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**2014  
Annual Report**



**Jefferson County  
Health Department**

# ~Mission Statement~

The mission of Jefferson County Health Department is to protect and promote health for all citizens of Jefferson County through the primary prevention of disease, disability and death.

The mission is accomplished by:

- ✓ Providing community leadership and active membership in partnerships
- ✓ *Supporting the primary Public Health functions - assessment, policy development and assurance*
- ✓ Creating policies and plans that support individual and community health efforts
- ✓ *Preventing morbidity and mortality from communicable and chronic diseases*
- ✓ Providing educational opportunities for students
- ✓ *Enforcing and complying with local, state and federal laws*
- ✓ Promoting and ensuring healthy environments
- ✓ *Assuring Public Health preparedness and emergency response*
- ✓ Educating the public about healthy lifestyles
- ✓ *Providing direct services to identified populations*
- ✓ Linking people to needed health services and available resources
- ✓ *Compiling and analyzing data to monitor the health status of the community*
- ✓ Collaborating with hospitals and community organizations to produce a Community Health Assessment and a Community Health Improvement Plan
- ✓ *Maintaining an experienced and competent workforce of health professionals*

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\*American Public Health Association (APHA)



# ~Health Department Staff~

## Director/Health Officer

Gail Scott, RN, BSN

## Public Health Program Manager

Diane Nelson, MSN, RN

### Clerical Support Staff

**Sally Albertz** ✦

*Administrative Assistant II*

**Sandee Schunk**

*Accounting Specialist II*

*Wisconsin Well*

*Woman Program Coordinator*

### Environmental Health

**Holly Hisel, Technician\***

*Environmental Health Specialist*

**Jeff Larkin\***

*Environmental Health Specialist*

*Started 01/22/14*

**Erin O'Brien, RS\***

*Environmental Health Specialist*

*Resigned 01/04/2014*

**Marc Schultz, RS\***

*Environmental Health Specialist*

*Resigned 02/01/2014*

**Ted Tuchalski, RS\***

*Environmental Health Specialist*

*Started 03/17/14*

\* - Watertown Health Dept. Employee

### Interpreters

**Paul Camacho**

**Cecilia Lentz**

**Socorro Olson**

**Elizabeth Pizano**

**Vilma Staude**

**Juanita Villalobos**

✦ - Retired May 1, 2015

### Jail Staff

#### Public Health Nurse (Jail)

**Tania Wenzel, RN, BSN**

#### Public Health Techs (Jail)

**Nicole Degner, LPN**

*Resigned 01/18/2015*

**Michelle Eichenberg, LPN**

*Started 08/11/14*

**Melissa Goodearle, LPN**

**Melissa Koenigs, LPN**

**Diane Lenz, LPN**

**Sarah Luebke, LPN**

#### Public Health Nurses

**Jackie Behm, RN, BSN** ✦

**Serena Jahnke-Berg, RN, BSN**

**Sarah Born, RN, BSN**

*Resigned 07/31/14*

**Kathy Cheek, RN, BSN** ✦

**Amy Fairfield, RN, BSN**

**Mary Stearns, RN, BSN** ✦

**Katrina Waldron, RN, MSN**

*Started 07/01/14*

#### Public Health Tech

**Shirley Gehrke, LPN** ✦

*Office/Clinic*

#### Personal Care Program

**Michele Schmidt**

*Administrative Assistant II*

**Patty Pohlman**

*Administrative Assistant II*

*(part-time)*

### Clinic LPN

**Bonnie Peot, LPN**

*Rock River Free Clinic*

#### Public Health

#### Preparedness Program

**Gail Scott, RN, BSN**

*Local Coordinator*

#### WIC Program Staff

**Mary Wollet, RD**

*WIC Project Director Supervisor*

**Vicki Gallardo, RDT**

*WIC Registered Dietetic Tech*

**Marsha Hake, RN, BSN**

*Public Health Nurse*

**Patty Pohlman**

*Administrative Assistant II*

**M. Socorro Olson**

*WIC Breastfeeding Peer*

*Support Counselor*

**Amber Kruesel**

*Started 09/03/14*

*WIC Breastfeeding Peer*

*Support Counselor*

**Dawn Wokasch**

*Started 09/03/14*

*WIC Breastfeeding Peer*

*Support Counselor*

**Amanda Zammit**

*Resigned 08/08/14*

*WIC Breastfeeding Peer*

*Support Counselor*

# ~Board of Health~

**Dick Schultz, Chair**

*Jefferson County Board of Supervisors Member*

**Ed Morse, Vice-Chair**

*Jefferson County Board of Supervisors Member*

**Marie Wiesmann, RN, BSN, Secretary**

*Manager of Quality & Integrated Care, Fort HealthCare*

**John McKenzie**

*Citizen Member*

**Dr. Don Williams**

*Internal Medicine and Pediatric Physician*

*Jefferson County Health Department Medical Advisor*

The Jefferson County Board of Health met six times in 2014 to provide oversight of Health Department programs and services, to learn more about specific programs and projects and to make policy decisions. Some highlights of 2014 include:

- Developed and submitted a letter to the Department of Health Services voicing concerns regarding the restructuring of the Wisconsin Well Woman Program in 2015
- Learned more about e-cigarettes and other tobacco products and requested that a resolution be developed to add all tobacco products and e-cigarettes to the Smoke-Free Air Ordinance
- Review of communicable disease case reports
- Oversight of Health Department budget
- Review of Environmental Health Program
- Review of Public Health Preparedness Program and exercises
- Review of grant applications and grants awarded
- Monitoring status of Rock River Free Clinic and the Community Dental Clinic for assurance of health/dental care for those in need
- Monitoring the Personal Care Program
- Approval of the Annual Report
- Set Health Department rates for vaccines

# ~DHS 140 Review~

In 2014, the Division of Public Health (DPH) implemented a Department of Health Services (DHS) Administrative Rule 140 Review process. Wisconsin Statute 250 requires the Department of Health Services (DHS) to evaluate each Health Department in the state every five years to assure a basic level of services for all citizens.

The DHS 140 Review site visit was conducted on September 25, 2014. DPH revised the DHS 140 Review process used in previous review cycles to improve efficiency and effectiveness of the Health Department reviews. Revisions to the process included:

- ✓ Electronic submission of required documentation.
- ✓ Recognition of DHS 140 Review related documentation submitted for successful Public Health Accreditation Board (PHAB) accreditation of Health Departments.
- ✓ Increased use of DPH documentation of Health Department programs and services that relate to the DHS 140 Review compliance.
- ✓ Revised on-site visit to clarify and validate documentation submitted, identify partnership opportunities between Health Departments and DPH and provide Health Department staff, Board of Health members or other policymaker's guidance regarding implementation of Public Health statutes and rules.

All materials for the DHS 140 Review were uploaded to the DHS 140 Review SharePoint site. All local Health Departments were required to complete the Level I tool as part of their DHS 140 Review. As a Level II Health Department, a Select Survey tool was completed to provide evidence of Jefferson County Health Department's expanded capabilities.

The Health Department successfully met all requirements for a Level II Health Department.



## State of Wisconsin Department of Health Services

September 26, 2014

The Department of Health Services (DHS) congratulates the Jefferson County Health Department for demonstrating the infrastructure and program capacity to be certified as a Level II Health Department. As authorized by State statute and defined in Administrative Rule DHS Chapter 140.07, the department shall direct a process to determine compliance with State statutes and establish the level of services being provided. The Jefferson County Health Department presented to DHS evidence of providing seven programs or services which address at least five focus areas identified in the State health plan: *Healthiest Wisconsin 2020: Everyone Living Better, Longer*. Formulas used by DHS to distribute grant funds provide for additional funds to Level II Health Departments.

I am happy to report the Jefferson County Health Department provided all services required by statute and rule. Tools used by DHS to gather evidence of statute and rule compliance and identify strengths of the Health Department are available from your local Health Officer or Division of Public Health (DPH) Regional Director.

