



PUBLIC HEALTH DEPARTMENT

2005

FULL ANNUAL REPORT

ANNUAL REPORT INDEX

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**2005 ANNUAL REPORT
EXECUTIVE SUMMARY
January 1 thru December 31
OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT
TO THE HONORABLE BOARD OF SUPERVISORS OF OZAUKEE COUNTY,
WISCONSIN**

Dear Ladies and Gentlemen,

Mission Statement: The Mission of the Ozaukee County Public Health Department is to prevent disease and to promote and protect the safety and health of all county residents.

Introduction:

I am pleased to present the 2005 Annual Report of the Ozaukee County Public Health Department. The Public Health Department has made significant efforts toward achieving its mission. This report celebrates the quality of services and commitment of staff, providers and community partners who have joined together to ensure that county residents benefit from public health interventions. Congratulations to everyone who has contributed to the well-being, safety and health of Ozaukee County residents.

The following Executive Summary will provide highlights of 2005; the full report is available on the internet at <http://www.co.ozaukee.wi.us/AnnualReports/2005/PublicHealth.htm>

Summary:

This was a year of change at the Health Department. In August, a county reorganization was implemented which consolidated the Medicaid Personal Care Only services into the newly formed Human Services (HS) Department and our home care licensed portion was dissolved. Two full time RN's and five home health aide positions moved from the Health Department and joined the HS staff. The Board of Health was incorporated into the Health and Human Services Board, but the Health Department remained independent of the Human Services Department.

The Wisconsin Department of Health and Family Services, Division of Public Health (DPH), formally reviewed the Health Department in July. It was determined by a state team that the Health Department meets the requirements of HFS 140.07(4) and maintained its Level II status, which remains in effect for up to 5 years. The last review conducted in 1999 that upgraded this department from a Level I has increased our grant allocations from the Division of Public Health.

The Board of Health submitted a resolution to the County Board for the Health Department to become agents of the state for restaurant and facility inspections that was defeated.

Ongoing problem-solving efforts to improve Ozaukee County's ability to be prepared for bioterrorism or a natural disaster are well underway. Mass clinics and Pandemic plans have been developed and continue to be a work in progress. The challenge is to build capacity for the worst-case scenario, which would be to vaccinate or dispense antibiotics to all county residents in two to three days. Other areas of planning include how to coordinate best practice in quarantine and isolation orders, how to address special needs populations, what to do in a blackout and how to effectively communicate with citizens, community partners and with each other. Progress that has been made is primarily due to coordination of the BT Project Manager hired in 2005; funded by the BT grant.

Influenza season always brings new challenges in the distribution of vaccines, but after experiencing shortages last year, this year brought less problems. The Health Department successfully offered the vaccines to high risk individuals at public clinics and group homes the first few weeks in October. The CDC expanded vaccine availability to the general public after October 24th. Approximately 7,500 doses were administered with about 500 given free to low-income families and children through vaccines provided by the Division of Public Health.

The Wisconsin Public Health and Health Policy Institute published the “Wisconsin County Health Rankings” report for the third year. Ozaukee County was ranked number one for two years. This year we were ranked second healthiest, however, actual health status most likely has not changed, but rather this may be due to some fluctuation from year to year with revisions in methodology as the institute strives to improve the study. The full report is located on this web site: <http://www.pophealth.wisc.edu/uwphi/research/mainRankingsPage.htm>

The Health Department, along with the Ozaukee Health Initiative, continues to address the County health priorities. To help determine how the community is currently addressing the priorities, 26 community partners were surveyed. Of those surveyed, 31% provide programs to address obesity, 54% have programs to reduce alcohol use; 58% drug use, 85% are a smoke-free facility, 69% provide health screenings and 15% address carbon monoxide detectors use.

OZAUKEE COUNTY HEALTH PRIORITIES 2002-2007

- Reduction in overweight / obese adults and children
- Reduction in alcohol and drug use
- Reduction in tobacco use and environmental tobacco exposure
- Increase participation in preventative health screenings
- Increase use of home carbon monoxide detectors

The remainder of the summary addresses a few highlights from each core public health function.

COMMUNICABLE DISEASE CONTROL: WI PH statutes 251.05(2) and 252; HFS 140.04(b); 144; 145.

- 456 infectious diseases were investigated with 274 confirmed.
- 2004, Pertussis was a major challenge at 100 cases, 2005 rate slowed to 13 cases.
- Of the reported diseases in Ozaukee County; higher rates include: Campylobacter, Hepatitis C, Salmonella, Chlamydia, and Genital Herpes. Actual numbers are found in the full report.
- West Nile Virus continues to be identified in Ozaukee County through testing of birds. The first Ozaukee County human case was diagnosed in 2003, No human cases in 2004 or 2005.
- 31 animal bites were reported compared to 29 in 2004. One case of rabies identified in a bat.
- 141 Meningococcal vaccinations given to college students, travelers, and those entering the military. 473 doses of tetanus were administered at flu clinics; total of 659 given in 2005.
- Through grant support, the Immunization Program achieved 94.3% of two year olds completing their required vaccinations. This exceeds the Healthy People 2010 goal of 90%.
- To help address the increase in Pertussis cases (Whooping Cough), the National Immunization Program is providing a new vaccine for adolescents, Tdap (Tetanus, Diphtheria, and Pertussis). Adolescents accounted for the majority of increased cases.
- After age 65, Pneumonia vaccines are only required once. 270 vaccines were given in 2005

MATERNAL CHILD HEALTH: Chapter 253 of the WI Public Health Statutes, HFS 140.04(1)(a)

- As a second year grant outcome, children and families participated in one of 21 nutrition/health lifestyle educational activities provided by the Health Department to increase knowledge related to healthy food choices and the benefits of increased physical activity to help reduce childhood obesity.
- In order to address postpartum depression, through a grant, 90 postpartum women were screened for depression, 62 received 2 screenings, and 8 were referred to a physician for medical care.
- 323 Maternal Child Health visit sessions were made to families in Ozaukee County.
- 96% of Presumptive Eligibility enrollees began prenatal care in the first trimester.
- 51% of women referred began Prenatal Care Coordination Services in the first trimester.
- The WIC (Women, Infant, and Children) program distributed drafts that generated \$239,322.00 to be used at 12 contract vendors in the county and \$2,112 at Farmer’s Market.

- WIC served an average of 397 participants each month with 4,767 food packages issued.
- School health screenings: 1,717 students were screened for scoliosis, 8,646 for vision and 4,480 for hearing, 612 students were referred for medical follow up.

CHRONIC DISEASE AND INJURY PREVENTION: WI PH statutes 255;(2)(a)&HFS 140.04(1)(c)

- Screenings for prevention of chronic health problems include: blood pressure, near and distance vision, visual field analysis, hearing, diabetes, total cholesterol and HDL (good) cholesterol: 1,394 adults were screened and counseled, 343 were referred for follow-up medical care.
- 101 women participated in the Wisconsin Well Women program, 36 women had abnormal screenings and needed further evaluation and follow-up. Two women are now enrolled for treatment of breast cancer and one for cervical cancer.
- The Migrant Health program addresses health needs of migrant workers and their families. Services provided include health teaching, communicable disease follow up, assistance with scheduling medical care and coordination of care with other community agencies.
- Three primary physicians have generously participated in the Migrant voucher program to meet health needs of this population, Dr. C. Perez, Dr. S. Del Rosario, and Dr. R. Bauer.

ENVIRONMENTAL HEALTH: WI PH Statutes 254, 251.05(2) and HFS 140.04(1)(e) and (f)

- The Environmental Health Specialists addressed over 546 citizen environmental concerns. These concerns include housing and home safety, lead, indoor air quality (mold), food safety, drinking, pond and beach water quality, pest and animal control, sewage, solid and hazardous waste, radon, asbestos, West Nile Virus, occupational health, and emergency preparedness.
- The Beach Monitoring program continued at Lake Michigan. Sampling and testing was done Thursday-Monday for 16 weeks from May-September; supported through a DNR grant.
- By December of 2005, 15 homeowners and 10 rental units have safer home environments due to the Ozaukee County Housing Initiative HUD grants.
- 430 children were screened for lead poisoning in Ozaukee County, seven cases were found with high lead levels.

PUBLIC HEALTH NURSING AND HEALTH PROMOTION: WI PH Statutes 251.04(8) &HFS 140-04(1)(a); WI PH Statutes 251.05(2)(a) & 253.06 & HFS 140.04 (1)(c)

- The Ozaukee Health Initiative that consists of community health partners meets regularly to address the county's health priorities.
- Aurora Health Care completed the second round of community assessments for the region that includes Ozaukee County; results will be released in 2006.
- An April luncheon was given to honor volunteers who provided 1,766 hours of services.
- The Health Department maintains current health information and links on their web page. www.co.ozaukee.wi.us/departments/PublicHealth/index.html

OZAUKEE COUNTY BOARD OF HEALTH: WI PH Statutes 2512.03(1), 251.04(1)(2)7(5)

The Board of Health met monthly in 2005 to set health policy for Ozaukee County residents.

Members include, Board Supervisors, Kathlyn M. Callen, Chair; Wanda J. Davies, Vice Chair; Kathy Geracie, Gerald E. Walker, Stanley T. Kulfan; Community Members; Lila Mueller, C. Perez, M.D., Grace A. Peterson, RN. Through County reorganization in May, the BOH was incorporated into the Health and Human Services Board; members include Board Supervisors; John Hilber, Chair; Kathy Geracie, Vice Chair; Kathlyn M. Callen, Joe Russell, Joe Dean, community members; Ron Yokes, C. Perez, M.D., Carol A. Lueders Bolwerk, RN, and Janice Klemz.

