

Douglas County Department of Health and Human Services Health Services Division – 2013 Annual Report

	Dec 2009	Jan 2010	Jan. 2011	Jan 2012	Jan 2013	Jan 2014
Deputy Dir Health Svcs. / Health Officer*/ 2011 Public Health Services Supervisor	1.0 FTE	1.0 FTE	1.0 FTE (Vacant as of May)	1.0 FTE (Vacant)	1.0 FTE (Filled April 29, 2013)	1.0 FTE
Environmental Health Mgr	1.0 FTE	0.0 FTE (Revised)	Eliminated	NA	NA	NA
Public Health Nurses	4.0 FTE	4.0 FTE	5.0 FTE (1 FTE-held)	4.0 FTE	5.5 FTE	4.0 FTE
Licensed Practical Nurse	0.8 FTE	0.8 FTE	0.0 FTE (Position Elim)	NA	NA	NA
Environmental Health Specialists	2.6 FTE	2.0 FTE	2.0 FTE	2.0 FTE	2.0 FTE	2.0 FTE
Support Staff: Clerical and Billing (Centralized support for the Department)					2.5 FTE (included this yr in totals)	2.0 FTE
Total FTE	9.4 FTE	7.8 FTE	8.0 FTE	7.0 FTE	11 FTE	9 FTE

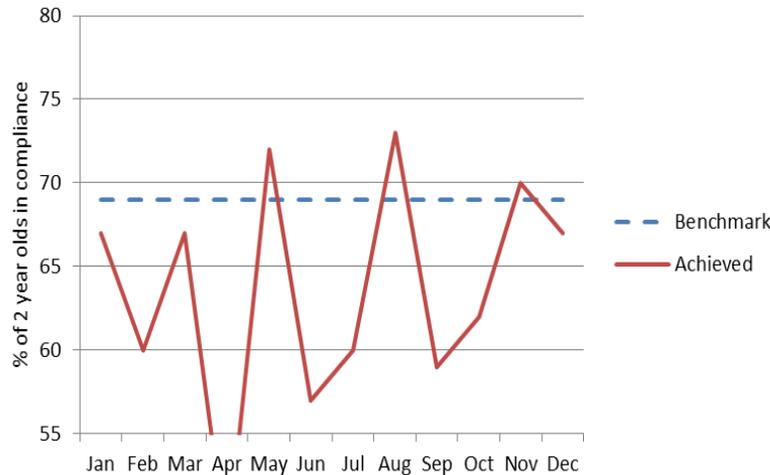
*Also provided administrative oversight for the Aging and Disability Resource Center of Douglas County and the Birth to Three Program in 2010 and 2011.

SUCSESSES AND CHALLENGES

SUCSESSES:

- **Childhood Immunizations**

The Public Health Nursing Unit had the following objective in 2013: By December 31, 2013, 69% children residing in Douglas County who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccinations by their second birthday. The Unit achieved 67% compliance. Continued vigilance in contacting parents, updating data in the Wisconsin Immunization Registry and improving written communication pieces for parents, assisted in this successful outcome.



CHALLENGES:

- **Staffing**

The County continued to recruit for the open position of Health Officer and the position was filled April 2013. Line staff nursing positions had turnover during the year for varied reasons. Two public health nursing positions were filled in 2013 and one long term public health nurse retired. Outside public health consultant service continues to be engaged for varied administrative tasks.

*This report is formatted to demonstrate how public health services address the Healthiest Wisconsin 2020 plan that includes 23 focus areas. Focus areas span across the life span and have overarching focus on health disparities, social, economic and education factors that influence health). **Health Focus Areas:** Alcohol and drug, chronic disease, communicable diseases, environmental and occupational, growth and development, injury and violence, mental health, nutrition, oral health, physical activity, reproductive and sexual and tobacco. **Infrastructure Focus Areas:** access, capacity and quality, emergency, funding, information systems, literacy and education, partnerships, research and evaluation and workforce*

**SECTION A:
PUBLIC HEALTH NURSING SERVICES, IMMUNIZATIONS, COMMUNICABLE DISEASES AND ENVIRONMENTAL HEALTH SERVICE: (Health Focus Areas)**

