WASHINGTON COUNTY BOARD OF HEALTH MEETING
(HEALTH AND AGING LIASON COMMITTEE)
August 18, 2014 in Room 1023 PAC Building

Members Present: Supervisor Richard Gundrum, Supervisor Daniel Goetz, Supervisor Robert Milich, Supervisor Roman Schulteis, Doreen Buntrock, Cynthia Sieloff and Assistant Director/Deputy Health Officer Joni Whitehouse

Excused: Patricia Hrobsky

Visitors: Dr. James Algiers, County Administrator Joshua Schoemann, Environmental Health Supervisor Paula Mugan and Public Health Specialist Megan Matuszeski

Chairperson Rick Gundrum called the meeting of the Washington County Board of Health to order at 7:30 a.m. Notice of Posting was given.

**Minutes from Previous Meeting:**
Moved by Doreen Buntrock, seconded by Roman Schulteis to approve the minutes of the July 21, 2014 meeting. Motion Carried.

**Ordinance: Washington County Staffing – Health Department - Environmental Health Specialist (EHS) Position:**
Motion by Roman Schulteis, seconded by Robert Milich to approve amendment to 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.
Motion Carried.

**2015 Health Department Budget:**
Motion by Roman Schulteis, seconded by Cynthia Sieloff to approve the 2015 requested level budget with a net levy of $1,1895,089 and forward to Administration. Motion Carried.
2015-2017 Washington County Health Department (WCHD) Quality Improvement Plan (QIP):
Megan Matuszeski, Public Health Specialist educated the Board on the Health Department’s Quality Improvement Plan and its importance for accreditation. Motion by Doreen Buntrock, seconded by Robert Milich to approve 2015-2017 Washington County Quality Improvement Plan. Motion Carried.

Reports:
 a) Joni gave the Board an update on the following coalitions:
   i) Washington County Injury Prevention
   ii) Healthy People Project of Washington County
 b) The Public Health Activities and Reportable Diseases report were reviewed.
 c) It is anticipated Dr. James Algiers will be appointed to the Board of Health following the next Executive Committee and County Board meetings.

Next Meeting & Adjournment:
The next meeting for the Board of Health is scheduled for September 22, 2014 at 7:30 a.m. in room 1023 of the PAC. Moved by Doreen Buntrock, seconded by Roman Schulteis to adjourn at 7:57 a.m. Motion Carried.
COMMITTEE REPORT

To: Board of Health

From: Joni Whitehouse

Date: September 22, 2014

Re: Susan G. Komen (SGK) Small Community Grant (SCG)

POLICY QUESTION:

Should the Health Department apply for $5000 from the SGK SCG to be used in 2015 to provide outreach and education to women on the importance of early detection of breast cancer through screening?

DISCUSSION:

The Susan G. Komen Foundation recently published “Quantitative Data Report: Measuring Breast Cancer Impact in Local Communities, 2007-2011” and identified Washington County as the Southeast Wisconsin (SEWI) Affiliate’s highest need community. There are many factors that warrant the selection of Washington County as a target community. Washington County is the furthest off track on meeting the Healthy People 2020 (HP2020) goals and has the SEWI Affiliate’s worst breast cancer death rate trend. This rate indicates slow change toward the HP2020 goals and puts the county a full 13 years away from achieving the target of 20.6 breast cancer deaths per 100,000 women.

Washington County’s age adjusted breast cancer death rate is the highest of the SEWI Counties (24.5) and is above both the national (22.6) and State of Wisconsin (21.3) rates. The county also stands out as having the SEWI Affiliate’s third highest age-adjusted breast cancer incidence rate at 138.4 deaths per 100,000 women. This rate is 13.3 percent higher than the national rate of 122.1 percent.

Washington County’s late stage breast cancer diagnosis is 3.7 percent. Washington County was the only one of SEWI’s smaller counties to have enough late stage incidence data to count. Three counties (Ozaukee, Racine and Walworth) had suppressed data for this category (under five cases), while Washington County presented with 26 cases in the same 2007 to 2011 time frame.