Respectfully Submitted,
Glenda S. Madlom, Director / Health Officer

OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT

May 9, 2005 through December 31, 2005

CURRENT HEALTH AND HUMAN SERVICES BOARD MEMBERS

John Hilber, Chairperson, County Board Supervisor
Kathy Geracie, County Board Supervisor
Joseph Russell, County Board Supervisor (August 2006)
Kathlyn Callen, County Board Supervisor
Joseph Dean, County Board Supervisor
Stan Kulfan, County Board Supervisor
Celestino Perez, MD, Medical Advisor
Ron Yokes
Janice Klemz
Dr. Carol Lueders Bolwerk.

PUBLIC HEALTH STAFF:

ADMINISTRATION:

Glenda S. Madlom, RN, BS, BSN
Mary B. DeLuca, RN, BSN
Julie Sauer

PUBLIC HEALTH STAFF

Kathy Bleau, RN, BSN
Caralee Jacque, RN, BSN
Jeannine Kitzerow, RN, BSN
Jan Koeppen, RN, BSN
Diana Noack, RN, BSN
Abbie Povletich, RN, BSN
Debra Schmidt, RN BSN

Jane Schulz RN, BSN
Donna Ubbink, RN, BSN
Joanne Viesselmann, RN, BSN
Daniel Ziegler, R.S.

Patty Ruth

Director / Health Officer
Assistant Director / Deputy Health Officer
Administrative Service Coordinator
PROGRAM MANAGEMENT:
Communicable Disease
Immunization Program, Healthy Child
MCH* / Scoliosis / Pre-K Screenings / CSHCN*
Flu/Pneumonia/Hepatitis B / MCH team
Migrant Health, Lead, School Health Services
Adult Health Services / MCH team
Prenatal Care Coordination / MCH team /P.E.*,
TCM*
MCH team
Women's Health / Student Nurse
WIC*, MCH team
Environmental Health Specialist, Lead, Beach
Testing
Bioterrorism Project Manager

CERICAL STAFF:

Marsha Ingamells Office Assistant
Mary Johnson Account Clerk
Wendy Schwab Office Assistant
Cindy Kapp Office Assistant / WIC

OTHER (Contracted):

WIC: Carol Birkeland, Director/Registered Dietician
Quad County Bioterrorism Consortium Staff: Kathy Riehle, Director; Ann Grundahl, Health
Educator; Jennifer Evertson
Epidemiologist: Medical Advisor: Celestino Perez, MD

*MCH = Maternal Child Health
*CSHCN=Children with Special Health Care Needs
*PE = Presumptive Eligibility
*TCM=Targeted Case Management
*WIC = Women, Infant, Children

OZAUKEE COUNTY PUBLIC HEALTH DEPARTMENT

Through April 11, 2005

BOARD OF HEALTH MEMBERS

CBS – County Board Supervisor

Kathlyn M. Callen, Chairperson, CBS
Stan T. Kulfan, Vice Chairperson, CBS
Wanda Davies, County Board Supervisor
Gerald Walker, County Board Supervisor
Kathy Geracie, County Board Supervisor
Celestino Perez, MD, Medical Advisor
Lila Mueller, CMC, BOH Secretary
Grace Peterson, RN, Ph.D

Through July 31, 2005

HOME HEALTH PROFESSIONAL ADVISORY COMMITTEE

Kathlyn M. Callen, County Board Supervisor
Janis Hayden, SMO, Infection Control
Frank Peterson, Social Services
Ralph Luedtke, Lasata, Chairperson
Joan Kojis, Community Programs
Sharon A. Gilman, Aging Services
Lou Hefle, Pharmacist (Retired), Vice
Chairperson

Staff members who transferred to Human Services effective August 1, 2005

Deborah Bartlett, RN, BSN
Peg Fero, RN, BSN
Mary Aikins
Bonnie Penkwitz
Lori Schultz
Leann Tucker
Vacant Position

Home Health Care Case Manager
Home Health Care Case Manager
Home Health Aide
Home Health Aide
Home Health Aide
Home Health Aide
Home Health Aide

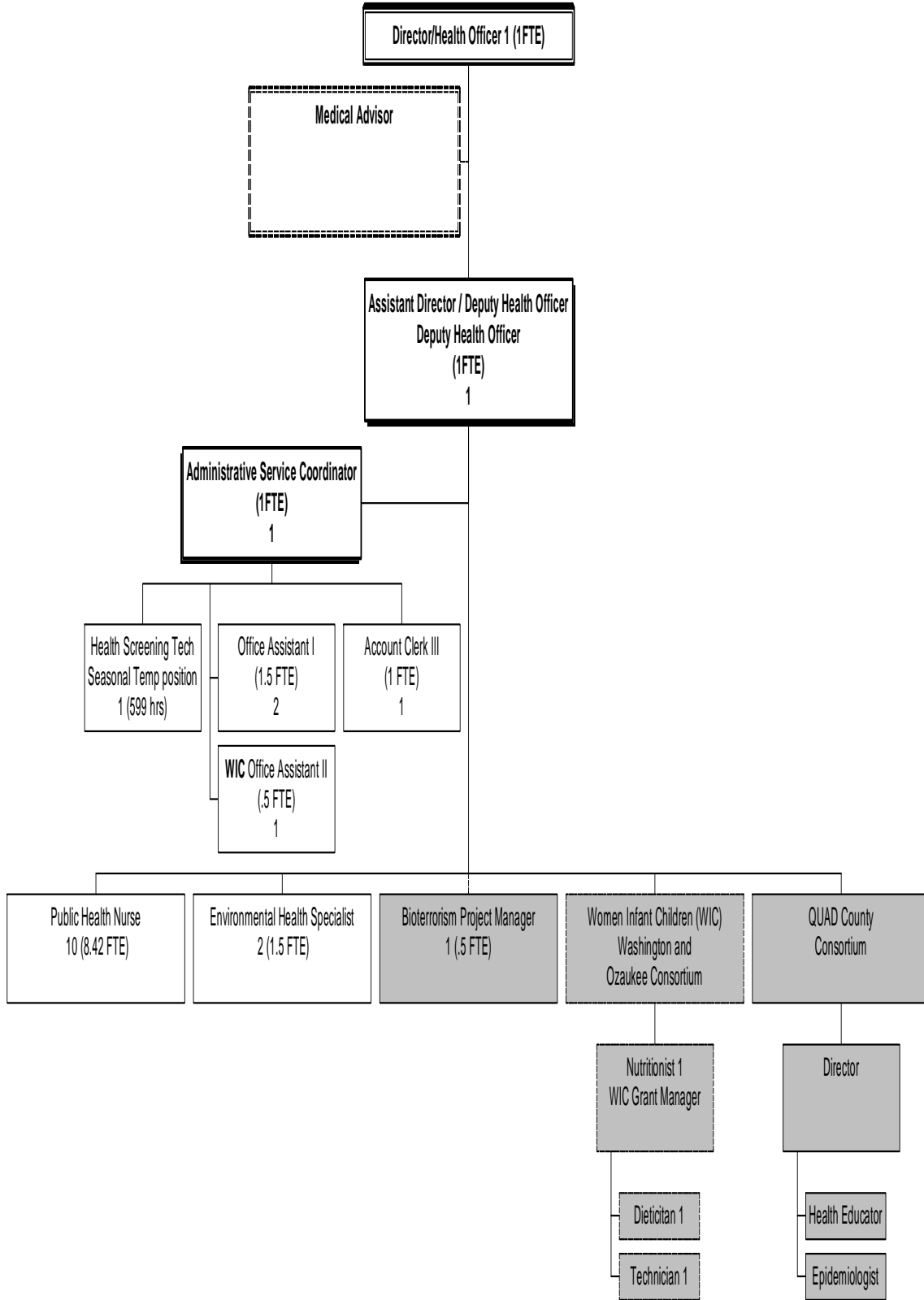
Staff that left Public Health in 2005 for other positions

Jill Lackovick RN, BSN MCH/ Healthy Child Wellness Clinic
Scott Vesely, R.S. Environmental Health Specialist, Bioterrorism

