______________________

Proposal:
- [ ] Accepted
- [ ] Request more information or modifications
- [ ] Denied

Comments:

---

Created On: 6-17-2014

Last Update: 8-4-2014
## Appendix C
### QI PROJECT FORM (approved)

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. <strong>QI PROJECT TITLE</strong></td>
<td></td>
</tr>
<tr>
<td>2. What <strong>AIM</strong> will the QI Project address?</td>
<td>Choose one aim and indicate baseline measure and target.</td>
</tr>
<tr>
<td>3. <strong>PROGRAM / DEPARTMENT</strong></td>
<td></td>
</tr>
<tr>
<td>4. <strong>START DATE</strong> and expected completion date</td>
<td></td>
</tr>
<tr>
<td>5. What <strong>CLIENT POPULATION</strong> are you trying to help, e.g. clients in a specific program, customers?</td>
<td></td>
</tr>
<tr>
<td>6. <strong>PROJECT LEADER</strong></td>
<td></td>
</tr>
<tr>
<td>7. <strong>PROJECT TEAM MEMBERS</strong></td>
<td></td>
</tr>
<tr>
<td>8. How will you <strong>COLLECT DATA</strong> to measure the impact of change?</td>
<td></td>
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## Appendix D

### PDSA CYCLES

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<tr>
<th>Rapid Cycle #</th>
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<th>Cycle End Date</th>
<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>What is the idea/change to be tested?</td>
<td>What steps are you specifically making to test this idea/change? Who is responsible?</td>
<td>What are the areas of concern(s)? What are the desired results with the selected improvement(s)?</td>
<td>What is your next step? Adopt? Adapt? Abandon? Monitor?</td>
</tr>
</tbody>
</table>

|               |                  |                | | | | |
|               |                  |                | | | | |
|               |                  |                | | | | |
|               |                  |                | | | | |
|               |                  |                | | | | |


## Appendix E
### EVALUATION AND SUSTAINABILITY PLAN

<table>
<thead>
<tr>
<th>Project Outcomes (only complete once the project is finished)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> What was the project <strong>END DATE,</strong> when you stopped making changes?</td>
</tr>
<tr>
<td><strong>2.</strong> What did you <strong>LEARN</strong> (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?</td>
</tr>
<tr>
<td><strong>3.</strong> What was the <strong>FINANCIAL IMPACT</strong> of this change project? (e.g. Increased revenue? Reduced costs? Increased staff retention?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sustainability Plan (only complete if you are sustaining the changes)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Who is the <strong>SUSTAINABILITY LEADER</strong>?</td>
</tr>
<tr>
<td><strong>B.</strong> What <strong>CHANGES</strong> do you want <strong>TO SUSTAIN</strong>?</td>
</tr>
<tr>
<td><strong>C.</strong> What <strong>SUSTAINABILITY STEPS</strong> are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things?</td>
</tr>
<tr>
<td><strong>D.</strong> What is the <strong>TARGET SUSTAINABILITY MEASURE</strong>, i.e. the point at which the Change Team would intervene to get the project back on track?</td>
</tr>
<tr>
<td><strong>E.</strong> What system is in place to effectively <strong>MONITOR</strong> the <strong>SUSTAINABILITY MEASURE</strong>?</td>
</tr>
</tbody>
</table>

Additional Notes:
**Washington County Injury Prevention Coalition**

**UPCOMING EVENTS—Call for more details**

Get Fit Pledge  
Walk Your Child to School Day  
Delivering Fire Prevention  
Halloween Spooktacular

---

**Don’t Knock Your Noggin!**

More children ages 5-14 go to emergency rooms for bicycle-related injuries than with any other sport; many are head injuries. Like car crashes, bicycle crashes can happen at any time. Helmets are the single most effective piece of safety equipment riders of all ages can use. Everyone should choose to wear a helmet; it just makes sense!

For this reason, this summer a program for free bike helmets was created. This program is being offered to WIC clients for their children 5 years and under. Each child who is eligible receives a bike helmet and is fitted by certified bike helmet fitters. Education is given to each parent and the kids are allowed to pick out reflective stickers to put on their helmet. So far, the program has been very successful.

---

**Mission Statement:**

Our purpose is to bring together agencies and individuals interested in the prevention of unintentional injury.
Heatstroke Safety Tips

Babies and young kids can sometimes sleep so peacefully that we forget they are even there. It can also be tempting to leave a baby alone in a car while we quickly run into the store. The problem is that leaving a child alone in a car can lead to serious injury or death from heatstroke. Young children are particularly at risk, as their bodies heat up three to five times faster than an adult’s. These tragedies are completely preventable. Here’s how we can all work together to keep kids safe from heatstroke.

