



CITY OF WAUWATOSA HEALTH DEPARTMENT  
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<http://www.wauwatosa.net/health>



## **Board of Health Meeting Minutes Tuesday, September 16, 2014**

Present: Nancy Kreuser, Cheryl Davies, John Dunn, Chris Shaw, Leslie Martin, Lori Nielsen, Bobby Pantuso, Jim Beix, Lisa Simonds

Excused: None

Recorder: Lisa Simonds

1. Call to Order – The meeting was called to order at 8:05 AM by Chairperson John Dunn.
2. Approval of agenda: Motion to approve the agenda
  - Motion: Leslie Martin
  - Second: Chris Shaw
  - Motion carried unanimously.
3. Approval of 7/15/14 Meeting Minutes: <http://www.wauwatosa.net/index.aspx?NID=199>
  - Motion: Leslie Martin
  - Second: Cheryl Davies
  - Motion carried unanimously.
4. Comments from the public - none
5. Comments from the Board of Health - none
6. New Business: Wauwatosa Health Department Reports

### **Administration: Dr. Nancy Kreuser, Health Officer**

#### Accreditation Update:

Lori Nielsen and Sue Javoroski attended the required Public Health Accreditation Board training 8/12- 13. Training covered how to load evidence and what type of evidence will be considered— must be population-based. We need to provide two examples, unless otherwise noted. We are still on target for the end of the year. Evidence collected to date is under review by PHAB coordinator.

#### 2015 Budget update:

Nancy reviewed the 2015 Executive Review budget and answered question. The City Administrator and Finance Director will conduct a Committee of Whole presentation on 9/11. The City budget is available to the public on the website. The health department budget follows the standard City format. It outlines health programs and services and 2014 achievements. Achievements included (1) PHAB application May 2014, (2) successful completion of the WI DHS 140 Requirements of Local Health Departments 5-year compliance review, (3) completion of a 3-year WHD strategic plan and committee work on the City's strategic plan, (4) marketing plan to raise awareness of health department role, programs, and services; (5) collaboration with police and a neighborhood watch group for a permanent medication collection site, and (6) planning for the Youth Risk Behavior Survey. 2015 goals include (1) achieving PHAB accreditation, (2) assist with a city-wide social media/marketing initiative, (3) implement the WHD strategic plan and performance tracking and assist in the City plan implementation, (4) collaborate with the senior commission, and (5) analyze and summarize the YRBS survey findings. The budget reflects the

reconfiguration of a position to a part time public health nurse to provide stability and some cost savings related to WRS. The increase reflects Carlson Dettman wage study adjustments for selected staff salaries to compete with the market and cost of living adjustments. New revenue sources included 'on demand' TB skin tests by appointment; and expedited food license fee; a fee for license holders who pay their renewal late, and radon kit fee increase (\$10/ kit) which is still less than retail and includes the lab analysis and results. The grants of approximately \$85,000 are not yet included in the budget as the final allocations from the state were not posted. Flu vaccine will be \$30.00; children are free at mass clinics due to the preparedness grant objectives. We are exploring possibilities for billing for nursing services in the near future which requires the WHD to be a recognized health care provider by HMOs and insurance plans.

## **Public Health Nursing: Lori Nielsen, Nursing Supervisor**

### Personnel Update

Shelly Boyd, PHN part time started 9/8/14 and is in the process of being oriented. She is a Wauwatosa resident as well.

### 2013 Annual Report

Lori stated that the Annual Report is in process. A performance management component will be added for enhanced tracking and accountability. Lori explained the Quality Improvement Plan and trending over time to provide information back to the community. Logic models have been completed for all health priorities to show what we are doing now and into the future. Quality improvement and accreditation items will be incorporated as part of the annual report (see 2014 WHD Quality Improvement Plan draft). The final draft of the 2013 WHD Annual Report will be available for the November Board of Health meeting.

### Communicable Disease (CD) Update:

#### SENTINEL EVENTS

**Adult living facility enteric outbreak #5095:** On August 28, the WHD was notified of an enteric outbreak at an adult assisted living facility beginning on August 25. 12 residents and 4 employees became ill. Infection control measures were implemented. No stool samples were tested due to the limited duration of symptoms; Norovirus was the suspected organism but not confirmed. The investigation was resolved on September 3.

#### OTHER

**Mumps outbreak:** A number of mumps cases appeared in the metropolitan area this spring. On May 19, orders were issued on a Wauwatosa health care business to quarantine an employee; the employee was occupationally exposed to a confirmed mumps case and did not have documented immunity. On May 30, orders were issued to release the employee from quarantine effective May 31 since the communicability period had passed. On July 11, PHNs conducted the first round of immunizing the health care business' employees to selected vaccine-preventable diseases; the second round of immunizations were conducted on August 12. No new mumps cases since summer.

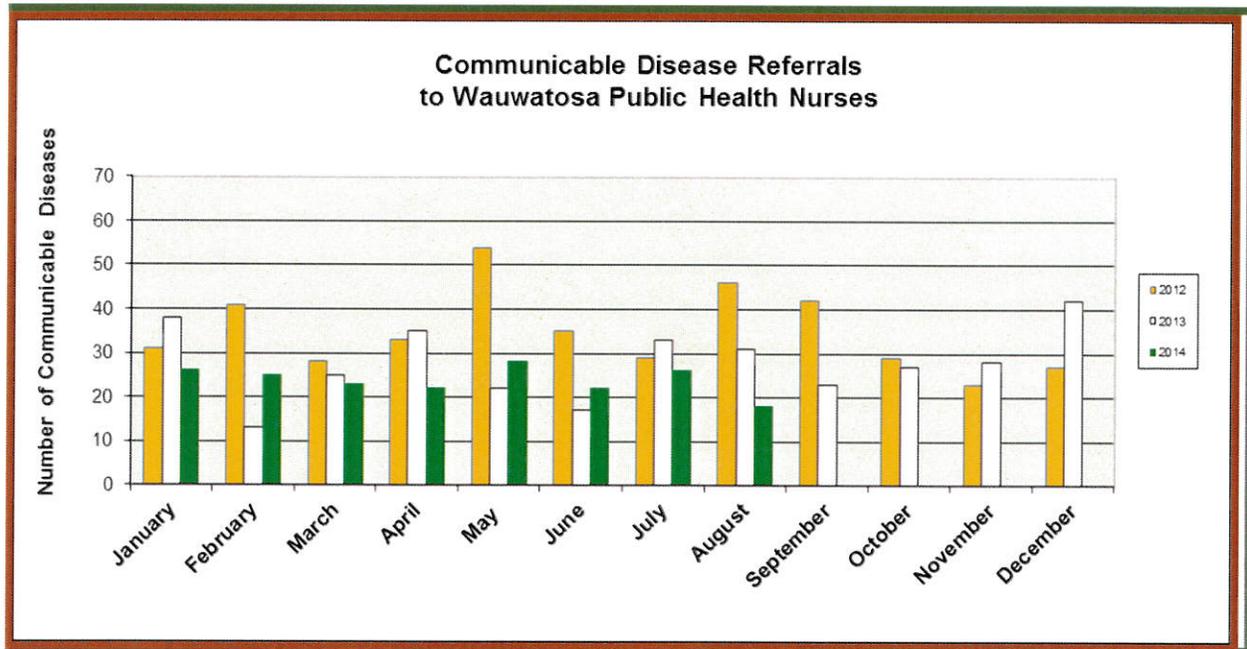
**Pertussis statewide outbreak:** The number of statewide-pertussis cases has continued to decline for the year. Isolated cases of Pertussis occurred in Wauwatosa in the past month.

