

## Douglas County Department of Health and Human Services Health Services Division – 2011 Annual Report

	Dec. 2008	Dec 2009	Jan. 2010	Jan. 2011	Jan.2012
Deputy Dir Health Svcs. / Health Officer*/ 2011 – Public Health Services Supv	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE (Vacant as of May)	1.0 FTE (Vacant)
Environmental Health Mgr	1.0 FTE	1.0 FTE	0.0 FTE (Revised)	Eliminated	0.0 FTE
Public Health Nurses	4.0 FTE	4.0 FTE	4.0 FTE	5.0 FTE (1 FTE-held)	4.0 FTE
Licensed Practical Nurse	0.8 FTE	0.8 FTE	0.8 FTE	0.0 FTE (Position Elim)	0.0 FTE
Environmental Health Specialists	2.6 FTE	2.6 FTE	2.0 FTE	2.0 FTE	2.0 FTE
Support Staff: Clerical and Billing (Centralized support for the Department)					
<b>Total FTE</b>	<b>9.4 FTE</b>	<b>9.4 FTE</b>	<b>7.8 FTE</b>	<b>8.0 FTE</b>	<b>7.0 FTE</b>

\*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:

- **CHA (Community Health Assessment) and CHIP (Community Health Improvement Plan) –**

The Douglas County 2008-12 CHIP was updated to incorporate the 2020 Healthiest Wisconsin Focus Areas and to include measurable objectives. Throughout 2011, an epidemiologist assisted with the process in completing a new CHA. A Steering Committee with representation from community organizations and key stakeholders met at least monthly to provide guidance and assistance with the CHA process. The CHA was completed and presented to the Steering Committee in September, 2011 and included:

- A health data assessment, including local and regional data.
- Results of the Community Themes and Strengths assessment completed by the Steering Committee.
- Results of the Forces of Change Assessment, also completed by the Steering Committee.
- Results of a Community Health Survey distributed throughout the community in paper and electronic forms to obtain community input on health strengths and needs in Douglas County.

The new 2011 CHA and update of the 2008-12 CHIP is posted on the Douglas County website at [www.douglascountywi.org](http://www.douglascountywi.org)

- **Healthier Douglas County Coalition:**

The Coalition is an offshoot of the 2008-12 CHIP and will continue to function as a private / public partnership with a focus of improving obesity and the lack of physical activity in the County. One main goal will be to achieve sustainability. This initiative allows for the CHIP sub-committee to focus on other activities related to the health issue: obesity and lack of physical activity in the 2012-17 CHIP under development. Information on the progress of the Healthier Douglas County Coalition can be found on the County's website.

- **Preparation for National Accreditation of the Public Health Service –**

In preparation for National Accreditation, public health administration updated the Douglas County Department of Health and Human Services Strategic Plan using the results of the PHAB self assessment, the PHAB review format and incorporating standards language. The department will continue to update the plan in 2012 based on the approved budget and overall County's plan. The Health and Human Services' plan focuses on the following domains:

- Strategic Goal: Administrative Capacity and Governance
- Strategic Goal: Maintain a Competent Public Health and Human Services Workforce
- Strategic Goal: Evaluate and Continuously Improve Processes, Programs, and Interventions
- Strategic Goal: Contribute to and apply the Evidence-base of Public Health and Human Services

In addition, public health staff laid the framework for a QI program that is built on service standards and evidence-based outcomes in collaboration with Bayfield County Public Health. A *Public Health Division Performance Improvement Program* policy was drafted to establish a system for staff to engage in continuous quality improvement planning. The policy includes development of a Performance Improvement Council to oversee all QI related activities, a process for staff to and leadership to propose, initiate, and evaluate QI projects, and on-going education for staff. The division has implemented QI training into monthly unit meetings and further implementation of the policy will continue throughout 2012. Communicable Disease Peer Review process was implemented 7/21/11 and continues on a quarterly basis. All PHNs meet every Tuesday to review different program processes, look for opportunities for quality improvement, and ensure standard practice.

- **Superior Days at the Capitol:**

DCDHHS leadership represented 8 Northern WI Counties in bringing 6 health and human services issues to the attention of the Secretary of Health Services (Dennis Smith) and the Secretary of Children and Family Services (Aloise Anderson) during Superior Days, 2/22-23. The Public Health issue: Per Capita State and CDC Funding for Public Health Services (see attached) stressed the need for better funding of prevention initiatives in order to improve the health and safety of county citizens and to improve the county's health ranking in the state. Secretary Smith remarked on his concern over underfunded public health service and noted that the State's Medicaid program has been "over-funded" with the intent to pull down Federal dollars. Public Health Service was a "victim" of this decision over the past 7 years. The Secretary sought ideas and suggestions from those present in the delegation that met with him and Secretary Anderson.

- **Annual Preparedness Exercise**

The Public Health Service participated in the annual preparedness exercise on 5/3/2011. The purpose of the exercise was to test the capacity and capability of the department to meet 15 CDC timed emergency response performance measures. The exercise focused on public health response during a Hepatitis A outbreak. All Public Health Service staff participated in the exercise, along with many staff from Human Services. Douglas County was the only county within the Western Region which chose to participate at the Advanced level. The Public Health Service achieved 14/15 of the CDC performance measures. An After-Action Report and Improvement Plan have been created, and items have been included in the Improvement Plan to address then unmet performance measure. The exercise controller from WRPPHP stated the following, as the major result of finding of the exercise: The Douglas County DHHS continues to make improvements in their response capacities through a systematic approach to embedding preparedness into everyday operations. Gaps identified in either exercises or real events are making an impact, as evidenced by high scores on their 2011 Performance Measures Functional Exercise. A key note is the cross-training and depth of emergency response knowledge within the agency.