Clerical staff retired in 2005

Marilynn Martin Health Screening Technician

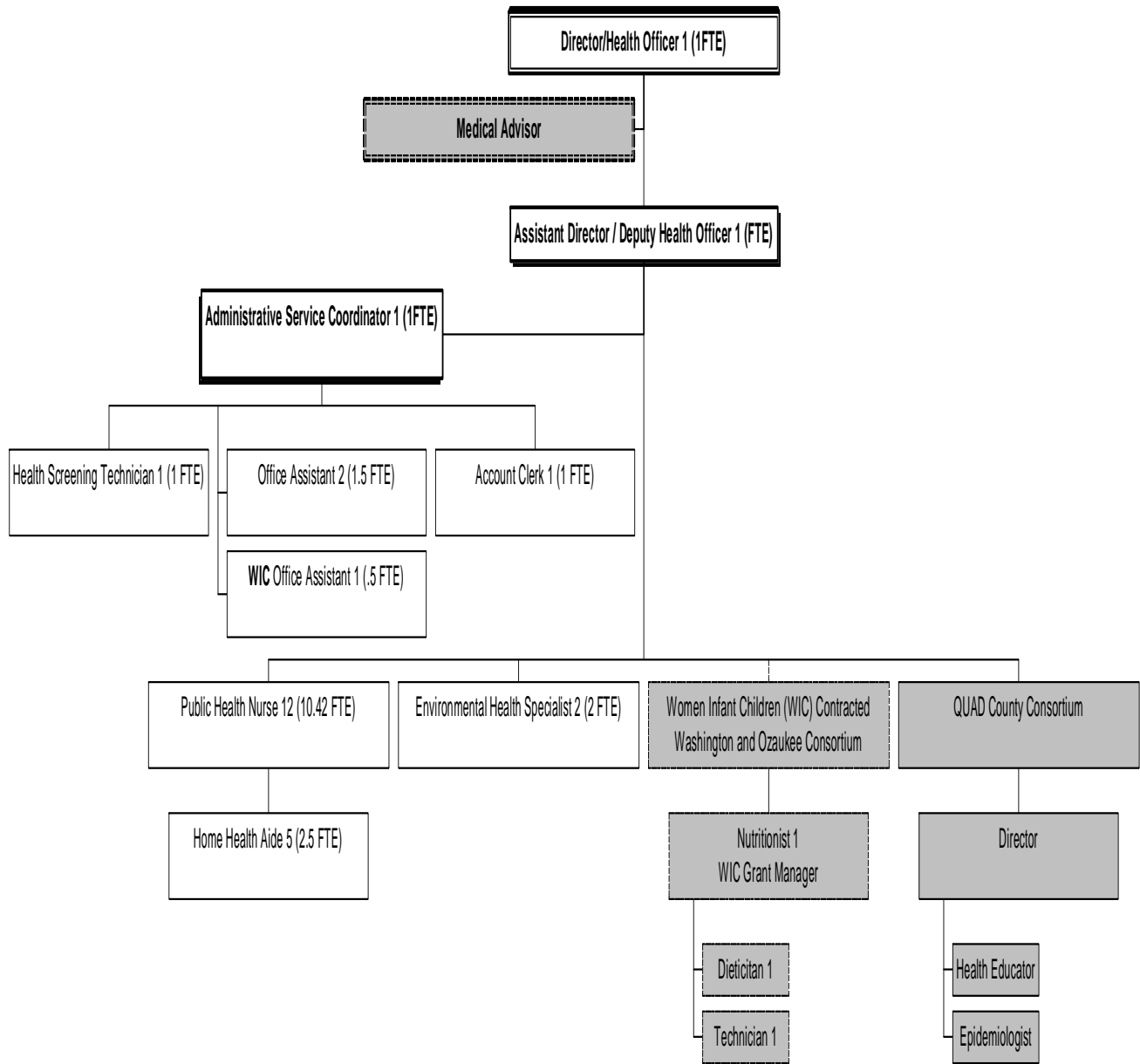
Ozaukee County Public Health Department



(EFFECTIVE AUGUST 1, 2005)

Gray boxes indicate contracted services/or grant funded

Ozaukee County Public Health Department



January 1, 2005 – July 31, 2005

Gray boxes indicate contracted services/or grant funded

MISSION STATEMENT

The mission of the Ozaukee County Public Health Department is to prevent disease and to promote and protect the safety and health of all county residents

PHILOSOPHY

Public Health services with a focus on the entire population include enforcement of health regulations, community health education regarding disease prevention, health promotion and community disease control activities. Services with a focus on sub-populations aim to improve the health status of that population in order to improve the health of all. Public health nurses have expertise in the collaborative interdisciplinary process of assessment, policy development, assurance activities, as well as health education and evaluation to promote healthy outcomes in a community. Health outcome indicators of public health nursing intervention include reductions in family violence, poor pregnancy outcomes, communicable disease, morbidity and premature mortality. Our cost-effective outreach, intervention and care coordination efforts result in disease prevention and health promotion. This is accomplished through managing and facilitating departmental and community efforts for the ongoing assessment of the community's health status, advancing a safe and healthful environment, promoting healthful behavior and providing or arranging for the provision of health services for the early diagnosis and treatment of disease and promoting an improved quality of life.

GOALS AND CORE FUNCTIONS OF PUBLIC HEALTH

1. Community **ASSESSMENT** of health risk factors and disease indicators in the community.
 - a. Evaluate data to identify risks and patterns of morbidity and mortality.
 - b. Evaluate health behaviors and patterns that identify potential people at risk.
2. Development of **POLICIES** to reduce health problems.
 - a. Analyze assessment data to identify potential and actual health problems.
 - c. Collaborate with other community programs / services addressing identified health problems.
 - d. Develop health policies for the needs of children, families, groups and communities.
3. **ASSURANCE** activities to ensure implementation of policies at the service delivery level.
 - a. Monitor service delivery to achieve targeted health care outcomes.
 - b. Monitor access, utilization and appropriateness of health services for the community, including under-served and targeted populations.
 - c. Participate in systems building needs assessment and other programs to promote positive health outcomes for the community.

Wisconsin Twelve Essential Services for Local Public Health Include:

1. Monitor health status to identify community health problems.
2. Identify, investigate, control and prevent health problems and environmental health hazards in the community.
3. Inform, educate and empower people about current and emerging health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individuals and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services.
8. Assure diverse, adequate and competent workforce supporting public health systems.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Conduct research to seek new insights and innovative solutions to health problems.
11. Assure access to primary health care.
12. Foster the understanding and promotion of social and economic conditions that support good health.

COMMUNICABLE DISEASE CONTROL AND INVESTIGATION

Chapter 252 of the Wisconsin Statutes and HFS 140 and 145

IMMUNIZATION PROGRAM AND CLINICS:

The immunization program, through grant support, reached a vaccination coverage level of 94.3%. These children aged 2, served by the Health Department, have received all childhood vaccinations. This grant objective has been a continuing goal since 1997 and has improved each year since inception, with annual review using the CDC CASA (Clinical Assessment Software Application) program and continuing review using the Wisconsin Immunization Registry (WI) program. The goal of healthy people 2010 is for 90% of children aged 2, to be completely vaccinated. The Health Department has achieved their objective for 2005 to reach the 90% level for those clients in the 2-year old age group. To maintain this high level of coverage, the Health Department partnered with area physicians and the county WIC program to document all doses of vaccines given to our clients by comparing and combining individual vaccine records into the (WIR). The registry, utilized by the department since August of 2000, has continued to improve levels of complete records and decrease chances of duplicate immunizations being provided. Each year, county and statewide, medical providers have signed on to use the WIR enabling the public and private sector providers to increase their ability to share and use the new data.

A sincere thanks also goes to the Mequon Police Department, for use of their building for some of our monthly clinics. At each of the regularly scheduled immunization clinics, vaccines for all ages were offered. Immunizations were also provided in public and worksite Adult Health Screenings, Healthy Child Wellness Clinics, Flu/Pneumonia clinics, WIC clinics, and special university and school clinics.

The Meningococcal vaccine campaign continued strong at many of our county school districts. In cooperation with the area high schools, letters and information were disseminated to high school seniors, in spring of 2005, to promote Meningococcal vaccination for those attending college. The newspaper advertising was issued several times during the year to encourage vaccination of both college-aged and 11-12 year old. Early in 2005, the new Menactra™ vaccine was available offering students and parents more vaccine options. By years end, the health department provided a total of 111 meningococcal vaccinations to those attending college, traveling to endemic areas or entering the military.

The National Immunization Program has indicated that health departments will now be provided with the new Tdap (Tetanus, Diphtheria, Pertussis) vaccine for adolescents. A dose of this vaccine is recommended and preferred at 11-12 years old, but all adolescents 11 through 18 years of age should get one booster dose of this vaccine. All further booster doses will continue to be Td (Tetanus, Diphtheria). With the rise in pertussis cases in the last two years across the country, this vaccine was developed to reduce the amount of cases in adolescent children. Adolescents accounted for more than 8,000 cases nationwide with up to 2 in 100 hospitalized or having complications. Ozaukee County Health Department received its first shipment of Tdap in December 2005.

The following table indicates the number and kinds of vaccine administered:

<u>Vaccine Type</u>	<u>2004</u>	<u>2005</u>	<u>Increases/Decreases</u>
Injected Polio	231	229	-2
DTaP	305	280	-25
Td	388	659	+271
Tdap	---	4	+4
MMR	186	168	-18
Hib	22	27	+5
Hib/Hep B	134	112	-22
Hepatitis B (0-19 yrs)	73	53	-20
Hepatitis A – Adult	81	116	+35
Hepatitis A – Child	17	75	+58
Meningococcal	111	141	+30
Pneumococcal			
Conjugate (Prevnar)	157	215	+58
Typhoid	---	74	+74
Varicella(Chicken Pox)	109	63	-46
TOTALS	1,814	2216	+402

	<u>2004</u>	<u>2005</u>
TB Skin Tests	348	319

	<u>Clients Served 2005</u>	<u>Immunizations Given in 2005</u>	<u>%Change of Immunizations Given from 2004 by site</u>
Mequon Site:	127	241	+18%
Port Washington :	300	745	-36%
Office:	435	798	+72%
Other Sites: (Work sites, Health Screenings, etc.)	887	1000	+91%

<u>School Immunizations</u>	<u>Audit 12/31/2004</u>	<u>Audit 12/31/2005</u>
Cedarburg	99.55% Completely Immunized	99.75% Completely Immunized
Grafton	98.69% Completely Immunized	98.17% Completely Immunized
Mequon-Thiensville	99.44% Completely Immunized	99.11% Completely Immunized
Northern Ozaukee	98.97% Completely Immunized	99.88% Completely Immunized
Port Washington -Saukville	99.89% Completely Immunized	99.21% Completely Immunized

ADULT IMMUNIZATIONS:

Public Health was able to offer tetanus/diphtheria (Td) and pneumococcal vaccines at our flu clinics. The numbers have increased over the last year because we received the flu vaccine early and were able to have more open flu clinics, as well as offer these vaccines in industries. Overall, throughout the year we gave 659 Td vaccines (473 of those were given at the flu clinics) and 270 Pneumonia vaccines.