I want to acknowledge the work of the Jefferson County Health Department staff. Gail Scott, Health Officer, did an excellent job of providing quality evidence of meeting statutes and rules. I also appreciate the support of the Jefferson County Board of Health for maintaining a strong Public Health Department. I am sure that with ongoing support, the Jefferson County Health Department will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

Karen McKeown, RN, MSN  
State Health Officer and Administrator

# ~2014 Budget~

Program	Funding Source	Revenue	Expenditures
Childhood Lead Poisoning Prevention Grant	Federal Grant General Tax Levy	\$6,621.00	\$9,727.79
Environmental Health	General Tax Levy	-0-	\$35,000.00
Rock River Free Clinic LPN	Rock River Free Clinic	\$36,739.56	\$36,739.18
Head Start Nursing	Head Start Program	\$2,691.13	\$2,690.62
Immunization Coalition (HPV) Grant	UW WI Cancer Control Program & Federal CDC Grant	\$2,000.00	-0-
Immunization Grant	Federal Grant General Tax Levy	\$14,764.00	\$22,888.85
Maternal & Child Health Grant	Federal Grant General Tax Levy	\$24,697.00	\$67,458.06
Mental Health Nursing	Human Services	\$13,749.62	\$13,750.85
Personal Care (**WIMCR = Wisconsin Medicaid Cost Reporting)	MA, Private Pay, COP, Elderly Services, National Caregiver/Alzheimers Grant, Veterans Admin., Care WI, Inc., WIMCR**	\$956,722.60	\$890,012.01
Public Health	Fee for Services, Donations General Tax Levy	\$75,204.76	\$901,946.45
Public Health Improvement/QI Grant	Federal Grant	\$10,735.00	\$10,743.51
Public Health Preparedness Grant	Federal Grant	\$57,538.00	\$57,536.43
Public Health Preparedness Grant	Municipal Funding Carryover	-0-	\$664.02
Tuberculosis Dispensary	Wisconsin TB Program	\$184.10	\$43.44
WIC Breastfeeding Peer Counseling Grant	Federal WIC Grant	\$12,447.00	\$12,448.14
WIC Grant	Federal WIC Grant/State GPR	\$329,569.00	\$329,491.86
WIC Fit Families Grant	Federal WIC Grant/State GPR	\$16,602.00	\$16,402.00
Wisconsin Well Woman Grant	Federal Grant General Tax Levy	\$21,958.00	\$29,267.98
	2014 General Tax Levy	\$887,279.00	
<b>Total</b>		<b>\$2,469,501.77</b>	<b>\$2,436,811.19</b>
<b>2014 Surplus</b>		<b>\$32,690.58</b>	

# ~Donations~

The Health Department received 12 cases of N95 masks from Nestle Purina in Jefferson. The Health Department added masks to the preparedness inventory and distributed masks to other county departments in need.

The Jefferson County Health Department accepts donations to purchase items to enhance the Safe Kids Project. This includes providing a “safe ride” and “safe sleep environment” for all children by the provision of car safety seats and cribs.

In 2014 the following Safe Kids Project donations were received:

- ✓ Ann Jahnke - \$25
- ✓ Anonymous - \$500
- ✓ Dr. Don Williams - \$750
- ✓ Jefferson County Safety Network - \$100
- ✓ John McKenzie - \$50
- ✓ Randy Schopen Foundation Grant - \$1,000



**Row 1:** Damon Schopen, Randy Schopen Foundation; Diane Nelson, Public Health Program Manager; Katrina Waldron, Public Health Nurse

**Row 2:** Serena Jahnke, Public Health Nurse; Gail Scott, Director/Health Officer; Mary Stearns, Public Health Nurse; Shirley Gehrke, Public Health Technician



# ~Personal Care Program~

A very difficult decision was made in 2014 to discontinue the Health Department coordination of Personal Care Program services for clients. Due to staffing and budget issues facing the department in 2015, Gail Scott and Michele Schmidt met with staffing agencies, Care WI, Inc., Human Services and St. Coletta to inform them the program services would be ending by early 2015.

It was during this time that each agency expressed their extreme gratitude for the Health Department Personal Care Program and especially the role that staff played in making the program a success.

Many kind words have been said and e-mails received praising staff dedication to assuring that clients received needed services; that staffing issues were addressed; that paperwork was completed and billing accomplished.

E-mails and phone calls were also received from clients expressing their extreme gratitude knowing that someone would answer the phone and address their needs.

A simple “thank-you” will never be enough to acknowledge the following people who worked in the program:

***Michele Schmidt (22 years), PCW Program Coordinator***  
***Patty Pohlman (18 years), PCW Program Coordinator***  
***Sandee Schunk, Accounting Specialist II***  
***Sally Albertz, Administrative Assistant II***  
***Public Health Registered Nurses:***  
***Marsha Hake, RN, BSN; Kathy Cheek, RN, BSN; Jackie Behm, RN, BSN; Mary Stearns, RN, BSN; Amy Fairfield, RN, BSN***  
***Diane Nelson, Public Health Program Manager***  
***Gail Scott, Director/Health Officer***

*Michele,  
 Just want to let you know that I've enjoyed working with you and everyone else at the Health Department for the past 20+ years. It's a bit scary for me because I really don't like change. I hope the switch goes smoothly.*

*Thanks, PCW Client*

*Michele,  
 I shared your name today in a meeting with Marinette County. I spoke of how much our care teams appreciate your coordination of services.*

*Hope all is well  
 Lisa Schweitzer, Care Wisconsin*

<b>Personal Care Admissions</b>	<b>48</b>	<b>Personal Care Discharges</b>	<b>53</b>	<b>Registered Nurse Visits</b>	<b>163</b>
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<b>St. Coletta Hours*</b>	<b>10,605</b>	<b>St. Coletta Clients</b>	<b>14</b>
<b>Medical Assistance Card Hours*</b>	<b>11,056</b>	<b>Medical Assistance Clients</b>	<b>9</b>
<b>Elderly Service Hours*</b>	<b>2,979</b>	<b>Elderly Service Clients</b>	<b>35</b>
<b>Private Pay Hours*</b>	<b>2,990</b>	<b>Private Pay Clients</b>	<b>11</b>
<b>COP Hours*</b>	<b>43</b>	<b>COP Average Monthly Clients</b>	<b>1</b>
<b>Care Wisconsin Hours*</b>	<b>20,540</b>	<b>Care Wisconsin Clients</b>	<b>67</b>
<b>Total Personal Care Hours*</b>	<b>48,213</b>		

# ~Public Health Statistics~

<b>Program or Service</b>	<b>2014</b>
Car Safety Seat Inspections/Installations	146
Communicable Disease Investigations	487
County Jail Client Visits	4,322
Dental Fluoride Supplement Clients	76
Dental Fluoride Varnish Clients	13
Health Education Attendees/Sessions	2,151/66
Hearing & Vision Screening	66
Immunization Clients	1,553
Immunizations Given	2,349
Lead Level Screenings	555
Lead Level ( $\geq 10\mu\text{g/dL}$ ) (elevated)	24
Mental Health Client Visits at CSP	558
Office Clients (TB skin tests, BP checks, medications)	434
Paternity Tests	13
PHN Well Water Samples	34
Pregnancy Tests	49
Public Health Nurse Contacts	3,638
Well Child/HealthCheck Clinic Clients	112
WI Well Woman Program Enrolled or Re-Enrolled	93
WIC Breastfeeding Peer Support Visits	580
WIC Monthly Caseload Average	1,335
WIC Dollars Spent at Local Grocery Stores	\$849,154.97