- **4<sup>th</sup> Year for Employee Health and Energy Awareness Month:**

September was declared to be Health and Energy Awareness Month for Douglas County and City of Superior employees by the Chairman of the Douglas County Board and the Mayor of Superior. PHNs provided leadership in planning and coordinating this event. The kick-off event was an Employee Health and Wellness Fair held on 9/1, which included representatives from many community organizations providing health services. All employees were encouraged to participate in energy saving and physical activities throughout the month, and to track their activities on a spreadsheet. 31 employees signed up to participate. These employees achieved the following health and energy saving outcomes:

- 2,501 pounds of CO<sub>2</sub> saved through energy conserving activities such as hanging clothes to dry on the line rather than using clothes dryers, recycling, carpooling, going to Farmer's Market or growing their own foods from the garden, and cooking from scratch rather than buying processed foods
- Carpooling totaled 1,713 miles, which saved 2,501 pounds of CO<sub>2</sub>.
- Walking, jogging or biking totaled 589 miles; and climbing 1,041 flights of stairs, burned a total of 39,368 calories.

- **Virginia Graeme Baker Act (VGBA):**

July 1, 2011 was the compliance date for all licensed public swimming pools in Douglas County to meet the requirements of the VGBA. The essence of the Act is to provide safe recreational swimming by implementing unblockable drain covers in all swimming facilities. The compliance process was overseen by the WI Department of Commerce, and the Douglas County Environmental Health Unit. Except for one pool operator, all other relevant pools were certified as compliant, from the Department of Commerce within the established timeline. All pools received certification by the end of the 3<sup>rd</sup> quarter and will be inspected yearly by the Environmental Health Unit.

- **Food Program Review and Trainings:**

The Environmental Health Unit had a full review by the WI Department of Agriculture, Trade and Consumer Protection (DATCP) of its retail and restaurant food inspection program. The unit passed the review and staff is working on an improvement plan to address minor recommendations for the food inspection program. Staff completed their standardization maintenance exercise with DATCP staff this year. In addition, a staff member completed a three day Retail HACCP (Hazard Analysis of Critical Control Points) course which brought additional food safety knowledge and experience to the Environmental Health Unit.

- **Environmental Health Fees (Annual licensing and Compliance):** This year Health and Human Services administration successfully worked with County Administration and Board members to update the licensing fee schedule for the Environmental Health Unit. Fees are in line with those of State inspectors and are expected to generate revenue closer to covering operating costs.

## **CHALLENGES:**

- **Leadership and Line Staff Turnover –**

With the retirement of the Health Officer in May, 2011 the Public Health Service was under interim leadership from the Director of the Douglas County Department of Health and Human Services. The department's continuous recruitment for a Health Officer and/or a Public Health Services Supervisor was not successful in producing a viable candidate for the position. Recruitment will continue into 2012. Statutory requirements as well as wage for the Health Officer position of this Level III Public Health Service limit the field of potential candidates. In addition one PHN retired and 1 resigned during 2011. Interim staffing was provided by an RN to BSN student and an additional PHN was hired. Two tenured PHNs rotate lead PHN duties on a daily basis in the absence of a supervising RN.

***This report has been reformatted 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	2005 Total	2006 Total	2007 Total	2008 Total	2009 Total	2010 Total	2011 Total
Immunizations:							
# of Children Served	678	594	511	864	2142	953	177
# of immunizations(general)	NA	NA	NA	996	512	452	295
# Child. Seasonal flu shots					290	169	101
# HINI Children shots					1952	775	NA
# of Adults Served	3216	1673	1586	1135	2122	2471	566
#of immunizations (general)	NA	NA	NA	1245	141	1428	597
# Adult seasonal flu shots					922	791	417
# HINI Adult shots					1341	1205	NA
# HINI (Adults& Children)					3293	1980	NA
Referrals Out # of Children						27	12
Case Mgmt - # of Children	21	22	17	17	25	19	22
CYSHCN # of Encounters		86	89	60	75	54	52
Birth to 3 Referrals: Month					71	70	87
Admissions: YTD					51	61	44
Monthly Active:						41	49
Rural Children's Screening Clinics							
# of Clinics	8	8	6	8	NA	NA	NA
# of Children	99	95	87	47			
# Health Check Screenings/cancels	153	120	91	60	20	6/2	NA
# ASQ Actual / Annual Goal	NA	NA	30	50/50	129/100	87/50	53
# ASQ-SE Actual / Annual Goal				48/30	107/100	73/50	44
Oral Health: Children Getting Fluoride Varnishes / annual goal	NA	NA	104	135 /100	100/158	117/50	NA
Oral Health: Children Getting Sealants / MCH annual goal	NA	NA	44	28 /20	42/50	0/50 *	NA
Seal-A-Smile sealants/goal					31/100		
Prenatal Care Coord. Client Refs	24	27	34	79	125	98	117
Prenatal Care Coord. Client Admit					63	73	67
Prenatal Care Coord. Contacts	90	85	53	136	451	350	443
My Baby and Me Clients/visits	NA	6	2/4	3	NA	NA	NA
EIDP – Early Ident. And Detect. Reproductive Education Clients	NA	NA	500	500	500	300/500	NA
Pregnancy Tests			5	3	2	7	7
Express Enrollment Assistance			7	2	0	4	1
High Risk New Born Referrals	75	96	137	171	114	149	132
High Risk New Born Admits	55	70	100	144	95	107	97
High Risk New Born Visits/TCs	140	135	203	252	206	357	276
Children's Elevated Blood Lead Levels ( $\geq 8$ mcg/dL - $<10$ mcg/dL )	6	10	8	10	5	5	5
Children with Blood Lead	2	2	4	7	3	2	4

