

# Douglas County Department of Health and Human Services

## Health Services Division – 2010 Annual Report

	Dec. 2008	Dec 2009	Jan. 2010	Jan. 2011
Deputy Dir Health Svcs. / Health Officer*	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE
Environmental Health Mgr	1.0 FTE	1.0 FTE	0.0 FTE	0.0 FTE
Public Health Nurses	4.0 FTE	4.0 FTE	4.0 FTE	5.0 FTE
Licensed Practical Nurse	0.8 FTE	0.8 FTE	0.8 FTE	0.0 FTE
Environmental Health Specialists	2.6 FTE	2.6 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>

\*Also provides administrative oversight for the Aging and Disability Resource Center of Douglas County and the Birth to Three Program

### SUCSESSES AND CHALLENGES

#### SUCSESSES:

- **Pandemic Influenza – H1N1 Outbreak:** Over the 2009-10 Outbreak, over 5,000 persons were immunized by the Public Health Service; ~ 22% of the County’s population was immunized in total by the Public Health Service and local health care providers. Although the Influenza A H1N1 virus continues to sparsely, circulate in the US, it has not been reported in the County since early, 2010; two deaths in the County were attributed to this novel virus.
- **CHIP (Community Health Improvement Plan) -** Published the 2010 Updated CHIP and placed it on the County’s website. Health Priorities: Obesity and Physical Inactivity; Tobacco, Alcohol and Other Substances Use; Mental Health and Mental Illness were addressed by the 3 sub-committee’s actions to carry through tactics of the CHIP. Activities included member trainings on Coalition Building, acquiring an additional grant to further coalition building and action to address obesity and the lack of physical activity; training professional and general publics on the dangers of prescription drugs, using the DVD “Good Drugs Gone Bad”; and performing surveys regarding the awareness of mental health services and on corporate wellness plans. (*See Section C: narrative on August Health and Energy Awareness Month*)
- **WI Clean Air Act:** In July, the WI Clean Air Act was implemented. Public Health and Environmental Health Staff provided information on the Act related to implementation of the law, compliance issues, and owner / operator access to educational and enforcement materials; and supported the City of Superior’s ordinance related to enforcement of the Clean Air Act and keeping revenues generated from fines, local.
- **Preparation for National Accreditation of Public Health:** - The ultimate goal of an accreditation program is to improve the public’s health through improved quality and performance of public health departments / services. The Douglas County Public Health Service began preparing for National Accreditation in 2010. (*See Section C: narrative and graphic on National Accreditation of Public Health*).
- **Wisconsin Public Health Quality Initiative (WIQI)**  
Douglas County Public Health was selected by the Institute for Wisconsin’s Health, Inc to participate in the State and National WIQI project from 5/1/10 through 4/30/11. The Institute provided training and education on performing quality improvement / quality assurance activities; research models for problem identification and program improvement. Staff has applied the new knowledge and skills in two areas of the Public Health / Environmental Health Division: System for tracking communications regarding Unsafe Water / Boil Water Notices; and the Pre-natal Care Coordination Program.
- **Infant, Early childhood and Family Mental Health Certificate Program:** UW Madison is among only a handful of programs throughout the country that focuses primarily on the social and emotional health of very young children. Only one person from northern Wisconsin was selected to attend this year long program, which has been paid for by ARRA funds. For 2-3 days a month, the Birth to Three Service Coordinator attends intensive classes, small group sessions and training with courses taught by state and national experts. The goal of this course is to improve the recognition and treatment of mental health issues in babies and young children while supporting the development of healthy parent and child relationships.
- **Standardization:** The Environmental Health “unit standard” for food and recreational licensing passed his re-standardization and standardized his peer.

