

# Douglas County Department of Health and Human Services Health Services Division – 2016 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 2016 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, RN, BSN  
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 2012	Jan 2013	Jan 2014	Jan 2015	Jan 2016	Jan 2017
Health Officer	1.0 FTE (Vacant)	1.0 FTE (Filled April 29, 2013)	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE
Public Health Nurses	4.0 FTE	5.5 FTE	4.0 FTE	4.0 FTE	4.0 FTE	4.0 FTE
Environmental Health Specialists	2.0 FTE	2.0 FTE	2.0 FTE	2.0 FTE	2.0 FTE	2.0 FTE
Support Staff: Clerical and Billing (Centralized support for the Department)		2.5 FTE (included this year in totals)	2.0 FTE	2.0 FTE	2.0 FTE	2.0 FTE
Total FTE	7.0 FTE	11 FTE	9 FTE	9 FTE	9 FTE	9 FTE

**SUCCESSSES AND CHALLENGES**

**SUCCESSSES:**

- A Community Health Assessment was completed.
- All grant objectives have been met.
- Current staff includes three Public Health Nurses and two Environmental Health Specialists.

**CHALLENGES:**

- In 2016 there was a complete turn over in environmental health staff which has been a challenge; however, it has also created an opportunity to update processes and programs.

**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.

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

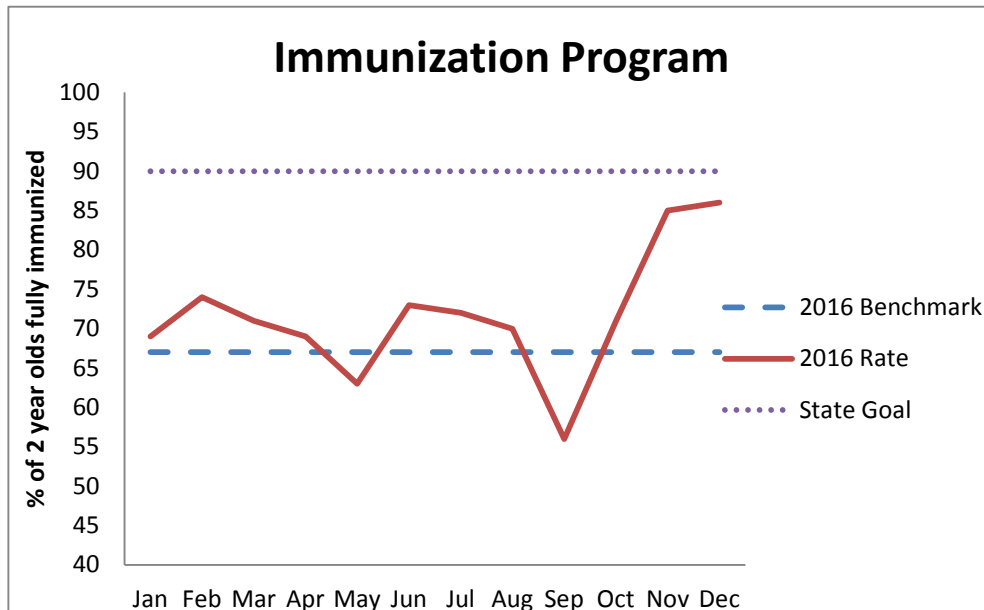
Programs	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2016 Total
Immunizations:						
# of Children Served	177	111	137	73	28	28
# of immunizations(general)	295	252	218	171	60	83
# Child. Seasonal flu shots	101	22	74	29	3	6
# of Adults Served	566	82	52	60	20	15
#of immunizations (general)	597	87	64	67	29	23
# Adult seasonal flu shots	417	6	1	11	0	NA
Referrals Out # of Children	12	12	18	35	3	1
Case Mgmt - # of Children	22	12	23	31	0	NA
CYSHCN # of Encounters	52	25	22	8	3	0
					20	NA