The Public Health Department continues to offer Adult Hepatitis B vaccine to personnel who may be at risk for exposure to Hepatitis B. These could be individuals with the police departments, fire departments, schools and safety team members in industry, as well as

individuals who may be traveling to areas where Hepatitis B may be a risk. We gave a total of 199 adult Hepatitis B vaccines this year. The numbers of this vaccine given has been gradually decreasing yearly because the vaccine is now required for all infants and school age children. The infant/children Hepatitis B program has now been in effect since 1993. This gives most young adults Hepatitis B protection.

COMMUNICABLE DISEASE INVESTIGATIONS: (Exhibit I)

Communicable disease control is a major function of the Public Health Department, as required by state statutes. Approximately 80 different diseases are mandated as reportable to the local public health department for investigation and follow-up. The focus of the health department investigation is to stop the transmission of the infectious disease. The first priority is to take whatever actions are needed to prevent spread from the infected individual to others in the community. Efforts also involve attempts to locate the source of the infection and to identify any outbreaks or community wide increases in illness.

In 2004, pertussis (whooping cough) was a major challenge for communicable disease investigation and follow-up, with Ozaukee County identifying 100 reported cases. In 2005, the rate of diagnosed cases of pertussis slowed considerably, with a total of 13 cases. Because it is quite contagious, diagnosed individuals are kept in home isolation until they are no longer infectious, and those who were in close contact with them are given recommendations for treatment or symptom monitoring.

Although pertussis vaccine is one of the routine childhood immunizations, it is not used after age six, and immunity wanes after several years. The majority of recent cases are being seen in adolescents. A safe and effective pertussis vaccine for adolescents and adults became available in late 2005 and should assist in decreasing the rates of pertussis disease in the future.

Intestinal infections that can be caused by such organisms as E.Coli 0157, salmonella, campylobacter, cryptosporidium, and giardia continue to be reported. An important piece of any investigation into these illnesses is evaluating whether the person is involved in a high-risk occupation (such as food handling, day care, or health care) and to take measures to protect the public from possible exposure and infection.

Please review Exhibit I for statistical data.

TUBERCULOSIS PREVENTIVE TREATMENT PROGRAM:

Tuberculosis can pose a major public health threat. The health department investigates and does follow up on all suspected cases until they are proven to be free of TB.

There was one case of active tuberculosis (TB) reported in 2005. The infection was not in the lungs, and thus was not easily communicable, so did not cause a high risk of transmission. There were also two cases that were evaluated and found to be inactive TB from previous infections.

The Public Health Department also provides medication for latent TB infection to persons who may have a positive skin test, but have negative chest x-rays and do not have active tuberculosis. These individuals show signs of exposure to TB, but have not developed infectious cases. In order to prevent them from going on to active disease in the future, six to twelve months of medication is often prescribed by the physician. The medication is supplied by the Wisconsin Division of Public Health to the Ozaukee County Public Health Department at no cost to the client. The medications are then issued to the client on a monthly basis. At medication pick up, the public health nurse evaluates for compliance and side effects at each visit.

Tuberculin Skin testing is offered on both a routine and a post-exposure basis throughout the year. The nurses also provide education on tuberculosis prevention and treatment.

ANIMAL BITES/RABIES TESTING:

Some animal bites pose the potential to transmit rabies to humans. When such cases are identified, the animal may need to be tested for rabies. The testing is performed at the Wisconsin

State Lab of Hygiene in Madison. The Ozaukee County Public Health Department's role is to assist in coordinating the testing with local animal control officers, local veterinarians, and the lab. A nurse also contacts the bite victim, and offers recommendations about appropriate medical follow-up, and updating vaccines. In 2005, only one animal tested was positive for rabies. That case was identified in a bat.

Animals Tested for Rabies

	2005	2004	2003
Cat	11	13	22
Dog	7	10	10
Cow	0	0	1
Horse	0	0	1
Donkey	1	0	0
Bat	*7	*2	3
Raccoon	0	2	2
Woodchuck	0	0	1
Goat	1	0	0
Llama	1	0	0
Rabbit	2	0	0
Chipmunk	1	0	0
Prairie Dog	0	1	0
Sugar Glider	0	1	0
Total	31	29	40

*One bat was positive for rabies

HIV PARTNER REFERRAL PROGRAM:

The Ozaukee County Public Health Department is notified of anyone who is newly diagnosed with HIV infection. The public health nurse contacts those individuals and assists them in identifying anyone who may have been exposed to their infection. Those exposed persons are then notified of possible exposure to HIV and are counseled to get tested and on risk reduction. Strict confidentiality is maintained throughout all aspects of these investigation follow-ups.

INFLUENZA AND PNEUMONIA PROGRAM:

The Ozaukee County Public Health Department received most of the flu vaccine early enough this year, to dispense the vaccine to individuals who were at high-risk and later to the general population. Over the course of the flu season we received our full order of inactivated flu vaccine which was seven thousand (7,000) doses. We were able to provide vaccine to individuals in group homes, senior meal sites, industries, and open clinics throughout the community as well as at the office of the Public Health Department.

Because some of vaccine manufacturers produced their product late in the flu season, the State of Wisconsin Department of Health & Family Services provided our agency with 200 doses of free inactivated flu vaccine for individuals who could not afford the cost of the vaccine. We were able to use this vaccine for clients at the Community Health Free Clinic at St. Mary's Hospital, at WIC clinics and the office of the Public Health Department.

Because St. Mary's Hospital Ozaukee did not receive their vaccine at the appropriate time, the Public Health Department was able to provide 300 doses of our flu vaccine to them. Some of the

doctor's offices throughout the county did not receive their flu vaccine; therefore they sent their clients to our clinics for the vaccine.

The State of Wisconsin Department of Health and Family Services also provides the Health Department with flu vaccine for eligible children 6 months thru the age of eighteen (18) through the Vaccine for Children (VFC) program. We received five hundred doses of this flu vaccine. These vaccines were provided for any Ozaukee County resident who could not afford to cover the full cost of the flu vaccine.

MATERNAL CHILD HEALTH

Chapter 253 of the Wisconsin Public Health Statutes

MCH POSTPARTUM DISCHARGE PROGRAM:

The Ozaukee County Public Health Department's Maternal Child Health Program has continued to emphasize collaboration with community agencies in the year 2005 in an ongoing effort to strengthen families in Ozaukee County. We assist uninsured, presumptive eligibility pregnant women, postpartum women and families to gain access to medical services and follow-up.

The Postpartum Discharge Program collaborates with Columbia-St. Mary's-Ozaukee Hospital and other surrounding county hospitals for the purpose of promoting a smooth transition from hospital to home. Newly delivered mothers who have requested a contact will receive a phone call from a public health nurse to assess questions or concerns. If concerns are identified during the screening a free home visit is offered. This service is available to anyone who lives in Ozaukee County. The majority of the referrals are first-time moms or those who are having difficulty breastfeeding. All families are given an educational packet that provides information and community resources. They are also offered a monthly mailing of parenting the first year and a bi-monthly mailing for parenting the second and third year. This is accomplished through the collaboration of the Ozaukee County Public Health Department and the UW Extension office. This information is also available on-line at www.uwex.edu/ces/flp/parenting if families have computer access. Family Preservation and the Cedarburg Junior Women's Club gave financial assistance to purchase the educational materials. The feedback from families as well as health care providers and hospital staff has continued to be very positive.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS:

The Children and Youth with Special Health Care Needs (CYSHCN) project is through the Division of Public Health-WI Maternal and Child Health Program. The target is families with children ages 0-21 yrs. with special health care needs. The long-range goal is to better coordinate delivery of resources at the local level. Ozaukee County Public Health Department continues to work closely with grant administrators through Children's Hospital of Milwaukee. This is the 1st year of the second 5-year grant cycle. The most frequently seen diagnosis in 2005 continued to be that of prematurity and low birth weight. Surrounding hospitals referred many of these infants. Early intervention and referral to specialty services is the key in helping these families make a successful transition from hospital to home. Public Health, Human Services, and Port Washington-Sauville school system provided a countywide resource night for all families. **In 2005, 32 clients were served. 26 received referral and follow-up. 6 were followed under case management.**

MCH CONSOLIDATED GRANTS:

In 2005, the MCH program identified two objectives that address health priorities in Ozaukee County. The first objective was in the area of childhood obesity. The Community Assessment of 2002-2003 showed our county shares in the nationwide epidemic of childhood obesity. In 2005, the program was updated to include the new guidelines put out by the U.S. Food and Drug Administration. The program was designed to educate groups of families with children ages 3-17 on the food pyramid, fast food, healthy food choices, label reading, and the importance of increased physical activity. This year the nutritional program was offered again to continue to motivate change in lifestyle and behaviors in our adult and child population. **In 2005, Ozaukee County Public Health presented 21 nutrition/healthy lifestyle educational activity sessions.**

The second objective was in the area of postpartum depression. Depression is a major public health problem affecting 10% to 15% of all women and can affect up to 28% of women living in poverty. The CES-D (center for Epidemiological studies-Depression) was the tool that was used

to screen new mothers regarding women's emotional health. The screening was either face-to-face, by telephone or an office visit. The first screening was done within 4 weeks post delivery and then again in 4 weeks. Women were referred for screening through health department programs such as WIC, community referrals, and hospital birthing programs. Referral and follow-up was done on all clients that scored 16 or higher on the CES-D tool.

