

# Douglas County Department of Health and Human Services Health Services Division – 2015 Annual Report

## MISSION

*To promote the health, safety and well-being of individuals and families*

## CORE VALUES

*Service  
Social Justice  
Dignity and Worth of the Person  
Importance of Human Relationships  
Integrity and Competence*

### Message from the Health Officer

The 2015 Annual report provides a brief overview of the many ways in which our department provides services to Douglas County residents every day. Although public health programs and activities may not always be visible, Public Health staff is frequently working behind the scenes on our mission to promote the health, safety and well-being of individuals and families. The 10 Essential Services of Public Health can provide a basic description of “What does Public Health do” and the services provided by our department.

Public health focuses on improving the health of the population through education, health promotion, disease prevention and disaster preparedness. Reaching our goals cannot be done alone. Strengthening our services requires the development and engagement of community partners with a shared goal of providing a healthy and safe place to live for all residents of Douglas County.

Respectfully,

Kathy Ronchi  
Health Officer  
Douglas County Department of Health and Human Services  
Public Health



### 10 Essential Services of Public Health

1. Monitor health status and understand health issues facing the community.
2. Protect people from health problems and health hazards.
3. Give people information they need to make healthy choices.
4. Engage the community to identify and solve health problems.
5. Develop public health policies and plans.
6. Enforce public health laws and regulations.
7. Help people receive health services.
8. Maintain a competent public health workforce.
9. Evaluate and improve programs and interventions.
10. Contribute to and apply the evidence base of public health

## Staff overview

|  | Jan 2010             | Jan. 2011                     | Jan 2012            | Jan 2013                                | Jan 2014 | Jan 2015 | Jan 2016 |
|--|----------------------|-------------------------------|---------------------|---|----------|----------|----------|
| Deputy Dir Health Svcs. / Health Officer*/<br>2011 Public Health Services Supervisor | 1.0 FTE              | 1.0 FTE<br>(Vacant as of May) | 1.0 FTE<br>(Vacant) | 1.0 FTE<br>(Filled April 29, 2013)      | 1.0 FTE  | 1.0 FTE  | 1.0 FTE  |
| Environmental Health Mgr   | 0.0 FTE<br>(Revised) | Eliminated                    | NA                  | NA                                      | NA       | NA       | NA       |
| Public Health Nurses   | 4.0 FTE              | 5.0 FTE<br>(1 FTE-held)       | 4.0 FTE             | 5.5 FTE                                 | 4.0 FTE  | 4.0 FTE  | 4.0 FTE  |
| Licensed Practical Nurse   | 0.8 FTE              | 0.0 FTE<br>(Position Elim)    | NA                  | NA                                      | NA       | NA       | NA       |
| Environmental Health Specialists   | 2.0 FTE              | 2.0 FTE                       | 2.0 FTE             | 2.0 FTE                                 | 2.0 FTE  | 2.0 FTE  | 2.0 FTE  |
| Support Staff: Clerical and Billing<br>(Centralized support for the Department)      |                      |                               |                     | 2.5 FTE<br>(included this yr in totals) | 2.0 FTE  | 2.0 FTE  | 2.0 FTE  |
| Total FTE  | 7.8 FTE              | 8.0 FTE                       | 7.0 FTE             | 11 FTE                                  | 9 FTE    | 9 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.

## SUCCESSSES AND CHALLENGES

### SUCCESSSES:

- As of June 30, 2015 enrollment services for the Wisconsin Well Woman Program is being handled by a multi-county coordinating agency. The services that WWWP provides and the eligibility requirements have not changed.
- Immunization program state site visit completed with all requirement and objectives met.
- All grant objectives have been met.

### CHALLENGES:

- The Public Health unit has had changes in nursing positions and is working towards filling an open PHN position. The Public Health unit currently employs three public health nurses and two Registered Sanitarians.

This report has been formatted to demonstrate how public health services address the *Healthiest Wisconsin 2020 plan*. The 23 focus areas encompass the entire life span with an overarching focus on health disparities as well as social, economic and educational factors that influence health.