Birth to 3 Referrals: Month	87	74	111	74	115	107
Admissions: YTD	44	32	50	54	52	46
Monthly Active:	49	39	42	43	44	43
# ASQ/SE Sent YTD	53	52	15	19	17	6
# ASQ-SE Returned YTD	44	43	15	11	12	5
# With Risk Identified (added 2016)						3
Prenatal Care Coord. Referrals	117	116	73	85	59	32
Prenatal Care Coord. Admissions	67	48	27	35	27	8
Prenatal Care Coord. Contacts	443	302	79	125	147	74
High Risk New Born Referrals	132	180	208	290	319	347
High Risk New Born Admits	97	116	100	72	78	60
High Risk New Born Visits/TCs	276	240	244	176	198	182
Children's Elevated Blood Lead Levels ( $\geq 8$ mcg/dL - $<10$ mcg/dL )	5	6	15	11	6*	16*
Children with Blood Lead Poisoning ( $>10$ mcg/dL) YTD	1	5				
Blood Level Draws	4	1	2	3	0	0
YTD # Court Ordered Urine Drug Tests (for illegal substances)	19	18 (WNL)	1	NA	NA	NA
% of test = + <b>this mo.</b>	47	61	69	38	80	74
% of test = + <b>YTD</b>	17%(1/6) 34%(16/47)	30% (3/10) 31% (19/61)	38% (3/8) 39% (27/69)	0% (0/1) 55% (21/38)	50%(1/2) 40% (32/80)	100%(2/2) 55% (35/63)
# WI Well Woman New Enrollees	31	42	26	10	NA	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 beginning in 2015.

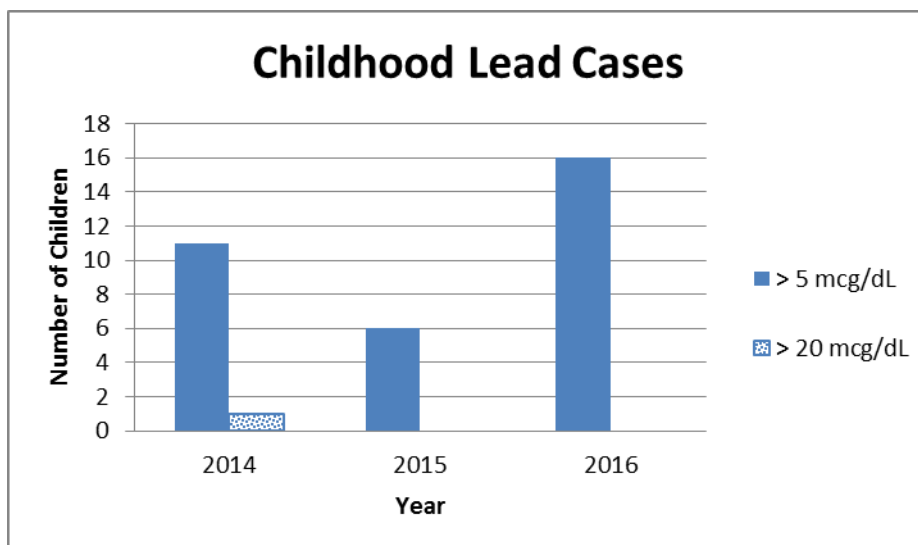
### Childhood Immunizations

- The Public Health Nursing unit had the following objective in 2016: By December 31, 2016, 67% of children residing in Douglas County jurisdiction who turn 24 months of age during the contract year will complete the Centers for Disease Control (CDC's) recommended series of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccinations by their second birthday. Progress towards the statewide goal of 90% will be measured using a Wisconsin Immunization Registry benchmark report each month. Immunization awareness outreach is performed by PHN's monthly.
- This objective has been met and exceeded with the goal of reaching at least 67 % compliance met in all but two months in 2016, ending the year with 86% in December. Successful collaboration with local hospitals and clinics improved reporting of immunizations in the Wisconsin Immunization Registry system.
- Ongoing challenge: Some parents and physicians have opted to follow an alternative immunization schedule making the child appear to be out of compliance with recommended schedule.
- Families who move without a forwarding address continue to be considered Douglas County residents until a confirmed new address can be found. These children continue to be counted in this report.