**CHALLENGES:**

- **State and Federal Grants:** Met expected outcomes for grant objectives related to: Local Preparedness; Pandemic Influenza (PHERS), Childhood Immunizations, EIDP (Early Identification and Detection of Pregnancy), MCH (Maternal Child Health) services: CYSHCNs (Children and Youth with Special Health Care Needs), Ages and Stages developmental screenings, Oral Health – Varnishes; Blood Lead Testing of Children and Lead Safe Renovator Training enrollment of local contractors; Incomplete deliverables for: Oral Health – Sealants the environmental health unit worked to identify and test environments that have potential for lead contamination; however their tactics didn't identify the expected number of dwellings this year and Wisconsin Well Woman Program. (*see Section A, below: narratives for further information*)
- **Health Checks (Well Child Screenings) - .** The Health Check service was reviewed for continuance, with the final decision being to discontinue the service. (*See Section A, below: narrative on Health Check Service*)
- **Seasonal Influenza Vaccinations -** The response rate for public interest in obtaining the seasonal flu shot from the Public Health Service was less than in prior years. This was in part due to many vendors and medical providers providing access to the vaccinations. The Public Health Service will consider limiting its flu shot service for the next season due to the service being available through multiple resources.
- **Environmental Health Service –** The Environmental Health Supervisor retired during first quarter of 2010. The vacant position was re-designed to provide direct supervision for public health nurses and the environmental health specialists; however the agency was unable to find a viable supervisor for the unit. The environmental health specialists will continue to report directly to the Health Officer for future direction
- **Environmental Health Fees (Annual licensing and Compliance):** This year Health and Human Services administration recommended raising licensing fees to mirror those of the State inspectors, which would get the licensing program closer to covering its operating and fixed costs. Because the raise in fees for some inspection, reinspection and pre-inspection fees would have a significant increase from current fees, further review and consideration by the Board will take place in early 2011.

*This report has been reformatted to demonstrate how public health services address the Healthiest Wisconsin 2020 plan that includes 23 focus areas. These important facets (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 YTD	2010 YTD
Immunizations:						*
# of Children Served	678	594	511	864	2142	953
# of immunizations(general)	NA	NA	NA	996	512	452
# Child. Seasonal flu shots					290	169
# HINI Children shots					1952	775
# of Adults Served	3216	1673	1586	1135	2122	2471
#of immunizations (general)	NA	NA	NA	1245	141	1428
# Adult seasonal flu shots					922	791
# HINI Adult shots					1341	1205
# HINI (Adults& Children)					3293	1980
Referrals Out # of Children						27
Case Mgmt - # of Children	21	22	17	17	25	19
CYSHCN # of Encounters		86	89	60	75	54
Birth to 3 Referrals: Month					71	4
Admissions: YTD					51	61
Monthly Active:						41
Rural Children's Screening Clinics						
# of Clinics	8	8	6	8	NA	NA
# of Children	99	95	87	47		

# Health Check Screenings/cancels	153	120	91	60	20	6/2
# ASQ Actual / Annual Goal	NA	NA	30	50/50	129/100	87/50
# ASQ-SE Actual / Annual Goal				48/30	107/100	73/50
Oral Health: Children Getting Fluoride Varnishes / annual goal	NA	NA	104	135 /100	100/158	117/50
Oral Health: Children Getting Sealants / MCH annual goal Seal-A-Smile sealants/goal	NA	NA	44	28 /20	42/50 31/100	0/50 *
Prenatal Care Coord. Client Refs	24	27	34	79	125	98
Prenatal Care Coord. Client Admit					63	73
Prenatal Care Coord. Contacts	90	85	53	136	451	350
My Baby and Me Clients/visits	NA	6	2/4	3	NA	NA
EIDP – Early Ident. And Detect. Reproductive Education Clients	NA	NA	500	500	500	300/500
Pregnancy Tests			5	3	2	7
Express Enrollment Assistance			7	2	0	4
High Risk New Born Referrals	75	96	137	171	114	149
High Risk New Born Admits	55	70	100	144	95	107
High Risk New Born Visits/TCs	140	135	203	252	206	357
Children’s Elevated Blood Lead Levels ( $\geq 8\text{mcg/dL}$ - $<10\text{mcg/dL}$ )	6	10	8	10	5	5
Children with Blood Lead Poisoning ( $\geq 10\text{mcg/dL}$ ) YTD	2	2	4	7	3	2
Blood Level Draws						60 (WNL)
YTD # Court Ordered Urine Drug Tests (for illegal substances)	NA	22	49	62	32	22
% of test = + <b>this mo.</b>		46%	45%	36 %	100%	75 % (2)
% of test = + <b>YTD</b>					31%	44%( 11/25)
# WI Well Woman New Enrollees	51	36	43	48	44	26
# WI Well Woman Re-Enrollees	163	115	149	133	129	109
# Women With Cancer Diagnosis	2	1	2	1	1	4
Total Number Women Served						135 *