Poisoning (>10mcg/dL) YTD Blood Level Draws						60 (WNL)	19
YTD # Court Ordered Urine Drug Tests (for illegal substances) % of test = + <b>this mo.</b> % of test = + <b>YTD</b>	NA	22 46%	49 45%	62 36 %	32 100% 31%	22 75 % (2) 44%( 11//25)	47 17%(1/6) 34%(16/47)
# WI Well Woman New Enrollees	51	36	43	48	44	26	31
# WI Well Woman Re-Enrollees	163	115	149	133	129	109	92
# Women With Cancer Diagnosis	2	1	2	1	1	4	1
Total Number Women Served						135	123

**Discussion:**

- **Immunizations:**

The decline in children’s immunizations relates to the Public Health Service seeing less demand for immunizations during the monthly immunization clinics. Nation-wide, immunization rates are declining, in part, due to parental fears over the safety of vaccines; it also believed that there is an improved rate of children/family units aligning with medical clinics in the area and not needing to seek services from the Public Health Service.

The Public Health Service did not plan to offer flu shot clinics in the late fall of the year. This decision was made, using data from the past 3 years of providing the service. Private vendors (drug stores, retail chain outlets and medical providers) have had adequate supply of vaccine. Some have offered incentives to increase their response rates. The Public Health Service has not covered its direct costs in providing the service for the past 3 years. County Administration directed the Service to conduct clinics and in doing so the Service experienced minimal demand from the public and again, could not cover its costs to do so. (10/18-10/20 community-based flu vaccination clinics held in Superior, Solon Springs, and Poplar). Under-insured and un-insured children will continue receiving annual flu shots from the Service when they have no other options to receive the vaccine.

- **Immunization Audit:** WRO (Western Regional Office) Immunization Coordinator conducted a site visit for a biennial audit of the Douglas County’s VFC (Vaccines for Children) program. The audit reviewed the unit’s practices around vaccine storage and handling, vaccine administration, and vaccine related policies and procedures. Most of the standards for operation were met. The few minor areas for improvement, identified, were rectified.

- **PNCC Program:**

In April, the PHNs began using standard practice in providing and documenting the pre-natal care coordination service. Their practice is guided by a “clinical pathway”, agreed upon by the nurses. Standardized public health service is one of several expected outcomes, resulting from National Public Health Accreditation. The Public Health Service plans to be surveyed for National Accreditation in 2013.

- **Birth to Three Program:**

The Birth to Three Program activity levels stayed similar to the prior year. The Program Coordinator participated in the Western Region Pilot to redesign how infants and toddlers with hearing loss are referred and served in Wisconsin Birth to Three Programs. This group will continue to meet via technology monthly with a facilitator to ensure changes that happened as a result of the pilot, continue to benefit young children with hearing loss and their families. The Service Coordinator achieved Infant-Toddler Mental Health certification through the University of Wisconsin. As part of her training, an assessment tool was developed that could potentially be used to evaluate infants and toddlers in the Birth to Program.

- **Wisconsin Well Woman Program:**

A total of 123 women received breast and cervical cancer screenings (92 re-enrollees and 31 new enrollees; 21 cancelled appointments). Every effort has been made to contact previous enrollees by mail and/or phone to ascertain if they qualified for re-enrollment in WWWP and if they wanted their annual breast and cervical cancer screenings. Reasons why previous participants did not re-enroll in the WWWP include 1) they now qualify for Medicare; 2) they had acquired private insurance that covered breast and cervical cancer screenings; 3) they moved out of Douglas County; 4) they were no longer interested. It is anticipated that with the cut-backs in Badger Care Plus funding more women will qualify for and rely upon the WWP for their annual breast and cervical cancer screenings. There was 1 new diagnosis of breast cancer. This individual was transitioned over to WWW Medicaid. The WWW Coordinator continues to see women currently on WWWMA on an annual basis to ensure that they are screened/evaluated for further cancers and that their MA is renewed as needed. The Coordinator reviews with each client: access to CORE (MA) Program and access to community resources to assist in Food Share/nutrition, home energy, medical/drug coverage and the Share Program through St Luke’s. New enrollees are provided BSE instruction by the Coordinator and by UW Extension nutritionists. Outreach tactics include sending flyers to local clinics and other health related agencies. Lake Superior Community Health Center regularly refers individuals who may qualify for WWWP.