**Childhood Lead**

- Throughout 2016, 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. With old housing stock throughout the county, lead poisoning prevention outreach continues to be important.
- In 2016, PHN’s followed up with 16 children reported to have blood levels greater than 5 mcg/dL. No children were identified with levels greater than 20 mcg/dL. Recognizing the negative impact of lead on child development, the Centers for Disease Control may decrease the threshold of concern to 3.5 mcg/dL in the upcoming year.



**SECTION B: COMMUNICABLE DISEASES AND INTERVENTIONS**

	2016	2015	2014	2013	2012/2011		2016	2015	2014	2013	2012/2011
Arboviral Infect *Zika	2*	6	0	2	0/0	Meningitis (V)	1	3	0	0	3/3
Babesiosis	3	2	1	1	3/6	Meningitis (B)	0	0	1	0	0/0
Blastomycosis	1	0	0	2	0/2	Mycobacterial, non-TB	11	2	3	2	1/1
Campylobacteriosis	8	5	3	4	5/7	Parapertussis	0	4	8	0	7/1
Cryptosporidium	4	6	6	4	4/2	Pertussis	9	30	8	0	26/2
E. Coli 0157:H7 & other E.Coli	3	0	3	2	1/1	Rabies Expos.	0	0	0	0	0/1
Ehrlichiosis (Prob & Confirmed)	33	27	17	25	16/31	Rocky Mtn Spotted Fever	0	0	1	0	0/0
Giardiasis	8	4	6	6	6/3	Salmonella	2	7	5	4	4/7
Hemoph. Infl B	1	1	1	1	1/0	Shigellosis	2	0	0	0	3/0
Hepatitis A	1	1	0	2	1/0	Strep Group A	1	4	1	1	1/1
Hepatitis B	7	8	1	4	10/3	Strep Group B	8	5	4	3	3/4
Hepatitis C	29	47	50	45	50/41	Strep Pneum Invasive	5	3	5	6	4/2
HINI Influenza A	0	0	0	0	1/0	Toxoplasmosis	2	1	0	0	1/1
Influ Assoc. Hosp.	19	39	40	29	14/16	TB – Active	1	0	1	1	1/0
Legionella	2	2	1	0	2/1	TB Prophylaxis	2	1	4	4	1/3
Lyme Disease	61	58	35	50	42/71	TB Skin Tests	362	249	340	306	417/513
Hemorrhagic Fever, Ebola follow-up	0	1	0	0	0	Varicella	5	5	0	0	14/0
Measles	1					Mumps	1				

**Discussion:**

- Diseases associated with [vector-borne](#) illness continued to be a substantial number of cases for 2016.
- Influenza B and RSV were found to be responsible for most of the respiratory illnesses near the end of 2016.
  - Influenza associated hospitalizations continue to reflect the low influenza vaccine rates. In 2016 there was some improvement in adult vaccinations with 21% of adults under age 65 and 60% of adults over age 65 having received a flu vaccine. The lowest rates of vaccination occurred in the older child (30%) and young teen (19%) with 0-4 year old influenza vaccination rate reaching 44%.

**SEXUALLY TRANSMITTED INFECTIONS**

	2016	2015	2014	2013	2012	2011
Chlamydia	128	153	154	181	191	133
Gonorrhea	16	13	9	13	11	5
HIV/AIDS	1	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 throughout Wisconsin. 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 not often identified in Douglas County, STI rates continue to be higher than the state average. These along with an increase in injection drug abuse are risk factors for HIV infection. Outreach and education

with the public and local clinics continues to promote communicable disease awareness. Encouraging health care providers to screen high risk people for HIV along with STD testing is an important strategy for communicable disease prevention.