Reduce the number of deaths from heatstroke by remembering to ACT

A: Avoid heatstroke-related injury and death by never leaving your child alone in a car, not even for a minute. And make sure to keep your car locked when you’re not in it so kids don’t get in on their own.

C: Create reminders by putting something in the back of your car next to your child such as a briefcase, a purse or a cell phone that is needed at your final destination. This is especially important if you’re not following your normal routine.

T: Take action. If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations. One call could save a life.

Go a Step Further: Create Extra Reminders and Communicate with Daycare

- Create a calendar reminder for your electronic devices to make sure you dropped your child off at daycare.
- Develop a plan with your daycare so that if your child is late, you’ll be called within a few minutes. Be especially careful if you change your routine for dropping off children at daycare.

Teach Kids Not to Play in Cars

- Make sure to lock your vehicle, including doors and trunk, when you’re not using it. Keep keys and remote entry fobs out of children’s sight and reach.
- Teach kids that trunks are for transporting cargo and are not safe places to play. If your child is missing, get help and check swimming pools, vehicles and trunks.
- If your children are locked in a car, get them out as quickly as possible and dial 911 immediately. Emergency personnel are trained to evaluate and check for signs of heatstroke.

For more information visit www.safekids.org
Coalition Events from May to June 2014

The Third Annual National Bike to School Day
At County Line Elementary School in Germantown, 68 students rode to school along with their parents. Injury Prevention Coalition members Michelle Large from the Washington County Health Department and Officer Ray Borden from the Germantown Police Department greeted them as they arrived at the bike racks.

At Barton Elementary in West Bend, Injury Prevention Coalition members Lori Loof and Beth Bellin from the Washington County Health Department greeted 27 students and their parents at the bike racks. Injury Prevention goodie bags were given out to all students at both locations. It was a great way to start the day.

The Second Annual West Bend Fire Department Open House and Safe Kids Car Seat Check
was held at Station #3. Seventeen car seats were checked and installed. Some of the other fun activities on that day were face painting, home safety, safety wheel, home safety game, safety buttons, CPR and blood pressure checks by the firefighters. Kids could also have their picture taken on the old 1929 fire engine truck.

Street Smart Kidz
The Injury Prevention Coalition partnered with Officer Eric Rasmussen from the Hartford Police Department along with Principal Neil Hanlon at Lincoln Elementary School in Hartford to present this program. Ninety-one 3rd grade students received bike and pedestrian safety education and reinforcement of safe street crossing. Along with the education, the students participated in a “put on the brakes activity” which educates students on how long it takes a vehicle to stop, reflectivity and a bike/scooter rodeo. 78 students received free bike helmets by our certified bike helmet fitters.

Super Safety Summer Day Camp
On a sunny warm muggy day at Glacier Hills County Park in June, Washington County Injury Prevention Coalition members Beth Bellin and Lori Loof distributed and fitted 25 bike helmets along with coalition members Michelle Large and Kelly Scannell at Super Summer Safety Day Camp. Safety gear was also discussed with the five to ten year old children. A very fun safety gear relay race was the highlight of the day.
Michelle Large has been with the WCIPC for 11 years. She is the beauty and the brains behind the coalition. Her hard work, planning, organizing and presence can be seen at all of the coalition events. Also, Michelle has worked for the Health Department for 27 years! She is a Certified Car Seat Technician. She educates and assists parents and grandparents on car seats for the safety of Washington County’s littlest ones. In addition, she helps with the Well Women Program and assists with many behind the scenes activities at the Health Department on a day to day basis. We are so thankful for Michelle!

Let us be grateful to people who make us happy; they are the charming gardeners who make our souls blossom.

Marcel Proust

Washington County Injury Prevention Coalition
meets every 2nd Wednesday of the month at 9:30am.
For more information on the meetings please call Lori Loof at 262-335-4471
Grants
Unfortunately we did not receive the Workplace Wellness grant through the Wisconsin Chronic Disease Prevention Unit. Although we were told that if funding becomes available we may have the opportunity to receive the technical assistance that was part of the grant. The Leadership Team will be meeting to discuss the Healthy Community Fund grant opportunity, if we should apply this year and what we would apply for. I will be submitting the Coach grant application this week. Thanks to those of you who have agreed to be part of this training opportunity through the Healthy Wisconsin Leadership Institute.

Physical Activity
Plans are underway for another Hike the Ice Age Trail event this fall. If you would like to help with planning or volunteer the day of the event please let me know asap.