In comparison to other counties, Washington County is in the highest tier for breast cancer incidence rate, death rate, and death rate trends. Conversely, Washington County is at relatively low risk in terms of socioeconomic variables. Its rural profile suggests transportation and/or access may be factors in the relatively high breast incidence and mortality rates. Higher

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Patty Hoerig
population age, questionable actual screening percentages, and the consideration of late-stage diagnoses data present as possible causes for elevated incidence and mortality data within this region and warrant further investigation.

**FISCAL EFFECT:**

Funding is first come, first serve. The application will be submitted immediately upon approval from the Board. Due to the timing of the application and review process, funding from the small grant may be received at the very end of 2014. It would be earmarked for 2015. Up to half of the small grant can be used for staff time. The balance of staff time to provide educational sessions will be in kind.

**ATTACHMENTS:**

SGK Small Grant 2014 Application
Conversations for the Cure (CFTC) Frequently Asked Questions (FAQ)

**RECOMMENDATION:**

Motion to approve applying for $5000 from the Susan G. Komen Small Community Grant for outreach and education on the importance of early detection of breast cancer through screening.
Request for Small Grant Applications

About Susan G. Komen
Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure and launched the global breast cancer movement. Today, Susan G. Komen® is the world’s largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, Susan G. Komen has invested more than $1.9 billion to fulfill our promise, becoming the largest source nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen®, breast health or breast cancer, please visit www.komen.org or call 1-877 GO KOMEN.

About Susan G. Komen Southeast Wisconsin
The mission of Susan G. Komen® is to save lives and end breast cancer forever by empowering people, assuring quality care for all, and energizing science to find a cure. Susan G. Komen® Southeast Wisconsin - along with those who generously support us with their talent, time and resources—is working to better the lives of those facing breast cancer in our community. We join more than 100,000 breast cancer survivors and activists around the globe as part of the world’s largest and most progressive grassroots network fighting breast cancer.

While twenty-five percent of Komen Southeast Wisconsin funds are dedicated to national scientific research grants, the remaining seventy-five percent are granted to local programs in our seven county service area. These are the programs that put Komen funds to work empowering people by providing accurate breast health information, as well as guaranteeing affordable and accessible quality care for everyone.

Through events like the Komen Southeast Wisconsin Race for the Cure, we have invested $8.3 Million in local breast health and breast cancer awareness projects in our seven county service area.

Small Grants

The Southeast Wisconsin (SEWI) Affiliate is implementing a Small Grants Program to complement our established Community Grants program that has dedicated over $8.3 million into community programs over the past 15 years. The purpose of adding a Small
Grant funding arm to our affiliate is to expand our ability to promote the mission of Susan G. Komen by:

- Lending financial support to breast health initiatives,
- Funding short-term projects,
- Jump starting emerging long term projects,
- Providing a building step to programs considering future Community Grant funding, and/or,
- Increasing the effectiveness and efficiency of established breast cancer screening programs.

Komen Southeast Wisconsin will award up $5000 to approved Small Grant Applicants within our seven county service area. Fundable programs will address the goals of Susan G. Komen: breast cancer education, improving access to the continuum of care, and improving the quality of life for breast cancer patients and survivors. A total of up to $20,000 will be budgeted to small grants in the 2014-15 fiscal year.

All small grant programs must benefit individuals living or receiving service within our seven-county service area including Kenosha, Racine, Milwaukee, Ozaukee, Walworth, Washington, and Waukesha Counties. Proposed programs must have a focus on breast health education and outreach; breast cancer diagnosis; lowering personal breast cancer risk; metastatic breast cancer; treatment; and/or survivorship.

Funding priority will be given to projects that address the breast health needs of the medically underserved, uninsured and underinsured in Southeast Wisconsin, with an emphasis on projects that remove cultural barriers to breast health education and screening, as well as those that educate laypeople in their communities.

**Statement of Need**
Komen Southeast Wisconsin utilizes a Community Profile to assess the breast cancer needs in our local communities. The latest 2011 Community Profile can be found on our website at [www.komensoutheastwi.org](http://www.komensoutheastwi.org).

The findings from the 2011 Komen Southeast Wisconsin Affiliate Community Profile revealed the following key areas of need in our seven county service area:

- **Eliminating Barriers**: Reduce systemic and individual barriers to breast health services for targeted populations in our service area, including African American, low income and un-/underinsured women in Milwaukee, Racine and Waukesha Counties.