- 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 20% of adults between 19-26 years old have completed the vaccine series, which is a slight improvement from last year's 18%. Of those fully vaccinated, only 6% are males. HPV infections are not reported to health departments for tracking so the exact numbers are not known.

### ENVIRONMENTAL HEALTH SERVICES

Type of Facility	Inspections Completed Since July 1, 2016	Inspections Due by June 30, 2017	Total Number Of Facilities
Retail	15	63	78
Food Facilities	62	167	229
Body Art	0	5	5
Hotel/Motel	15	43	58
Campgrounds	1	33	34
Mobile Home Parks	1	12	13
Pools	4	21	25
Summer Camps	0	5	5
<b>Total:</b>	98	349	<b>447</b>

*Table 1:* The table above summarizes the breakdown of inspections by facility type and midyear completion status for fiscal year 2016-2017.

**Discussion:**

**Inspections**

- The table above shows the breakdown of facilities by those that have been completed and those that are still due before June 30<sup>th</sup>, 2017. Many of these facilities are seasonal in nature (such as campgrounds) and will not be completed until the season begins. All licensed facilities in Douglas County are required to undergo one health inspection per licensure year (July 1<sup>st</sup>-June 30<sup>th</sup>), except for Large Potentially Hazardous retail facilities and high complexity restaurants, which are required to be inspected every eight months.
- Environmental Health inspects facilities that hold a liquor license within the city to assure they are functioning in a sanitary and safe manner. No major sanitary or safety defects have been found at these locations.
- 

**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 (WDNR). 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 2016 the WIDNR commended Douglas County in meeting and at times exceeding the agent agreement requirements. The Environmental Health unit has implemented changes to the “groundwater rule” that occurred in April of 2016. This work includes 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 improved 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.

- To learn more about groundwater quality in Wisconsin, see the [Wisconsin Groundwater Quality](#) report from the Department of Agriculture. It includes information about concentrations of chemicals and pesticides in groundwater from randomly sampled wells from around the state, including Douglas County.

**Radon**

Radon is a naturally occurring gas in the ground that can leak into your home. In 2016 the Environmental Health unit of Douglas County continued to provide radon awareness outreach to the community. Environmental Health staff provided radon presentations at local schools and health fairs. Of the 32 test results received, six had elevated radon levels. The Northwest Wisconsin Radon Information Center led by Polk County provided guidance and education to those residents.

<b>SECTION C: COMMUNITY HEALTH EDUCATION, TRAINING and PROGRAM DEVELOPMENT (Infrastructure Focus)</b>
---

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

In 2016 there was positive progress with the Wisconsin Healthiest Families Initiative. The Every Child Healthy Outcomes (ECHO) coalition was created and continues to meet 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. This year we reached our goal of having all of the clinics in Douglas County trained on developmental screening with initial reports indicating successful implementation and outcomes. The community wide resource list continues to be used and distributed widely to aid in improving referral processes when needs are identified. In the fall, the coalition started focusing on addressing ACE’s (Adverse Childhood Experiences) awareness and how they affect a child’s development. The coalition also began discussion about working with child care providers to improve their knowledge of early childhood developmental milestones and training on developmental screening which will be facilitated by the state. The community agencies and partners that were actively involved in the coalition for 2016 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).

**Healthy Beginnings+ Prenatal Care Coordination program:**

This program is a Wisconsin Prenatal Care Coordination (PNCC) benefit; which is a Medicaid benefit to certain eligible women. Healthy Beginnings+ offers prenatal and postpartum education, psychosocial and supplemental support, care coordination and connection to local resources and services. Public Health Nurses work closely with

Northwest WI Community Services Agency (NWCSA) to coordinate the care of these pregnant women. The goal of this program is to help pregnant women get the support and services they need to have a healthy baby. Over the last year, the Western Region Healthy Beginnings+ coordinators have created an Outreach Toolkit. The purpose of the Outreach Toolkit is to increase the community's knowledge and understanding of the program, services and potential impact of the program in our region.