The Bike to Work Summer Challenge will wrap up on August 31. If your organization is able to donate anything as a raffle prize for those completing the Challenge please contact me by August 25.

Breastfeeding Coalition
We have received the funds from the Rotary grant and Jennifer is putting together nursing education kids for child care centers who have been designated Breastfeeding Friendly.

Other
The Leadership Team recently met with the Chair and Team Coordinator of Invest Ozaukee (community health coalition) to get ideas on how their coalition operates and how they have engaged their community. It was a great discussion and they provided us with resources on coalition structure and organization.

Christine Glaszcz
Team Coordinator
Healthy People Project of Washington County
1111 W. Washington Street, West Bend, WI 53095
(P) 262-247-1057 (E) cglaszcz@kmymca.org (W) www.hppwc.org
Like Us on Facebook
Pounds of produce

Bounty from community gardens make it to mix of tables

By JILL BADZINSKI
For the Daily News

Three Washington County Master Gardener volunteers work together to provide Germantown senior citizens with free, fresh produce.

The Germantown Community Garden was established in 2012 as a collaborative effort between the Master Gardeners, Washington County Healthy People Project, Germantown Park and Recreation Department, and the Germantown Historical Society. Initially the garden had 10 plots, but has more than doubled to 24 this year.

The concept of a community garden is to encourage residents to grow produce in a plot that is typically rented from an organization. Healthy People Project members formed a Community Garden Action Team in 2011 to encourage development of additional community gardens in the county, coordinator Christine Glaszcz said.

In addition to growing produce for personal use, community gardeners often find ways to donate produce to food pantries and others who could use it.

Master Gardener volunteers Cindy Helt, Linda Stehman and Carol Radawitz have maintained two plots in the Dheinsville Historical Park garden for the past two years.

Three volunteers with the Germantown Community Garden donated about 300 pounds of produce to the Germantown Senior Center last year.

The trio donates produce grown in the plots to the Germantown Senior Center. Last year, they donated 300 pounds, Helt said. This year’s season hasn’t been ideal for growing, but rewards are being reaped and Helt is optimistic that it will be another success.

The decision to work the double plot and donate its produce stemmed from a discussion at a Health People Project Committee meeting. Helt is a member of the committee, which discusses ways to improve the health of Washington County residents through exercise and diet.

“The concern was raised as to how to get fresh, inexpensive produce to the folks who have a hard time getting out or don’t want large quantities that stores offer,” Helt said.

Getting volunteers to commit to helping wasn’t difficult and the work was quickly divided into manageable segments.

The Park and Recreation Department donated the double plot. The Senior Center was selected as a distribution point to hit the target audience. The Master Gardeners volunteer their time and expertise to keep their Master Gardener certifications up to date. Helt and Radawitz handle much of the planting and weeding, while Stehman is in charge of insects and plant diseases as well as computer communications.

The project takes coordination and effort, Helt said, but the results make it well worth the work.

As the produce matures, volunteers pick it once a week and take it to the Senior Center in the morning, where seniors take what they want for personal use — usually enough for a meal or two, Helt said. Regulations do not allow the produce to be cooked and served at the Senior Center.

“This year, we planted potatoes, zucchini, yellow summer squash, broccoli, onions, kohlrabi, green beans, green peppers, cucumbers and tomatoes,” Helt said. “The most requested veggie was the kohlrabi.”

Senior citizens who receive the produce are thrilled and appreciative, Glaszcz said.

In true Master Gardener form, the volunteers also offer advice to other community gardeners.

This Wisconsin Master Gardeners program is a volunteer organization dedicated to providing education and information about horticulture and gardening.

Minnesota seeks farmers’ help on nitrates in water

WORTHINGTON, Minn. (AP) — As Minnesota communities spend millions of dollars to remove nitrates and other pollutants from wells, the state is seeking assistance from farmers to mitigate the problem at its source, the placement of those products. We could also require certain best management practices be put in place.

Farmers have committed to spending $3 billion over 10 years to reduce nitrates.
Good Evening,

I hope that you have been able to take a walk through to see what is "growing on" in plots other than your own. I continue to be amazed by the wide variety of crops, to say nothing of the creative ways in which they are grown. We have veggies growing up ladders and fences, deep in straw cages, on creative trellises, in raised beds and in grow bags. No matter how they are grown, the harvest so far in 2014 is HUGE! We have tallied well over 1,500 pounds of food through July 29--and the zucchini season is just kicking in! This food has a market value of about $2.00 per pound, with a resulting value of over $3,000.00.