**SECTION B: COMMUNICABLE DISEASES AND INTERVENTIONS**

	<b>2011</b>	<b>2010/2009</b>			<b>2011</b>	<b>2010/2009</b>
Arboviral Infect	0	1/0		Meningitis (V)	3	1/1
Blastomycosis	2	2/0		Meningitis (B)	0	1/2
Campylobacteriosis	7	9/4		Mumps	1	0/0
Cryptosporidium	2	1/1		Mycobacterial, non-TB	1	5/2
Cyclosporiasis	0	0/0		Pertussis	2	2/0
				Rabies exposure	0	1/0
E. Coli 0157:H7 & other E.Coli	1	2/0		Pneumoniae-Strep Inv	2	5/9
Ehrlichiosis –(dx criteria chged in 2010)	32	22/8		Salmonella	7	3/1
Giardiasis	3	5/5		Shigellosis	0	1/1
Hemoph. Infl B	0	1/1		Strep Group A	1	0/2
Hepatitis A	0	1/1		Strep Group B	4	4/6
Hepatitis B	3	3/1		Toxic Shock Syn.	0	0/0
Hepatitis C	41	26/31		Toxoplasmosis	0	1/1
HINI Influenza A	0	0/35		TB – Active	1	0/0
Legionella	2	1/1		Varicella	0	1/3/not reportable
Lice -nuisance		8/10		TB Prophylaxis	1	3/7
Lyme Disease	71	116/43		TB Skin Tests	417	513/435

**Other Discussion:**

- In April and May respectively, there were two outbreaks of Metapneumovirus in a nursing home in the County. The outbreak required Public Health Service intervention, including investigation, control and surveillance over the course of a two month period. The Health Officer ordered an exclusion of visitors and new resident admissions during the 3 week window to control further exposures; in addition to internal infection control measures. A State epidemiologist worked with staff in tracking and trending the outbreak.
- In June, PHNs case managed a client with active TB. The client spent only a short period of time in the County before transferring to another County.
- In July, EHS and PHN staff conducted investigation and follow-up on 2 cases of a rare strain of Salmonella that were diagnosed in the County. No further cases were identified or reported.
- The YTD number of Hepatitis C cases is higher than the previous year mainly due to more timely and accurate reporting by the Duluth, MN-based health care systems to the MN Department of Health (MDH). MDH transmits the data to the Wisconsin Department of Health, which in turn enters the data into WEDSS (WI Electronic Disease Surveillance System). Most cases are chronic and not an indication of an outbreak.
- UWS Mantoux Clinic: In September, TB skin testing was provided by contract to 61 UWS students who require an annual Mantoux.
- PHNs conducted surveillance, education, and direction to two long term care facilities with outbreaks of suspect Norovirus in the month of December.

**SEXUALLY TRANSMITTED DISEASES**

	<b>2011</b>	<b>2010/2009</b>		<b>2011</b>	<b>2010/2009</b>
Chlamydia	133	124/116		Chlamydia/ Gonorrhea	0 0/2
Gonorrhea	5	3/6		HIV/AIDS	0 0/4
Herpes *	0	0/1		PID	1 1/1

\* Law changed in 2008 for providers requiring the reporting of “1<sup>st</sup> Episode Only”

**Discussion:**

- All cases are tracked via WEDSS

**ENVIRONMENTAL HEALTH SERVICES**

	<b>2007 TOTAL</b>	<b>2008 TOTAL</b>	<b>2009 TOTAL</b>	<b>2010 TOTAL</b>	<b>2011 TOTAL</b>
<b>INSPECTIONS:</b>					
Retail Food	91	97	79	115	115
Restaurants	346	379	260	369	307
Hotels & Motels	55	66	53	56	60
Campgrounds	33	38	32	37	34
Swimming Pools	52	29	14	44	31
Mobile Home Parks	16	19	21	16	18
Rec. & Educational Camps	7	5	5	7	5
Tattoo & Piercing Establishments	20	0	0	5	8
Well - SDWA	37	34	27	32	60
DPI-School Kitchens	27	26	26	26	29
<b>INSPECTION TOTAL:</b>	<b>684</b>	<b>693</b>	<b>517</b>	<b>707</b>	<b>667</b>
<b>INVESTIGATIONS:</b>					
Food or Waterborne Illness	6	10	24	13	11
Occupational Health	4	3	0	0	0
West Nile	3	9	0	0	0
Animal Bites/Rabies Protection	28	28	41	23	21
Methamphetamine Labs	1	0	0	0	0
Air Quality Issues	27	31	35	29	23
Housing Issues	78	98	55	29	30
Animal/Insect	12	18	14	15	27
Consumer Complaints	11	7	8	15	22
Water Quality Issues	7	23	30	29	31
<b>INVESTIGATION TOTAL:</b>	<b>177</b>	<b>227</b>	<b>207</b>	<b>153</b>	<b>165</b>
<b>LEAD HAZARDS:</b>					
Elevated Blood Lead	4	3	2	1	1
Lead Risk Assessments	30	27	11	7	2
Lead Inspections - other	13	7	3	2	2
Clearance Inspections	8	2	6	5	0
<b>LEAD INSPECTION TOTAL:</b>	<b>55</b>	<b>39</b>	<b>22</b>	<b>14</b>	<b>4</b>
	<b>2007 TOTAL</b>	<b>2008 TOTAL</b>	<b>2009 TOTAL</b>	<b>2010 TOTAL</b>	<b>YTD 2011</b>
<b>SAMPLE COLLECTION:</b>					
Beach/Pool Water	305	313	8	0	0
City Water	54	42	43	45	48
SDWA	252	283	343	315	344
Retail Food Swabs	30	30	30	30	30
<b>SAMPLE COLLECTION TOTAL:</b>	<b>641</b>	<b>668</b>	<b>424</b>	<b>390</b>	<b>452</b>
<b>TRAINING PROGRAMS:</b>					
Food Safety Classes	13	6	1	1	1
Participants	178	51	28	11	2
Food Manager Recertifications	7	4	3	3	0
Presentations	N/A	14	9	1	8