**Flu Vaccine / Clinics:** WHD is planning for the 2014-2015 flu campaign season. WHD will provide free children's flu vaccine only at the 3 mass flu clinics in the fall. *See attached flyer.* In

process of revising immunization clinic process and vaccine management policies and procedures. Flu vaccine shipment has been delayed for varied reasons.

**Sexually Transmitted Diseases (STDs):** STDs continue to account for the majority of reported communicable diseases during 2014. PHNs are revising the STD investigation protocols.

**Trends:** See graph below for trends.



#### Program Updates

Healthiest Wauwatosa 2014 Programs and Initiatives Highlights:

#### **Accreditation and Quality Improvement (QI) Process:**

- PHAB accreditation: Discussed during the Health Officer's Report.
- QI: Drafted a formal QI and performance management plan for WHD and PHAB accreditation.
- 2013 WHD Annual Report is in development. Final version will be available by the next Board of Health meeting.
- WHD in partnership with the school district began drafting the high school YRBS plan; the survey will be administered in late January/early February of this school year. Adding questions on e-cigarettes, sunscreen usage, and routine medical and dental care. Discussion ensued. The summary documents are located on the WHD website. The survey is mainly electronic with some paper questions used to validate new questions such as guns (for hunting or harm) and riding in cars with alcohol-impaired drivers (peers vs parent).

#### **Alcohol, Tobacco, and Other Substances:**

- Next tobacco compliance check is planned for the October/November.
- Next alcohol compliance check is scheduled for Saturday, October 4.
- In partnership with Tosa United and the Wauwatosa Police Department, WHD purchased a permanent medication collection box using Prevention Grant monies and a Neighborhood Watch grant. Signage and a police department procedure were finalized. The med collection box which is housed in the Police Department lobby, now have extended hours. The WHD have worked on

establishing a permanent med collection site since 2007/2008. Lori reported that 18.5% of high school students are using medications not prescribed to them. We will also continue medication collection day as a reminder and focus attention on this issue.

- The community Medicine Collection Day is this Saturday, September 20 from 8:00 am to 1:00 pm in the Wauwatosa City Hall parking lot, the same location as the Crime Stoppers' Shred It event.

### **Injury & Violence Prevention:**

- Home Safety Visits: PHNs continued offering and conducting home safety visits. More Wauwatosa families are requesting home visits in the first half of this year.
- John Dunn asked about bike helmet use in the bike/pedestrian plan. Discussions are underway between WHD and development.
- Chris Shaw asked about the process used for childhood lead screening (soap vs alcohol wipes). Lori stated that some providers have a history of false positive readings due to poor technique. This is very expensive for families to have a venous test.

### **Access to Care:**

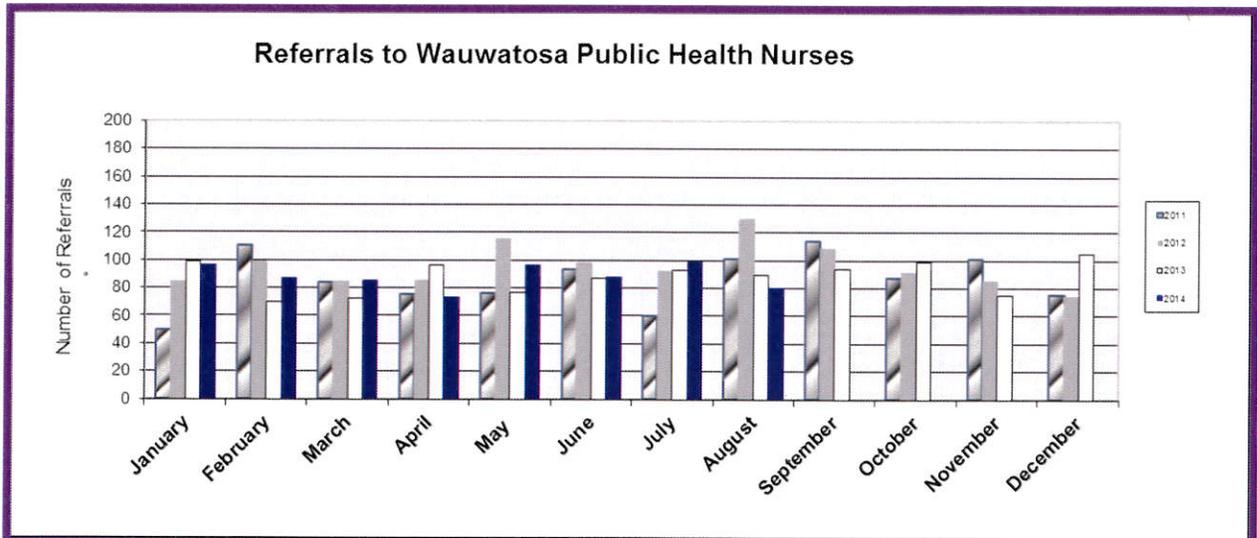
- During 2014, the WHD is conducting a pilot to provide limited programming and I&R outreach to individuals accessing the Tosa Cares program out of Mt. Zion Church. The October outreach session will focus on linking families to community resources.
- WHD will participate in the roundtable discussions with the Department on Aging later today; we will discuss coordinating cases without overlapping services, expectations of human health hazard issues, and addressing mental health concerns.
- Work continues on drafting an 'Access to Healthcare' logic model/action plan.

### **Physical Activity and Nutrition:**

- The WHD will assist the school district this summer in revising the Wauwatosa School District (WSD) Wellness Policy; the meeting is scheduled for September 25. WHD assisted the school district in creating the last wellness policy. In the next school year, WSD will address healthier options for fundraising activities.
- Partnering with the Wauwatosa Safe Routes to School Coalition to provide technical assistance with data collection and selected activities.

### **Other:**

- Personnel: Our part-time PHN, Shelly Boyd, started on September 8. Cindy Anderson, contracted, returned this week to assist with PHAB process.
- Public Health Database: The Program Tracker database continues to be in development; it may be ready to "go live" by November 1.
- Provided technical assistance to DPW and community members in submitting an RWJF "prize" for community initiatives.
- Referrals to the public health nurse remain steady. See graph below for trends.



## Environmental Health/Preparedness: James Beix, Public Health Manager

### State Agent Inspection Program

Inspections –The 2014-15 inspection year began on July 1<sup>st</sup>, 2014. All licensed establishments will receive at least one inspection per the State Agent Contract. WHD staff is beginning the outdoor pools, temporary events and lower complexity establishments such as City Food Licensed establishments. Once those are done, WHD staff will turn their attention to restaurants and retail food establishments.

Licensing – As part of the State agent contract, WHD remits 10% of the state fees collected for licensing establishment to the State of Wisconsin. This remittance must be submitted by September 30<sup>th</sup>. WHD staff is working with the City's comptroller to reconcile the records.