**Health Focus Areas:** Alcohol and drug use, chronic disease prevention, communicable disease prevention and control, environmental and occupational health, growth and development, injury and violence prevention, mental health, nutrition, oral health, physical activity, reproductive and sexual health and tobacco use.

**Infrastructure Focus Areas:** Access to health services, collaborative partnerships for community health improvement, workforce development, emergency preparedness, equitable public health funding, health literacy, public health capacity, research and evaluation, and health information systems.

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

| Programs   | 2011<br>Total | 2012<br>Total | 2013<br>Total | 2014<br>Total | 2015<br>Total |
|--|---------------|---------------|---------------|---------------|---------------|
| Immunizations:   |               |               |               |               |               |
| # of Children Served   | 177           | 111           | 137           | 73            | 28            |
| # of immunizations(general)  | 295           | 252           | 218           | 171           | 60            |
| # Child. Seasonal flu shots  | 101           | 22            | 74            | 29            | 3             |
| # of Adults Served   | 566           | 82            | 52            | 60            | 20            |
| #of immunizations (general)  | 597           | 87            | 64            | 67            | 29            |
| # Adult seasonal flu shots   | 417           | 6             | 1             | 11            | 0             |
| Referrals Out # of Children  | 12            | 12            | 18            | 35            | 3             |
| Case Mgmt - # of Children  | 22            | 12            | 23            | 31            | 0             |
| CYSHCN # of Encounters   | 52            | 25            | 22            | 8             | 3             |
|  |               |               |               |               | 20            |
| Birth to 3 Referrals: Month  | 87            | 74            | 111           | 74            | 115           |
| Admissions: YTD  | 44            | 32            | 50            | 54            | 52            |
| Monthly Active:  | 49            | 39            | 42            | 43            | 44            |
| # ASQ/SE Sent YTD  | 53            | 52            | 15            | 19            | 17            |
| # ASQ-SE Returned YTD  | 44            | 43            | 15            | 11            | 12            |
| Prenatal Care Coord. Referrals   | 117           | 116           | 73            | 85            | 59            |
| Prenatal Care Coord. Admissions  | 67            | 48            | 27            | 35            | 27            |
| Prenatal Care Coord. Contacts  | 443           | 302           | 79            | 125           | 147           |
| EIDP – Early Ident. And Detect.  |               |               |               |               |               |
| Pregnancy Tests  | 7             | 7             | 5             | 1             | 0             |
| Express Enrollment Assistance  | 1             | 2             | 0             | 0             | 0             |
| High Risk New Born Referrals   | 132           | 180           | 208           | 290           | 319           |
| High Risk New Born Admits  | 97            | 116           | 100           | 72            | 78            |
| High Risk New Born Visits/TCs  | 276           | 240           | 244           | 176           | 198           |
| Children’s Elevated Blood Lead Levels ( $\geq 8\text{mcg/dL}$ - $<10\text{mcg/dL}$ ) | 5             | 6             | 15            | 11            | 6*            |
| 1  | 1             | 5             |               | 0             | 0             |
| Children with Blood Lead Poisoning ( $>10\text{mcg/dL}$ ) YTD                        | 4             | 1             | 2             | 3             | 0             |
| Blood Level Draws  | 19            | 18 (WNL)      | 1             | NA            | NA            |
| YTD # Court Ordered Urine Drug Tests (for illegal substances)                        | 47            | 61            | 69            | 38            | 80            |
| % of test = + <b>this mo.</b>  | 17%(1/6)      | 30% (3/10)    | 38% (3/8)     | 0% (0/1)      | 50%(1/2)      |
| % of test = + <b>YTD</b>   | 34%(16/47)    | 31% (19/61)   | 39% (27/69)   | 55% (21/38)   | 40% (32/80)   |
| # WI Well Woman New Enrollees  | 31            | 42            | 26            | 10            | NA            |
| # WI Well Woman Re-Enrollees   | 92            | 75            | 67            | 25            |               |
| # Women With Cancer Diagnosis  | 1             | 8             | 2             | 1             |               |
| Total Number Women Served  | 123           | 117           | 93            | 35            |               |

\* Residents in Douglas County will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines. All children with a capillary blood lead level of 5 mcg/dL or higher received an offer of educational information and/or intervention.