# ~Communicable Disease Cases~

January 2014 – December 2014

Disease	Confirmed	Probable	Suspect	Not a Case	Total
*Haemophilus Influenzae Invasive Disease	0	0	0	1	1
*Hepatitis A	0	0	0	4	4
*Measles	0	0	0	1	1
*Pertussis (Whooping Cough)	4	1	0	48	53
Tuberculosis	1	0	0	1	2
Arboviral Disease (tick or mosquito)	1	0	0	0	1
Blastomycosis	1	0	0	1	2
Brucellosis	1	0	0	0	1
Campylobacteriosis (GI disease)	18	0	0	0	18
Chlamydia Trachomatis Infection (STD)	125	0	1	1	127
Cryptosporidiosis (GI disease)	14	0	0	0	14
E-Coli, Shiga Toxin (STEC) (GI disease)	5	0	1	1	7
Giardiasis (GI disease)	3	0	0	0	3
Gonorrhoea (STD)	8	0	0	1	9
*Hepatitis B	4	1	0	8	13
Hepatitis C	38	4	0	3	45
*Influenza	35	13	0	9	57
Invasive Streptococcal Disease A & B	11	0	0	6	17
Lyme Disease (tick)	5	0	2	8	15
Meningitis, Other Bacterial	1	0	0	0	1
*Mumps	0	0	0	3	3
Mycobacterial Disease (Nontuberculosis)	7	0	0	0	7
Pelvic Inflammatory Disease	2	0	0	0	2
Salmonellosis (GI disease)	14	0	0	0	14
Streptococcus Pneumoniae Invasive Disease	7	0	0	3	10
Syphilis (STD)	1	0	0	3	4
Toxic Shock Syndrome	0	0	1	1	2
Toxoplasmosis	0	0	0	1	1
*Varicella (Chickenpox)	0	2	0	7	9
Metal Poisoning (non-lead)	0	0	0	1	1
AFB Smear Positive	0	0	0	2	2
Influenza (not reportable)	2	0	0	1	3
Methicillin Resistant Staph Aureus	1	0	0	0	1
Norovirus (GI disease)	14	0	0	0	14
Not Reportable	2	0	0	0	2
Parapertussis	2	0	0	0	2
Streptococcal Infection Other Invasive	6	0	0	3	9
Tuberculosis Latent Infection	2	0	3	5	10
<b>Total</b>	<b>335</b>	<b>21</b>	<b>8</b>	<b>123</b>	<b>487</b>

GI = Gastrointestinal Disease, STD = Sexually Transmitted Disease, \*Vaccine Preventable Disease

# ~Ebola Epidemic~

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa. Jefferson County Health Department worked with state and local partners in education, communication and response plans to be prepared for Ebola.



## Local Public Health Departments Play a Vital Role in Ebola Response

Local Public Health Departments (LPHDs) are at the forefront of early detection of, and response to, situations that may involve persons at risk for Ebola virus disease. Some of the many responsibilities of LPHDs during the response to Ebola virus and associated disease may include:

- ✓ Screening returned travelers for clinical signs and symptoms and risk factors
- ✓ Monitoring returned travelers who are classified into one of the risk categories
- ✓ Collaborating with Emergency Medical Services (EMS) services to develop local transportation plans
- ✓ Collaborating with other response partners to develop response and communication plans for Ebola
- ✓ Conducting contact tracing in the community in the event of a suspect case
- ✓ Assessing the residence of a confirmed patient to determine the need for decontamination
- ✓ Writing legal orders
- ✓ Working with local hospitals and medical providers in prevention and response efforts
- ✓ Providing information to schools and the general public about Ebola and prevention

The responsibilities of the Wisconsin Department of Health Services during an Ebola response include:

- ✓ Prompt sharing of information with partners
- ✓ Developing guidance to assist partners in their readiness efforts
- ✓ Providing recommendations regarding movement restrictions for travelers who sustained a risky exposure
- ✓ Consulting with LPHDs on any returned travelers to their jurisdictions
- ✓ Approving Ebola testing
- ✓ Coordinating transfer of confirmed patient(s) to designated Category I Ebola care hospitals
- ✓ Identifying decontamination contractors
- ✓ Identifying Department of Transportation (DOT) approved waste haulers

Together, Local Public Health Departments, Wisconsin Department of Health Services and healthcare providers can protect the health of Wisconsin residents by preparing to respond to suspected Ebola cases.

# ~Prevention of Tuberculosis~

Tuberculosis (TB) is a disease caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

Every year Jefferson County averages about 1 active case of tuberculosis. This requires extensive follow-up including daily face-to-face monitoring and provision of antibiotics to the person with TB (Directly Observed Therapy or DOT). This is to assure that the person does not experience an adverse reaction to the medication and that they finish all the medications appropriately. Nurses also provide support during this time including assistance to the person while they are in isolation. This assistance continues until the person completes treatment. Pictured are Katrina Waldron, RN, MS; Serena Jahnke Berg, RN, BSN; and Philip Wegner, TB Nurse Consultant from the Department of Health Services TB program, who stopped by to thank two of the Health Department nurses for providing successful Directly Observed Therapy to a person with TB.



# ~Programs and Services~

## Access to Care

- Partnerships with: Community Dental Clinic & Rock River Free Clinic
- Wisconsin Well Woman Program



## Communicable Disease Control

- Communicable disease case management & prevention education
- Education & resources for medical providers & vaccine distribution
- Immunization Program & Wisconsin Immunization Registry (WIR)
- Rabies prevention & control
- Response to food, water or disease outbreaks
- Tuberculosis case management & dispensary
- Wisconsin Electronic Disease Surveillance System (WEDSS)

## Community Health Assessment

- Community Health Assessment (CHA) completed every five years
- Community Health Improvement Plan (CHIP) developed from the CHA
- Analysis of County Health Rankings
- Provision & analysis of health related data
- Collaboration with local hospitals & others in the development and implementation of CHA and CHIP



## Community Health Education

- Information to the community
- Distribution of information at County Fair & Health Fairs
- Health education, press releases to media & radio interviews
- Health Department Website & Facebook Page
- Public Information Officer during disasters or outbreaks

## Correctional Health Program

- Clinical Nursing Services in the jail & court
- Education of staff & inmates
- Infection control resource & provision of vaccinations

## Education of Students

- School Nursing & screening services
- Community Health Clinical placement site for students

## Environmental Health Program

- Agent of the State for Department of Agriculture
- Agent of the State for Department of Health Services
- Beach water sampling & weekly pool water testing
- Disaster, chemical hazards & spill response
- Follow-up on human health hazard complaints
- Indoor air quality, asbestos, radon & lead education
- Assist at Jefferson County Clean Sweep with sorting medications
- Transient well water sampling & inspections



# ~Programs and Services~

## Healthy Lifestyles

- Eat Here, Eat Well
- Wellness Committees in County communities
- Priority area for Community Health Improvement Plan

## Maternal & Child Health

- Car seat safety & education program
- Childhood Lead Poisoning Prevention Program
- Children & Youth with Special Health Care Needs
- Dental Varnish Program
- Head Start Nursing consultation
- Home Visiting & Parenting Partnership
- Newborn Family Services
- Prenatal Care Coordination
- Pregnancy & paternity testing
- Well Child Clinics
- Woman, Infants & Children Program (WIC)



## Mental Health Nursing Services

- Community Support Program & medication management

## Public Health Preparedness/Disaster Response

- 24/7 On-Call and emergency/disaster response
- Business Continuity of Operations Plan
- Capabilities Assessment completed
- Communications training & exercises
- Disaster, Pandemic Influenza & Mass Clinic exercises & planning
- Emergency/disaster communication with local & regional media, medical providers, EMS, Police, Fire, County & local government
- Member of the Local Emergency Planning Committee
- PCA Portal, E-Sponder & Epi-X
- Health Department & County Emergency Operations Plan
- Partnerships/planning with Fort HealthCare & Jefferson County Emergency Management
- Preparedness training for staff & management
- Provision of resources for other County departments
- Southern Region Public Health Preparedness planning & exercises
- Special Needs Populations disaster response planning



## Tobacco Prevention & Control Program

- Education about other tobacco products
- Wisconsin Tobacco Quit Line & FAX to Quit
- Tobacco Free Partnership – Dodge, Jefferson & Waukesha

# ~Correctional Health~

The Jefferson County Sheriff's Department has a partnership with the Jefferson County Health Department for Jail Nursing Services. The Sheriff's Department contracts with Advanced Correctional for physician services.