- **Collaboration**: Strengthen existing and create new partnerships for providing women with access to breast cancer screening, diagnostic and access to
treatment care, in order to avoid duplication of efforts and ensure that women are connected with resources.

• **Financial Assistance:** Maintain and expand the financial assistance programs available for screening, diagnostic and access to treatment care in the service area.

• **Education/Awareness:** Increased breast health awareness and education, with a focus on screening, for women in our target communities.

**Funding Priorities**
Drawing from the profile and our Affiliate mission, Komen Southeast Wisconsin Affiliate has identified the following grant funding priorities:

1. Early Detection through increased breast cancer screening with mammography
2. Early Detection through increased diagnostic breast care
3. Elimination of individual and/or systemic barriers to breast health information and services

**Funding Opportunities**

**Important Dates**
Small Grants Applications are accepted throughout the year. Grant applications received by the 15th of the month will be reviewed within 30 days. Applicants will be notified of funding generally within 45 days of submitting their application on GeMS. Applicants should consider this timeline when submitting a proposal and/or planning a program.

**Small Grants Categories**

1. **Educational/outreach Grants:**
Funding to provide seed money or support money for the development of programs/projects that address the priority needs determined by the Komen Southeast Wisconsin Community Profile (above)

2. **Capacity Building/Technical Assistance Grant**
Funding to increase the efficiency and/or effectiveness of current breast health and breast cancer organizations and programs that provide priority focused services in Komen Southeast Wisconsin’s seven county service area. Requests to fund direct client services, travel scholarships, or conference grants will not be considered.
Definitions:
Capacity Building:
Enhancing an organization’s ability to provide services by redesigning processes, implementing new practices, or developing collaboration or partnerships that will improve local breast health and breast cancer services.

Technical Assistance:
Addressing internal operational or management challenges or issues with a focus on problem solving or increasing organizational efficiency and effectiveness.

Best Practices
Susan G. Komen gives highest funding priority to programs and projects that are evidence based (programs that have been implemented, evaluated, and found to be effective in promoting behavioral change or empowering individuals to make good breast health decisions. Visit Cancer Control P.L.A.N.E.T. (cancercontrolplanet.cancer.gov) and the Guide to Community Prevention Services (thecommunityguide.org) to find research tested programs and projects that can be utilized in your proposed program/project.

Eligibility
Applicants and institutions must conform to the following eligibility criteria to be considered for funding:
- Applicants must ensure that all past and current Komen-funded grants or awards are up-to-date and in compliance with Komen requirements.
- Institutions must be non-profit organizations located in or providing services to one or more of the following locations: Kenosha, Milwaukee, Racine, Ozaukee, Walworth, Washington, Waukesha Counties
- Project must be specific to breast health and/or breast cancer
- Funding requests should not be for projects that provide direct services such screening, diagnostics, or treatment that would normally go through the yearly peer-reviewed Komen Grant process.
- The applicant must be a non-profit organization with federal tax exemption. Individuals may not receive grants.
- The applicant must be able to provide proof of liability insurance
- If applicant, or any of its key employees, directors, officers or agents is convicted of fraud or a crime involving any other financial or administrative impropriety, then applicant is not eligible to apply for a grant during this current cycle and will not be eligible to apply for a new grant until the later of 12 months after the conviction or until applicant can demonstrate that appropriate remedial measures have been taken to ensure that any criminal misconduct does not recur.
Expenses

Allowable Expenses include:
- Purchase of Educational materials
- Meeting Costs
- Supplies (may include food costs for presentations)
- Travel (program incurred mileage)
- Other direct program expenses
- Equipment for educational purposes
- Salaries and fringe benefits - up to 50% of funding requests*
  *Pre-application approval is necessary for salary/benefit requests over 50% of total fund request
- Other costs deemed appropriate by the Affiliate

Small Grant Funding may not include:
- Clinical services or patient care costs
- Medical equipment
- Medical or scientific research
- Scholarships or fellowships (not travel scholarships)
- Indirect costs
- Construction or renovation of facilities
- Political campaigns or lobbying
- Request for additional funding for a current Community Grant program

Additional Information

Recognition requirements: Susan G. Komen Southeast Wisconsin must be recognized in all materials and at all events.