Participants	N/A	273	406	11	87
<b>HOME RADON TESTS:</b>	55	38	47	9	62

<b>LABORATORY ACTIVITY</b>	<b>2007 TOTAL</b>	<b>2008 TOTAL</b>	<b>2009 TOTAL</b>	<b>2010 TOTAL</b>	<b>YTD 2011</b>
<b>Water Analysis</b>					
Biological: Coliforms					
3300-51 Public TNC	300	307	360	418	315
3300-217 Private	616	558	574	498	471
Municipal	234	237	229	227	225
Beaches	305	313	2	0	0
Other	11	11	10	10	12
Chemical: Chlorine Residual	237	233	236	227	225
Total Coliform Tests	1466	1426	1175	1153	1033
Total Chemical Tests	237	233	236	227	225
Total Biological & Chemical Tests	1703	1659	1411	1380	1258
<b>Pasteurized Milk Analysis</b>					
Total Milk Tests	670	571	618	599	595
<b>Medical Waste: Loads</b>	8	8	6	5	7
<b>Autoclave Spore Tests</b>	0	0	0	0	0

**Discussion:**

- Housing and Air Quality Issues;**  
 This past year has seen a noticeable decline in housing and air quality investigations from 98 inspections in 2008 to this year's total of 23. Several factors may be contributing to this trend, including the PHN intake procedure that provides educational material, resources, to the client and/or referral to appropriate agencies, eliminating the need for Environmental Health staff involvement. **(can you pull any data from Care Facts related to the number of calls the PHNs fielded for EH?)**. Several complaints were resolved through client consultation over the phone, e-mail, faxes, or sending written material. Increased collaboration between County departments and community agencies, such as the Douglas County Zoning Department and the City of Superior Building Inspection Department, has reduced the need for repeat visits or redundant services. Indoor air quality complaints were also lower than previous years. Internal quality assurance is conducted by the Environmental Health staff through follow-up calls to complainants to ensure their issues have been addressed and/or resolved.
- Animal and Insect Issues –** Complaints regarding animals and insects have increased from an average of 15 to 27 in 2011. The majority of issues related to bed bug infestations. Nationwide there has been an increase in the prevalence of bed bug infestations due to a resistance to pesticides, increased mobility of society, and a lack of owner/operator pest control experience, especially regarding bed bugs. Several investigations of multi-unit dwellings and individual homes were conducted by staff this year, along with the City of Superior Building Inspection staff. Control and Enforcement actions were taken to mitigate the infestations.
- Complaints –** The number of complaints regarding motels/hotels, consumer food products, campgrounds and restaurants was up in 2011 from that of 2010, in part due to consumer and agencies' increased awareness of health hazards and the environmental health services role in the County. The Environmental Health Unit's policies /procedures for handling complaints were improved to include, a timelier follow-up for investigations and remediation of problems.
- Lead Testing – Since** 2007 there's been a continued decline in lead inspections and risk assessments conducted by the Environmental Health Unit, in part due to decreased referrals from the City of Superior - Community Development Program. The Program has been using its CDBG funding to construct new dwellings verses restoring old dwellings. Prior to 2007, the Environmental Health Unit staff conducted lead inspections and clearance inspections on dwellings for the City, by contract. Currently, the Environmental Health Unit staff conducts inspections and clearance inspections in dwellings with potential or known risks to children. The general public who request lead testing of their dwellings is given a list of local businesses which provide lead inspection services. Public Health Nurses work in collaboration with the certified lead risk assessors to identify, assess, and remediate cases of blood lead poisoning in children who live in Douglas County. (Mandated by Statute). The nurses ensure blood lead testing by clinics and the WI State Lab. of Hygiene, preventative health educational information, and case

management service that includes referrals and medical follow-up appointments when required to remediate problems. All children diagnosed with blood lead poisoning receive a free environmental risk assessment conducted by environmental health staff assessors to identify current lead hazards in and around their living environments. In addition to writing remediation orders, the assessor conducts a clearance inspection that requires the dwelling to meet clearance guidelines set by the EPA. the assessor “clears” the environment from the risk of lead exposure.