## Strategic Plan

In 2014 staff and management from the Sheriff's Department and the Health Department worked together with Kathleen Eisenmann, Associate Professor/Family Living Agent from University of Wisconsin-Extension Jefferson County, to complete a Strategic Plan for the future of health services in the Jail and the possibility of the Jail working towards accreditation.

### Planning Team Participants:

Gail Scott, RN, BSN Director/Health Officer; Captain Paul Wallace; Diane Nelson, RN, BSN, MSN, Public Health Program Manager; Sgt. Lisa Handrow; Diane Lenz, LPN, Jail Nurse; Sarah Luebke, LPN, Jail Nurse; Deputy Dan McGonagil; Holly Pagel, Jefferson County Human Services; Tania Wenzel, RN BSN, Jail Nurse

The visioning process began as an outgrowth of the Jefferson County Health Department's 2013 strategic planning process. As part of that process, the Health Department identified an opportunity to improve the effectiveness of the jail nursing program. The program's purpose is to provide health care services to jail inmates incarcerated in the county jail. Brief outcomes of the visioning process:

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>✓ Care for Inmates</li> <li>✓ Communication</li> <li>✓ Compassion – Professional</li> <li>✓ Good Sense of Humor</li> <li>✓ Living Values &amp; Beliefs</li> <li>✓ Good Work Ethic - Teamwork</li> <li>✓ Strong, Experienced Staff</li> <li>✓ Good Advocates for Inmates</li> <li>✓ Great Team</li> </ul>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>✓ Dialogue with program that is accredited</li> <li>✓ 24 hour nursing</li> <li>✓ Increased Behavioral Health Services</li> <li>✓ Educate people with power about what we do</li> <li>✓ Tours, statistics; promotion of programs</li> <li>✓ Showcase evidenced based programs</li> <li>✓ Return on investment</li> </ul>
<p><b>Strategic Issues</b></p> <ul style="list-style-type: none"> <li>✓ How do we increase program staffing in order to move the program closer to our vision/accreditation and improve its effectiveness?</li> <li>✓ What can we do to increase support from key policy makers/decision makers to improve the program and move towards accreditation?</li> <li>✓ How can we increase financial resources available to meet program needs and achieve accreditation?</li> <li>✓ How can we increase the availability of mental health treatment within the program and improve outpatient referral and continuity of care?</li> <li>✓ What can we do to lower the transient nature of the environment and reduce recidivism?</li> </ul>	<p><b>Common Visioning Themes</b></p> <ul style="list-style-type: none"> <li>✓ Increase mental health service</li> <li>✓ 24/7 Care</li> <li>✓ Quality care with good outcomes</li> <li>✓ Continuity of care; involved with outside resources – discharge plan</li> <li>✓ Culture remains same – values, beliefs, teamwork, reciprocity</li> <li>✓ Increase/improve programs</li> <li>✓ Increase community awareness</li> <li>✓ Decrease stereotypes</li> <li>✓ Increase awareness; professionalism &amp; self-promotion</li> </ul>

The program managers and staff will take this plan and further develop strategies, proposals and action steps to address each of the issues using a research-based framework. The Board of Health and Law Enforcement Committee and their respective departments have committed to the implementation of this plan and will be reviewing its progress on a regular basis over the next three years.

A copy of the full report is available at the Jefferson County Sheriff's Department or Health Department.

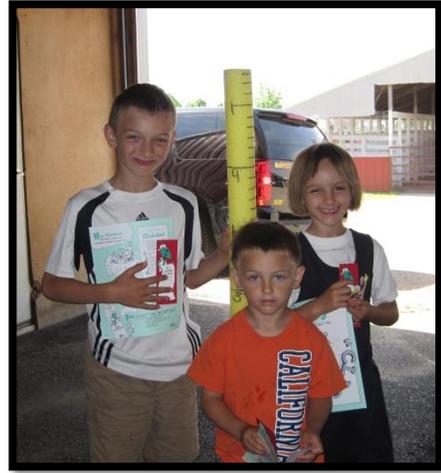
# ~Correctional Health~

## Jail Nursing Program Statistics

<b>Nursing Visits</b>	
Sick Calls	3,565
Discharge Planning	38
14 Day Appraisal	444
Total Nursing Contacts	4,047
<b>Immunizations Provided</b>	
Vaccines provided by Health Department	166
<b>Mental Health (does not include Human Services Visits)</b>	
Psychotropic Meds	209
Suicide Attempts	4
Completed Suicide	0
<b>Dental Care</b>	
Dental Sick Call	144
Visits to Dentist	27
<b>X-Rays</b>	
X-Rays	22
<b>Lab Work</b>	
Lab Work On-Site	90
Lab Work Off-Site	7
Pregnancy Tests	45
Urine Tests	98
<b>Tuberculosis Control</b>	
TB Skin Tests	495
Active TB	0
Latent TB	10
<b>ER, Off-Site Consults, Surgery</b>	
Transfers to Emergency Room	40
Off-Site Consults	42
Surgery	1
<b>Chronic Disease Management</b>	
High Blood Pressure/Cardiac	125
Diabetes	67
Seizure	43
Asthma	46
Hepatitis C	7
Pregnancy	20
<b>Alcohol and Opiate Withdrawals</b>	
Opiate Withdrawals	147
Alcohol Withdrawals	87
<b>Census</b>	
Average Daily Census	112

# ~Health Fairs/County Fair~

Health Department staff and student nurses participated in health fairs and at the Jefferson County Fair to provide health and safety information. Below are pictures from the events.



# ~Booster Seat Education Project~

Everyone loves a hero and thanks to Health Department employee Vickie Gallardo and her husband “Booster Seat Hero” was created to assist in teaching children and their parents about the importance of riding safely in a car safety booster seat. Students from UW Madison School of Nursing and Health Department Car Safety Seat Technicians provided a night of fun and learning about car seat safety at the Cambridge Elementary School.

## UW Students at Jefferson County Health Department:

I just wanted to send a quick note to say, THANK YOU, for providing such a great day of learning to our students. I thought all of you did a great job presenting! All I have heard is positive feedback from the staff, students, and parents. Thank you for all your hard work and a great day!

Good Luck with the rest of your schooling and please let me know if there is ever anything I can do for any of you or if there is anything that our School District can do in the future to keep our kids safe!

Take care,

Tony Reynolds, Cambridge School District  
Police Department Liaison



# ~Public Health Preparedness~

## Background Information

The 15 target capabilities outlined in the CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* and the Wisconsin Hazard Vulnerability Assessment, provide the foundation for statewide Public Health emergency planning. Each year state and local Public Health agencies evaluate the status of their planning efforts by completing the Capabilities Planning Guide (CPG) assessment. This assessment identifies areas of strength and potential areas for improvement allowing Local Public Health Agencies (LPHAs) to prioritize planning, funding, and programming. Wisconsin is in the third year of a five-year cooperative agreement with CDC for preparedness planning. Each year during the five-year cooperative agreement, Wisconsin identifies three capabilities to be addressed statewide.

Based on the results of the annual CPGs and guidance from the Wisconsin Public Health Preparedness Advisory Committee, the three focus capabilities for budget period three are:

- 2-Community Recovery (CDC)
- 5-Fatality Management (CDC)
- 7-Mass Care (CDC)

Wisconsin's Public Health Emergency Preparedness (PHEP) Program considers CDC's Tier 1 capabilities (in yellow below) the foundation for building the remaining capabilities over the five-year period. LPHA should address the additional capabilities in their daily, local Public Health functions and practices as well as in routine planning and response. Medical Countermeasures Dispensing, Medical Materiel Management and Distribution, Public Health Laboratory Testing and Public Health Surveillance and Epidemiologic Investigation are considered core Public Health functions that will be maintained throughout the cooperative agreement.