**Discussion:**

- **Immunizations:** The 2010 Immunization Compliance rate is 75% late up-to-date for children residing in Douglas County who turned 24 months of age, receiving 4 Dtap, 3 polio, 1 MMR, 3 Hib, 3 Hepatitis B, and 1 Varicella vaccinations. The goal was to achieve 74%. Public Health Staff worked closely with medical homes in Douglas County and Duluth, MN to successfully achieve compliance. Through ARRA funding, the public health service was able to offer free vaccinations for adults who were under-insured or un-insured. ~ 1200 adults were provided vaccines, inclusive of Hepatitis A and B; MMR(measles, mumps rubella), Tdap or Td(tetanus, diphtheria, pertussis), HPV(human papillomavirus) and Varicella(chickenpox)
- **Oral Health – Preventive Services**  
A total of 117 oral screenings, fluoride varnishes and oral prophylaxis were provided to 117 children at Head Start Centers 1 & 2, by the dental hygienist. Of the 117 children, 12 required referral to a dentist for restorative care. Of these 12 students, 6 required urgent care. The program was prepared to serve 50 children with preventive sealants. Many strategies were used to “child-fine”, including working with youth clubs and schools to identify uninsured or underinsured children (The Boys and Girls Club, the Solon Springs School District, the Northwestern Elementary School, the Superior Federation of Labor and the Northern Waters Parish Nurses. When compared to the success in numbers served through the Head Start Centers, it is apparent that schools and children’s social clubs do not have ready access to parents as do the Head Start Centers.
- **Birth to Three Program:** Program has benefitted from the availability of ARRA funds this past year for a variety of training opportunities as well as equipment and technology to enhance service delivery for our families. We also participated actively with the Barron County Birth to Three Core team in training to support three goals common to both teams as well as individual county team goals.
- **Health Checks (Well Child Screenings) - .** The Public Health Service recommended to the Health and Human Services Board, discontinuing as of 12/31/10, its Health Check service. Over the past 2 years the demand for this service diminished to just a handful of screenings per year. One of the goals in Public Health, across the industry is to facilitate getting children established with a medical home. Evidence suggests that this goal is being met. Also factored into making this decision was the cost of maintaining the screening equipment and the nursing skills to provide Health Check Service. The public health nurses will assist clients and agencies in any way possible to get children and parents aligned with a medical home, should the need present. Immunization clinics will continue to be

offered throughout the year and will. By special arrangements, the nurses will conduct blood lead testing and Ages and Stages developmental screenings for clients and agencies when deemed necessary.

- **Wisconsin Well Woman Program:** ~ 329 women were identified and contacted for services in 2010. Of those women, 39% were either no longer eligible or declined service. (3 have moved out of the area, 4 are now receiving WWWP services in Bayfield Co, 86 are now on Badger Care, 5 were transitioned over to WWWP-MA for cancer related services, 13 are now receiving Medicare or SSI, 12 now have insurance and 5 did not want to continue their screening services with WWWP). Of the 135 women who were seen, 26 were new enrollees and 109 were re-enrollees; 4 had a new cancer diagnosis. This year's grant funding had a projected number of 148 women to be served.

**SECTION B: COMMUNICABLE DISEASES AND INTERVENTIONS**

	2010	2009/2008/2007/2006/2005/2004			2010	2009/2008/2007/2006/2005/2004
Arboviral Infect	1	0/0/1/0/0/0		Meningitis (V)	1	1/3/4/1/5/5
Blastomycosis	2	0/1/0/3/3/0		Meningitis (B)	1	2/0/0/1/0/0
Campylobacteriosis	9	4/5/7/4/3/3		Mumps (non-conf)	0	0/0/2/2/0/0
Cryptosporidium	1	1/1/1/3/2/3		Mycobacterial, non-TB	5	2/1/3/1/0/0
Cyclosporiasis	0	0/1/0/0/0/0		Pertussis	2	0/1/1/2/16/32
				Rabies exposure	1	0/0/0/0/0/0
E. Coli 0157:H7	2	0/0/0/2/0/1		Pneumoniae-Strep Inv	5	9/5/5/6/6/5
Ehrlichiosis	9	8/15/7/8/11/9		Salmonella	3	1/2/4/2/6
Giardiasis	5	5/2/4/1/4/2		Shigellosis	1	1/0/0/0/0
Hemoph. Infl B	1	1/1/1/2/1/0		Strep Group A	0	2/0/1/3/1
Hepatitis A	1	1/1/1/1/2		Strep Group B	4	6/2/2/1/3/3
Hepatitis B	3	1/1/2/1/1		Toxic Shock Syn.		
Hepatitis C	26	31/36/41/18/24		Toxoplasmosis	1	1/0/1/0/0
HINI Influenza A	0	35/0/0/0/0/0		TB – Active	0	0/0/0/1/1
Legionella	1	1/0/0/0/0		Varicella	1	3/not reportable
Lice -nuisance	8	10/13/?/18/?		TB Prophylaxis	3	7/5/10/15/12
Lyme Disease	116	43/79/72/14/43/31		TB Skin Tests	496	435/561/545/717/660/573