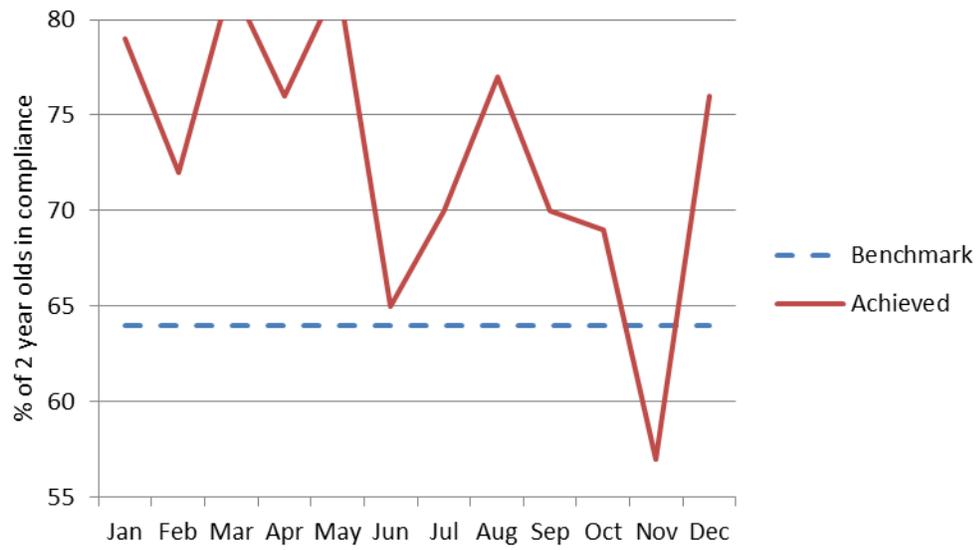
**Discussion:**

- **Childhood Immunizations**

The Public Health Nursing unit had the following objective in 2015: By February 20, 2016 64% children residing in Douglas County jurisdiction 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.

- Two year old immunization rates in Douglas County, while improving overall, still fall below the state goal of 90%. At the end of year 2015, 63% of Douglas County residents completed the recommended immunizations at

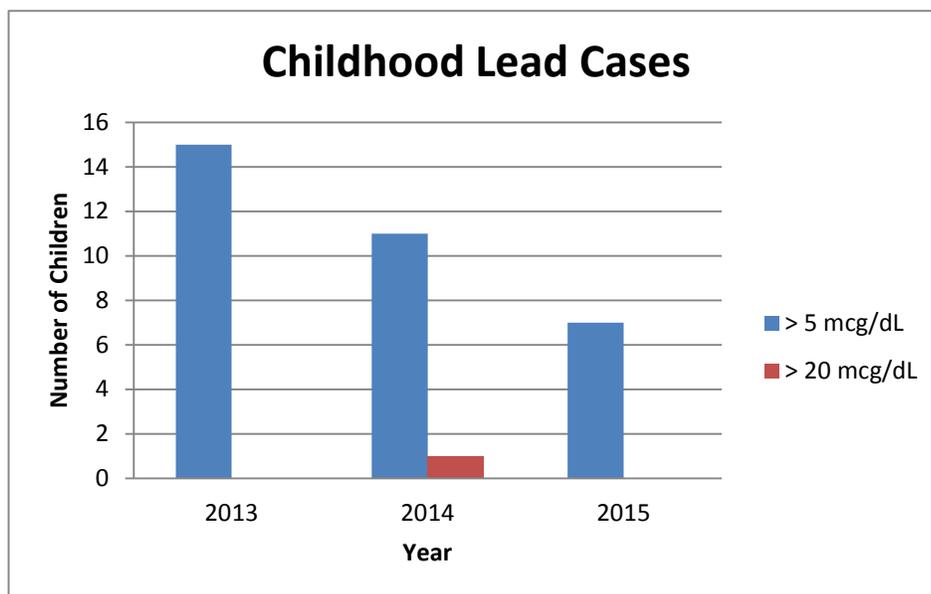
age two years, just missing the goal of 64%. Challenges for improving immunization rates include parents choosing their own vaccination schedule and incomplete vaccine records through clients moving without forwarding addresses and inconsistent data entry by clinics and pharmacies.