In 2005, 90 clients were screened for depression, 62 received 2 screenings. Referrals were made on (8) clients to a physician for further emotional health follow-up.

The Public Health Department continues to be represented on the Ozaukee County Child Abuse Prevention Committee and is involved in the blue ribbon campaign to increase awareness and prevention of child abuse. This year, the Ozaukee County CAP committee collaborated with the Washington County CAP committee in order to strengthen partners effectiveness and expand awareness of community resources.

The Ozaukee County Public Health Department is also represented on the Southeast Wisconsin Safe Kids Coalition. The four county coalition which include, Ozaukee, Waukesha, Milwaukee and Washington counties, was created to reduce unintentional childhood injuries through educational, technical, policy and advocacy initiatives. This year our agency participated in several activities coordinated by Safe Kids such as car seat checks, smoke alarm education, safety town, and water safety programs for preschoolers in our public libraries.

A Public Health Nurse is a representative on the Birth to 3 Advisory Committee. This representation keeps lines of education, and communication open for referrals especially for Children and Youth with Special Health Care Needs (CYSHCN).

For the year 2005, the SPHERE Data Base Computer Program was used by Ozaukee County Public Health Department in entering all daily activities for an entire year. This allowed for recovery of data on demographics of client and staff activity. According to the SPHERE Database System, a total of 587 visit sessions were made to families in Ozaukee County in 2005.. The following is a summary of the number of clients served under each of the specific MCH programs. A visit session is defined as one of the following: a home visit, office, telephone (being at least 15 minutes long), clinic, community, worksite or other.

32 CYSHCN (Children and Youth with Special Health Care Needs)

73 Postpartum Discharge (up to 60 days postpartum)

81 PNCC (Prenatal Care Coordination)

26 P.E. (Presumptive Eligibility)

21 Nutrition sessions

90 Postpartum Depression women screened

PRESUMPTIVE ELIGIBILITY:

Presumptive Eligibility (P.E.) is a service that has been provided by the Ozaukee County Public Health Department since 1999. This program targets uninsured pregnant women whose income does not exceed 185% of the federal poverty level. Recipients found eligible for this service receive a temporary Medicaid certification that allows them to receive immediate pregnancy related outpatient services while the application for Healthy Start is being processed. Early prenatal care helps in achieving healthy birth outcomes-an ongoing goal of Ozaukee County for its prenatal population.

This program's goal of initiating early prenatal care was achieved in 2005. **Out of the 26 clients receiving this service, 25 (96%) enrollees began prenatal care in the 1st trimester.** This is an all time high for our county!

PRENATAL CARE COORDINATION:

Prenatal Care Coordination (PNCC) is a service that has been provided to Ozaukee County's pregnant women population since 1993. This Medicaid funded program helps pregnant women and their families gain access to medical, social, educational, and other services related to the pregnancy. These services are available during the pregnancy through the first 60 days following delivery. Services include:

- Outreach
- Initial assessment
- Care plan development
- Ongoing care coordination and monitoring
- Health education and nutrition counseling services

The goal of the program is to improve birth outcomes among women who may be at high risk for poor birth outcomes. Healthy birth outcomes continue to be an ongoing goal of the Maternal/Child Health team of nurses here in Ozaukee County. The main objectives for obtaining this goal include ensuring that women at high risk:

- Are identified as early as possible in the pregnancy so they can begin their prenatal care.
- Receive individual psychosocial support and services.
- Receive early and continuous prenatal care services.
- Receive necessary health and nutrition education.
- Are referred to available community services.
- Receive assistance in accessing and obtaining needed health and social services.

In 2005, 81 referrals were received. 42 women or 52 % of the referrals began services in the 1st trimester. 26 of the 81 referrals were women who also received P.E. services through our agency. This pocket of need continues to be addressed and serviced by our department.

TARGETED CASE MANAGEMENT:

Targeted Case Management (TCM) is a benefit available to Medical Assistance (MA) eligible clients who reside in Ozaukee County, and are determined to be eligible under the following target populations:

- Families with children at risk
- HIV infection
- Asthma
- Tuberculosis
- Age 65 or older

The goal of the program is to improve a recipient's access to health care and managing of services received by a recipient including, medical, social, educational, vocational, and rehabilitation services. The program remains in its early stages of implementation, but plans are in place to begin the service fully in 2006.

SCHOOL SCREENING SERVICES: (Exhibit II & III)

Hearing and Vision:

Hearing and vision screening programs are conducted in each school from September through April. If a hearing difficulty is identified a recheck is provided in 4-6 weeks at the school. If a possible problem is still detected, a letter of recommendation is sent to parents. A Health Screening Technician with occasional RN assistance performs hearing and vision screenings. Our hearing-screening program serves children in preschool to grade 3, and any other referral from parents or school staff. Our vision screening program serves children in kindergarten

through grade 8, and any other referral from parents or school staff. As always, the Public Health department offers free vision and hearing screenings in our office throughout the year.

VISION USA—The Wisconsin Project provides free eye exams to eligible children age 18 and under from low-income working families who have no vision health insurance. Services are donated by volunteer optometrists and may be limited in some areas. Applications are available at schools and our public health office. Eligibility requirements must be met to qualify.

Scoliosis:

The scoliosis screening program is conducted in January. Students are screened for scoliosis (curvature of the spine) and certain other spinal curvature problems. Students suspected of having spinal curvature greater than 7 degrees are re-screened by Board Certified Orthopedists. The two Board Certified Orthopedists that volunteer their time are Francis Rotter MD and Michael Major MD. Rechecks for scoliosis are scheduled in February and March. RN's will follow up all referrals.

The following summarizes the 2005 school year.

Total Number Children Screened	1,717
Total Number Children Re-screened	20
Total Number Children Referred to MD	5
Total Number Children Referred to Orthopedists	10
Total Number Children Referred for x-ray	14

EARLY CHILDHOOD AND KINDERGARTEN SCREENING REGISTRANTS:

The Public Health Department's nurses participate in the screening programs, offered by the Cedarburg and Grafton districts. Screenings are for children who will be entering 5-year-old kindergarten or children who have been identified by their parents as having a possible delay. Screening is usually done several times during the school year. The goal is to find any physical problems or delays in development and to encourage early medical and educational intervention. PHNs offer resources that are available.

WIC (Women, Infants and Children):

WIC is a Supplemental Nutrition Program that provides food vouchers and education to women, infants and children who exhibit a nutritional risk and are financially eligible. A grant from the State of Wisconsin fully funds this program.

In 2005, the Ozaukee County WIC Program served an average of 397 participants each month. This number has increased 0.8 % from 2004. The number of food packages issued this year has also increased to 4,767. The following is a breakdown by percentages of clients per program category:

- 24 % were women (either pregnant, or postpartum)
- 27 % were infants under one year
- 49% were children ages one to five (an increase of 0.6%)

WIC foods available with vouchers include milk, eggs natural fruit juices, cheese, iron fortified cereals, peanut butter and infant formula. Ozaukee County has 12 contracted vendors where clients can redeem their vouchers. In 2005, WIC drafts generated \$239,322.00

Each participant receives a nutrition and health assessment at each 6 month certification. Lead screening and needed immunizations are offered at each visit. Flu vaccine was offered to eligible clients after their WIC visit. A Public Health Nurse assesses every pregnant woman participating in WIC and offers her pregnancy/ parenting education along with information on available community resources. In 2005, there were 78 women assessed and offered services. Breastfeeding continues to be promoted as the best nutrition for the infant. This year WIC was able to meet its goal to have more postpartum mothers continue to breastfeed after returning to work. We developed a protocol to inform all pregnant women of the availability of breast pumps through the WIC Program. Early postpartum contact to evaluate success along with evaluation

of the need for a breast pump helped with the continuation of breastfeeding. This year 70% of moms initiated breastfeeding post delivery.

This year again, the Farmers Market Nutrition Program was offered in our WIC program. Its major goal is to increase the choice and consumption of fresh fruits and vegetables. WIC participants also have a greater awareness of the local Farmers Markets and utilized this resource more than last year. This year we had 18 farmers accepting drafts at the various markets and \$2112.00 in Farmer's Market Drafts were redeemed thru October.

HEALTHY CHILD WELLNESS CLINIC:

The program is designed to assist families with children between 0 and 18 years old, living in Ozaukee County who have: no medical insurance, insurance that does not cover well child check-ups, insurance with high deductibles and/or high out-of-pocket costs or families with a low income who do not qualify for Medicaid or BadgerCare. Families can be assisted in signing up for Medicaid or BadgerCare.

A healthy child clinic visit is designed to:

- keep the child healthy and up-to-date with immunizations against many childhood diseases.
- allow parents to ask questions and to discuss concerns about their child's overall health.
- give the doctor and parents the chance to talk about child safety and developmental issues.
- help identify health problems or growth and development delays and assist in referring children for additional services.

Services Offered

- Physicals provided by volunteer Pediatric, Family Practice, and General Practice Physicians.
- Child Health History review
- Screening and assessment of physical, dental, growth and development, and nutritional needs
- Hemoglobin (blood Iron) for children 1-18 years old and Lead screening for age 6 months through 5 years
- Hearing and Vision Screening
- Immunizations are available and given as needed
- Counseling on illness prevention, good nutrition, injury prevention, parenting and discipline are offered.
- Referrals will be made to other professional services as needed
- Clinics are held 6 to 8 times a year at the Health Department and services are provided by appointment.