Programs	2010 Total	2011 Total	2012 Total	2013 Total
Immunizations:				
# of Children Served	953	177	111	137
# of immunizations(general)	452	295	252	218
# Child. Seasonal flu shots	169	101	22	74
# HINI Children shots	775	NA	NA	NA
# of Adults Served	2471	566	82	52
#of immunizations (general)	1428	597	87	64
# Adult seasonal flu shots	791	417	6	1
# HINI Adult shots	1205	NA	NA	NA
# HINI (Adults& Children)	1980	NA	NA	NA
Referrals Out # of Children	27	12	12	18
Case Mgmt - # of Children	19	22	12	23
CYSHCN # of Encounters	54	52	25	22
Birth to 3 Referrals: Month	70	87	74	111
Admissions: YTD	61	44	32	50
Monthly Active:	41	49	39	42
# Health Check Screenings/cancels	6/2	NA	NA	NA
# ASQ Actual / Annual Goal	87/50	53	52	15
# ASQ-SE Actual / Annual Goal	73/50	44	43	15
Oral Health: Children Getting Fluoride Varnishes / annual goal	117/50	NA	NA	NA
Oral Health: Children Getting Sealants / MCH annual goal Seal-A-Smile sealants/goal	0/50 *	NA	NA	NA
Prenatal Care Coord. Client Refs	98	117	116	73
Prenatal Care Coord. Client Admit	73	67	48	27
Prenatal Care Coord. Contacts	350	443	302	79
EIDP – Early Ident. And Detect. Reproductive Education Clients	300/500	NA	NA	NA
Pregnancy Tests	7	7	7	5
Express Enrollment Assistance	4	1	2	0
High Risk New Born Referrals	149	132	180	208
High Risk New Born Admits	107	97	116	100
High Risk New Born Visits/TCs	357	276	240	244
Children’s Elevated Blood Lead Levels (≥ 8mcg/dL - <10mcg/dL)	5	5	6	15
Children with Blood Lead Poisoning (≥10mcg/dL) YTD	2	4	1	2
Blood Level Draws	60 (WNL)	19	18 (WNL)	1
YTD # Court Ordered Urine Drug Tests (for illegal substances)	22	47	61	69
% of test = + this mo.	75 % (2)	17%(1/6)	30% (3/10)	38% (3/8)
% of test = + YTD	44% (11//25)	34%(16/47)	31% (19/61)	39% (27/69)

# WI Well Woman New Enrollees	26	31	42	26
# WI Well Woman Re-Enrollees	109	92	75	67
# Women With Cancer Diagnosis	4	1	8	2
Total Number Women Served	135	123	117	93

Discussion:

- **Immunizations:**

Adult influenza vaccinations were not offered to the general public this year by the Public Health Service due to there being adequate resources throughout the County for persons to access influenza vaccinations. Vaccinations were offered to children through the VFC program, with little demand experienced.

- **Wisconsin Well Woman Program:**

Public health nursing turnover contributed to the challenges in meeting this year's project number of women served for this program. As a new staff person took this program over new ways of connecting with women evolved and proved to be successful. Some WWW clients no longer qualified for this program as they now qualified for Medicare or had found employment that provided adequate health insurance. The Program achieved serving 84% of the projected number.

SECTION B: COMMUNICABLE DISEASES AND INTERVENTIONS

	2013	2012/2011		2013	2012/2011	
Arboviral Infect	2	0/0		Meningitis (V)	0	3/3
Babesiosis	1	3/6				
Blastomycosis	2	0/2		Meningitis (B)	0	0/0
Campylobacteriosis	4	5/7				
Cryptosporidium	4	4/2		Mycobacterial, non-TB	2	1/1
				Pertussis	0	26/2
				Rabies Expos.	0	0/1
E. Coli 0157:H7 & other E.Coli	2	1/1		Pneumoniae-Strep Inv	6	4/2
Ehrlichiosis –(dx. criteria chged in 2010)	31	21/32		Salmonella	4	4/7
Giardiasis	6	6/3		Shigellosis	0	3/0
Hemoph. Infl B	1	1/0		Strep Group A	1	1/1
Hepatitis A	2	1/0		Strep Group B	3	3/4
Hepatitis B	4	10/3				
Hepatitis C	45	50/41		Toxoplasmosis	0	1/1
HINI Influenza A	0	1/0		TB – Active	1	1/0
Influ Assoc. Hosp.	29	14/16		Varicella	0	14/0
Legionella	0	2/1				
Lice -nuisance	NA	NA/8		TB Prophylaxis	4	1/3
Lyme Disease (Prob, Susp, Confirm)	50	42/71		TB Skin Tests	306	417/513