- Childhood Lead**

Throughout 2015, residents from Douglas County will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines. All children with a capillary blood lead level of 5 mcg/dL or higher received an offer of educational information and/or intervention.

- In 2015, Douglas County provided comprehensive follow-up for 7 children with blood levels >5 mcg/dl. There were no children with EBL of >20. Public health staff provided lead prevention education at multiple outreach events.



## COMMUNICABLE DISEASES AND INTERVENTIONS

|                                      | 2015 | 2014 | 2013 | 2012/2011 |  | 2015                    | 2014 | 2013 | 2012/2011 |         |
|--------------------------------------|------|------|------|-----------|--|-------------------------|------|------|-----------|---------|
| Arboviral Infect                     | 6    | 0    | 2    | 0/0       |  | Meningitis (V)          | 3    | 0    | 0         | 3/3     |
| Babesiosis                           | 2    | 1    | 1    | 3/6       |  | Meningitis (B)          | 0    | 1    | 0         | 0/0     |
| Blastomycosis                        | 0    | 0    | 2    | 0/2       |  | Mycobacterial, non-TB   | 2    | 3    | 2         | 1/1     |
| Campylobacteriosis                   | 5    | 3    | 4    | 5/7       |  | Parapertussis           | 1    | 8    | 0         | 7/1     |
| Cryptosporidium                      | 6    | 6    | 4    | 4/2       |  | Pertussis               | 30   | 8    | 0         | 26/2    |
| E. Coli 0157:H7 & other E.Coli       | 0    | 3    | 2    | 1/1       |  | Rabies Expos.           | 0    | 0    | 0         | 0/1     |
| Ehrlichiosis (Prob & Confirmed)      | 27   | 17   | 25   | 16/31     |  | Rocky Mtn Spotted Fever | 0    | 1    | 0         | 0/0     |
| Giardiasis                           | 4    | 6    | 6    | 6/3       |  | Salmonella              | 7    | 5    | 4         | 4/7     |
| Hemoph. Infl B                       | 1    | 1    | 1    | 1/0       |  | Shigellosis             | 0    | 0    | 0         | 3/0     |
| Hepatitis A                          | 1    | 0    | 2    | 1/0       |  | Strep Group A           | 4    | 1    | 1         | 1/1     |
| Hepatitis B                          | 8    | 1    | 4    | 10/3      |  | Strep Group B           | 5    | 4    | 3         | 3/4     |
| Hepatitis C                          | 47   | 50   | 45   | 50/41     |  | Strep Pneum Invasive    | 3    | 5    | 6         | 4/2     |
| HINI Influenza A                     | 0    | 0    | 0    | 1/0       |  | Toxoplasmosis           | 1    | 0    | 0         | 1/1     |
| Influ Assoc. Hosp.                   | 39   | 40   | 29   | 14/16     |  | TB – Active             | 0    | 1    | 1         | 1/0     |
| Legionella                           | 2    | 1    | 0    | 2/1       |  | TB Prophylaxis          | 1    | 4    | 4         | 1/3     |
| Lyme Disease (Prob, Susp, Confirmed) | 58   | 35   | 50   | 42/71     |  | TB Skin Tests           | 249  | 340  | 306       | 417/513 |
| Hemorrhagic Fever, Ebola follow-up   | 1    | 0    | 0    | 0         |  | Varicella               | 5    | 0    | 0         | 14/0    |

### Other Discussion:

- Diseases associated with [vector-borne](#) illness continued to be a substantial number of cases for 2015.
- Influenza associated hospitalizations continue to reflect the low influenza vaccine rates. In 2015 only 11% of adults under age 65 and 33% of adults over age 65 received a flu vaccine. In 2011, the CDC directed hospitals to report influenza associated hospitalizations to local health departments. Prior to this directive the numbers are not available.
- The threat of Ebola virus disease is a top national public health priority. In this effort, Douglas County collaborated with state partners in performing monitoring and surveillance for a traveler in our jurisdiction from an Ebola-impacted country.