Well Child Service Providers: Physician services are provided voluntarily through St. Mary's Hospital Ozaukee and other area physician groups. Nursing services, immunizations, hemoglobin and lead tests are provided by the Ozaukee County Public Health Department. A one-time previous amount of money was given to the program for medication vouchers for children through a community donation from the Mequon Thiensville Junior Women's Club. The Port Apothecary-Port Washington and Ye Olde Pharmacy – Cedarburg have agreed to accept the medication vouchers for prescriptions provided by our volunteer physicians.

CHRONIC DISEASE AND INJURY PREVENTION

Chapter 255 and HFS 140 (1)(a)(4)

CARDIOVASCULAR RISK REDUCTION/BLOOD PRESSURE CONTROL PROGRAM:

Heart disease is the #1 cause of death in Ozaukee County as well as in Wisconsin, and the United States. High blood pressure (hypertension) is a major risk factor for both heart attacks and strokes. Screening programs can identify people with hypertension who were unaware of their problem and monitor the effectiveness of individuals receiving treatment.

The Ozaukee County Public Health Department conducts 5 FREE blood pressure screenings every month at different Ozaukee County locations – Cedarburg, Grafton, Mequon, Thiensville and Saukville. In 2005, FREE blood pressure screenings were also conducted at Breakfast on the Farm, the Senior Conference, the Ozaukee County Fair and as part of our Adult Health Screening program.

Participants receive a pamphlet explaining what their blood pressure means, what action they need to take and lifestyle modifications to lower blood pressure.

In 2005, 1,317 people participated in the Blood Pressure Screening Program. Ninety-three were referred for follow-up medical care.

ADULT HEALTH SCREENING: (Exhibit IV)

The Ozaukee County Board of Health identified providing Preventive Health Screenings as one of the 2002-2007 Ozaukee County Health Initiatives. The Health Department conducts both public and private screening programs. Each site determines which screenings they would like to participate in. Offered screenings include: blood pressure, near vision, distance vision, visual field analysis, hearing, diabetes, total cholesterol, and HDL (good) cholesterol.

Counseling by a Public Health Nurse is an integral part of every screening. All participants are given their screening results, informed whether results are normal and instructed what to do about abnormal results.

In 2005, a total of 1,394 people were screened and counseled. Three hundred forty three of them were referred for follow-up medical care.

WISCONSIN WELL WOMAN PROGRAM:

The Wisconsin Well Woman Program (WWWP) provides preventive health screening services to low income, uninsured or underinsured women. Breast and cervical cancer screening has been funded since 1994 by the U.S. Centers for Disease Control and Prevention. The Wisconsin Department of Health and Family Services, Division of Public Health administers the WWWP program. Since 1998, the state of Wisconsin has provided funding for selected screenings and diagnostic tests related to depression, diabetes, domestic abuse, high blood pressure, cholesterol levels and osteoporosis. In 2002, the Wisconsin Well Woman Medicaid (WWMA) treatment component was added to the program. WWMA pays for treatment of breast and cervical cancer for women who are screened and diagnosed through the program. In 2004, the WWWP multiple sclerosis (MS) component and support services were added to the program. Women who have a high probability of having MS are referred to a primary care provider to start the MS assessment. Women who are determined to need further diagnostic testing are referred to a Regional MS Center.

Eligible women are enrolled through the Ozaukee County WWWP coordinator. The WWWP focus on women who are 35 through 64 years old with a household income at or below 250% of the current federal poverty level. In 2005, One hundred one (101) women participated in the WWWP screenings. Thirty-six (36) women had abnormal screenings and needed further evaluation and follow-up. Two (2) Ozaukee County women are currently enrolled in the WWMA for treatment of breast cancer and one (1) cervical cancer.

The Ozaukee 100 provides financial assistance for full or partial payment of women's health screenings. The breast cancer-screening portion of the program encourages 100% of women in Ozaukee County to have routine breast cancer screenings. Eligible women must live in Ozaukee County and would not otherwise be able to get needed breast cancer screenings. To enroll in this program contact the Ozaukee County Public Health Department. The work of the coalition is supported by donations (tax deductible) to Columbia St. Mary's Foundation, Ozaukee. In 2005, eighteen (18) women were screened through the Ozaukee 100.

TOBACCO CONTROL INITIATIVES:

Ozaukee County Public Health Department maintains strong community partnerships in effort to control use of tobacco.

A grant for youth tobacco education was received by our Health Department and sub-contracted to the Ozaukee Council, Inc. This grant objective was met in working with a group of Northern Ozaukee Middle School students. Both the Ozaukee Council and the Health Department will continue to address our health priority to decrease tobacco use and reduce environmental exposures.

The Health Department maintains representation on the Ozaukee County ATOD (Alcohol, Tobacco, and other Drugs) Consortium, which has greatly increased its activity in 2005 after receiving a large federal grant for education and prevention efforts with youth alcohol, drug, and tobacco use. To comply with the new federal grant, ATOD Consortium Meetings changed from quarterly to monthly and members from many more avenues of our community. This grant is from the Federal Drug-Free Communities Support Program, is worth over \$86,933.00, and its goal is to reduce or eliminate substance use by youth and eventually reduce use by adults.

ENVIRONMENTAL HEALTH SERVICES

Chapter 254 of the Wisconsin Public Health Statutes

ENVIRONMENTAL HEALTH SPECIALIST:

This year, the Environmental Health Specialist (EHS) addressed over 546 citizen environmental concerns. These concerns included issues of housing and home safety, lead, indoor air quality (mold), food safety, drinking, pond and beach water quality, pest and animal control, sewage, solid and hazardous waste, radon, asbestos, West Nile Virus, occupational health, and emergency preparedness.

Many of the duties of the EHS have included providing consultation to citizens and staff on environmental issues, investigation of potential human health hazards, writing press releases, maintaining aspects of the department website, presenting monthly reports to the County Board of Health, grant writing, assisting nursing staff with the follow up and investigation of food and waterborne disease outbreaks and program development.

Our EHS continued a very successful program that tests Ozaukee County citizen's well water samples for nitrates, fluoride and chloroform. The citizens collect their own water samples and then submit them to the health department. The EHS test the samples for nitrates and fluoride and Cardinal Environmental test the samples for chloroform. Sixty-eight well water samples were tested in 2005.

From May through September, the EHS assisted the health department with a beach monitoring program in Port Washington and at Harrington State Park. The health department sampled beach water and the City of Port Washington Water Utility completed analysis for E. coli. In 2005, the beach program covered 16 weeks of the summer season from Thursdays through Monday. The EHS regularly attended DNR Beach Advisory Workgroup meetings to discuss and share information relative to administration of this field program and reported to the Board of Health via a beach season summary.

The EHS provided assistance to the health department by writing a grant to assess the bacterial impacts of the Cladophora algae on beach water at Upper Lake Park in Port Washington. The EHS sampled sand, water and algae for a sixteen week period during the summer and the samples were analyzed and evaluated by staff at the University of Wisconsin-Oshkosh. As a consequence of this same grant, the Health Department will present the results to the City of Port Washington in 2006.

The health department continues its effort to reduce childhood lead exposure and to identify children that have been lead poisoned. The department provides free blood lead screening to children ages six months to less than six years at WIC, primary care clinics, and upon request. The total number of children screened in the county in 2005 was 430. This department screened 39 children or 9% of that total. Of the total number of children screened in the county, 7 cases or less than 2% had levels of blood lead that would be a serious health concern. In all cases, PHN's and EHS's work jointly to provide both information and services. Families are provided counseling on proper nutrition and lead hazard reduction techniques. The department provides a no-cost HEPA vacuum to parents for use in the home. Case management by a Public Health Nurse is provided when necessary, as per state protocol. The EHS conducts home risk assessments, which include lead inspection and the collection of lead samples. This year, the Wisconsin Division of Health grant funding assisted in providing for the lead abatement of two homeowner properties. Windows were replaced in eligible properties in Saukville and Port Washington.

In 2005 the Health department signed a fee for services contract with the Ozaukee County Housing Initiative (OCHI). The Health department contracted to conduct field inspections and administer a federally funded housing rehab program for area homeowners and rental property

owners. By December of 2005 all the federal dollars allocated to this program have been committed in 15 homeowner and 10 rental projects in Ozaukee County.

In 2005, the health department sold 79 radon test kits to Ozaukee county residents. Results indicated 45% of the households tested had radon levels above the EPA level of concern.

Other duties of the EHS have included creating news articles and public service announcements, participating in educational workshops, career days and committee membership. The EHS is a member of the following committees: the WDNR Beach Advisory Workgroup, the Health Department Emergency Planning Committee, and the OCHI Applicant Review Board.

BIOTERRORISM (BT) GRANT PROGRAM:

2005 has been a very busy and productive year for emergency planning and preparedness efforts under the Bioterrorism Grant. Ozaukee County continues to be a part of the Quad County Consortium, which includes Washington, Ozaukee, Sheboygan and Fond du Lac Counties. The Consortium staff provides technical support.

We continue to work on the Mass Clinic Plan and the Pandemic Influenza Plan. As part of this planning, we have met with the staff and walked through the facilities of 5 different schools and /or university/ technical colleges. We are mapping out how each of the facilities will be able to be used to meet the needs of a Mass Clinic Plan. We have also met with three bus companies in the county, to plan how they will transport the population of our county from various registration sites to the Mass Dispensing Site. This has proven to be very beneficial, as we have developed solid partnerships with these groups.