- **Risk-based Inspections** – The Environmental Health staff, as State Agent for licensing establishments regulated by the DHS (Department of Health Services) and DATCP (Department of Agriculture, Trade and Consumer Protection) has increased the frequency of inspections for high risk establishments. Establishments fall into the “high risk category” when the foods they serve or prepare are at higher risk for food-borne infections than those establishments having less complexity of food and food handling processes. As of September 2010, high risk establishments are inspected every 8 months verses once a year. This increased frequency results in 3 full inspections over a 2 year period. Approximately 30 establishments in the County fall into this category.
- **Restaurant Inspections** - In recent years, the amount of restaurant inspections conducted by the Environmental Health Unit has fluctuated due to staff changes and public health emergencies. To assure that each restaurant was inspected during the licensing year, every other year staff conducted a large number of inspections in May and June to make up for inspections that were not conducted during November and December of the previous year. In 2010, the Environmental Health Unit implemented a timeline based inspection schedule, where every facility is inspected within 12 months of its previous inspection. In 2010, this required moving some inspections ahead of schedule to provide a more stable amount of inspections each month. In 2011, the inspection load has stabilized, with most facilities receiving their routine inspection within 11 months of the previous year’s inspection. This has given the Environmental Health Unit the capacity to maintain a consistent inspection load despite future challenges that the unit may incur. In addition, facility owner/operators seem to have adjusted to the Environmental Health Unit’s new, 2011 enforcement policies. Long standing violations and critical violations are mainly being corrected on site, reducing the amount of required reinspections for respective facilities.
- **Well Inspections – SDWA (Safe Drinking Water Act)** – Each year, Environmental Health Staff inspect approximately 35 wells for the Safe Drinking Water Act, which is 20% of all transient drinking water systems. In 2011, the Environmental Health Unit conducted an additional 5 well inspections for newly built wells. At the request of the Wisconsin Department of Natural Resources, in 2011 the EH unit also conducted follow up inspections of drinking water systems with deficiencies identified during the original inspection. For these reasons, well inspections increased from 32 in 2010 to 60 in 2011.
- **Radon Testing**– The Environmental Health Unit made a renewed effort in public education on radon and radon testing in 2011. Staff promoted radon testing through press releases, public access television, public outreach and offering test kits at a reduced fee during Radon Awareness Month (January). The public responded to this effort and purchased 62 radon test kits, the highest amount distributed in over 5 years. Of the 62 kits sold, only 15 kits were turned in for testing. Of the 15, non had results indicating radon hazards. The Environmental Health Unit will apply for a radon grant for 2013 to maintain these efforts and will add a QI procedure to ensure higher compliance with kit use.
- **Food Safety Classes** – The Environmental Health Unit no longer provides certified food manager training to local food service workers. During the past few years, several local businesses have begun to provide food manager certification and recertification courses along with some statewide vendors. Certified food manager training is now available to local food service workers every month out of the year. EH staff now only offers food safety education to businesses and local organizations that request food safety training for special events.

<p><b>SECTION C:</b>  <b>COMMUNITY HEALTH EDUCATION, TRAINING and PROGRAM DEVELOPMENT (Infrastructure Focus)</b></p>
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- **MCW (Medical College of Wisconsin) – Healthier Wisconsin Partnership Program** - Staff worked with UWS – Student Learning Center to submit an application for a Development Grant to cover the cost of teaching parents / youth who live in disparate environments to change lifestyle. Changes would be evidenced in eating healthier foods and in increasing physical activity to combat and prevent obesity. UW had agreed to function as the fiscal agent, however the Medical College did not select the project for an award but encouraged UWS and partners to apply next year and suggested ways in which to drill down the “aspiration”.
- **ECSI Objective:** This year’s MCH grant funding supported objectives, one of which required establishing a community committee to assess current early childhood (birth through age 8 yrs) health and safety services and gaps in services. Lead PHNs for this objective assembled the Committee to assist with surveying all health and safety providers in the County and/or those who serve residents in the County. Another objective required reviewing the role of the County’s CDR (Child Death Review) Committee. Recommendations from this review included expanding the role to include the review of data on all child deaths in the County; and to identify strategies that will favorably impact causes. The ECSI project will continue throughout 2012 with additional objectives.

- **CHA and CHIP:**

The CHA/CHIP Steering Committee Meeting was held on 10/6/11 to discuss and recommend members of the two sub-committees which will be created out of the two chosen health focus areas for the 2012-26 CHIP:

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

The Community Health Assessment data presentation and 2011 CHIP update have been posted to the Douglas County website at <http://www.douglascountywi.org/index.aspx?NID=605>. Also note on page 1, in the “Successes” section of this report more information on CHA and CHIP

- **Public Health Preparedness Activities:**

- January 25 – 26, 2011 – Staff participated in the planning for and also attended the 1<sup>st</sup> Annual Community Emergency Sheltering Conference, held at the DECC (Duluth, MN). ~ 200 leaders from around the region attended this training.
- Lead public health preparedness staff provided support to the Human Services division in the development of a functional emergency sheltering plan for humans and pets.
- Annual Preparedness Exercise 5/3/11 – (See notation in Successes on Page 1)
- In June, staff completed the After Action Report/Improvement Plan (AAP/IP) for the 5/3/2011 functional exercise, and has begun to address the areas for improvement identified in the plan.
- In August, lead Preparedness staff hosted an annual All Hazards Preparedness Planning team meeting via Meeting Live to share updates to agency Public Health Emergency Plan (PHEP) with all planning partners and to receive their updates to their plans.
- In August, PHN’s assisted with staffing an Emergency Shelter opened on 8/2-8/3 in response to flooding in the County. PHN’s worked rotating shifts to provide coverage throughout the duration of the shelter.
- The Year-End Public Preparedness Report on grant objectives was completed for the 2010-11 PHEP contract. All objectives were successfully met.
- In September, staff completed the first 5 Target Capabilities assessments with assistance from the preparedness consortia, as part of the PHEP grant objectives. The first 5 capabilities are: Community Preparedness, Community Recovery, Emergency Operations Coordination, Emergency Public Information and Warning, and Fatality Management. The remaining 9 capabilities were to be completed throughout the remainder of 2011.
- Lead Preparedness staff completed the Technical Assistance Review (TAR) assessment on 9/27. The TAR is an annual assessment each local health dept. is required to complete and submit to the state regarding planning for mass clinics and use of the Strategic National Stockpile (SNS) supplies.
- In October, staff completed an additional 5 Target Capability Assessments as part of preparedness grant deliverables. These assessments included: Information Sharing, Mass Care, Medical Countermeasures Dispensing, Medical Surge, and Non-Pharmaceutical Interventions.
- In November staff completed the last of the Target Capability Assessments as part of preparedness grant deliverables. These assessments included: Public Health Laboratory Testing, Surveillance and Epidemiological Investigation, Responder Safety and Health, and Volunteer Management.
- In December, staff participated in state training on Hazards Vulnerability Assessment, due to be completed by 7/31/12 as part of preparedness grant deliverables. Staff is collaborating with the Emergency Management Department staff.