Reporting: A final report must be submitted stating outcomes of the project and how the overall budget was used.

Site Visits: A Komen staff member will conduct at least one site visit during the course of the grant year.

Educational Materials and Messages
Susan G. Komen® is a source of information about breast cancer for people all over the world. To reduce confusion and reinforce learning, we require that grantees provide educational messages and materials that are consistent with those promoted by Komen, including promoting the message of breast self-awareness and knowing your risks for breast cancer. Please visit the following website before completing your
application and be sure that your organization can agree to promote these messages: http://ww5.komen.org/BreastCancer/BreastSelfAwareness.html.

Komen grantees are eligible to receive preferred pricing for Komen educational materials. Komen for the Cure materials should be used and displayed whenever possible. To view our educational materials, visit www.shopkomen.org.

Submission
Applications and funding are on a rolling basis throughout year. Funding for the Small Grant Program is limited to a total of $20,000 within the fiscal year (April 1st through March 31st). If and when funds are depleted, the application process will be closed until 30 days prior to the next fiscal year.

Applications must be submitted through the Komen Grants e-Management System (GeMS)*. Hard copies will not be accepted. Grants received through GeMS by 11:59 PM CST on the 15th of each month will be reviewed within 30 days. Applicants will be notified of the affiliate’s funding decision generally within 45 days of submitted application on GeMS. Applicants should consider this timeline when submitting a proposal and/or planning a program.

The small grant application can be accessed and submitted on GeMS, www.affiliategrants.komen.org When initiating an application on GeMS, please make sure to select Small Grants application, not an Affiliate Community Grants application

All Small Grants are for a one year period. Programs are eligible for only one grant award per fiscal year. Multiple programs from the same organization must be applied for in separate applications. Final reports will be due one month after the one year anniversary of the funding date.

Review Process
Each Small Grant Application will be reviewed by at least three reviewers. Reviewers will consider each of the following selection criteria:

**Impact:** Will the project have a substantial positive impact on increasing the percentage of people who enter, stay in, or progress through the continuum of care? Will the project have a substantial impact on the priority selected? How closely does the project align with the funding priorities stated in the RFA? Does the project have a sufficient and documented plan to evaluate its impact?

**Feasibility:** How likely is it that the objectives and activities will be achieved within the scope of the funded project? Is the project well planned? Is the budget
appropriate and realistic? Does the budget justification explain in detail the reasoning and need for the costs associated with the project?

**Capacity:** Does the organization, Project Director and his/her team have the expertise to effectively implement all aspects of the project? Is the organization respected and valued by the target population? Is it culturally competent?

**Collaboration:** Does this project enhance collaboration among organizations with similar or complementary goals? Are the roles of the partners appropriate and relevant?

**Sustainability:** Is the project likely to be sustained? Are partnerships likely to be sustained past project period? Is the impact likely to be long-term?

The grant application process is competitive, whether or not an organization has received a grant in the past. Funding in subsequent years is never guaranteed.

**Should I apply for a Small Grant or a Community Grant?**

- The Small Grants program has a maximum award of $5000;
  - Community Grants have no maximum.
- Small Grants are accepted throughout the year;
  - Community Grants have an annual deadline (generally late fall/early winter).
- Small Grants require only a final report;
  - Community Grants require quarterly and final reports.
- Small Grants undergo review by Komen Executive Director, Mission Manager and Mission Committee Representatives; Community Grants undergo review by an outside review panel of breast health experts and informed community members.
- Small Grants have a project period of one year from the date of funding.
  - Community Grants have a project period of April 1- March 31

**Customer Support:** Any questions are welcomed and should be directed to:

Robin Luther
Komen Southeast Wisconsin Mission Manager
414.389-4882
robinluther@komensoutheastwi.org
What is Kohl’s Conversations for the Cure?

Kohl’s Conversations for the Cure began through a partnership between Kohl’s Cares and the Southeast Wisconsin Affiliate of Susan G. Komen for the Cure. The goal of these sessions is to encourage women to get regular breast health screenings, thereby increasing survival rates throughout Southeast Wisconsin. We work towards our goal in two ways; we host conversations in the community to educate people on the importance of breast health, and offer women a gift card if they take action and to get their age-appropriate breast exam.