The Pandemic Influenza Plan has been a project that we have been working on in 2005. In 2001, the State developed a State Pandemic Plan, which our county adopted. In December of 2005, working with the Consortium, we drafted a supplement to that plan for Ozaukee County. We have been working with St. Mary's Ozaukee Hospital reviewing the Pandemic Plan and the Mass Clinic Plan and our respective roles.

Expanding our partnerships in the community has been a large focus in 2005. In our planning, we have had the opportunity to work closely with the Sheriff's Department. They have assisted in coordinating communication, security and traffic with local law enforcement agencies. We also are working closely with Human Services, Aging Services, Technology Resources, Coroner and Department of Emergency Management. This has been important in making sure that plans are interfacing and that they are also multi-purpose, that is that they can be used for any type of emergency.

Another way we have worked on expanding partnerships, as well as providing an awareness of the planning for Public Health Emergencies, is by going out to groups and doing presentations. Some of the groups that we have spoken to are: County EMS group, Aging Consortium, Directors of Human Service Organizations, VOAD (Volunteer Organizations Active in Disasters), Saukville Town Board, Grafton Village Board, Local Ozaukee Government Information Network, and Ozaukee County CARE Committee.

Training has been an area of growth for us in 2005. Our Department is in NIMS compliance as we received training for our staff in NIMS IS700, Into ICS and Basic ICS. We also did an annual fit testing for N95 masks for all staff in June. The Consortium provided training for us on Forensic Epidemiology and Mass Clinic Regional Training. We have shared and viewed a variety of trainings via webcasts and have had the opportunity to attend others on topics, such as Emergency Preparedness for Special Needs Children. Many of these trainings we have opened up to our partners and some have taken advantage of these opportunities.

The BT Grant program has also allowed us to obtain items that will be important to plans involving any disaster. We were able to obtain a Satellite phone, antennae for HAM radio and a GETS Phone card. These are all critical to our capacity to communicate in an emergency. With this in mind we tested the Command Caller three deep during work hours and for all staff during off hours.

Public Health has established two groups to assist in the emergency planning process. We have HDEPC (Health Department Emergency Planning Committee) and the Mass Clinic Planning Group. HDEPC is made up of staff from Public Health as well as Emergency Management and Consortium staff.

The main event for the BT Program was "The Mass Vaccination Clinic Table Top Exercise" that we held on September 20, 2005. It was sponsored by the Quad County Consortium, planned by the BT Workgroup and facilitated by Bill Stolte, Emergency Manager. There were 48 participants. This exercise helped us to identify areas we need to strengthen and develop.

COMMUNITY ASSESSMENT

The State of Wisconsin Division of Public Health directs each county health department to perform a community assessment at least every 5 years. In 2003, the third health study was completed for Ozaukee County. In 2005, a fourth health study was completed for Ozaukee County. The Community Health Survey results have provided the solid data from which the following five health priorities have been selected:

- Overweight or obese adults and children.
- Alcohol and drug use.
- Tobacco use and environmental tobacco exposure.
- Preventive health screenings.
- Increase presence of Carbon Monoxide detectors in homes.

The 2005 Community Health Survey was conducted by Aurora Healthcare through their internal grant procurement. These results are anticipated early in 2006. The community Health Surveys conducted by Aurora Healthcare will now be on a 3 year schedule. These surveys are pursuant to the Wisconsin Division of Health's priority, "Healthiest Wisconsin 2010". The Ozaukee County studies were conducted by JVK Research to gather information on the health practices and health-related behavioral risks of residents. We are fortunate to have the same research company for the recent 3 out of 4 Community Health Surveys. The 2003 survey can be viewed via this link on our web page:

<http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/ozaukee.pdf>.

Each year, most of our public health grants received from the State Division of Health address one of the five priorities selected above. Grant objectives are usually based on data gathered from these Community Health Surveys.

The Ozaukee Health Initiative (OHI) is a group of county and community members who review the health survey results, and continuously monitor community activity relating to the five health priorities. We have continuously broadened our membership base, currently including the chairperson being a County Board Supervisor and previous Board of Health chairperson; both Director and Assistant Director of Ozaukee Public Health Department; an Ozaukee County Public Health Nurse; the Director of Ozaukee Human Services; the Manager of Ozaukee Community Programs; the UW Extension Family Living Consultant; the Columbia St. Mary's Ozaukee Campus Director of Operations; the Director of Programming at Feith Family YMCA; the Epidemiologist for the Quad Counties Bioterrorism Consortium; and the primary programming Specialist at Ozaukee Council, Inc.

Through this Community Assessment process, Ozaukee County is able to keep apprised of community needs as they arise, rather than after a growing problem is too large for effective intervention.

The objective for our 2005 Prevention Grant was to conduct a survey and issue a report to the local Board of Health describing how select community partners are currently addressing the five priorities identified by the Board of Health from the 2002 Ozaukee County Community Assessment.

The outcome activities presented for this grant deliverable included a summary brochure titled, "2005 Health Priorities Progress Report." The report lists telephone survey results, Ozaukee County's 5 Health Priorities, and a description of selected community partner participants who were surveyed. Additionally, the "2005 Health Priorities Progress Report" was presented to the Ozaukee County Health and Human Services Board at their December meeting, and each of the 26 participating community partners was sent a copy of the Health Priorities Progress Report.

MIGRANT HEALTH:

The Migrant Health program addresses health needs of migrant workers and their families. Approximately 120 Latino workers and their families came from southern Texas to work at the Lakeside Foods cannery in Belgium and their produce freezing plant in Random Lake. Most workers lived in one of the two “migrant camps” in Belgium during their five-month stay in Wisconsin, usually July through November. They have low annual incomes; often have no health insurance, and minimal routine or preventive health care. Public health nursing services provided to the migrant population includes: health teaching, communicable disease follow-up, assistance with scheduling medical care appointments and coordination of care with other community agencies. There is a federally funded program for migrant workers outpatient health needs administered through Family Health Medical and Dental Center in Wautoma, WI. Public health nurses assist migrant workers to access providers who participate in a discounted voucher reimbursement program with this clinic. Primary care, specialty care, diagnostic testing, dental care, prescription medication, and many more outpatient healthcare needs are coordinated through a public health nurse for the migrant workers. State program immunizations and WIC services are also provided through the Health Department.

In August and September 2005, public health nurses were very involved in a tuberculosis (TB) exposure incident with the migrant workers living at the camps in Belgium. We screened 24 exposed workers with TB skin testing, and found 6 persons with Latent TB infection (not currently infectious, but future infectious TB is possible unless medication is used preventively). Latent TB education, medication procurement, and RN follow-up were provided to these migrants, as well as coordination of 6 interstate transfers to health departments in Texas for medication continuation.

Each year we continue to give special thanks to the following primary care providers who have been very generous in meeting the migrant worker’s needs in Ozaukee County and participate in the voucher program with Family Health Medical and Dental Clinic in Wautoma:

- Dr. Celestino Perez and office staff.
- Dr. Salvador del Rosario and office staff
- Dr. Raymond Bauer and Greenlane Family Practice staff.

Without the caring and assistance of these community partners, the Migrant Health Program would suffer, being unable to meet the immediate health needs of these workers and their families.

NURSING STUDENT PRECEPTOR PROGRAM:

Ozaukee County Public Health Department participates in providing public health clinical experiences to senior nursing students. In 2005, one student from Concordia University had her fall semester clinical experience at this health department.

VOLUNTEERS

Our dedicated and caring volunteers made a difference in 2005. Our department programs benefited greatly from the numerous hours and talents of our many volunteers. In 2005, 420 volunteers donated 900 hours of service to the school hearing, vision, and scoliosis screening programs. Fourteen volunteers donated 313 hours at our blood pressure and adult health screenings; 8 volunteers donated 28 hours to our Wisconsin Well Woman Program activities; two volunteers donated 240 hours to our Children with Special Health Care Needs program and 22 volunteers donated 249 hours of service at our monthly immunization and flu/pneumonia clinics. Four physicians donated a total of 24 hours at our Healthy Child Wellness Clinics and two physicians donated 10 hours at our scoliosis re-screens. Volunteers provided a total of 1,766 hours of service.

The Volunteer program is coordinated by a clerical staff member with the help of the public health nurses. The individual program managers train and supervise the many volunteers.

In the spring, the health department sponsors an annual Volunteer Luncheon to show our appreciation to our volunteers for all their hours of service. Their dedication enables our department to provide valuable services to the citizens of Ozaukee County.

HOME CARE PROGRAM: (Exhibit V)

Our homecare agency is state licensed and available to all eligible Ozaukee County residents. We provide skilled nursing, bath service and medication management that is reimbursed by private pay (sliding scale for low income residents) and private insurance. Medicaid reimburses our agency for personal care only services.

Early in 2005, a County Ad Hoc Committee was formed to review the homecare program and to report & recommend whether to retain the program or dissolve the state homecare license and move the PCW portion of the program to Human Services. On March 14, 2005 the Ozaukee County Board of Health reviewed and discussed the Ad Hoc committee's executive summary and resolution that did recommend that Public Health dissolve their state Home Care license and move the PCW portion of their program to Human Services. The Board of Health approved the resolution and executive summary with the addition of a bullet point stating that some of the savings can be used to purchase RN services. This decision by the Board of Health was a result of the county's efforts toward restructuring of county departments and concerns related to the county tax burden needed to continue our homecare program. All clients on our current caseload were assisted to transfer to other licensed homecare or Personal Care Only agencies of their choice.