- **Community Education**

- PEGA tapings for general public viewing via a local cable station: Radon Awareness, STD Update and Get Yourself Tested; Carbon Monoxide, National Nutrition Month and Obesity Awareness, Safe Drinking Water: Injury Prevention – National Public Health Week; Recreational Pool Safety; the Wisconsin Well Woman Program, Wisconsin Smoke Free – 1 Year Later, Back to School Immunizations and Checkups, Lead Poisoning, Food Safety, Animal Bites, Emergency Preparedness for Winter, Seasonal Influenza, Cautions During Pregnancy,
- The lead PHN for the Obesity/Lack of Physical Activity CHIP issue met with UWS biology students to engage them in CHIP initiatives; participated with other coalition agencies in conducting a survey via focus group on public perceptions of nutrition and obesity.
- Consultation was provided by the Public Health Service for schools within the County regarding their need for being in compliance with Wisconsin Act 160 : Training Requirements for Individuals Administering Non-Prescription and Prescription Drugs to Pupils; consultation continues as needed.
- HHS Department Staff (PHN, EH, AODA-MH and ADRC) provided educational information at the annual Mariner Mall Health Expo (2/5/11). Over 300 persons accessed information.
- Environmental Health staff provided educational information at the annual Mariner Mall Housing Expo. Over 200 people accessed information.
- PHN participation on Head Start Health Advisory Committee

- 3/17/11 - Youth Leadership of Superior/ Douglas County (11<sup>th</sup> and 12<sup>th</sup> graders) were provided insight on Public Health / Environmental Health roles and were also participants in a hands on board game that provided insight on disparate lifestyles and the consequences of making unsafe health and safety decisions
- In March, the CHIP subcommittee focused on Tobacco, Alcohol and other substances, provided education for medical providers in the community on issues related to the abuse of prescription medications (DVD – Good Drugs Gone Bad). A brochure of the same was made available to businesses (pharmacies, clinics, Family Care MCO, etc) to facilitate a heightened awareness of the problem and steps to take to lessen the abuse.
- PHN participation on the City of Superior’s Consolidated Plan Review committee (CDBG – grant).
- 4/6/11 - Poster board display on Public Health Nursing Service at the “Celebrate Children/ Child Abuse Prevention Month Ceremony
- 4/8/11 – Two PHNs provided a poster presentation at the International Omaha System (documentation system) Conference in Eagan MN.
- 4/9/11 – Staff provided a session on the role of public health nursing, Birth-to Three and environmental health service for the Adult Leadership group; in addition, the environmental health staff provided a session on Bed Bugs: Recognition, Control and Prevention.
- Updated information on the Public Health Nursing Service was placed on the County’s new website.
- Staff visited 5 pharmacies within Superior to provide education on abuse and safeguarding of prescription medications, as part of the Alcohol, Tobacco, and Substances of Abuse CHIP Sub-committee.
- In June, a lead PHN presented on the WI Well Woman Program to attendees of the Circle of Life meeting in Duluth, MN and in October at the St. Luke’s Cancer Update.
- In August, Two PHN’s attended the mandatory training to obtain additional guidance and training on The ECSI grant objective.
- In August, EH staff provided educational information and the community health survey, as part of the CHA at the Lucius Woods Children’s Fair.
- EH staff presented to the Superior Rotary Club about Environmental Health Services provided in Douglas County. Over 200 people received information.
- **Workforce Development**
  - 1/27/11 – 2 PHNs attended the final WIQI Partner Meeting in Wausau, WI; staff continue to develop the division’s QI program
  - PHNs continued with their training on the use of the OMAHA documentation system; 2 lead PHNs provided a poster board presentation at the April, 2011 Omaha International Conference in Mpls., MN
  - PHNs continued to train on frequent updates to the State’s mandated data reporting system: SPHERE
  - PHN involvement continued on the County’s CDRT (Child Death Review Team)
  - The lead PHN for the Obesity / Lack of Physical Activity CHIP issue attended training in Racine, WI on STEM Learning. (The Public Health Service is collaborating with UWS – Student Service Learning Center, CSS, and UMD)
  - All PHNs attended 3 modules of training via media-site live for this year’s ECSI (Early Childhood Development Initiative) objective;
  - All PHNs participated monthly in care plan reviews with WIC nutritionists for their mutual PNCC clients
  - Several staff attended a media-site live presentation / training on Mandatory Reporting (law and requirements)
  - EH staff attended the Food Safety and Recreational Licensing Annual Training that provided updates on current issues, code revisions, and enforcement policies relating to licensing and inspections.
  - Several staff attended a meeting-live presentation on Use of Social Media Tools in the Workforce
  - All Health Division and Birth-to-Three staff participated in a SWOT with the Director and Assistant Dir. of Finance -on direction of the County Administrator. The purpose was to provide feedback and insight on operational and financial management of the services, in view of the impending budget deficit(s).
  - In March, several trainings were provided to department staff on Blood Born Pathogens and Infection Control.
  - 3/1/11 - Two PHNs attended training hosted by the State, in Ashland, on the Early Childhood Systems Initiative (ECSI). The Life Course Model is promoted by the State for Public Health and its partner agencies to have common ground in understanding and supporting child development through the years.
  - 4/21/11 – Division staff participated in the review of the division’s draft policy: Performance Management / Performance Improvement. As this new process rolls out, additional monthly trainings will be provided.
  - 4/28/11 – PHN staff attended an on-site training provided by WIC (Sarah Stock, RD) on breastfeeding).
  - All PHNs continued to improve their knowledge base and competencies in administering vaccines by attending a 9 module web-based training through the CDC, *Epidemiology and Prevention of Vaccine-Preventable Diseases*
  - In May, staff attended the Council on Child Protection meeting to enhance their knowledge base on prevention and detection of child abuse and neglect.