Other Discussion:

- Diseases associated with [vector-borne](#) illness continued to be a substantial number of cases for 2013.
- Influenza Associated Hospitalizations were higher in 2013 than in the two years prior. In 2011, the CDC directed hospitals to report influenza associated hospitalizations to local health departments. Prior to this directive the numbers are not available.

SEXUALLY TRANSMITTED DISEASES

	2013	2012/2011		2013	2012/2011
Chlamydia	181	191/133		Chlamydia/ Gonorrhea	7 4/0
Gonorrhea	13	11/5		HIV/AIDS	2 1/1
Genital Herpes *	0	0/0		Pelvic Inflammatory. Disease	1 0/1

* Law changed in 2008 for providers requiring the reporting of “1st Episode Only”

Discussion:

- All cases are tracked via WEDSS
- Sexually transmitted diseases remain a major public health challenge in Douglas County as well as Wisconsin and the nation. The Centers for Disease Control and Prevention (CDC) estimates that approximately 20 million new infections occur each year with half of all new STI’s occurring among young men and women ages 15 to 24 years. More information about sexually transmitted diseases can be found at: www.cdc.gov/std/stats/STI-Estimates-Fact-Sheet-Feb-2013.pdf.

ENVIRONMENTAL HEALTH SERVICES

	2010	2011	2012	2013
	TOTAL	TOTAL	TOTAL	TOTAL
INSPECTIONS:				
Retail Food	115	115	87	99
Restaurants	369	307	284	295
Hotels & Motels	56	60	52	66
Campgrounds	37	34	39	37
Swimming Pools	44	31	27	21
Mobile Home Parks	16	18	13	17
Rec. & Educational Camps	7	5	7	5
Tattoo & Piercing Establishments	5	8	11	8
Well - SDWA	32	60	48	40
DPI-School Kitchens	26	29	26	29
INSPECTION TOTAL:	707	667	594	617
INVESTIGATIONS:				
Food or Waterborne Illness	13	11	5	19
West Nile	0	0	1	1
Animal Bites/Rabies Protection	23	21	19	28
Air Quality Issues	29	23	42	58
Housing Issues	29	30	30	43
Animal/Insect	15	27	29	29
Consumer Complaints	15	22	21	45
Water Quality Issues	29	31	10	88
INVESTIGATION TOTAL:	153	165	157	311
LEAD HAZARDS:				
Elevated Blood Lead	1	1	5	0
Lead Risk Assessments	7	2	6	0
Lead Inspections - other	2	2	2	0
Clearance Inspections	5	0	0	2
LEAD INSPECTION TOTAL:	14	4	8	
SAMPLE COLLECTION:				

City Water	45	48	48	48
SDWA	315	344	299	209
Retail Food Swabs	30	30	0	40
SAMPLE COLLECTION TOTAL:	390	452	347	297
TRAINING PROGRAMS:				
Presentations	1	8	7	6
Participants	11	87	1000	750
HOME RADON TESTS:	9	62	63	63

LABORATORY ACTIVITY	2010	2011	2012	2013
	TOTAL	TOTAL	TOTAL	TOTAL
Water Analysis				
Biological: Coliforms				
3300-51 Public TNC	418	315	322	262
3300-217 Private	498	471	441	309
Municipal	227	225	237	227
Chemical: Chlorine Residual	227	225	237	227
Total Coliform Tests	1153	1033	1010	804
Total Chemical Tests	227	225	237	227
Total Biological & Chemical Tests	1380	1258	1247	1031
Pasteurized Milk Analysis				
Total Milk Tests	599	595	616	633
Medical Waste: Loads	5	7	4	2
Autoclave Spore Tests	0	0	0	0