New establishments – Below are new food establishments for the City of Wauwatosa. The level of completeness is noted:

Maxfield's Pancake, 2727 N Mayfair Road, change of owner

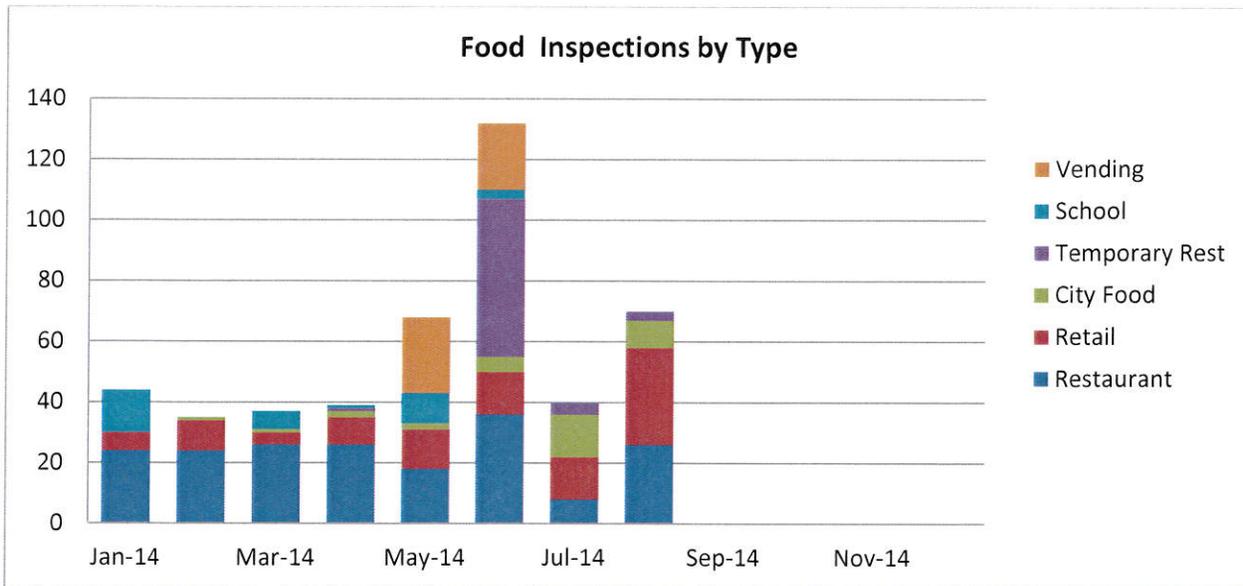
World of Beer, 418 N Mayfair Road, new business

Peet's Coffee and Tea, 418 N Mayfair Road, new business

Filippo's Pizza Station, 2330 N 124<sup>th</sup> Street, change of owner

Starbuck's Coffee, 2500 N Mayfair Road, new business

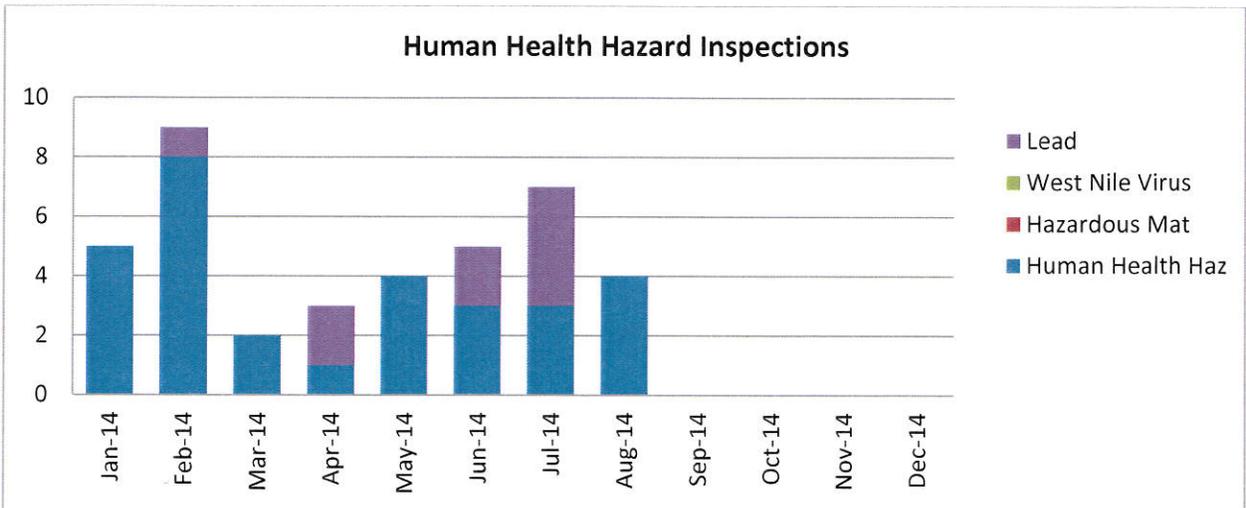
Board of health discussion ensued as to WHD's role in new business. Jim explained that there is an inspection with any change of owner, an extensive plan review, and pre-inspection before opening, another inspection at about 3 months, and at least an annual inspection thereafter.

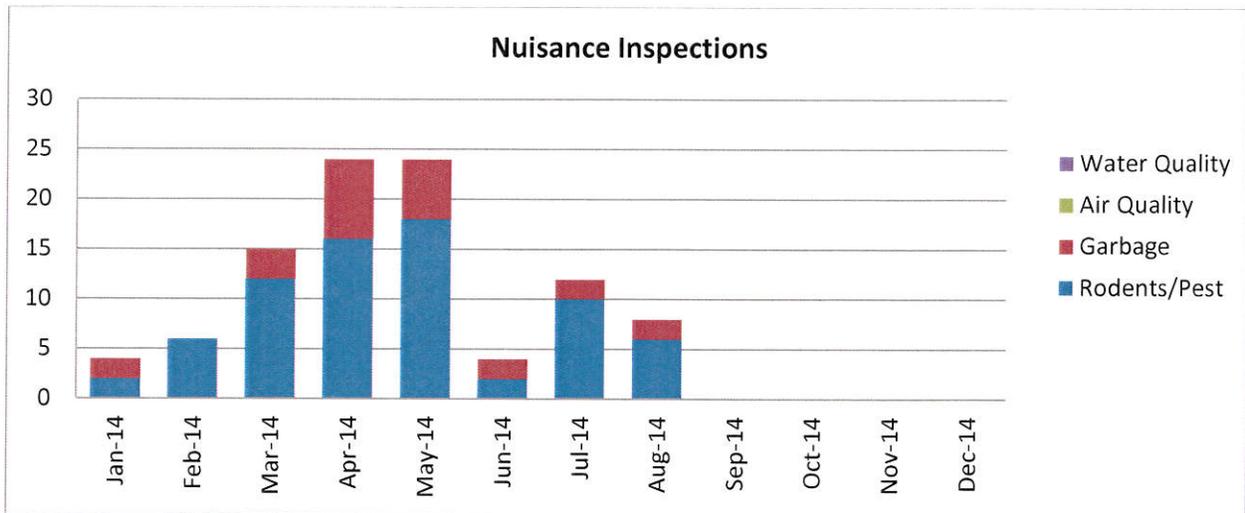


Nuisances/Human Health Hazards

Nuisance complaints consist of rodent, pests and garbage complaints. Reporting of complaints still remains below seasonal levels. WHD staff will continue to monitor and respond to complaints as they occur.

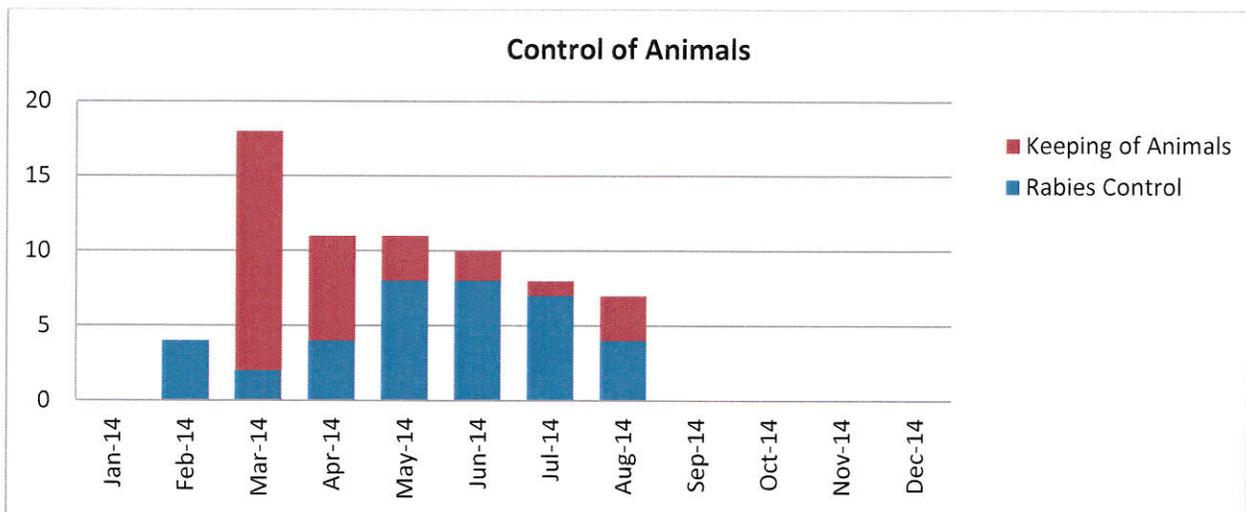
Orders to abate unsanitary conditions (update) – Orders were issued to abate the unsanitary conditions in a private residence. Accumulation of clutter and materials made the residence unsafe for the owners or emergency responders. The cleanup is being coordinated with family members and is nearing completion. Final steps include painting and replacing the carpeting. Once these steps are completed the human health hazard orders on the property will be lifted.