### SEXUALLY TRANSMITTED INFECTIONS

|           | 2015 | 2014 | 2013 | 2012 | 2011 |
|-----------|------|------|------|------|------|
| Chlamydia | 153  | 154  | 181  | 191  | 133  |
| Gonorrhea | 13   | 9    | 13   | 11   | 5    |
| HIV/AIDS  | 0    | 0    | 2    | 1    | 1    |

### Discussion:

- All cases are tracked via the Wisconsin Electronic Disease Surveillance System (WEDSS).
- Sexually transmitted infections (STI'S) 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 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 with healthcare [costs](#) reaching \$16 billion. Learn more about sexually transmitted infections among young Americans [here](#).

- People with STD's are more likely to get HIV due to having similar risky behaviors, according to the CDC. While new cases of HIV were not identified in Douglas County, STD rates continue to climb. HIV testing has not been widely done in 2015. Outreach and education with the public as well as local clinics has led to expanded HIV testing by the Health Care Clinic and Aids Resource Center, beginning in early 2016.
- Human Papillomavirus (HPV) is the most common sexually transmitted infection in the US according to the CDC. If left untreated, HPV can lead to cancer in males and females. In Douglas County, only 18% of adults between 19-26 years old have completed the vaccine series with just 3% of those male. HPV infections are not reported to health departments for tracking so the exact numbers are not known.

## ENVIRONMENTAL HEALTH SERVICES

|                                  | 2011  | 2012  | 2013  | 2014  | 2015  |
|----------------------------------|-------|-------|-------|-------|-------|
|                                  | TOTAL | TOTAL | TOTAL | TOTAL | Total |
| <b>INSPECTIONS:</b>              |       |       |       |       |       |
| Retail Food                      | 115   | 87    | 99    | 96    | 103   |
| Restaurants                      | 307   | 284   | 295   | 266   | 274   |
| Hotels & Motels                  | 60    | 52    | 66    | 51    | 54    |
| Campgrounds                      | 34    | 39    | 37    | 38    | 45    |
| Swimming Pools                   | 31    | 27    | 21    | 27    | 30    |
| Mobile Home Parks                | 18    | 13    | 17    | 18    | 18    |
| Rec. & Educational Camps         | 5     | 7     | 5     | 6     | 5     |
| Tattoo & Piercing Establishments | 8     | 11    | 8     | 13    | 5     |
| Well - SDWA                      | 60    | 48    | 40    | 37    | 31    |
| DPI-School Kitchens              | 29    | 26    | 29    | 28    | 30    |
| <b>INSPECTION TOTAL:</b>         | 667   | 594   | 617   | 580   | 595   |
| <b>INVESTIGATIONS:</b>           |       |       |       |       |       |
| Food or Waterborne Illness       | 11    | 5     | 19    | 3     | 7     |
| West Nile                        | 0     | 1     | 1     | 1     | 2     |
| Animal Bites/Rabies Protection   | 21    | 19    | 28    | 24    | 34    |
| Air Quality Issues               | 23    | 42    | 58    | 42    | 58    |
| Housing Issues                   | 30    | 30    | 43    | 42    | 42    |
| Animal/Insect                    | 27    | 29    | 29    | 25    | 37    |
| Consumer Complaints              | 22    | 21    | 45    | 24    | 28    |
| Water Quality Issues             | 31    | 10    | 88    | 104   | 111   |
| <b>INVESTIGATION TOTAL:</b>      | 165   | 157   | 311   | 265   | 319   |
| <b>LEAD HAZARDS:</b>             |       |       |       |       |       |
| Elevated Blood Lead              | 1     | 5     | 0     | 1     | 1     |
| Lead Risk Assessments            | 2     | 6     | 0     | 1     | 1     |
| Lead Inspections - other         | 2     | 2     | 0     | 2     | 1     |
| Clearance Inspections            | 0     | 0     | 2     | 1     | 0     |
| <b>LEAD INSPECTION TOTAL:</b>    | 4     | 8     | 2     | 4     | 3     |
| <b>SAMPLE COLLECTION:</b>        |       |       |       |       |       |
| City Water                       | 48    | 48    | 48    | 48    | 48    |
| SDWA                             | 344   | 299   | 209   | 251   | 244   |
| Retail Food Swabs                | 30    | 0     | 40    | 30    | 30    |
| <b>SAMPLE COLLECTION TOTAL:</b>  | 452   | 347   | 297   | 329   | 322   |
| <b>TRAINING PROGRAMS:</b>        |       |       |       |       |       |
| Presentations                    | 8     | 7     | 6     | 4     | 5     |