What is the conversation about?

It is an educational session where women can talk openly about breast cancer and the potential impact it can have on their lives. During the conversation we cover four topics: risk factors, breast cancer signs and symptoms, types of screenings, and healthy lifestyle choices women can make to reduce their risk of developing breast cancer.

Who can participate?

Anyone can sit in on our conversation to learn important lifesaving information! However, only women over the age of 20 who live in our service area are eligible to receive a gift card for their age appropriate breast exam. Age appropriate breast exam means a clinical breast exam for women under the age of 40 and a mammogram for women 40 and older. We will award a mammogram for women under the age of 40 but we will not award a clinical breast exam for women 40 or older.

How to receive the gift card incentive?

In order for a woman to claim their gift card they must provide proof their age appropriate breast screening after they attend a conversation. During the conversation participants are given a screening card for them to bring to their next examination to have their provider sign as proof. If for some reason a woman does not bring her screening card to her exam we will take a letter from the provider as proof.

How can I bring a conversation to my community?

Contact the Southeast WI Affiliate of Susan G. Komen at (414)389-4887 or via email at AmberleaChilds@Komensoutheastwi.org
COMMITTEE REPORT

To: Board of Health

From: Joni Whitehouse

Date: September 22, 2014

Re: Bureau of Transportation (BOT) Minor Car Seat Grant

POLICY QUESTION:

Should the Board of Health approve application to the BOT for up to $4000 for the purchase of car seats?

DISCUSSION:

Washington County Health Department (WCHD) has had Certified Car Safety Seat Technicians on staff since 2002. WCHD serves as a resource for all WC residents for child safety at every developmental step – from infant seat to seat belt. According to the Center for Disease Control and Prevention (CDC), “Motor vehicles are a leading cause of death among children in the United States and many of these deaths can be prevented. Based on strong evidence of effectiveness, the Community Preventive Services Task Force recommends car seat laws and car seat distribution plus education programs to increase restraint use and decrease injuries and deaths to child passengers.”

According to Safe Kids Worldwide, “Road injuries are the leading cause of preventable deaths and injuries to children in the United States. Correctly used child safety seats can reduce the risk of death by as much as 71 percent.”

Parents, grandparents, aunts and uncles schedule appointments with our Certified Car Safety Seat Technicians at the HD’s Permanent Fitting Station to receive education and assistance with installation of many child safety seats.

FISCAL EFFECT:

Grant funds will be used exclusively for the purchase of car seats. Client education is provided in kind by Health Department Certified Child Passenger Safety Technicians.

ATTACHMENTS:

Safe Kids Is Your Child Always Buckled Up?

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
RECOMMENDATION:

Motion to approve application to the BOT for up to $4000 for the purchase of car seats.

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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
Is Your Child Always Buckled Up?

Car crashes are a leading cause of death to children in the U.S.

Of those children who died in crashes in 2011, 33% were not buckled up.

221 children unrestrained

Who and Why? We asked 1,000 parents what risks they were willing to take while driving with their kids. The results were surprising.

1 in 4 parents say they have driven with their children unrestrained.

1 in 3 affluent parents, with a household income of $100,000 or higher, say it is acceptable to leave their child unrestrained if they are not driving a far distance, compared to 15 percent of parents making less than $35,000.

However, 60 percent of crashes involving children occur 10 minutes or less from home.

“Not driving far.”

23% of younger parents (ages 18-29) said it would be acceptable to ride with a child unrestrained when traveling overnight compared to 13 percent of older parents (ages 30-49).

However, this is the time period when children are most likely to be injured in a crash.

“Traveling overnight.”

Parents with graduate degrees are twice as likely to say it is acceptable to drive without buckling up their children, compared to parents with a high school education, particularly when they are in a rush. 20 percent compared to 10 percent.

However, drivers in a rush may not be as careful as when they are fully attentive.

“In a rush.”

BUCKLE UP: Every Ride, Every Time
Child Passenger Safety

Motor vehicle crashes are a leading cause of death for children in the US. Buckling up is the best way to save lives and reduce injuries.

Child passenger restraint laws result in more children being buckled up. Only 2 out of every 100 children live in states that require car seat or booster seat use for children age 8 and under.