### **New Baby Program:**

New Baby Program provides services at the home or in our office. These visits are available to all Douglas County families. Educational topics the public health nurse may provide include: newborn physical assessment, post-partum assessment, breastfeeding support and education, health and safety education, community resources, information and referrals.

### **Prevention- Community Health Improvement Assessment and Plan:**

Wisconsin State Statutes have required communities to develop and implement local health plans to address conditions affecting the health their residents. This has been referred to as the "Community Health Improvement Process," due to the impact changes in a community can have on the health of people who live there.

In 2016, two sub-committees continued working on the health focus areas:

- **Alcohol and Other Drug Use:**

The Alcohol and Other Drug Abuse CHIP subcommittee, with support from Douglas County Public Health, has continued to address alcohol and drug issues in our community. The subcommittee, working with several organizations (including the Superior Police Department) has continued to provide evidence based drug and alcohol prevention education to area 3rd grade students. Other efforts included planning an opioid community awareness event at the Superior Middle School. Prevention education will be presented to the community in the form of speakers and displays from community partners. The subcommittee has also provided several training opportunities for its members and the community on drug use and prevention, including a streamed webinar on marijuana legalization. The subcommittee made strides in forming a sustainable coalition, including beginning development of an organizational structure, goals, vision and a mission statement.

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

This subcommittee was a collaboration of community partners who met to brainstorm opportunities for improving the health and nutrition of individuals in Douglas County. This subcommittee elected to merge with Douglas County Local Food Coalition as the goals were aligned with common stakeholders.

- **Community Health Assessment and Improvement Plan**

Douglas County completed a Community Health Assessment in 2016 and began efforts to develop a Health Improvement Plan which will be completed in 2017. The completed document can be found on the Douglas County website. The Douglas County Health Officer participated in the Bridge to Health Survey team. Data collected by this survey data was 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.

Individual and group education also occurs in house. In 2016 the adult leadership and youth leadership groups visited Douglas County Health & Human Services and learned about programs and services available in the Public Health unit.



## Workforce Development

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

Program areas where training occurs routinely are Communicable Disease, Immunization, Maternal Child Health, and Prenatal Care Coordination. Staff continues to build depth in each program/service area as they gain hands on experience and continue to learn new content.

## Media

Public Health staff writes articles and press releases on topics of interest or public concern and submits regularly to the local newspaper and the Douglas County website. Sharing information with the media and the general public remains an important aspect and priority for Public Health. During 2016 several requests about health related topics were made from media sources.

## **Public Health Preparedness**

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

### **Our Partners**

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

### **2016 Key Achievements**

Public Health preparedness follows a five-year funding and planning cycle as provided by the Centers for Disease Control and Prevention (CDC). Each cycle year, running from July to June, is referred to as a Budget Period (BP). Calendar year 2016 included the final half of BP4 and beginning half of BP5. Key achievements in calendar year 2016 included:

1. WWPHRC maintained a strong presence in the arena of preparedness. WWPHRC is now the only remaining consortium, pertaining to public health emergency preparedness, in the State of Wisconsin.
2. WWPHRC continued to improve and strengthen local Public Health Emergency Plans.
3. The capabilities of Non Pharmaceutical Intervention (NPI), Medical Surge (MS) and Volunteer Management (VM) have all been updated to meet or exceed CDC CPG guidance around planning. This process will continue as emerging guidance is produced. Trainings are expected to be offered in early 2017.
4. To date, two WEAVR drills have occurred, developing ongoing discussion of how to request support for this function through consortium director as an example of surge capacity within Medical Surge within the Tiered Response Framework.



5. Douglas County successfully met all the Public Health Cooperative Grant Agreement contract objectives and deliverables.
6. Douglas County hosted ICS 300 and 400 trainings, both being well attended by HHS employees and community partners.
7. Douglas County's Public Health Emergency Plan (PHEP) is in the process of being thoroughly updated as there have been many changes since it was first developed.
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 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.