### Rabies/Animal Control Program

- There have been 33 potential rabies exposure so far in 2014. Twenty three dog bites, 6 cats and 4 bat exposure have been reported to WHD.
- Currently no rabies exposures are under quarantine for rabies observations.
- One dog was declared vicious and was euthanized voluntarily by the owner. The dog was at large 4 times and had a history of 4 bites. The WHD vicious dog declaration was upheld by Judge Baker.



### Preparedness

#### Public Health Preparedness Grant

The 2014/15 grant year began July 1, 2014. The objectives this year will focus on Community Recovery, Non-Pharmaceutical Interventions and Fatality Management.

- The 2014/15 grant year will be a transition year as the State is consolidating preparedness efforts into Health Care Coalitions. These coalitions will be combining the preparedness efforts of Public

Health, Hospitals, Emergency Medical Services and Emergency Management. We attend the meetings.

- Milwaukee County Local Health Departments are planning meeting with the Milwaukee County Medical Examiner's office and Emergency Management to discuss mass fatality planning. Two meetings have been held to date. Template plans and resource inventories are being developed.
- Briggs & Stratton Memorandum of Understanding (MOU) – A MOU is being negotiated between Briggs & Stratton (B&S) and the City of Wauwatosa to formalize a working relationship to develop and train of Closed Points of Dispensing (POD) Mass Clinic plans. The MOU and plans will allow B&S to receive pharmaceutical interventions during a declared public health emergency and treat their own workforce. The MOU was approved by the Community Development Committee 7-0 on September 9<sup>th</sup> and will be voted on by the full Common Council on September 16<sup>th</sup>.

#### Cities Readiness Initiative

The 2014/15 grant year is a continuation year with similar funding levels and objectives.

- WHD staff is revised the Health Department section of the City Emergency Operations Plan (EOP) in order to incorporate the Milwaukee County news Emergency Support Functions model. This will enhance our plans and become a template for other City departments. WHD staff will now begin reviewing and updating the mass sheltering sections of the City EOP.

#### **7. Advocacy/Opportunities**

- Health Advocacy: Nancy provided background and health impact information on e-cigarettes for a 9/8 Plan Commission meeting for Vape Haven's conditional use request. Nancy and Bobby Pantuso provided testimony. Bobby talked about the East Town Tosa Plan and community support for his position. He explained the "juice" terminology. The State of WI tobacco coordinator for the southeast region also spoke in addition to numerous residents against the e-cigarette due to unknown health effects, child health, community image, and lack of regulation. The Mayor suggested the committee have a larger conversation related to the topic of e-cigarettes. Discussion ensued by the board of health members.
- Nancy provided the administration and legal department with information on needed City policy updates to include e-cigarettes in the ban as well as a City-wide ban with an ordinance similar to that of the one being proposed by the City of Greenfield. (See handouts on e-cigarettes and ordinance language). Board asked what we are doing in schools to educate parents on this issue to reinforce. The state coalition is outreaching to schools and DPI. WHD participates in the WSD wellness committee and Tosa United and will continue to address this issue.
- 2014 National Association of Local Boards of Health: August 13-15 in Milwaukee (Jim Beix report to the Board) – NALBOH had a legal round table discussion covering public health legal service for the Boards of Health. Discussed urban farming, frack sand mining, e-cigarettes, etc. Also attended a presentation on strategic innovations and initiatives; texting, online technology, live tweeting during the Board of Health meetings. Jim attended a session on an improved board of health orientation plan proposed by a UW student which included way to address diversity gaps, policy development, quality improvement, and engagement.

#### **8. Old Business - none**

#### **9. Announcements:**

Next meeting is November 18<sup>th</sup> at 8:00 am.

#### **10. Motion to adjourn 9:13 am**

- Motion: Cheryl Davies
- Second: Chris Shaw
- Motion Carried unanimously

Recorder: lms



## Press Release

For Immediate Release  
Monday, August 25, 2014

Contact: [CDC Media Relations](#)  
(404) 639-3286

### **More than a quarter-million youth who had never smoked a cigarette used e-cigarettes in 2013**

*Study finds youth who have used e-cigarettes are almost twice as likely to intend to smoke conventional cigarettes*

More than a quarter of a million youth who had never smoked a cigarette used electronic cigarettes in 2013, according to a CDC study published in the journal *Nicotine and Tobacco Research*. This number reflects a three-fold increase, from about 79,000 in 2011, to more than 263,000 in 2013.

The data, which comes from the 2011, 2012, and 2013 National Youth Tobacco surveys of middle and high school students, show that youth who had never smoked conventional cigarettes but who used e-cigarettes were almost twice as likely to intend to smoke conventional cigarettes as those who had never used e-cigarettes. Among non-smoking youth who had ever used e-cigarettes, 43.9 percent said they intended to smoke conventional cigarettes within the next year, compared with 21.5 percent of those who had never used e-cigarettes.

“We are very concerned about nicotine use among our youth, regardless of whether it comes from conventional cigarettes, e-cigarettes or other tobacco products. Not only is nicotine highly addictive, it can harm adolescent brain development.” said Tim McAfee, M.D., M.P.H., Director of CDC’s Office on Smoking and Health.

There is evidence that nicotine’s adverse effects on adolescent brain development could result in lasting deficits in cognitive function. Nicotine is highly addictive. About three out of every four teen smokers become adult smokers, even if they intend to quit in a few years.

“The increasing number of young people who use e-cigarettes should be a concern for parents and the public health community, especially since youth e-cigarette users were nearly twice as likely to have intentions to smoke conventional cigarettes compared with youth who had never tried e-cigarettes.” said Rebecca Bunnell, Sc.D., M.Ed., Associate Director for Science in CDC’s Office on Smoking and Health and the lead author of the study.

The analysis also looked at the association between tobacco advertisements and smoking intentions among middle and high school students. Students were asked about whether they had seen tobacco ads on the internet, in magazines and newspapers, in retail stores, and in television programs and movies. Consistent with previous



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studies, this study found that youth who reported exposure to tobacco ads had higher rates of intention to smoke than those who weren't exposed to such ads.

The researchers also found the greater the number of advertising sources to which young people were exposed, the greater their rate of intention to smoke cigarettes. Thirteen percent of students who said they had no exposures to such ads had intentions to smoke, compared to 20.4 percent among those who reported exposures from one to two ad sources and 25.6 percent among those who reported exposures from three to four of the sources.