|                          |    |      |     |     |     |
|--------------------------|----|------|-----|-----|-----|
| Participants             | 87 | 1000 | 750 | 590 | 950 |
| <b>HOME RADON TESTS:</b> | 62 | 63   | 63  | 16  | 71  |

| LABORATORY<br>ACTIVITY            | 2011  | 2012  | 2013  | 2014  | 2015  |
|-----------------------------------|-------|-------|-------|-------|-------|
|                                   | TOTAL | TOTAL | TOTAL | TOTAL | TOTAL |
| <b>Water Analysis</b>             |       |       |       |       |       |
| Biological: Coliforms             |       |       |       |       |       |
| 3300-51 Public TNC                | 315   | 322   | 262   | 295   | 291   |
| 3300-217 Private                  | 471   | 441   | 309   | 311   | 294   |
| Municipal                         | 225   | 237   | 227   | 235   | 219   |
| Chemical: Chlorine Residual       | 225   | 237   | 227   | 235   | 219   |
| Total Coliform Tests              | 1033  | 1010  | 804   | 854   | 817   |
| Total Chemical Tests              | 225   | 237   | 227   | 235   | 219   |
| Total Biological & Chemical Tests | 1258  | 1247  | 1031  | 1089  | 1036  |
| Pasteurized Milk Analysis         |       |       |       |       |       |
| Total Milk Tests                  | 595   | 616   | 633   | 559   | 498   |
| Medical Waste: Loads              | 7     | 4     | 2     | 7     | 3     |
| Autoclave Spore Tests             | 0     | 0     | 0     | 0     | 0     |

**Discussion:**

- **Well Inspections – Safe Drinking Water Act (SDWA):**

The Environmental Health unit of the Douglas County Department of Health is an agent for the Wisconsin Department of Natural Resources (WIDNR). 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 has also taken a proactive role in observing water source systems in their daily inspections, and has made recommendations to ensure a safe water supply. In 2015 the WIDNR commended Douglas County in meeting and at times exceeding the agent agreement requirements. The Environmental Health unit has been preparing for changes to the “groundwater rule” that will be occurring in April of 2016. This work has included identifying seasonal water systems which will need to conduct a new start up procedure, conducting an annual site visit, and a developing a modified sampling schedule for systems with elevated coliform bacteria. Staff has begun working toward improving communication with business owners by including email as an option for answering questions and providing education.

- **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 and receive timely results.

- **Radon**

In 2015 the Environmental Health unit of Douglas County continued to provide outreach to the community for radon. Environmental Health staff provided radon presentations to high school science classes at local schools. Radon test kits were made available to the public. Almost 20% of the kits submitted for testing had elevated

radon levels. The Northwest Wisconsin Radon Information Center led by Polk County provided guidance and education to those residents.

|  |
|--|
| <b>COMMUNITY HEALTH EDUCATION, TRAINING and PROGRAM DEVELOPMENT<br/>(Infrastructure Focus)</b> |
|--|