Discussion:

- Air Quality Issues:**
 Air quality numbers have seen a slight increase from previous years. This can be attributed to the number of complaints received from residents involving a local landfill. It was determined that the rain event of 2012 accelerated the decomposition of the landfill materials. We corroborated with the City of Superior Fire Dept., landfill owner, residents, WI DNR, a private consulting company and local government entities to bring resolution to this issue. Resources available to us included knowledgeable State personnel, and the availability of testing equipment. Direct involvement and investigation by this agency led to an agreeable solution in the end.
- Well Inspections – SDWA (Safe Drinking Water Act):**
 The Environmental Health unit of the Douglas County Dept. of Health is an agent for the Wisconsin Department of Natural Resources. This involves obtaining and testing well water samples under the Safe Drinking Water Act (SDWA). Since 2012 staff has received more advanced training in detecting, issuing, and follow-up correction of non-compliant issues involving water sources used by the public. Staff have also taken a proactive role in observing water source systems in their daily inspections, and have made recommendations to ensure a safe water supply. This approach may have resulted in the lowest number of unsafe water samples on record at two, resulting in fewer follow-up samples taken. The WIDNR has made note of this at the recent SWDA Training.
- West Nile Virus:**
 In September Douglas County had a crow that tested positive for West Nile Virus (WNV). An alert citizen notified us of a crow acting disoriented and sickly near his home. The dead bird was collected and sent to the Wisconsin State Lab of Hygiene for testing. The test confirmed what has been suspected, that WNV is widespread throughout the State of Wisconsin. A press release was issued and follow-up interviews with local news media took place, focusing on preventative measures.
- Water Quality/Water Testing:**
 The Douglas County laboratory provides water testing for private well owners as well as municipal water supplies. Advantages of having the testing done locally include timely testing and sharing of results. Once water samples are collected they need to be tested within a very specific amount of time. By having a local lab residents and businesses incur less shipping cost and issues related to sample holding times.

**SECTION C:
COMMUNITY HEALTH EDUCATION, TRAINING and PROGRAM DEVELOPMENT (Infrastructure Focus)**

Maternal Child Health/Early Childhood System Intervention:

With several new employees in Public Health this year staff had to complete training about early childhood system interventions. They also met with leadership from the two local/regional hospital and clinic systems and Head Start to discuss and plan for ways to work collaboratively. The goal is to identify child development delays early by utilizing the Ages and Stages Development Screening tools. Since the focus of interventions has shifted from individual activities to systems-based strategies the work looks quite different.

Community Health Improvement Plan:

During 2013 the Steering Committee did not meet, but two sub-committees continued working on the health focus areas:

- Alcohol and Other Drug Use
- Physical Activity and Adequate, Appropriate, and Safe Food and Nutrition.

The Community Health Assessment data presentation and current CHIP are posted to the Douglas County website at <http://www.douglascountywi.org/index.aspx?NID=605>

Community Education and Outreach:

Public Health staff attends several different types of health fairs during the course of the year where they do education about a variety of topics. Events are held at local schools, the University, Wisconsin Indianhead Technical College, and other sites in the community. Public Health Nurses utilize the Life Course Board Game and get their audience involved in active learning. Pamphlets and brochures on a variety of topical areas are available for the general public to take home with them for future reference.

Individual and group education also occurs in house. Adult and youth leadership groups visit public health and learn about programs, services, and job opportunities. During 2013 these events were popular and participants learned about public health and laboratory services.

Workforce Development

Staff in public health completes trainings that are necessary to assure competency in specific skill areas. Some training is mandated by the state while others are optional, but important to complete to assure that quality is at the forefront of our service delivery.

With several new employees in public health this year training about public health preparedness was a critical piece to complete. Other program areas where training occurs routinely are Communicable Disease, Immunization, Maternal Child Health, and Prenatal Care Coordination. Staff continues to build depth in each program/service as they gain hands on experience and continue to learn new content.