More than 50 years since the landmark Surgeon General's Report linking cigarette smoking to lung cancer, smoking remains the leading cause of preventable death and disease in the United States. Smoking kills nearly half a million Americans every year. More than 16 million Americans live with a smoking-related disease. Smoking-related diseases cost Americans \$132 billion a year in direct health care expenses, much of which comes in taxpayer-supported payments. Each day, more than 3,200 American youth smoke their first cigarette. The Surgeon General has concluded that unless the smoking rate is rapidly reduced, 5.6 million American children alive today – about one in every 13—will die prematurely from a smoking-related disease.

###

U.S. Department of Health and Human Services

*CDC works 24/7 saving lives, protecting people from health threats, and saving money through prevention. Whether these threats are global or domestic, chronic or acute, curable or preventable, natural disaster or deliberate attack, CDC is the nation's health protection agency.*



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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## Sample Language to Prohibit the Use of Electronic Cigarettes Where Smoking is Prohibited

This information is excerpted from model ordinances developed to regulate electronic delivery devices under local smoke-free workplace ordinances.<sup>1</sup>

Municipalities can prohibit the use of electronic cigarettes where smoking is currently prohibited by adding a definition of “electronic delivery device” and amending the current definition of “smoking.” In most cases, by amending the definition of smoking, the ordinance language will prohibit the use of electronic delivery devices in indoor locations where smoking is prohibited.

**Definition of Electronic Delivery Device.** “Electronic Delivery Device” shall mean any product containing or delivering nicotine or any other substance intended for human consumption that may be used by a person to simulate smoking through inhalation of vapor or aerosol from the product. “Electronic Delivery Device” shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

**Definition of Smoking.** “Smoking” shall mean inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette, pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or in any form. “Smoking” shall include the use of an electronic delivery device which creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing the prohibition of smoking in this Article.

*Please note: as more communities regulate electronic cigarette use in public places, the more we will learn, particularly about potential loopholes that could be exploited. As a result, this sample language may change so please check with us to be sure you have the most up-to-date version.*

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<sup>1</sup> Public Health Law Center. Electronic Delivery Device Sample Language for Local Government Regulation, September 2013. Americans for Nonsmokers’ Rights. Model Ordinance Prohibiting Smoking in All Workplaces and Public Places. Accessed June 2014.

## E-Cigarettes and WI Youth Access State Statute

From

*Vicki Stauffer, Section Chief*

Wisconsin Tobacco Prevention and Control Section, *Department of Health Services*

There have been many questions about youth access laws and e-cigarettes regarding whether retailers can sell e-cigarettes to minors and if minors are allowed to purchase and possess e-cigarettes. TPCP has received clarification from the Department of Health Services Office of Legal Counsel on both of these points.

WI Statute 134.66 states no retailer may sell cigarettes, nicotine products or tobacco products to any person under the age of 18.

WI Statute 254.92 states no person under 18 years of age may purchase, attempt to purchase, or possess any cigarette, nicotine product, or tobacco product.

According to WI Statute 134.66(f), the definition of "nicotine product" is a product that contains nicotine and is not any of the following:

1. A tobacco product
2. A cigarette
3. A product that has been approved by the U.S. food and drug administration for sale as a smoking cessation product

Because e-cigarettes contain nicotine, they are covered by both state statutes 134.66 and 254.92. Specifically, it is illegal for retailers to sell e-cigarettes with nicotine to anyone under the age of 18 years old. It is also illegal for anyone under the age of 18 to purchase or possess e-cigarettes with nicotine.

September 8, 2014

# PUBLIC HEALTH

## MISSION

Public health focuses on community-based prevention efforts to eliminate disease and health risks, promote healthy behaviors and create an environment in which people can be healthy. The Wauwatosa Health Department's (WHD) mission is to protect and promote the health and safety of the entire community.

**How healthy is your community?** The City health assessment identified health priorities of physical activity, nutrition, injury prevention, mental health, and alcohol use. The community health improvement plan will guide the future Healthy Wauwatosa community-based initiative.

**How safe are your children?** Public health nurses work with all schools and day cares. When there is a 10% absenteeism rate, nurses are called to provide personnel and parents with health information about disease such as Pertussis and Mumps. Nurses track school immunization rates to assure adequate protection from disease. Staff work with the school district to assist in conducting the Youth Risk Behavior Survey every 2 years to understand youth health practices and risks. This year, we coordinated the purchase of a permanent medication collection site to help keep prescription drugs (opiates) out of the hands of our children through a partnership with the Wauwatosa School District's Tosa United and the Police Department.

**Feeling well today?** Nurses monitor diseases in the community as well as those emerging in other parts of the country and world in order to take measures necessary to protect the public. You can be assured that the people around you are disease free through public health measures--even if you can't see the threat.

**What's in your food?** In order to assure sanitary conditions and prevent disease outbreaks, staff inspects school cafeterias, restaurants, grocery stores, vending machines, other food establishments, and any event where food is served. We assure that the Food Code is followed. We monitor national recalls and work with licensed establishments to make sure unsafe food is removed from shelves.

**What's in your water?** WHD staff inspect all public pools and whirlpools (including hotel and fitness pools) regularly to assure that the chemical balance in the pools is adequate to prevent disease.

**How do you work with other entities?** WHD hosted and participated in multiple community events with partners. For example, we work with the Senior Commission to assess and address needs in the community. We collaborate with other City departments (fire, police, library, development) on a regular basis to address the needs of the community on projects related to emergency preparedness efforts, preventing illegal alcohol and tobacco sales to minors, Invest in People committee work, City Strategic

## 2014 BUDGET SNAPSHOT

	2014	2015	Change
Exp	\$ 1,432,522	\$ 1,455,762	\$ 23,240
Rev	\$ 401,958	\$ 371,935	\$ (30,023)
Lewy	\$ 1,030,564	\$ 1,083,827	\$ 53,263
FTE's	12.86	12.63	(0.23)

### MAJOR CHANGES

- Additional revenues: \$2700
- Conversion of Public Health Specialist to Public Health Nurse

Plan committee work, and assisting with the Wellness Program. We work with health care entities on disease prevention and control.

**How does public health differ from health care?** Public health is prevention-focused and looks at risks and reasons for disease to prevent it in the first place. Health is complex and is influenced by many factors such as *health behaviors* (tobacco use, nutrition and exercise, alcohol and drug use, sexual activity); *social and economic factors* (SES) (community safety, education, employment, family and social support, income); *clinical care* (access to and quality of care) and the *physical environment* (air and water quality; housing and transit). Clinical care (health care) accounts for only 20% of health outcomes. Health behaviors, social and economic factors, and the physical environment account for 80% of health outcomes (Health Rankings-University of WI). Public health addresses health behaviors, SES, and the physical environment for a prevention focus and greater community impact.

[http://uwphi.pophealth.wisc.edu/programs/match/wchr/2014/CHR2014\\_WI.pdf](http://uwphi.pophealth.wisc.edu/programs/match/wchr/2014/CHR2014_WI.pdf).

**What is public health department accreditation?** Accreditation is the measurement of health department performance against a set of nationally-recognized, practice-focused and evidenced-based standards, the issuance of recognition of achievement of accreditation by a nationally recognized entity, and the continual development, revision, and distribution of public health standards. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of local public health departments. Accreditation standards define the expectations for public health departments. National public health department accreditation was developed because of the desire to improve service, value, and accountability to stakeholders (PHAB, 2011). PHAB standards and measures can be found at <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.01.pdf>.

## PROGRAMS/SERVICE LINES

The majority of the public health budget is comprised of personnel who provide excellent customer service. Fourteen professional and clerical staff work together to carry out the programs and services within the community related to disease prevention and control, food inspection, healthy growth and development, emergency preparedness, environmental health, and healthy behaviors. We collaborate with community partners including health clinics, day cares, schools, adult living residences, long-term care facilities, and others to address health needs. We work with the Milwaukee Regional Medical Center (MRMC) entities, located in our jurisdiction, since their disease reports and public health issues impact our department. We work together to protect clients, families, workers, and the larger community. The following are major programs and selected examples of related 2013/2014 activities. A detailed reporting of programs and outcomes is found in the City of WHD Annual Report at [www.wauwatosa.net/healthdata](http://www.wauwatosa.net/healthdata).