**Discussion:**

- One bat tested positive for rabies. The client that was bitten while sleeping was treated for the exposure along with another individual who was sleeping in the same room. Several clients received rabies prophylaxis due to incurring an animal bite and not having the animal tested or placed in quarantine.
- The number of reported Lyme disease cases increased by 270% from that of 2010. The main reason for this was physician practice to test symptomatic patients prior to treatment vs. treating with out testing.
- Most reported Hepatitis C cases where considered chronic cases.

**SEXUALLY TRANSMITTED DISEASES**

	2010	09/08/07/			2010	09/08/07/
Chlamydia	124	116/91/78		Chlamydia/ Gonorrhea	0	2/11/11
Gonorrhea	3	6/19/21		HIV/AIDS	0	4/3/1
Herpes *	0	1/23/30		PID	1	1/1/?/

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

**Discussion:**

- All cases are now tracked via WEDSS
- Douglas County Public Health Service participated in a “Chlamydia Summit” hosted by the MN Dept. of Health, during the year. The focus was on ways in which to educate teens and young adults about prevention.

**ENVIRONMENTAL HEALTH SERVICES**

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

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

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

**Discussion:**

➤ **Housing and Air Quality Issues;**

This past year has seen a noticeable decline in housing investigations from a high of 98 inspections in 2008 to this year's total of 29. 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. Several complaints have also been resolved through client consultation over the phone, e-mail, faxes, or sending written material. This has reduced the need to perform an onsite visit with every intake call that our department receives. The increased joint cooperation and corroboration between departmental units, and agencies, such as the city and county, has resulted in a reduction of repeat visits or redundant services. Indoor air quality issues are also lower than previous years. This again may be attributed in part to the intake screening and fielding of inquiries. Also the focus is on causes that create the situations that may lead to a health hazard.

➤ **Inspections;**

The year to date numbers for total inspections is 707. This is the highest total in four years, which includes restaurants and retail grocery, conveniences stores, and other licensed facilities. Part of this increase can be attributed to increased frequency of high risk or complex restaurants. Inspections are conducted every eight months instead of annually for those facilities. Re inspections or follow-up inspections are performed when critical issued orders cannot be complied with at the time of the inspection visit, and warrants another inspection to comply with critical violations. Internal electronic systems have been upgraded to improve accuracy in tracking inspection timelines, results and required follow-up. This system improvement has increased accessibility for staff to track and record changes, to access data for all licensed facilities and to schedule re-inspection times.

➤ **Water Sample Collection;**

Total sample collection has dropped from 668 in 2008 to 390 in 2010, due to changes in the Beach Water Program. In 2009, the Environmental Health Unit stopped collecting beach samples from local swimming beaches. Beach sampling on Lake Superior Beaches is currently conducted by the University of Oshkosh. The Environmental Health Unit continues to assess complaints, the weather, and pollution events that could contaminate public beaches and will test and close beaches as necessary to protect the public. There are around 300 fewer water samples collected each year due to this change. There were 28 fewer water samples collected for the Safe Drinking Water act in 2010. The Environmental Health Unit collects routine water samples from approximately 160 transient / non-community water supplies each year. When contaminants are found, follow up sampling is conducted to assure that safe drinking water is provided. The Environmental Health Unit has worked in 2010 to decrease the number of follow up samples by providing standardized information to facilities with contaminated water samples, encouraging timely response to contaminated water samples through enforcement and fee collection, and routine follow up of orders issued to drinking water systems during their routine well inspection. Follow up of systems with contaminated drinking water is one of the focus areas in 2011, included in the Public Health Service's Quality Improvement Program.