2012-2013 Year 1	2013-2014 Year 2	2014-2015 Year 3	2015-2016 Year 4	2016-2017 Year 5
Emergency Operations Coordination	Community Preparedness	Community Recovery	Medical Surge	
Emergency Public Information and Warning	Responder Safety and Health	Mass Care		Non-Pharmaceutical Interventions
Information Sharing	Fatality Management		Volunteer Management	
Medical Countermeasure Dispensing Medical Material Management and Distribution Public Health Laboratory Testing Public Health Surveillance and Epidemiological Investigation				

# ~Public Health Preparedness~

## Public Health Emergency Preparedness Contract Objectives

(July 1, 2014 – June 30, 2015)

### Local and tribal Public Health Agencies will:

- Complete the online Capabilities Assessment Guide surveys on the PCA Portal.
- Use the Capabilities Assessment Guide results to identify areas for improvement.
- Select at least three gaps per capability to improve during the contract year.
- The agency will create or modify plans, coordinate trainings and exercises, and obtain resources to close identified gaps.
- As feasible, participate in Preparedness meetings, expert panels, and workgroups.
- Ensure staff is trained in the appropriate use of Personal Protective Equipment (PPE), the National Incident Management System (NIMS) and the Incident Command System (ICS).
- Maintain three to five emergency contacts via the PCA Portal.
- Participate in the development of healthcare coalitions as appropriate.

### Health Department Outcomes:

- Participated in a **mid-year discussion** with Preparedness Program staff regarding progress to close capabilities gaps, needs, and sharing of best practices.
- Submitted a **proposed budget** by October 1, 2014 and will provide an end of year actual budget by no later than, September 30th, 2015 to the Division of Public Health (DPH).
- Completed the **Point of Dispensing (POD) Data Collection Web App** on the PCA Portal.
- Participated in the Southern Region DPH facilitated exercise, **Operation Mayhem**, with community partners simulating response to an ice storm; **tabletop exercise** with Emergency Management, local response partners and Tyson Foods; **Tri-County Exercise** with Emergency Management, local response partners and participants from Jefferson, Waukesha and Milwaukee counties simulating a tornado touchdown; **Mass Clinic exercise** with Jefferson County Health Department providing vaccines at community clinics. All exercises were Homeland Security Exercise and Evaluation Program (HSEEP) compliant with After Action Reports and Improvement Plans.
- Completed the **Community Shelter Operations report** on the PCA Portal.
- Completed a local **Mass Fatality Plan** with input from Emergency Management and the County Coroner.
- Procure and install computer headsets or microphone and speakers to participate in Adobe Connect. To be completed in 2015.



# ~Public Health Preparedness~

## ~Preparedness for Child Care Providers~



In 2014, individuals representing Jefferson County Health Department, Dodge County Human Services and Health Department, Watertown Department of Public Health, Fort HealthCare, Watertown Regional Medical Center, Jefferson County Emergency Management, Dodge County Emergency Management, Dodge County UW-Extension, American Red Cross, Childcare Programs, Jefferson County Birth to Three Program, Jefferson County Human Services, Wisconsin Department of Children and Families and Watertown Fire Department came together to plan an educational seminar for Childcare Programs such as day care centers and pre-schools on how to prepare for disasters or emergencies.

There were two seminars held in Dodge County and at Fort HealthCare in Jefferson County. The feedback received was very positive and attendees stated they learned a lot about planning for a disaster or emergency.

Major topic areas that were addressed included: Go Kits, Reunification, Communication, Shelter in Place/Evacuation, Emergency/Disaster Preparedness Checklists

## ~Operation Mayhem Part 2~

The purpose of the 2014 Southwestern Region Virtual Functional Exercise was to discuss the capacity and capability of participating agencies to coordinate the partners, resources and planning necessary to respond to a severe winter weather event. Specific emphasis was placed on activities and tasks under the target capabilities of:

- Emergency Operations Coordination
- Information Sharing
- Responder Safety and Health
- Fatality Management
- Critical Transport

The 2014 Exercise was attended by 13 jurisdictions, 169 individuals and 63 agencies. The exercise was conducted virtually by exercise controllers using Adobe Connect as the control room and the three discipline specific Information Sharing systems.

Jefferson County attendees included: Fort HealthCare (at hospital EOC), Jefferson County Health Department, Jefferson County Coroner, Ryan Brothers Ambulance, Fort Atkinson Police and Fire Departments, Jefferson County Administrator, Jefferson County Emergency Management.



# ~Public Health Preparedness~

## Identified strengths included:

- A tangible opportunity to meet as key response partners in a real activation of jurisdictional Emergency Operations Centers (EOCs).
- An opportunity to practice coordination from a local, regional and statewide perspective (a key component of the Target Capability of Emergency Operations Coordination).
- A realistic test of discipline specific Information Sharing systems (WI-TRAC, hospital communication system, Esponder and the PCA (Partner Communications and Alerting Portal). It is assumed that in a real event these systems would be heavily relied upon for communication and Information Sharing.
- An opportunity for key local response partners to begin the planning and response process around Fatality Management.
- The creation of and use of a virtual joint information center was deemed a success by those public information officers who participated. This could be a tool used in future real events to ensure consistent Emergency Public Information and Warning.
- A realistic opportunity to practice Critical Transport from a regional perspective.



## The most noticeable Area for Improvement:

### **Emergency Operations Coordination:**

- *Do EOCs have the technology in place to ensure optimal situational awareness?*

### **Information Sharing:**

- *Are disciplines familiar with, and feel comfortable enough to use, their respective communications systems (WI-TRAC, PCA, Esponder?)*
- *Do these systems 'speak' to each other or is there a plan in place to ensure that information from these systems can be shared across the other systems?*

### **Responder Safety and Health:**

- *What is the role of the Safety Officer in a large scale regional winter weather event? Should the guidance from Wisconsin Emergency Management (WEM) be utilized in such events?*
- *Can the state provide subject matter expertise related to responder safety and health issues in a prolonged winter weather event?*

### **Fatality Management:**

- *Lack of thorough response plans at local, regional and state level.*
- *Lack of knowledge about capacity, neighboring capacity, regional capacity and state capacity.*
- *Lack of knowledge about state and national resources and process to request these resources.*

### **Critical Transport:**

- *How will Critical Transport be coordinated in a large-scale, regional event?*
- *Who will be the 'lead' for Regional Critical Transport?*
- *How will the 'lead' communicate with impacted jurisdictions to ensure proper coordination?*

# ~Environmental Health Program~

The Jefferson County Environmental Health Consortium is a partnership with Jefferson County Health Department & the City of Watertown Department of Public Health

## 2014 Statistics

Well inspections	32	Nitrite samples (new wells only)	2
Bacteria initial samples	156	Beach Water Sampling (3 beaches)	39
Follow up bacteria samples	71	Radon Test kits distributed	271
Raw water bacteria samples	2	Radon kits sent to Alpha Energy for testing	171
Bi-monthly samples	8	Radon Media releases/displays/presentations	3
Nitrate initial samples	160	Health Hazard Complaints	30

## 2014 DHS & DATCP Agent Facility Inspections

Facility Type	Pre-Inspections	Routine Inspections	Re-Inspections	Onsite Visits	Complaints	Total
DHS Food	50	328	73	27	12	490
DATCP Retail Food	15	155	15	22	7	214
School Inspections	~	42	~	~	~	42
Tattoo & Body Piercing	2	5	1	~	~	8
Lodging	1	30	9	3	1	44
Campgrounds	~	20	~	~	~	20
Pools	~	31	28	107	~	166
Re-Ed Camps	~	3	2	~	~	5
<b>Total</b>	<b>68</b>	<b>614</b>	<b>128</b>	<b>159</b>	<b>20</b>	<b>989</b>

# ~Radon Testing~

Radon is a chemical element with symbol Rn and atomic number 86. It is a radioactive, colorless, odorless, tasteless noble gas, occurring naturally as an indirect decay product of uranium or thorium.