- In May, all PHNs achieved CPR recertification.
- In May, PHNs viewed a webinar providing an update on Pertussis surveillance and investigation in Wisconsin in preparation for any new cases in the County.
- In June, all PHN's viewed two webinars discussing the use of Evidence-based practice in nursing
- In June, 3 PHN's attended breastfeeding training in Duluth, MN, to increase their knowledge and ability to support and encouraged breastfeeding when providing PNCC and new baby visits, and to better collaborate with hospitals, clinics, and community agencies to support breastfeeding within the community.
- In August, Two PHN's attended the State Public Health Nursing Conference on 8/16. The focus for this year's conference was the PHN's role in accreditation, the CHA/CHIP process, and included a speaker from the Public Health Accreditation Board.
- 10/4/2011 – One EH staff member attended Lead Risk Assessor Refresher Training.
- 10/11/11 – A PHN attended Hepatitis C training in Madison, WI to update knowledge base.
- 10/12/11 – A new PHN the state Public Health Orientation event in Wausau, WI.
- 10/12/11 – A PHN attended the Human Services Alternative Response training.
- 10/12/11 –EH Staff attended Department of Agriculture, Trade and Consumer Protection “Agent Meeting”. Providing updates on licensing, inspection training, and agency updates.
- 11/1/11 – 11/2/11 – An EH staff member attended rabies control training provided by the Wisconsin Department of Health.
- 11/1/11 – 11/3/11 – An EH staff attended Retail Hazard Analysis and Critical Control Point training provided by the Wisconsin Department of Health and the Wisconsin Department of Agriculture, Trade and Consumer Protection.
- 11/7/11 – Two PHNs attended phlebotomy training through Lake Superior College to maintain proficiency in blood draws for HIV and hepatitis C testing
- 11/8/11 – All PHNs viewed “Vaccine Update” via a webinar through Children’s Hospital of Philadelphia.
- 11/29/11 – A Lead PHN SPHERE (state documentation system used for MCH grant reporting) user training in Eau Claire.
- 11/30/11 – A PHN attended “Maximizing PNCC Services” training and update in Eau Claire, along with Douglas County WIC Program staff.
- 12/5/11 – Two PHNs attended Omaha System Basics Workshop to enhance knowledge and skills for documenting interventions.
- 12/19/11 - All PHNs participated in web-based training from WI DHS on new Parapertussis follow-up and WEDSS entry guidelines.
- **Earned Media Coverage**
  - 1/5/11 – Press release for Radon Awareness Month
  - 1/20/2011 – Superior Daily Telegram, Maria Lockwood – interviewed a PHN and others from the CHIP subcommittee (Obesity and Lack of Physical Activity) regarding the upcoming 1/27 town meeting “Healthier Douglas County”.
  - 1/21/11 – EHS Press Release on new Carbon Monoxide Alarm requirements.
  - 1/24/11 – PHN interviewed by Kathi Madsen, United Way on Cable Channel 14 re: Healthier Douglas County Event – town meeting scheduled for 1/27 at the library.
  - 1/27/11 – PHN and other members of the Healthier Douglas County collaborative were interviewed by Channel 6 – Northland News Center about the “focus group meeting” on 1/27 to get community input on obesity and lack of physical activity
  - In May, EHS staff provided interview to Superior Telegram on increase in Lyme disease and other Tick-borne diseases in Douglas County.
  - 7/3/11 – EHS Press Release on Food Safety in Power Outage. EH Staff interviewed by Peter Passi of the Duluth News Tribune
  - 7/18/11 – Press release sent on Extreme Heat; staff provided interview to local TV news station.
  - 10/3/11 - PHN provided interview to WI Public Radio regarding current planning for seasonal flu vaccination clinics.
  - Multiple press releases with focus on health and safety, flu shot vaccinations and environmental hazards were released during the year

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 February, 2012