- **Lead Testing** - There was a decrease in lead inspections and risk assessments conducted by the Environmental Health Unit during the last several years, a major reason being: the City of Superior - Community Development no longer provides housing improvement loans in the City of Superior. In the past years, the Environmental Health Unit would conduct lead inspections and clearance to assure that lead hazards were remediated during these projects. Referrals declined when funding subsided. Public inquiries for lead testing of homes without having known, lead poisoned children are provided with information on lead contamination detection and prevention. People wishing to have their homes tested for lead are given a list of local businesses which provide lead inspection services. Public Health Nurses work in collaboration with the EH, certified lead risk assessors to identify, assess, and remediate cases of blood lead poisoning in Douglas County. (Mandated by Statute). The nurses provide blood lead testing service, health educational information for children with respective, elevated levels, and case management for referrals and medical follow-up appointments to ensure that the child's problem is remediated. All children who are found with blood lead poisoning receive a free environmental risk assessment conducted by the EH assessor to identify current lead hazards. The inspector writes remediation orders. When projects are completed to satisfaction, the assessor "clears" the environment from the risk of lead exposure.
- **Risk-based Inspections** - The EH inspectors as Agent for the State for licensing establishments regulated by the DHS and DATCP were directed to increase the frequency of inspections for high risk establishments. Since September, 2010, high risk establishments are inspected every 8 months verses once every 12 months. This increased frequency will result in 3 full inspections over a 2 year period. High Risk establishments due to the nature of foods served or the preparation process are at higher risk for food-borne infections than those establishments having less complexity of food and food handling processes. Approximately 30 establishments in the County fall into this category

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

- **August Health and Energy Awareness Month.** The Third Annual Douglas County Health and Energy Awareness Month concluded with a press conference and a celebration. The celebration was for the burning of 41,118 calories and the 2,000 lbs of CO2 that was not released into the air as a result. One major health issue in the plan relates to increasing physical activity and decreasing obesity. In the first year of the program county employees were encouraged to use the stairs instead of the elevator, and walk or bike to work. This year home activities were added and included 90 options such as gardening, cleaning, sweeping, and mowing the lawn, raking and a wide variety of non-motorized recreational opportunities. Each participant received the options list along with a chart detailing how many calories per minute the activities consumed. The City of Superior joined the event for the last two years, and next year a neighboring county is challenging Douglas County in the competition to reduce calories and carbon footprints.
- **Preparation for National Accreditation of Public Health:** - An initial requirement includes conducting an internal "self" assessment of operations. From August through December, 2010 agency staff assisted with a "self" assessment. The assessment has been submitted to the State. The agency will receive a response from the State that will outline further requirements for operations improvements. The Operational Domains that will require further development include establishing evidence-based outcomes and a formal evaluation and QI program. The BENEFITS of ACCREDITATION:
  - The accreditation assessment process provides valuable, measurable feedback to health departments on their strengths and areas for improvement.
  - Engaging in the accreditation process provides an opportunity for health departments to learn quality and performance improvement techniques that are applicable to multiple programs.
  - Gaining accreditation status has resulted in increased credibility among elected officials, governing bodies and the public.
  - The recognition of excellence brought on by meeting accreditation standards has positively impacted staff morale and enhanced the visibility of the health departments.
  - Significant attention to securing specific, tangible incentives, such as:
    - Financial incentives through federal grants
    - Points or other recognition when submitting grant applications
    - Eligibility for funding for infrastructure and quality improvement
- **Public Health Preparedness Activities:**
  - Contributed to Wisconsin's success in scoring 9 out of 10 key indicators for emergency health preparedness in the Trust for America's Health (TFAH) Report: Ready or Not
  - Successfully completed 13 of 15 timed Center for Disease Control and Prevention (CDC) performance measures during an onsite, unannounced functional exercise in July