## COMMUNICABLE DISEASES AND IMMUNIZATIONS

The WHD investigates all potential and actual communicable disease (CD) reports, including vaccine and non-vaccine preventable CDs, food-water-vector-borne diseases, sexually transmitted diseases and infections (STD/STI), outbreaks, and epidemics. The WHD continued to monitor and evaluate the burden and impact of communicable diseases (CDs) within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. WHD conducted the following disease and immunization program/service activities:

- Processed 554 calls regarding immunizations through the WHD Information & Referral Nurse Line (I&R).
- Investigated 334 diseases for follow up, case management, and reporting to the state

- Administered 1263 vaccines at immunization clinics
- Administered 928 seasonal flu vaccines at mass clinics at City Hall and off-site locations including schools, child care centers, businesses, adult living facilities, and the homes of homebound citizens.
- Processed 249 CD inquiries including 137 regarding Tuberculosis (TB) through WHD I&R; Provided TB services including providing medication treatment
- Partnered with the WSD to address school absenteeism rates greater than 10% daily, cluster of illnesses, or unexplained death

## FOOD INSPECTION PROGRAM

The Wisconsin Department of Health Services (DHS) and Department of Agriculture, Trade, and Consumer Protection (DATCP) inspection programs aim to prevent the transmission of infectious diseases by food and other venues from licensed establishments. During inspections, violations may be identified for onsite education and corrective action. Some of the more serious violations include unsafe food sources, improper food temperatures, cross contamination, and personal hygiene. Inspections are conducted to protect the public from food-borne illness caused by disease. The WHD continued to monitor and evaluate the burden of disease through the following activities:

- Investigated 11 food-borne illness complaints regarding restaurants and 9 food-borne illness inquiries
- Investigated and resolved 27 general complaints related to food establishments
- Conducted 517 inspections for licensed establishments including, 252 restaurants, 108 retail food establishments, 43 city food establishments, 19 vending machines and 95 temporary restaurants
- Conducted 38 kitchen inspections for 18 public and private schools
- Processed 158 restaurant and food-related inquiries through the WHD I&R
- Added hotels (8) and pools (28) to the food inspection database which is linked to the accounting system for the licensing program
- Managed the DSH, DATCP, and City food licensing and field inspection process using an electronic, relational database

## HEALTHY GROWTH AND DEVELOPMENT

One of the CDC's health protection goals is Healthy People in Every Stage of Life. Access to primary and preventive health care services is vital to achieving the 2020 healthy growth and development goals. Other healthy growth and development issues include socioeconomic factors related to education, housing, and employment status; insurance coverage; having a consistent provider for ongoing medical and dental care; and obtaining age-appropriate preventive health screenings. The WHD continued to monitor and evaluate the burden and impact of healthy growth and development and access to primary and preventive care by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. The WHD performed the following activities addressing healthy growth and development for all life stages:

- Processed 1687 inquiries through the WHD I&R
- Assessed and evaluated 1059 referrals for nursing case management services
- Assessed 110 individuals on access to care and chronic disease through the WHD's Adult Health program.
- Maintained an active partnership with and provided technical assistance to the Wauwatosa Senior Commission (WSC) on issues affecting the older adults in Wauwatosa. Advertised and distributed WSC's *File of Life* packets. Fiscal agent for the Adding Life to Years senior health assessment grant in 2014
- Provided health promotion and education on various topics at the following community events: Wisconsin Lutheran College Fair, Luther Manor Health Fair, Farmer's Market, Wauwatosa Library Summer Kick Off, Wauwatosa Night Out

- Analyzed data for the 2012 Youth Risk Behavior Survey (YRBS) in partnership with the WSD. The YRBS is a questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence.

## EMERGENCY PREPAREDNESS

In the wake unpredictable weather events, acts of terrorism, and disease outbreaks around the world, the possibility of public health emergencies arising in the US is of great concern to many Americans. Preparedness consists of those activities, programs, and systems that exist *before* an emergency and that are used to support and enhance responses to an emergency or disaster. Being prepared can save lives and protect the health and safety of the public and emergency responders during disasters. Emergency preparedness is an ongoing community effort. WHD staff collaborates with state, regional and local partners to continually plan and train for emergency incidents with a focus on all-hazard planning. The WHD conducted the following activities:

- Continued as member of the Milwaukee/Waukesha County Consortium for Public Health Preparedness since 2003
- Participated in local and regional preparedness exercises involving rapid dissemination of public information, incident management, and mass fatality
- Participated as member of the Tosa Area Preparedness Partners (TAPP), a public/private collaboration of preparedness efforts throughout Wauwatosa initiated by the WFD
- Participated as member of the South East Wisconsin Incident Management Team (SEWIMT). This is a team of trained professionals that can assist local governments in SE Wisconsin during an emergency incident by advising and assisting with logistical, planning financial and operational aspects of an incident.
- Assessed over 110 individuals for emergency preparedness plans through the WHD Adult Health program
- Monitored grant programs for Public Health Emergency Preparedness and Cities Readiness Initiative

## ENVIRONMENTAL HEALTH

Sanitation and environmental hazards include all nuisances and human health hazards (HHH). According to the City of Wauwatosa HHH Ordinance, a *nuisance* is "whatever is dangerous, unsanitary, or unwholesome to human life or health; and whatever renders the land water, air, or articles of food or drink impure or unwholesome." Nuisances range from rodent and wildlife harborage to garbage and dog complaints. A HHH is defined as "substance, activity, or condition that is known to have potential to cause acute or chronic illness or death; to endanger life, to generate or spread infectious diseases, or otherwise injuriously affect the health of the public if exposure to the substance, activity, or condition is not abated." The following activities were conducted by WHD:

- Documented 106 nuisance complaints, resulting in 75 inspections, 33 telephone contacts, 5 warning letters and 7 abatement orders
- Conducted 45 inspections for 29 human health hazard (HHH) complaints
- Collaborated with other city departments, businesses, and residents to manage complaints
- Processed 55 nuisance and 105 HHH inquiries through the WHD I&R
- Provided radon awareness education and encouraged residents to test their homes. Radon has been found in all Wauwatosa zip codes.
- Identified and followed 37 Wauwatosa children for elevated blood lead levels  $\geq 5 \mu\text{g}/\text{dL}$ . Of the 34 children in 2013, 6 cases remained active as needing continued case management services in 2014.
- Collaborated with Community Development Department staff to implement a HUD weatherization grant program to prevent homes with children aged less than six years from developing a lead hazard. The

mini-grant to eligible homeowners is designed to replace original windows and exterior doors on properties built before 1978.

- Investigated 39 animal bite reports ( including wildlife, domestic and strays); issued 17 domestic animal quarantine orders; processed 8 specimens for Rabies testing; processed 32 animal bite calls

## HEALTHY BEHAVIORS

Healthy behaviors play a major role in health outcomes. Prevention of the risk factors responsible for poor health outcomes and quality of life is a focus of public health. Chronic diseases and conditions are the leading causes of death and disability in the US. Diseases such as heart disease, stroke, cancer, diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems. In 2012, about 50% of all adults had one or more chronic health conditions. Health risk behaviors are unhealthy behaviors you can change and cause much of the illness, suffering, and early death related to chronic diseases and conditions (CDC). Healthy behaviors focus on nutrition, physical activity, tobacco, alcohol/other substances, reproductive health, mental health, injury and violence. The following are selected examples of program activities that address population-based health in our community. Detailed information, including comparisons to state and national benchmarks, is found in the WHD Annual Report.