**Maternal Child Health/Early Childhood System Intervention:**

- In 2015 there was positive progress with the Wisconsin Healthiest Families Initiative. The Every Child Healthy Outcomes (ECHO) coalition was created to address the importance of consistency with implementation and follow up of Childhood Developmental Screenings. The goal of this coalition is early identification and intervention for children with developmental delays. This is a collaborative coalition with the participation of multiple community partners. Early success has been demonstrated by two local clinics changing their practice to include regular developmental screenings. A community wide resource list was developed and distributed widely to aid in improving referral processes when needs are identified. The community agencies/partners that were actively involved in the coalition for 2015 were Essentia Health Superior Clinic, St. Luke's Mariner Medical Clinic, Lake Superior Community Health Center, Family Forum/Head Start, Superior School District, Maple School District, Women Infants & Children, Birth to 3, Public Health nurses, Douglas County Health & Human Services social workers, Human Development Center, Northwest Connection Family Resources, and Cooperative Educational Service Agency 12 (CESA).

**Prevention- Community Health Improvement Plan (CHIP):**

During 2015 two sub-committees continued working on the health focus areas:

- **Alcohol and Other Drug Use:**

Douglas County Public Health, in partnership with the Alcohol and Other Drug Abuse CHIP subcommittee, implemented an evidence based drug and alcohol prevention curriculum for 3<sup>rd</sup> grade students in the classroom. In 2015 the drug and alcohol prevention curriculum was expanded to include additional classes in the city as well as in a rural school, more teachers were trained in the curriculum and college students were utilized to assist in the classroom during the lessons. The lessons were focused on improving social emotional competence, recognizing risky behaviors relating to drug and alcohol use and abuse, harmful effects of these substances on health and wellbeing, handling peer pressure and develop standards of nonuse. Effective use of I-messaging to promote confidence in peer situations and recognizing media influence was an ongoing theme as well.

- **Physical Activity and Adequate, Appropriate, and Safe Food and Nutrition:**

This subcommittee was a collaboration of stakeholders who met to brainstorm opportunities for improving the health and nutrition of individuals in Douglas County. Topics discussed included the potential for development of community gardens, partnering with master gardeners for modeling low cost gardening strategies, increasing access to farmer's markets and investigating bike pathway opportunities.

The 2011 Community Health Assessment data presentation and current CHIP are posted to the Douglas County website at <http://www.douglascountywi.org/index.aspx?NID=605>

- Douglas County anticipates completing an updated Community Health Assessment and Health Improvement Plan in 2016. The Douglas County Health Officer participated in the Bridge to Health Survey team. Data collected by this survey will be used in the 2016 Community Health Assessment. More information can be found at [www.bridgetohealthsurvey.org](http://www.bridgetohealthsurvey.org)

**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 with county residents of all ages. Events are held at local schools, the University of Wisconsin - Superior, Wisconsin Indianhead Technical College, and other sites in the community. Topics are selected based on community needs and concerning health trends identified by the Public Health unit.



3. WWPHRC provided continuing education hours, pertaining to fatality management, to the Wisconsin Funeral Directors Association.
4. WWPHRC sponsored the following trainings: Family Assistance Center Regional Training, Mass Fatality Management training, FAST training, Isolation and Quarantine for Rural Communities,
5. WWPHRC and local health departments worked in concert with CDC and the Wisconsin Department of Health Services to plan and prepare for local Ebola response. Public health put this preparation to test when we monitored an individual who had come from an Ebola affected country.
6. Douglas County increased stakeholder awareness of emergency response and preparedness participating in a mass fatality table top exercise with 29 community partners from a variety of agencies including hospital, fire department, schools, private business, emergency management, medical examiner, Aging and Disability Resource Center and other city and county employees.
7. Douglas County successfully met all the Public Health Cooperative Grant Agreement contract objectives and deliverables
8. Wisconsin is transitioning to a model of regional preparedness coalitions consisting of hospitals, public health agencies, emergency management and other allied agencies called “Healthcare Coalitions.” The Northwest Wisconsin Health Care Coalition (NWWIHCC) is a collaboration of private and public partners working together to prepare for, respond to, and recover from emergencies. Through collaborative planning, training, exercises, and coordination of resources, the coalition leads a regional effort to develop a streamlined response to emergencies. The coalition is still in the beginning phases but has made tremendous progress in bringing partners together with a common purpose.

### **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.
2. The increasing globalization of health impacts and outcomes presents new planning and response challenges.
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.