Radon found in your home and the environment comes in the form of a gas. Radon's dangerous nature comes from its radioactivity. Radon emits alpha particles which can be damaging to human tissues.



## **Impacts on Human Health**

Due to radon's radioactivity it is a mutagen. This means that when radon enters the body the body is now exposed to constant radiation. Radon enters the body through inhalation and settles in the lungs. These radon molecules constantly emit alpha particles. These particles bombard the tissues of the lungs and can physically damage the DNA of the affected cells. This most notably manifests itself as lung cancer. According to the United Nation's World Health Organization, radon is the second leading cause of lung cancer after smoking in many countries.

## **Prevention, Detection and Remediation**

Prevention methods for radon are relatively simple. While not completely stopping radon entry, sealing cracks in the foundation, sealing seams in basement walls and floor and sealing utility junctions as much as possible can greatly reduce the amount of radon that can freely enter your house. Installing ventilation for your basement can also reduce the amount of radon that is able to accumulate in your home.

There are multiple options for testing for radon in your home. Activated charcoal kits are a simple, at home, option to test for radon. The charcoal acts as an absorber of free particles. This charcoal can be later sent in and tested for radon.

Most remediation techniques are designed around ventilation. There are two common ventilation options to remediate high levels of radon. One is simple mechanical ventilation of the room/level of the building to remove excess build up and prevent it from happening again. Another option is what is called active soil depressurization. In this method a pipe is lead from beneath the foundation, up through the building and terminates in an exhaust fan at the top of the building. This process alleviates air pressure under the foundation to limit the amount of radon freely flowing upward. The fan at the terminus of the system also facilitates mechanized ventilation.

In 2014, the Jefferson County Environmental Health Consortium distributed 271 free Radon test kits.

Below you will find a summary of the January 2015 WI Comprehensive Cancer Control Program Issue Brief, "Lung Cancer Risk and Radon in Wisconsin: The Need for Increased Testing and Improved Reporting."

## **Summary**

Lung cancer is the leading cause of cancer mortality in Wisconsin and in the U.S. While the majority of lung cancers are caused by tobacco smoke, radon exposure is the second leading cause of the disease.

**Radon Testing and Mitigation in Wisconsin** - Local health departments throughout Wisconsin currently provide radon testing kits at low cost to residents. Evidence suggests, however, that testing and mitigation remain low. Moreover, current data reporting systems are inadequate leaving stakeholders with an incomplete picture of Wisconsin's risk.

**Policy Implications** - Increased testing and reporting would reduce statewide cancer risk and strongly enhance Wisconsin's ability to protect the health of its residents. Some states have found success with legislation that aims to increase testing and awareness of the risks of radon. Even without legislative action, however, informal policies and collaborative efforts between stakeholders could increase testing, improve data collection and increase appropriate mitigation.

# ~2014 Consolidated Contract Grant Objectives~

## **Childhood Lead Poisoning Prevention**

By December 31, 2014, 375 children at risk for lead poisoning who reside in Jefferson County will receive an age-appropriate blood lead test.

*555 children at risk for lead poisoning who reside in Jefferson County received a blood lead test at Jefferson County Health Department. 24 children had an elevated result of  $\geq 10\mu\text{g}/\text{dL}$  and received further testing and follow-up.*

## **Immunization**

By December 31, 2014, 75% of children residing in Jefferson County Health Department 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.

*79% of children residing in the Jefferson County Health Department jurisdiction who turned 24 months of age during the contract year completed all age appropriate vaccines by their second birthday. 84% were late up-to-date.*

## **Public Health Improvement Grant**

By September 29, 2014, Jefferson County Health Department will complete and implement a Community Health Improvement Plan.

*Jefferson County Health Department is working with Dodge County Human Services and Health Department, City of Watertown Department of Public Health, area hospitals and organizations in completing a Community Health Improvement Plan. Much work has been done on this in 2014 and it will be finalized and implemented in 2015.*

By September 29, 2014, Jefferson County Health Department will complete two QI projects focusing on improving program outcomes and/or service delivery.

*The Health Department completed several QI projects including assessing documentation and service delivery needs in the Prenatal Care Coordination Program, assessing the need for outlying Well Child Clinics and increasing understanding of services available and referrals from Jefferson County Human Services.*

By September 30, 2014, Jefferson County Health Department staff will attend QI training focusing on the NIATx model and developing a Performance Management System to promote a culture of QI.

*Staff completed the NIATx model training on line and developed a Performance Management System to promote a culture of QI.*

By September 30, 2014, Jefferson County Health Department staff will attend QI training focusing on the Performance Management System to promote a culture of Performance Management.

*Staff attended QI and Performance Management System training conducted by the Division of Public Health.*

By September 29, 2014, Jefferson County Health Department will complete an agency performance management self-assessment; identify areas of improvement and modify the Performance Management Plan accordingly.

*An agency performance management self-assessment was completed with updates to the Performance Management Plan made as needed.*

# ~2014 Consolidated Contract Grant Objectives~

## Maternal and Child Health Block Grant

By December 31, 2014, assessment activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Jefferson County Health Department in collaboration with community partners focusing on safety/injury prevention.

*The Health Department is working in collaboration with community partners focusing on safety/injury prevention activities related to the completed assessment. This includes working with the Child Death Review Team (CDRT) and education of staff and students.*

## Women Infants & Children (WIC)

During the contract budget period of January 1, 2014 through December 31, 2014, the Jefferson County WIC Project will maintain an average monthly participation that is at least 97% of the assigned caseload.

*The Jefferson County WIC Project maintained an average monthly participation rate of 95% throughout 2014. Staff met to discuss and develop an outreach plan to increase the rate of participation. This will continue in 2015.*

## Wisconsin Well Woman Program (WWWP)

By December 31, 2014, 63 Jefferson County residents ages 35-64 years will be screened through the Wisconsin Well Woman Program.

*As of 12/31/14 a total of 77 Jefferson County residents ages 35-64 were screened through the Wisconsin Well Woman Program. A total of 67 women re-enrolled in the program and 27 women were new participants for a total of 94 women who received case management services through the Well Woman Program.*

*Services through the local Jefferson County Well Woman Program, provided by coordinator Sandee Schunk, will continue through June 2015. At that time the State Department of Health Services is changing to a regional coordinating model, including a limited number of service providers who will be available to do the screenings.*

*Throughout 2014, women were assisted in finding health insurance with 14 women going on Medicare, 37 women enrolling in BadgerCare and 7 women enrolling in ACA insurance.*

*Sandee Schunk has done an excellent job throughout the 21 years she has coordinated Well Woman Program services in Jefferson County. She has supported women who received a cancer diagnosis, worked at numerous fundraisers and outreach events and found resources for women. Many thanks go to Sandee for a **job well done!***

“Yesterday, was my 25<sup>th</sup> anniversary working at the Health Department (not sure where the time went so quickly?!). Reflecting on that...I wanted to take a minute to say “thank you” for 25 years of learning, supporting, laughing, crying, working hard and helping me to get through any challenging times! (I remember in May 1989 when I started working in WIC - we carried bins of charts to every clinic site and hand wrote every check...times have changed drastically with technology in 25 years – a good thing!) I just wanted you to know I appreciate having a good working atmosphere and people that I feel comfortable spending 8+ hours per day with. I am always proud to say I work for the Health Department when I am asked.”