The other amazing tally is the volunteer hours which have been logged. Not including the hours put in by the water crew and yours truly (which will be included at the end of the season), you have given back over 100 hours of your time to the program. Volunteer hours are valued on a national standard of a little over $21.00 per hour, so West Bend and Washington County have received an economic benefit of over $2,000.00 from our program.

These figures are very, very important because they illustrate--and justify--the importance of our program. Nicely done, fellow gardeners!

Here are the notes for today:

1. Because of the huge amount of produce which we grow and the visibility of our site, we have reached the point in the growing season where passersby think that they have the right to walk through and take what they like. Please continue to use your parking permits and be vigilant if you see unfamiliar people walk through the gardens. There are a number of people who are interested in starting community gardens who have asked permission to look around, so if someone says "Mary said I could walk through", they are legit. However, if they have a bag full of veggies--not so much! Do not hesitate to take down license plate numbers and car descriptions and pass the information on to me.

2. SUNDAY, AUGUST 25 is our annual pot luck. We begin set up around 4:30, eat "5ish", and are usually cleaned up by 6:30 or 7:00 at the latest. More information, including a call for help with set-up and take-down will come in a week or so. Please RSVP as soon as you know your availability.

3. Planting notes for August include:
   - Pick herbs just before blossom for best flavor. Pinch herbs back or cut off leaves and new growth will be back before you know it.
   - Keep eggplant and peppers picked so that more fruit develops.
   - Plant fall crops of radishes, lettuce, spinach and beets during the first week of August.

4. Continue to let me know if you need assistance in your plot due to vacations.

Happy Gardening!

Mary
Joni,

I want to give you an update on the Germantown Community Garden MG plot. I attached some pictures of how we are doing so far this year. We are so pleased with the success of this project. The first year we did this, there were 10 garden plots, and the Master Gardeners didn't have one of their own. We were just there to "help". The second year (last summer) we expanded to 24 total plots, with the MGs having a double plot. We hoped to donate 100 lbs. to the senior center; in fact, we donated 300 lbs. We hope for a bountiful year again this year. We have a total of 32 garden plots, with the MGs having one double plot again. It is a joy to work on a project like this. And Linda and Carol are great teammates.

Cindy
## Washington County Health Department Activity Report

### Communicable Disease

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<tr>
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<td>Clients Vaccinated</td>
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<td>Investigation Staff Hours</td>
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<td>Hours Per Investigation (average)</td>
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### Environmental Health

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## Health Promotion

|                      | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD 2014 | YTD JUL 2013 | ALL YEAR 2013 | ALL YEAR 2012 | ALL YEAR 2011 | ALL YEAR 2010 |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|----------------|----------------|----------------|----------------|----------------|----------------|
| Individual WIC Caseload | 1076 | 1069 | 1082 | 1080 | 1111 | 1110 | 1120 |     |     |     |     |     | 1093   | 1199           | 1160            | 1289            | 1384            | 1512            |
| Family WIC Caseload   | 661  | 657  | 659  | 661  | 673  | 679  | 684  |     |     |     |     |     | 668    | 755             | 728             | 815             | 881             | 938             |

## Disease and Injury Prevention

|                      | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD 2014 | YTD JUL 2013 | ALL YEAR 2013 | ALL YEAR 2012 | ALL YEAR 2011 | ALL YEAR 2010 |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|----------------|----------------|----------------|----------------|----------------|----------------|
| WI Well Woman Program Enrollment | 152  | 137  | 125  | 126  | 119  | 119  | 106  |     |     |     |     |     | 126    | 154            | 153            | 176            | 159            | 142            |
| WWWP Enrollment (age 50 & over) | 109  | 95   | 85   | 81   | 80   | 80   | 75   |     |     |     |     |     | 86     | 113            | 112            | 129            | 109            | 99             |
| WWWP New Enrollments     | 1    | 0    | 4    | 1    | 2    | 2    | 1    |     |     |     |     |     | 11     | 25             | 48             | 58             | 66             | 65             |
| WWWP Re-enrollments      | 4    | 4    | 6    | 4    | 1    | 0    | 2    |     |     |     |     |     | 21     | 37             | 75             | 88             | 80             | 71             |
| Car Seat Checks          | 10   | 13   | 14   | 12   | 14   | 12   | 9    |     |     |     |     |     | 84     | 69             | 141            | 142            | 183            | 239            |

## Public Health Nursing

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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)

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*Population: 132,661*
# Reportable Disease Cases  
## (Confirmed and Probable)

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Printed on 8/1/2014
## Reportable Disease Cases
(Confirmed and Probable)

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

* Population is estimated as of January 1, 2013 by WI Dept of Administration

** Rates are given per 100,000 residents

AIDS/HIV stats are reported to Milwaukee County and published quarterly