### Nutrition and Physical Activity

Nutrition refers to the overall eating habits that promote good growth and health. Physical activity consists of athletic, recreational, or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion, or agility. The CDC recommends that adults should engage in 30 minutes of moderate physical activity five times per week. The CDC also recommends that adults should engage in 25 minutes of vigorous physical activity three times per week. It is the goal of WHD to promote adequate and appropriate nutrition and physical activity among Wauwatosa residents to prevent or reduce overweight and obesity. Overweight is defined as having a body mass index (BMI) greater or equal to 25.0 while obese is defined as having a BMI of 30.0 or greater. WHD engaged in the following activities:

- Provided technical assistance in WSD Wellness in Wauwatosa Schools (WITS) Committee initiatives
- Assessed over 110 individuals on healthy eating and physical activity level through the WHD's Adult Health program (health clinic program rotates through 4 community sites)
- Processed 82 inquiries on nutrition topics including WIC, food security, and oral health
- Provided over 219 participants with the Women, Infants, and Children (WIC) nutrition supplement program for individuals who are nutritionally at-risk
- Participated in Wauwatosa Bicycle & Pedestrian Facilities Plan Steering Committee

### Tobacco Use and Exposure

Tobacco use and exposure is the single most preventable cause of death and disease. Tobacco use is known to be influenced by social factors, physiological addiction, and the marketing and promotion of tobacco products. The Wauwatosa Tobacco Prevention and Control Program aims to prevent and reduce tobacco use and exposure through education, advocacy, and treatment efforts aimed at reducing youth initiation, promoting cessation, and eliminating environmental tobacco smoke. WHD activities included:

- Completed 35 tobacco compliance checks. WHD secured grant monies to pay for the police overtime and student training. 91.2% of the tobacco retailers did not sell to minors

- Completed 32 tobacco compliance investigations. 87.5% did not sell to minors; 4 sold to minors and received citations
- Maintained an active partnership with Tosa United, a community cooperative that seeks to promote positive tobacco, drug, and alcohol-free behaviors among adolescents
- Assessed, counseled, and referred parents of 599 newborns on tobacco use and smoke-free homes
- Assessed, counseled, and referred 110 adults and seniors on tobacco use and smoke-free homes

### Alcohol and Other Substances

The inappropriate use and abuse of alcohol and other drugs (including pain killers, tranquilizers, sedatives, stimulants, hallucinogens, and inhalants) is a significant health, social, public safety, and economic problem. Substance use and abuse costs society in the form of substance-abuse-related illness, premature death, lost productivity, and the use of the criminal justice system. According to the National Institute on Drug Abuse, for every dollar spent on substance abuse *prevention*, the community's return on investment ranges from four to ten dollars in cost savings for treatment and counseling. The WHD continued to monitor and evaluate the burden and impact of alcohol and other drug use in Wauwatosa. The WHD performed the following activities addressing alcohol/substance use/abuse:

- Maintained an active partnership with and provided technical assistance to Tosa United.
- Facilitated the school district's Tosa United program while the coordinator role was temporarily vacant
- Researched and updated continuous prescription pill drop-off sites and sharps disposal sites
- Attended the southeast regional heroin summit
- Assessed 110 individuals on alcohol use and illegal/inappropriate drug use
- Completed 21 alcohol compliance investigations; 95.2% (n=20) of the establishments did not sell alcohol to minors
- Planned, advertised, and implemented Tosa United's 2013 prescription drug collection day held in September at the city hall parking lot
- Analyzed data for the Wauwatosa Youth Risk Behavior Survey (YRBS) in partnership with the WSD. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, and inhalants

### Reproductive and Sexual Health (RSH)

Reproductive and sexual health (RSH) addresses multiple facets and family issues as well as high-risk behavior that may lead to unintended pregnancy and/or STDs. Over 80% of Milwaukee County disease reports are STDs. The WHD continued to monitor and evaluate the burden and impact of outcomes associated with RSH behaviors by identifying data for continuous monitoring and analysis. The WHD performed the following activities addressing RSH issues:

- Processed 12 RSH-related inquiries on WHD I&R
- Assessed 110 individuals on RSH-related issues through the department's Adult Health Clinic program
- Investigated 121 STDs/STIs for source identification, treatment, and prevention
- Assessed 599 birth records for high-risk maternal health issues

### Mental Health

Mental health is closely associated with physical health and is considered indispensable to personal well-being, family and interpersonal relationships, and the ability to make meaningful contributions to community and society. Efforts are made to monitor, evaluate, and mediate the impact and burden of mental health issues in Wauwatosa, which include access to mental health services, diagnosed mental

health disorders, harassment and bullying in the schools, stress, depression, and proneness for suicide. The WHD performed the following activities addressing mental health issues:

- Processed 5 mental health-related inquiries on WHD I&R
- Assessed and evaluated 3 mental health-related referrals for nursing case management services
- Assessed 110 individuals on mental health-related issues through the WHD Adult Health Clinic program

### Injury and Violence

An injury is harm caused to one's body and encompasses unintentional injuries, such as falls, motor vehicle accidents, drowning, and poisonings, as well as intentional infliction including assaults, homicides, suicides, abuse, and neglect. According to the CDC, the economic costs of injuries include the costs associated with medical treatment as well as lost productivity. The WHD continued to monitor and evaluate the burden and impact of intentional and unintentional injuries including violence issues in Wauwatosa by identifying data for continuous monitoring and analysis while comparing the Wauwatosa data to national and state statistics. The WHD performed the following activities addressing injury and violence prevention:

- Maintained an active partnership with and provided technical assistance to Tosa United on issues surrounding injuries and violence and promoted and distributed the cyber-bullying program
- Processed 24 injury and violence-related inquiries on WHD I&R
- Assessed and evaluated 42 referrals for injury and violence nursing case management
- Assessed 110 individuals on injury prevention behaviors including personal safety, risk for falls, abuse/neglect by others, self-neglect, motor vehicle safety, use of sun screen, and installation of home smoke/carbon monoxide detectors through the department's Adult Health Clinic program
- Continued active partnership with the Safe Kids Coalition and Children's Health Alliance
- Conducted 10 home safety visits for families
- Continued participation in the regional Child Death Review process with the Infant Death Center

Source: 2013 City of Wauwatosa Health Department Annual Report. Follow the link for more detailed information on WHD services and programs and how the City of Wauwatosa compares to the state and the nation. <http://www.wauwatosa.net/healthdata>

## **2014 WHD ACHIEVEMENTS**

- Applied for national accreditation on 5/20/14. National accreditation addresses quality improvement using national benchmarks, ongoing quality improvement, and customer service excellence. This process involves the review and revision of policies, programs, operations and plans. Accreditation also involves the development of a performance management system to better track and report outcomes.
- Successfully completed the 5-year Department of Health Services (DHS) 140 Required Services of Local Health Departments which is an audit for statutory compliance. This process required 100 pieces of evidence and a site visit.
- Completed a WHD Strategic Plan (2014-2017) to provide direction and track outcomes. Strategies include achieving national accreditation, enhancing workforce development, forging and expanding community partnerships, tracking community programs and services, and improving public health advocacy and visibility. The WHD Plan is linked to the City Strategic Plan through the Healthy Wauwatosa Initiative. <http://www.wauwatosa.net/healthdata>.