Sandee Schunk  
Accounting Specialist II & WI Well Woman Program Coordinator

## ~Evaluation of 2014 Health Department Goals~

- Complete a Jefferson County Jail Strategic Plan and explore the feasibility of becoming accredited for Jail Nursing services.  
**The Jail Strategic Plan was developed and accreditation for Jail Nursing services was discussed and will be considered in future development of policies and procedures and staffing patterns/levels.**
- Assess the staffing levels needed at the Jefferson County Jail.  
**Throughout 2014 and into 2015 the staffing levels at the Jail will be considered for successful operations.**
- Participate in a Regional Public Health Exercise including opening the Health Department Emergency Operations Center and using updated technology.  
**The Health Department participated in several exercises in 2014 including the Regional Public Health Exercise “Operation Mayhem.” The Health Department opened their Emergency Operations Center (EOC) and invited Emergency Management, Police, Fire and EMS to participate in the EOC. Updated technology was used including cell phones, computers and the MondoPad.**
- Further develop the Community Health Improvement Plan with community partners.  
**Jefferson County Health Department met with community partners to further develop the Community Health Improvement Plan which will be finalized in 2015.**
- Provide training for staff regarding the Maternal and Child Health Program transition from individualized care to a broader systems building practice model.  
**Training was provided for staff regarding the MCH Program transition from individualized care to a broader systems building practice model.**
- Provide staff training in conducting community focus groups for community input into program and practice planning in the context of Quality Improvement.  
**A staff training was held in conducting community focus groups related to QI.**
- Provide staff training to increase cultural competency in Hmong, Amish and Native American cultures to be better prepared to provide mutual aid during Public Health emergencies or disasters.  
**Due to scheduling issues the trainer was unable to come in 2014; this will be rescheduled in 2015.**
- Implement the Early Childhood Lead Poisoning Prevention Program and follow-up on lower lead levels as recommended by the Centers for Disease Control (CDC).
- Continue to expand the “Fix It or Ticket” program with local law enforcement throughout the County.  
**“Fix It or Ticket” meetings were held with local law enforcement from throughout the County with ideas generated for increasing the use of car safety seats for children.**

- Complete Well Child Clinic and Prenatal Care Coordination (PNCC) Quality Improvement projects.

**Completed Well Child Clinic QI project with the analysis showing more children now have a medical home; clinic is serving high risk uninsured population; number of appointments greatly decreased; 29% of the children attending the clinics had a high body mass index (BMI) score; decision made to close all outlying clinics and hold one Well Child Clinic per month at the Health Department.**

**PNCC QI project in progress with audit of charts completed; staff education completed; updating of electronic charting changes in progress.**

**In addition, a Human Papilloma Virus (HPV) vaccine QI project was conducted in order to increase the number of adolescents completing the three dose series. In 2012 the completion rate was 18%; after contact with those needing to complete the series via postcards and holding mass clinics in the fall of 2014 and to be held in the spring of 2015 the rate rose to 23.4% of adolescents completing the three dose series.**

- Develop an Oral Health Care Toolkit and utilize when providing oral health education to families.  
**Due to grant funds being delayed the toolkits were not purchased in 2014; they will be purchased in 2015.**
- Train one additional Car Safety Seat Technician and compile a packet of educational resources to give to all car seat clients.  
**One additional Car Safety Seat Technician was trained and a packet of educational resources was developed to give to all car seat clients.**
- Provide at least two classes for inmates in the Jefferson County Jail related to safety.  
**CPR classes were held for inmates in the Jefferson County Jail.**
- Continue immunization benchmarking for children 24 months of age and teens to assure that they receive needed vaccines in a timely manner.  
**The Health Department continued immunization benchmarking for children 24 months of age and teens to measure progress toward immunization goals.**
- Provide outreach to providers, community and clients to encourage participation in the WIC program, especially for pregnant women in their first trimester.  
**Outreach was conducted with providers, the community and clients to encourage participation in the WIC program.**

## **~Goals for 2015~**

- In anticipation of ending the Jefferson County Personal Care Program, smoothly transition all clients so that they will continue to receive quality care.
- Successfully replace staff who will retire on May 1, 2015.
- Continue to prepare to respond to disasters and outbreaks such as Ebola or influenza.
- Continue to work on immunization benchmarks and implement the HPV grant.
- Complete the Community Health Improvement Plan and implement in the community.



According to Georges Benjamin, MD, American Public Health Association (APHA) Executive Director, this is his vision on what the Future of Public Health should look like and 10 things we should do to make the U.S. a healthier nation in 2015:

## 1. Make a stronger case for Public Health investments

It's up to us to create a stronger understanding among all Americans that investments in health and social programs not only strengthen our health, but improve our economic well-being and enhance our economic competitiveness. In Public Health, we know that every \$1 devoted per person to community-based Public Health activities returns \$5.60 in benefits.

## 2. Promote science as a basis for sound policymaking

Better health starts with a firm understanding of the evidence that supports our efforts to improve our health. This includes ensuring a firm science base and using the results of cutting-edge research to guide best practices. Policy can be an effective health improvement tool but only if it is guided by the best science coupled with the pragmatic engagement of policymakers to properly implement it.

## 3. Engage the public

A healthy community is a goal deeply rooted in individual and community values. Achieving it requires active engagement through education, collaboration and coalition building and collective action that achieves positive change. We must engage with our communities to promote prevention and wellness as a component of any healthy communities' effort. A healthy community is a grassroots effort.

## 4. Educate policymakers at Federal, State and Local levels

Policymakers have an essential role in improving the health security of the population. Helping them achieve this requires that they use all of the tools they have to promote the health and well-being of their constituents. Strong leadership followed by informed legislative action, policymaking and resource allocation are the keys to good government. We need to work with our elected and nonelected officials nationwide in ways that ensure they promote healthy policies and adequate funding for health and social programs.

## 5. Get out in the media to support Public Health in your community

The media is an important force in advocating for change. Policymakers read the news like everyone else. New stories are one tool we can use to amplify our voice and improve our impact. Social media is another potent tool that we can use to elevate Public Health priorities in real time.

## 6. Collaborate with others outside our field

Collaboration is the centerpiece of a health-in-all-policies framework. We should continue to work with our traditional partners to advance our work. We can, however, maximize our success by working and collaborating with "non-traditional" partners such as engineers, city planners, transportation officials, private sector businesses, community organizations and others. Such collaborations should work to make healthy communities, as well as better individual health, an essential business goal.

## 7. Promote the next phase in health reform

The Affordable Care Act has already begun to improve the health security of the American people. It is also transforming the U.S. health system in many positive ways. Building the Public Health system of the future is the next phase of health reform. We have a vision of the future that promotes being the healthiest nation in one generation. We'll need a robust Public Health system to achieve that goal.

## 8. Protect the gains we have made ←

We made tremendous progress to improve Public Health in 2014, including:

- protecting the environment;
- reducing the number of uninsured;
- implementing Public Health programs to support Local, State and Federal programs that fight obesity, curb tobacco use, improve access to preventive care services and respond to Public Health threats and outbreaks

## → 9. Reauthorize funding

Several important health programs are up for reauthorization this year to include the Children's Health Insurance Program, the federal transportation program and child nutrition programs. These plus the fiscal year 2016 annual health appropriations will be decided this year. The Public Health community will need to play a central role in defining and fighting for the appropriate levels of resources.

## 10. Support Public Health preparedness ←

Prevention doesn't happen without a sustainable system that can address serious Public Health threats now and in the future. APHA supports preparedness in many ways, including our Get Ready campaign to help Americans prepare themselves, their families and their communities for serious preventable health threats like Ebola, climate-related emergencies, outbreaks of influenza and emerging and re-emerging infectious diseases and terrorism.