Earned Media Coverage

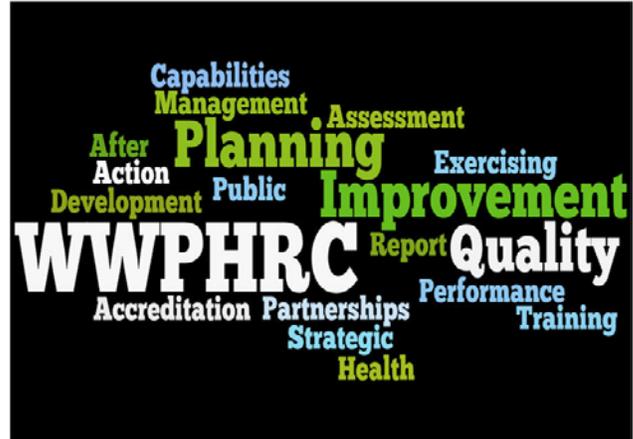
Sharing information with the media and the general public remains an important aspect of the work done in public health. During 2013 several requests about health related topics were made from media sources in the Twin Port area. Reporters sought out information about back to school vaccinations as well as information about influenza practices. During the spring wildfire information about well safety and the importance of testing well water was highlighted. Tick-borne diseases continue to be an area that media seek out information as they attempt to educate the public.

Public Health Preparedness

Douglas County Public Health is a member of the Western Wisconsin Public Health Readiness Consortium (WWPHRC) which consists of eleven local public health agencies and one tribal health agency. Established in 2003 with funds from the Center for Disease Control and Prevention (CDC), the purpose of the WWPHRC is to help local public health agencies and the public health workforce prepare to respond to all types of health emergencies, from large scale disease outbreaks to acts of bioterrorism. The WWPHRC does this through networking, coordinating, standardizing and centralizing resources and planning efforts among twelve local public health agencies in Western Wisconsin.

Our Partners

Barron County Health and Human Services Department, Burnett County Department of Health and Human Services, Chippewa County Department of Public Health, Clark County Health Department, Douglas County Department of Health and Human Services, Eau Claire City-County Health Department, Pepin County Health Department, Pierce County Health Department, Polk County Health Department, Rusk County Department of Health and Human Services, St. Croix Tribal Health Department, and Washburn County Health and Human Services Department.



2013 Key Achievements

1. WWPHRC maintained a strong presence in the arena of preparedness. WWPHRC is one of only two remaining consortia, pertaining to public health emergency preparedness, in the State of Wisconsin.
2. WWPHRC member agencies achieved measurable gains in target capabilities. Highlights include:
 - a. Fatality Management: WWPHRC members reduced the number of identified gaps by 48.
 - b. Community Preparedness: WWPHRC members responded to new criteria in this capability and accurately identified eight new gaps to be addressed.
 - c. Responder Safety and Health: WWPHRC members averaged 11% fewer gaps than non-members in the region.
3. WWPHRC members participated in a two-day fatality management training, instructed by a nationally-recognized presenter. 71 people, including WWPHRC local staff and partners, attended.
4. WWPHRC sponsored ICS 300 and 400 trainings in the region as well as Preparedness 101 trainings. Staff in public health attended ICS 300 and 400 training as well fatality management training. A presentation about general preparedness was offered to all Douglas County employees.
5. Douglas County increased public awareness of emergency response by releasing information to the public through press releases and on our website during the spring fire and other times throughout the year.
6. Douglas County successfully met all the Public Health Cooperative Grant Agreement contract objectives and deliverables

Future Preparedness Challenges

1. Federal funding for preparedness has been reduced in past grant years. Public health preparedness funding is expected to remain level in Wisconsin; hospital preparedness funding is being reduced.
2. Wisconsin is likely transitioning to a model of regional preparedness coalitions consisting of hospitals, public health agencies, emergency management and other allied agencies called "Healthcare coalitions." The goal of these coalitions is to increase emergency response capacity in local communities.
3. Governmental public health departments are facing significant workforce shortages that will likely be exacerbated through retirements, tax levy constraints and grant funding shortages. The loss of workforce, in terms of knowledge and skills, will challenge the readiness of the public health system to respond to health emergencies.

Submitted by Katherine German-Olson Health Officer, Health and Human Services Department