- Revised the Public Health Emergency Plan to align with the Public Health Accreditation Board standards as well as the national Association of City and County Health Officials (NACCHO) Project Public Health Ready indicators.
  - Continued participation in the regional public health preparedness workforce development program. As a result public health staff and department leadership improved their individual and group competency testing scores; and participated in monthly webinars that focused on all aspects of public health preparedness.
  - Increased public awareness of emergency response by updating the agency’s website, presentations to community, civic and academic groups;
  - Successfully met all of the Public Health Cooperative Grant Agreement contract objectives and deliverables
  - Convened the Pan Flu Partners / All PH Hazards Partners Group to debrief on the HINI Novel Virus response; identifying opportunities for improvement (internal operations and WI / MN State operations).
  - Added two schools to the existing 6 schools in the County for illness related absenteeism surveillance
  - Provided public health preparedness education for new County Administrator and Emergency Management Planner/ County Risk Manager; defined roles and responsibilities
  - Continued providing leadership on the LEPC (Local Emergency Planning Committee) by chairing the committee and providing public health emergency preparedness information
- **Community Education**
- Provided for community at large via PEGA (local cable network) health and safety education on : Personal Practices for Infection Control; Radon Awareness; Addressing Obesity and Lack of Physical Activity; Public Pool Safety; Wisconsin Well Woman Program; Safe Drinking Water Program for the County; Clean Indoor Air Act (Smoke-free Work Environment); Lyme Disease and West Nile Virus Diseases and Prevention; Child Summer Safety Tips; Children and Youth With Special Health Care Needs Program; Childhood Lead Poisoning and Lead Free living Environments; Getty Ready for School Immunizations and Checkups; Prevention of Animal Bites; Food Safety: Home and in the Restaurant; Seasonal Influenza Vaccinations, Prevention and Treatment; Healthy Aging; CO2 and Furnace Safety; School Absenteeism Surveillance Program in the County; Emergency Preparedness (As it Relates to Winter); Healthy Eating Over the Holidays; Lead Safe Toys and Gifts;
  - Provided health fairs, both focused and general for the community at large; WITC, UWS, Catholic Charities Housing Expo., several grade schools and businesses
  - PHN participation on the County’s evolving Child Death Review Team resulted in the team’s expanded knowledge of the role of the PHN with maternal child clients; and the support of a “safe sleep” tactic promoting the use of Halo Sacks and a public service announcement.
  - Expanded the Public Health / Environmental Health websites to include seasonal information, i.e. – gypsy moth control, West Nile Virus control and reporting
  - The Public Health Service is collaborating with the UWS Service Learning Center on a STEM grant (Science, Technology, Engineering and Math) to provide students an opportunity to participate on CHIP initiatives. The initiatives address obesity, lack of physical activity and improving nutritional status.
- **Workforce Development**
- Expanded PHN capacity for Partner Services by training an additional PHN to provide services for Douglas, Bayfield, Burnett and Washburn Counties.
  - Increased staff preparedness for emergency response through completion of their required ICS courses
  - Engaged all units in the department in strategic planning initiatives by including a cross section of staff on 3 different “think tank – focus groups” to brainstorm on tactics for Staff Development; Customer Service and QI / Best Practices.
  - Environmental Health staff attended trainings on the Virginia Graeme-Baker Act (VGBA) to update their knowledge on requirements of pool operators to prevent entrapment
  - Clinical shadowing experiences were provided to BSN and AD to BSN students going through their public health rotation. Students were from the following Academic Sites: Viterbo University, UWS (Eau Claire, Green Bay and Oshkosh) branches; and WITC.
  - Additional trainings were provided to staff on personal safety on the job, HIPPA compliance, Testifying in Court, cultural competencies, recognizing meth use,
  - Staff attended the WPA/ WALHDAB annual meeting to build knowledge base on key public health services
  - Staff received several modules of training on coalition building to enhance skills for assisting with the CHIP (Community Health Improvement Plan) initiatives.
  - Staff enhanced knowledge and skills by attending “Baby Steps to Making Breast Feeding a Success”, provided by the Northwestern Wisconsin Breast feeding Network and the Western Public Health Education Consortium
  - Environmental Health staff attended training on retail food – agent work to obtain updates on current food safety including the Wisconsin Food Code, the “Pickle Bill” and on Food Borne Illness Response
  - Staff participated in training sponsored by the UW School of Medicine, on Fetal Alcohol Spectrum Disorders (Implications, Leg and Clinical Implications)

- Staff hosted and attended a training provided by Lutheran Social Services on Understanding Infant Adoption.
- Public Health Nurses were trained in the use of the OMAHA documentation system for healthcare. Their new skills will support quality improvement of systems in the Unit.
- **Media Coverage**
  - Provided numerous interviews to radio, TV and newspaper reporters regarding the HINI novel virus status and the public health partners response via immunizations, infection control and hospitalizations
  - Provided numerous interviews to radio, TV and newspaper reporters regarding the Clean Air Act; new smoke free tobacco products and compliance in employment settings.
  - Received multimedia coverage of the public health service's recertification as a Level III Health Department
  - Provided interviews to radio and newspaper on the 2010 County Health Rankings report, which placed Douglas County at "53" out of 72 counties in Health Rankings;
  - Provided a radio interview (KUWS) on the proposed Environmental Health Fee Schedule increase after the December full County Board voted to table the proposal until the first part of 2011.
  - Provided a TV interview on Back to School Immunizations, with a focus on connecting with medical homes, using the public health service as a safety net.

Submitted by: Deb Clasen, RN, MA  
Deputy Director, Health Services and Health Officer  
1/31/11