A third of children who died in crashes in 2011 were not buckled up. We—especially parents and caregivers—can do more to protect children on the road.

Parents and caregivers can keep children safe by:

• Knowing how to use car seats, booster seats, and seat belts.
• Using them on every trip, no matter how short.
• Setting a good example by always using a seat belt themselves.

Motor vehicle deaths among children age 12 and under decreased by 43% in the past decade.

Still more than 9,000 children age 12 and under died in crashes in the past decade.

Almost half of all black (45%) and Hispanic (46%) children who died in crashes were not buckled up (2009 – 2010).

Want to learn more? Visit www.cdc.gov/vitalsigns

See page 4
Thousands of children are at risk on the road because they are not buckled up.

Problem

Crashes remain a leading cause of death for children.

◊ Crash deaths have gone down in the past decade (43% drop), but still more than 650 children age 12 and under died in crashes in 2011.

◊ One in 3 children who died in crashes in 2011 was not buckled up.

Many factors are related to whether or not children are buckled up.

◊ Of the children who died in a crash:

- More black (45%) and Hispanic (46%) children were not buckled up compared with white (26%) children (2009-2010).
- More of the older children (45% of 8-12 year olds) were not buckled up compared with younger children (one-third of 1-7 year olds; one-fourth of infants under 1) in 2011.

Evidence shows that state laws result in more children being buckled up.

Only 2 states (Tennessee and Wyoming) have child passenger restraint laws requiring car seat or booster seat use for children age 8 and under.

Child passenger restraint laws that increase the age for car seat or booster seat use result in more children being buckled up. Among five states that increased the required car seat or booster seat age to 7 or 8 years, car seat and booster seat use tripled, and deaths and serious injuries decreased by 17%.

SOURCE: Insurance Institute for Highway Safety, 2013

Note: Only age was used to determine child passenger restraint law coverage. Some states also have specific height and/or weight requirements.

Law covers children in car seats or booster seats through:
- Ages 0-5
- Ages 6-7
- Age 8
Motor vehicle crash deaths have gone down in the past decade, but more can be done by buckling up every child on every trip.

More of the black and Hispanic children (age 12 and under) who died in 2009–2010 were not buckled up compared with white children.

Using the correct car seat or booster seat can be a lifesaver: make sure your child is always buckled in an age- and size-appropriate car seat or booster seat.

Keep children ages 12 and under in the back seat. Never place a rear-facing car seat in front of an active air bag.

*Recommended age ranges for each seat type vary to account for differences in child growth and height/weight limits of car seats and booster seats. Use the car seat or booster seat owner’s manual to check installation and the seat height/weight limits, and proper seat use.
What Can Be Done

The Federal government is

◊ Developing, evaluating, and encouraging use of proven programs and policies (learn more at www.thecommunityguide.org/mvoi/childsafetyseats).

◊ Providing parents and caregivers information on keeping children safe on the road.

◊ Tracking the nation’s progress in getting children buckled up and reducing injuries and deaths.

Parents and caregivers can

◊ Know how to use car seats, booster seats, and seat belts.

◊ Use them on every trip, no matter how short.

◊ Install and use car seats and booster seats according to the owner’s manual or get help installing them from a certified Child Passenger Safety Technician (find a technician at http://cert.safekids.org/Home/SeatCheckLocations.aspx).

◊ Recognize that the safest way to buckle up changes as a child grows.

◊ Buckle children age 12 and under in the back seat.

Health care providers can

◊ Keep up-to-date on child passenger safety (learn more at www.cdc.gov/Motorvehiclesafety/Child_Passenger_Safety).

◊ Counsel parents and caregivers at each well-child check-up:
  • To use age- and size- appropriate car seats, booster seats, and seat belts on every trip.
  • About the correct time to move a child to the next seat type or seat belt (learn more at http://pediatrics.aappublications.org/content/early/2011/03/21/peds.2011-0213.full.pdf+html).

◊ Counsel patients of all ages about the importance and effectiveness of buckling up.