Homecare's Professional Advisory Committee was no longer necessary due to the closing of our homecare agency. Administration would like to take this opportunity to acknowledge and thank the committee members for their years of participation and for the expertise and knowledge they brought to the process.

On August 1, 2005 our public health department relinquished our state homecare license Medicaid provider number. All clients were successfully transferred to the agency of their choice.

WEB page: www.co.ozaukee.wi.us/departments/PublicHealth/index.html

The health department maintains current information and links for health issues on their web page.

2005 COMMUNICABLE DISEASE STATISTICS-OZAUKEE COUNTY Exhibit I

REPORTABLE DISEASES- DIAGNOSED CASES	Fred./Belg	Port/Sauk.	Grafton	Cedarburg	Meq./Thien	Total 2005	Total 2004
Blastomycosis	1		1			2	0
Campylobacter	1	9	5	3	4	22	26
Cryptosporidium	1	2	1	1	2	7	2
E. Coli 0157				1	1	2	1
Encephalitis		1			1	2	1
Giardia	1	4	1	1	4	11	7
Haemophilus influenza B				1		1	1
Hepatitis A						0	3
Hepatitis B			3	3	4	10	9
Hepatitis C	2	5	4	1	9	21	35
H.I.V.	1		1		2	4	2
Legionairres						0	3
Listeria						0	1
Lyme Disease						0	1
Measles						0	0
Meningitis-bacterial				1		1	3
Meningitis-viral		2		1	2	5	3
Meningococcal disease					1	1	2
Mumps						0	0
Mycobacterial disease (non-tubercular)	2	1	4	3	4	14	13
Ova & Parasites (misc.)						0	1
Pertussis (confirmed, probable, and suspect)	2	3	3		5	13	100
Rubella						0	0
Salmonella	2	4	10	1	5	22	19
Shigella	1				1	2	4
STD's: Chlamydia	7	21	15	13	8	64	56
Gonorrhea		2		3		5	9
Genital Herpes	3	12	9	4	9	37	31
Syphillis		1	1	1	1	4	2
Strep A (invasive)			1	1		2	2
Strep B (invasive)		2				2	4
Strep Pneumo. (invasive)			3	2	1	6	12
Toxic shock syndrome						0	0
Tuberculosis-Active disease					1	1	3
Tuberculosis-Inactive (old TB-inactive-monitored)		1			1	2	0
Tuberculosis-Latent infection (non-contagious)	6		1	1	2	10	7
West Nile Virus						0	0
Yersinia				1		1	0
Sub-total	30	70	63	43	68	274	358
	Fred./Belg	Port/Sauk.	Grafton	Cedarburg	Meq./Thien	Total 2005	Total 2004

<u>MISCELLANEOUS REPORTABLE DISEASES:</u>							
Cat Scratch Disease						0	1
Ehrlichiosis		1				1	0
Heavy metal exposure		1				1	0
Pontiac Fever						0	1
Rabies-animal (bat tested positive)	1					1	1
Sub-total	1	2	0	0	0	3	3
	<u>Fred./Belg</u>	<u>Port/Sauk.</u>	<u>Grafton</u>	<u>Cedarburg</u>	<u>Meq./Thien</u>	<u>Total 2005</u>	<u>Total 2004</u>
<u>EXPOSURES TO REPORTABLE DISEASES</u>							
Chlamydia-exposures to chlamydia		3	3	2		8	7
E. Coli 0157-exposure to E. Coli O157					1	1	0
Foodborne illness-exposures to foodborne illness						0	6
Giardia-exposure to giardia (non-household)				1		1	0
Gonorrhea-exposure to gonorrhea				1		1	0
Pertussis-exposures	22	20	54	2	58	156	1254
Tuberculosis-exposures to tuberculosis	2	2			1	5	22
Sub-total	24	25	57	6	60	172	1289
<u>INVESTIGATION ONLY-NOT CONFIRMED</u>	<u>Fred./Belg</u>	<u>Port/Sauk.</u>	<u>Grafton</u>	<u>Cedarburg</u>	<u>Meq./Thien</u>	<u>Total 2005</u>	<u>Total 2004</u>
Foodborne illness			2	1	2	5	7
Mumps					1	1	2
Pertussis				1		1	10
Sub-total	0	0	2	2	3	7	19
TOTAL:	55	97	122	51	131	456	1669

OZAUKEE COUNTY SCHOOL PROGRAMS

Exhibit II VISION SCREENING STATISTICS BY GRADE LEVEL

GRADE	<u>SCREENED</u>	<u>RESCREENED</u>	<u>REFERRED</u>	<u>% Referred from Rescreen</u>	<u>TREATMENT RESPONSES</u>
ECH	46	7	1	14%	0
4K	288	29	21	24%	5
5K	849	93	51	4%	2
1	859	85	46	11%	5
2	887	89	50	20%	10
3	896	78	44	16%	7
4	897	84	57	11%	6
5	937	94	52	14%	7
6	937	85	47	15%	7
7	1032	89	65	5%	3
8	1018	88	64	13%	8
9					
10					
11					
12					
TOTAL	8646	821	498	61%	60

Exhibit III HEARING SCREENING STATISTICS BY GRADE LEVEL

GRADE	<u>SCREEN ED</u>	<u>RESCREENED</u>	<u>REFERRED</u>	<u>% Referred from Rescreen</u>	<u>TREATMENT RESPONSES</u>
ECH	43	3	1	33%	0
PRESCHOOL	621	121	22	18%	0
4K	256	24	5	21%	2
5K	819	55	20	37%	2
1	839	35	9	36%	0
2	857	44	13	30%	1
3	867	31	12	39%	0
4	45	5	0	0	0
5	45	2	0	0	0
6	36	2	2	100%	0
7	36	1	1	100%	0
8	16	1	0	0	0
9					
10					
11					
12					
TOTAL	4480	324	85	26%	5

ADULT HEALTH SCREENING STATISTICS:

Exhibit IV

2005 Totals

Age	Sex	Screened	Blood Pressure		Vision risk Factors		Distance Vision		Near Vision		Visual Field test		Hearing		Cholesterol		HDL		Diabetes		Td given
			SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	SCR	REF	
18-29	M	41	38	1	35	15	31	3	31	1	26	1			36	8	36	19	36		19
	F	9	8		6	3	4		4		4				4	1	4	1	5	1	3
30-44	M	128	113	5	76	24	74	4	74	5	50	3			96	23	96	47	96	1	32
	F	78	63		29	5	18		18		13		5		34	3	34	2	34	3	17
45-54	M	79	77	2	36	10	25		25	10	19				40	12	40	17	40	2	16
	F	80	72	6	34	4	18	3	18	7	18		6		28	5	28	2	29	1	15
55-64	M	110	106	2	23	4	15	3	15	5	15	1	3		25	6	25	10	26		16
	F	175	164	13	28	4	21	1	21	7	17		8	1	48	20	48	14	48	1	18
65-74	M	100	97	8	2	1	3	2	3	2	2	1			12	2	12	3	12		2
	F	206	197	12			6	2	6	2	7	1			16	8	16	1	16		1
75+	M	138	136	9			2	1	2	2					7	1	7	1	7	1	
	F	250	246	35			12	7	12	8	12	2			16	4	16		16		
TOTALS		1394	1317	93	269	70	229	26	229	49	183	9	22	1	362	93	362	117	365	10	139

(screened)

Total Persons referred

343

Male	596	567	27	172	54	150	13	150	25	112	6	3		216	52	216	97	217	4	85
Female	798	750	66	97	16	79	13	79	24	71	3	19	1	146	41	146	20	148	6	54

**Exhibit V HOME CARE SERVICE January 1 – July 31, 2006
NUMBER OF HOME CARE CLIENTS BY AGE AND RACE/ETHNICITY**

	<u>RACE/ETHNICITY</u>
	<u>White</u>
Under 25 Years	0
25 – 34 Years	2
35 – 44 Years	1
45 – 54 Years	0
55 – 64 Years	4
65 – 74 Years	5
75 – 84 Years	19
85 – 94 Years	18
95 + Years	0
<u>TOTAL</u>	49

NUMBER OF HOME CARE CLIENT VISITS BY DISCIPLINE

<u>Discipline</u>	Number of Visits	Number of Patients
Registered Nurse	291	43
Home Health Aide	423	17
Personal Care Worker	1018	22
	1732	82

NUMBER OF HOME CARE CLIENTS BY PRIMARY PAY SOURCE

Primary Pay Source	Number of Patients
Medicaid (Title 19)	22
Private Insurance	2
Other / Fee Adjustment	17
Private Pay	8
	49

NUMBER OF HOME CARE ADMISSIONS AND READMISSIONS BY REFERRAL SOURCE

<u>Referral Source or Site</u>	<u>Admission/Readmission</u>
Family, Friends, Neighbors, Self	5
Physician (Un-hospitalized)	0
Hospital/Physician Referral for Hospitalized Cases	2
Social Services/Community Programs/Aging	1
Nursing Home	0
TOTAL REFERRALS	35

NUMBER OF HOME CARE DISCHARGES BY REASON

Discharge Reason	Number <u>Discharges</u>
Level of Care	25
Entered Hospital/Nursing Home	8
Death	0
Left Area (Moved)	0
Service Refused	2
Hospice	1
TOTAL NUMBER OF DISCHARGES	46