# ~Core Functions of Public Health~

### Assessment:

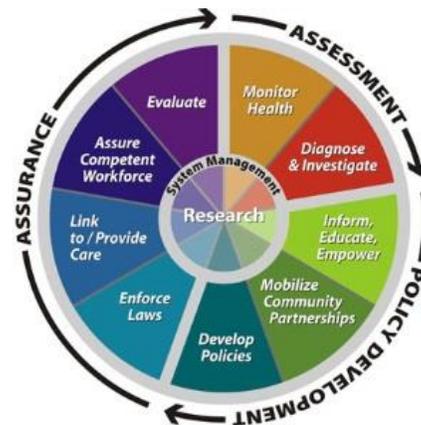
- ✓ Monitor health status to identify and solve community health problems (community health profile, vital statistics and health status).
- ✓ Diagnose and investigate health problems and health hazards in the community (epidemiologic surveillance systems, laboratory support).

### Policy Development:

- ✓ Inform, educate, and empower people about health issues (health promotion and social marketing).
- ✓ Mobilize community partnerships and action to identify and solve health problems (convening and facilitating community groups to promote health).
- ✓ Develop policies and plans that support individual and community health efforts (leadership development and health system planning).

### Assurance:

- ✓ Enforce laws and regulations that protect health and ensure safety (enforcement of sanitary codes to ensure safety of environment).
- ✓ Link people to needed personal health services and ensure the provision of health care when otherwise unavailable (services that increase access to health care).
- ✓ Assure competent public and personal health care workforce (education and training for all public health care providers).
- ✓ Evaluate effectiveness, accessibility and quality of personal and population-based health services (continuous evaluation of Public Health programs).
- ✓ Research for new insights and innovative solutions to health problems (links with academic institutions and capacity for epidemiologic and economic analyses).



## ~So Long, Farewell, Good Luck and Goodbye!~

May 1, 2015 will always be remembered at the Health Department as the day we said goodbye to five awesome, long-term employees – Sally Albertz, Jackie Behm, Kathy Cheek, Shirley Gehrke and Mary Stearns. They offered the community so many invaluable services it is hard to list them all...compassionate care, solid evidence based practice, their experience and knowledge, referrals to resources, ability to listen and empathize and 105 years between them of dedicated public service. We wish them well, are cheering them on in their “retirement” and our only requests are that they keep in touch, have fun and have a healthy, love-filled, wonderful retirement. They have all earned it!

### Sally Albertz - 21 years

#### **Administrative Assistant II**

*I started on November 1, 1993 - 21 years 6 months 1 day total time as an employee. I wanted to get in the County system for the retirement and benefits. I really didn't know anything about the Health Department and I went into the job with the idea of it being a stepping stone to going to a job I would like long term. After a couple of weeks of trying to do the Home Health Aide schedule, I many times asked myself "What did I get myself into?"*

*Being all crammed into the space at the court house the first year was a bummer, but I kept plugging away at the job. Then one day it all started to click and when we moved out to the new building in December, 1994, I really started to enjoy what I was doing. I enjoyed working with the aides that we had and the Home Health nurses. Lots of personnel changes have happened in the time I've been here but I can honestly say I have not had problems that really mattered with any of them. I can't speak for them as to how they liked working with me.*

*One of the best things about our department is the support we give each other when life hands us trouble. I look forward to retirement, but I know I will miss the day to day people interaction and will miss my co-workers. I might even miss some of the strange phone calls that we get. All in all I can't believe I'm already old enough to retire or that I've been here for 21 plus years. It's been a great ride!*



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*“With **105 years** of experience between them, to say they are irreplaceable is a total understatement.”*

*Gail Scott, Director/Health Officer*

## Jackie Behm, RN, BSN - 25 years

### Public Health Nurse

*I will retire after 25 years and 4 months of working at the Health Department.*



*What I liked about my job the most was working with families in my community. It is so rewarding when someone who you haven't seen in 5 years, still remembers you and thanks you for what you did for them. Nothing compares to that!*

*I chose to work in Public Health because when I was a nursing student at the Health Department in 1989, I fell in love with this work. When I was hired in 1990, it was the happiest day of my life.*

*I was asked about anything interesting that happened to me over the years and I have to say almost every day has a story, so it's difficult to pick 1 or 2. Shortly after I started, there was that measles outbreak. I never gave so many shots in my life. That was unforgettable and baptism by fire.*

*Also I have so many animal stories like the 2 Rottweilers that chased me out of client's garage; a client's Ferret ran across my shoulders while her German Shepard was at my feet growling and snarling at me with any movement; when sitting at a client's kitchen table her Pitbull charged & attacked the small dog that was under the table where my feet were; I was paralyzed! And there is also the Pitbull that was chained (the chain was 4 inches in diameter) to the porch and could almost reach you as you walked up the porch steps. My student was terrified!! I could go on and on. No one thinks about being exposed to animals as being a hazard for Public Health Nurses!*

*I invested most of my nursing career in Public Health and I want to say how important the connection to the community is and how important it is for Public Health to stay a strong and positive preventive influence with those we serve. I have enjoyed working for the Health Department over all the years!*

## Shirley Gehrke, LPN - 20 years

### Public Health Technician

*I have worked at the Health Dept. for 20 years. My favorite part has been working with the "short people" and seeing the world through their eyes. Never underestimate how much children understand, even though they are young. I am looking forward to spending more time with our grandchildren who are four hours away, working with all of my indoor and outdoor flowers, actually taking time to cook and bake, take walks, help friends and church and not caring when two feet of snow is predicted the next day. I will not be bored.*



## Kathy Cheek, RN, BSN - 24 years

### Public Health Nurse

*I started at the Health Department in August of 1991, so will have worked here almost 24 years.*



*Having worked so many years in intensive care and home health before coming to the health department, I thought working on the preventive end of health care would be interesting. My favorite memories are many—we often say we could write a book. Many of the families I served taught me of the simple needs a person has.*

*As a staff we have had a lot of laughs—stories of pets/animals, road trips, weather events, restaurants. I will miss baby visits, meeting young families and working with kids. I hope to make up for this by spending more time with my family, including grandkids.*

*Thanks to everyone for your dedication to making Jefferson County a great place to live, work and play!*

## Mary Stearns, RN, BSN - 15 years

### Public Health Nurse

*I started nurses training during my 30's after working as a nursing assistant for some years. I was a wife and mother of 2 and this was a huge commitment both financially and in the time invested, so it was not a decision taken lightly. It was one of the best decisions in my life. I first attained my associate degree in nursing and was satisfied with that for 17 years, and then I knew that I wanted more and that working in Public Health was a goal in my nursing career. So once again I was back in school to complete my BSN, with more financial and time commitment.*

*I started working for Jefferson County in July 1999 and took a very large pay cut of \$15,000 a year. At that time the retirement benefits and insurance package helped make up the difference. Since ACT 10 the benefits have dropped dramatically. I am glad I was able to work as a Public Health nurse and will have many memories to take with me. I feel it was a privilege to work in Public Health.*



# ~JEFFERSON COUNTY HEALTH DEPARTMENT~

## Contact Information

<b>Community Dental Clinic</b>	<b>920-563-4372</b>
<b>Emergency Number (EMS, Fire, Police)</b>	<b>911</b>
<b>Environmental Health Consortium</b>	<b>920-262-8090</b>
<b>FAX</b>	<b>920-674-7477</b>
<b>Health Department Main Number</b>	<b>920-674-7275</b>
<b>Human Services Main Number</b>	<b>920-674-3105</b>
<b>Immunizations</b>	<b>920-674-7455</b>
<b>Public Health Emergencies (after hours)</b>	<b>920-988-3381</b>
<b>Public Health Program</b>	<b>920-674-7275</b>
<b>Rock River Free Clinic</b>	<b>920-674-7442</b>
<b>WIC</b>	<b>920-674-7189</b>
<b>Facebook: <a href="https://www.facebook.com/JeffersonCountyHealth">https://www.facebook.com/JeffersonCountyHealth</a></b>	
<b>Web Site: <a href="http://www.jeffersoncountywi.gov">www.jeffersoncountywi.gov</a></b>	
<b>E-Mail: <a href="mailto:gails@jeffersoncountywi.gov">gails@jeffersoncountywi.gov</a></b>	