States and communities can

◊ Consider proven strategies for increasing car seat, booster seat, and seat belt use and reducing child motor vehicle injuries and deaths. Options for effective strategies include:
  • Child passenger restraint laws that require car seat or booster seat use for children age 8 and under or until 57 inches tall, the recommended height for proper seat belt fit.
  • Car seat and booster seat give-away programs that include education for parents or caregivers.

◊ Increase the number of certified Child Passenger Safety Technicians (http://cert.safekids.org/BeATech.aspx).

◊ Partner with researchers to develop and evaluate programs to address racial/ethnic differences in getting children buckled up.
How Can I Prevent Animal Bites?

- Supervise young children around all animals, even pets
- Teach children not to approach animals without the owners permission
- Avoid contact with animals you do not know, whether domestic or wild
- Be especially cautious and avoid animals that are sick or acting strangely
- Do not try to separate animals that are fighting
- Do not disturb pets when they are eating or sleeping
- Do not keep wild animals as pets

Why is it Important to Keep Pets Current on Rabies Vaccinations?

- Dogs, cats and ferrets need to be vaccinated against rabies to protect them from the disease
- Prevention of rabies in pets helps prevent the transmission of rabies from pets to humans
- It is the law that all dogs must be vaccinated against rabies
- In some areas, cats and ferrets must also be vaccinated for rabies. Even if not required, it is a good idea to vaccinate your cats or ferrets

Reporting Animal Bites

Washington County Code 14.13(11) requires that animal bites be reported to the Washington County Sheriff's Department. If your community does not have 24-hour local police coverage, report the bite to the Washington County Sheriff's Department at 262-335-4411.

Where Can I Find Out More Information about Animal Bites and Rabies Prevention?

Washington County Health Department
333 E. Washington St., Suite 1100
West Bend WI 53095
262-335-4462

Washington County Humane Society
3650 State Hwy 60
Slinger WI 53086
262-677-4388

Websites

http://www.dhs.wisconsin.gov/communicable/rabies/

http://www.cdc.gov/rabies/

Washington County Health Department – 08/2013
G:\Health Dept Forms\Publications - Brochures\Animal Bites 08.27.2013.doc
What Constitutes an Animal Bite or Exposure?

- Any penetration of the skin can be considered an animal “bite” exposure. This includes scratches as well as punctures.
- Exposure of mucous membranes (eyes, nose, mouth) to body fluids of bats or other animals that can carry rabies, may pose a risk of transmitting rabies.
- A bat bite may not arouse someone who is sleeping and the marks left from a bat bite may not be noticeable. If a sleeping person awakens to find a bat in the room, or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person, medical evaluation and prophylaxis should be considered unless the bat is captured and tests negative for rabies.
- Although all animal bites pose a potential for serious infection, not all animals that bite carry rabies.

Which Animals Can Carry Rabies?

- Many but not all animal species can carry the rabies virus.
- Animals that do carry rabies include: Dogs, cats, ferrets, cows, horses, sheep, pigs, goats, mink, skunk, bats, weasels, bobcats, opossum, raccoon, fox, coyote, muskrat, beaver, woodchuck, groundhog, wolf or wolf/dog mix, almost any carnivorous animal.
- Animals that usually do not carry rabies include: rabbits, small rodents, squirrels, mice, chipmunks, gerbils, hamsters, Guinea pigs, birds, and gophers.

What should be done if there is an Animal Bite or Exposure?

- Thoroughly wash the bite, wound, or scratch with warm water and soap (scrub for several minutes).
- Seek medical advice from your health care provider or the health department as soon as possible to determine:
  - Proper wound care
  - Possible need for antibiotics
  - Possible need for tetanus booster
  - Possible need for rabies vaccination
- Report the bite to your local law enforcement agency or to the Sheriff’s Department. They can help determine appropriate follow-up actions.

What should be done with an Animal that has Bitten?

- For pets or domestic animals, obtain the owner’s name, address and phone number.
- Determine the rabies vaccination status of the animal and if it is wearing identification tags.
- Record a description of the animal including color, size and markings.
- Record the address or location where the bite occurred.
- Try to capture or contain the animal if you can do so without risk of further injury to yourself.
- Try not to injure the animal’s head when capturing it as this could interfere with the ability to test it.
- When saving a dead animal for shipping keep it cold but do not freeze it.
- Animals that carry rabies can be tested at the Wisconsin State Laboratory of Hygiene by submitting them through a veterinarian or the Washington County Humane Society.
- Dogs, cats and ferrets can be quarantined for 10 days to determine if they are rabid.
- Farm animals may be quarantined on a case by case basis.

What is the Risk of Rabies?

- Rabies is a deadly disease that is caused by a virus that is spread through the saliva of an infected animal. Rabies can be transmitted when the saliva gets into wounds, scratches, or mucous membranes. Domestic animals and pets can carry rabies although most cases occur in wild animals such as bats, skunks and raccoons.
Washington County Injury Prevention Coalition, in partnership with Safe Kids Southeast Wisconsin, Local Police and Fire Departments are working together to make this important pedestrian safety event possible.

The Washington County Injury Prevention Coalition and its partners support:

- Promoting an active lifestyle and forming lifelong healthy habits of physical activity
- Increasing safety for pedestrians and cyclists by calming traffic, building supporting infrastructure such as sidewalks, identifying and addressing safety issues and educating drivers about the presence of walkers and bicyclists
- Building a stronger community by providing opportunities for children and parents to connect with the broader community as well as increasing school spirit.

**We need your involvement at Jackson Elementary!**
Participate in International Walk to School Day on Wednesday, October 8th, by walking your child to school. Upon arrival at the school grounds, there will be a short assembly and refreshments for all who walk.

Everyone is welcome to **Walk Your Child To School** on this day!

Our meeting place to begin the walk will be at Jackson Community Center. **Meet at 8:00am and we will start the walk at 8:15am.**

If you have any questions please call Michelle at 262-335-4742
| MONTH | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | 2014 | 2013 | 2012 | 2011 | 2010 |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|
|       | YTD | YTD | ALL | ALL | ALL | ALL | ALL | ALL | ALL | ALL | ALL | ALL | ALL | ALL | ALL | ALL |
|**Communicable Disease**| | | | | | | | | | | | | | | | | | |
| Investigations (WEDSS disease reports) | 57 | 54 | 50 | 52 | 40 | 65 | 63 | 44 | | | | | | | | | |
| Cases ('Confirmed' & 'Probable') | 50 | 41 | 30 | 40 | 29 | 50 | 44 | 29 | | | | | | | | | |
| TB Skin Tests - screening | 19 | 17 | 11 | 13 | 14 | 13 | 14 | 20 | | | | | | | | | |
| TB Contacts | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| Isolation/Quarantine Orders | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| Vaccines Administered | 68 | 47 | 29 | 46 | 13 | 44 | 55 | 47 | | | | | | | | | |
| Clients Vaccinated | **40** | **26** | **19** | **21** | **10** | **24** | **27** | **28** | | | | | | | | | |
| Investigation Staff Hours | **239** | **269** | **212** | **170** | **123** | **209** | **235** | **204** | | | | | | | | | |
| Hours Per Investigation (average) | *4.2* | *5.0* | *4.2* | *3.3* | *3.1* | *3.2* | *3.7* | *4.6* | | | | | | | | | |
|**Environmental Health**| | | | | | | | | | | | | | | | | | |
| Air Quality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| Asbestos and Lead | 2 | 0 | 1 | 4 | 0 | 2 | 0 | 1 | | | | | | | | | |
| Radon | 10 | 10 | 10 | 3 | 6 | 8 | 5 | 5 | | | | | | | | | |
| Haz Mat, Sewage, Solid Waste | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| Human Health Hazard complaints | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | | | | | | | | | |
| Housing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| Insects/Rodents/Animals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| Rabies Prevention | 3 | 3 | 2 | 1 | 6 | 3 | 7 | 9 | | | | | | | | | |
| Occupational Health & Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | |
| Licensed Facility complaints | 5 | 5 | 4 | 4 | 2 | 3 | 3 | 5 | | | | | | | | | |
| Agent Program Inspections | **53** | **59** | **56** | **53** | **65** | **61** | **80** | **51** | | | | | | | | | |
| DNR Well Systems Completed | 0 | 0 | 14 | 30 | 37 | 84 | 13 | 0 | | | | | | | | | |
| Water Quality | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | | | | | | | | | |
## Washington County Health Department Activity Report

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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
### Washington County 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