- Member of the City of Wauwatosa Strategic Plan steering committee; Invest in People committee, NeoGov Performance Evaluation committee, and provided selected services for the City's Wellness program
- Developed a marketing plan to raise awareness of health department functions, programs and services; communicate successes and challenges, inform and engage citizens about the upcoming 'Healthy Wauwatosa Initiative', and disseminate public health routine and emergency health messages. The marketing plan uses multiple venues to stay in touch with our community.
- Collaborated/advocated within the community to install a permanent medication collection site since 2007. The WHD funded half of the cost through a prevention grant and worked in partnership with Tosa United and the Police Department to make this happen.
- Collaborate with the Wauwatosa School District on preparing and implementing the 2014 Youth Risk Behavior Survey that provides insight into the health practices of youth and a basis for future programming.

## 2015 GOALS

- Achieve national accreditation through the Public Health Accreditation Board using national benchmarks and quality improvement processes to define the expectations of the health department and improve service, value, and accountability to stakeholders. Electronically load the accreditation evidence and participate in the scheduled site visit. Review and revise all programmatic and operational policies and plans; implement a formal performance management system to track and report outcomes.
- Design and pilot a City-wide social media policy through an internal grant to improve marketing of department programs and initiatives using multiple venues for better communication with the community. This grant is in partnership with the fire and police departments. The initiative will be expanded to other City departments. The WHD will implement components of its Marketing Plan for enhanced for enhanced health messaging and communication with the community.
- Implement the City of Wauwatosa Health Department Strategic Plan to evaluate and revise current collaborative initiatives with community partners; and revise data collection, analysis, and reporting processes using internal electronic databases and a performance management system. Other program focus areas include: TB disease policy revision; refugee screening; safe food handling education; lead-poisoned children program; mental health awareness and isolated adults; host a community forum related to adolescent support and self-esteem.
- Assist in implementing the City's Strategic Plan through the 'Healthy Wauwatosa Initiative' to address and support healthy behaviors, acknowledge other factors, and shape the physical environment to improve the health of the community. The Healthy Wauwatosa Initiative will be the umbrella that links large City initiatives and health department programs.
- Continue to work with the Senior Commission to complete the Adding Life to Years senior health assessment and disseminate the results to the community on the strengths and needs of seniors.
- Analyze, summarize and disseminate the 2014 Youth Risk Behavior Survey results to identify strengths and risks of youth health behaviors as a basis for future programming. Expand the survey to middle school students.

## 2015 BUDGETARY CHANGES

The allotted 2% increase for operations was not used: \$1,221

The reconfiguration of a part-time position from a .8 Public Health Specialist to a .5 Public Health Nurse resulting in salary and benefit saving as position will not be pension eligible.

The increased wages were due to adjustments made to positions through the Carlson Dettman study to compete with the market

Addition of revenues through selected fees: \$2,700

- Tuberculosis Skin Testing (by appointment): \$900—to assist clients in getting required testing when they are not able to attend our public clinics
- Expedited License Fee: 10% of license fee or \$5, whichever is greater: \$200 to encourage operators to plan ahead (1 week) for community food event licenses
- Late charge to license holders after the deadline: 10% of the license fee or \$5, whichever is greater: \$800: to provide incentive for owners to pay license fees on time
- Radon kit sales: \$10 per kits: \$800: Increase kit cost which is less than retail and also includes the cost of lab testing. The test results provide valuable data

## BUDGET SUMMARY

Public Health Dept #421									
Expenditures									
2011	2012	2013	2014	2014			2015		
Actual	Actual	Actual	Adopted	Estimated	Acct #	Name	Executive	% of	Total
			Budget				Review		
824,897	821,791	861,933	852,004	866,265	5100	Wages	893,535	61.4%	
339,276	335,963	354,636	366,357	366,357	5195	Fringe Benefits	377,653	25.9%	
40,370	31,628	43,228	188,817	186,318	5200-5900	Operating Expenditures	183,274	12.6%	
123,710	118,961	135,038	-	-	5510-5520	Internal Charges	-	0.0%	
8,426	15,272	4,930	4,003	5,703	5980-010	Maternal Child Health Grant	-	0.0%	
-	-	380	-	139	5980-015	Expenditures from Donation	-	0.0%	
1,533	1,459	56	4,535	2,492	5980-020	Child Lead Poison Prev	-	0.0%	
-	-	-	4,607	10,807	5980-025	Preparedness Grant	-	0.0%	
658	-	-	-	-	5980-035	Immunization Planning Gr	-	0.0%	
2,270	6,131	2,459	4,049	2,349	5980-080	Immunization Registry Gr	-	0.0%	
-	-	-	-	900	5980-100	WI Wins	1,300	0.1%	
9,092	3,086	3,972	8,150	8,585	5980-110	Cities Readiness Initiative	-	0.0%	
-	-	800	-	-	422-5980-020	Health Hazard Removal	-	0.0%	
210	216	-	-	2,500	422-5980-025	Radon Outreach	-	0.0%	
6,403	4,002	455	-	2,043	423-5980-010	Prevention Grant	-	0.0%	
-	1,636	-	-	-	423-5980-015	Pandemic Influenza Grant	-	0.0%	
5,812	10,465	5,531	-	-	423-5980-025	CDC Preparedness-LHD Plan	-	0.0%	
1,004	828	937	-	-	423-5980-030	Tobacco Control Board	-	0.0%	
4,473	458	3,307	-	-	423-5980-055	Accreditation Grant	-	0.0%	
7,706	4,967	3,897	-	6,477	423-5980-200	Public Health Infrastruct	-	0.0%	
<b>1,375,840</b>	<b>1,356,863</b>	<b>1,421,559</b>	<b>1,432,522</b>	<b>1,460,935</b>		<b>TOTAL</b>	<b>1,455,762</b>	<b>100.0%</b>	

**Public Health  
Dept #421**

**Revenues**

2011 Actual	2012 Actual	2013 Actual	2014		Acct #	Name	2015	
			Adopted Budget	2014 Estimated			Executive Review	% of Total
40,909	47,942	44,478	43,454	49,654	231-4420-000	Preparedness Planning Grant	41,486	2.8%
15,479	6,203	10,421	12,870	13,305	231-4420-010	Cities Readiness Initiative	6,151	0.4%
6,403	4,773	3,542	2,043	2,043	231-4420-020	Prevention Grant	-	0.0%
12,713	22,039	12,349	12,349	12,349	231-4420-030	Immunization Registry Gr	10,000	0.7%
658	-	-	-	-	231-4420-035	Immunization Planning	-	0.0%
18,165	22,655	12,057	12,303	12,303	231-4420-040	Maternal Child Health Grant	6,600	0.5%
3,369	780	-	-	2,500	231-4420-045	Radon Outreach	-	0.0%
11,968	9,638	8,455	-	10,000	231-4420-200	Public Health Infrastruct	-	0.0%
1,739	1,636	-	-	-	231-4440	Pandemic Influenza Grant	-	0.0%
7,664	4,089	2,104	2,492	2,492	241-4420-060	Child Lead Prevention Grant	-	0.0%
1,004	833	937	-	900	241-4420-080	WI WINS	1,300	0.1%
75,646	78,663	79,021	83,900	83,900	311-4120	Food	80,020	5.5%
23,511	25,452	26,118	25,300	25,300	311-4125	Retail Food-Dept of AG	27,400	1.9%
-	-	-	1,050	1,050	311-4140	Soda Water	1,055	0.1%
-	-	-	-	10,000	311-4310	Hotel/Motel and Rooming H	8,500	0.6%
-	-	-	-	5,500	311-4360	Public Swimming Pools	5,900	0.4%
1,350	1,025	1,638	1,050	1,050	531-4300	Animal Pound	1,050	0.1%
700	100	110	550	550	531-4410	Health Enforcement	220	0.0%
4,053	5,199	5,356	5,200	5,200	531-4500	Health Inspection License	5,500	0.4%
-	-	-	-	-	531-4500-010	Expedited License Fee Reg	200	0.0%
-	-	-	-	-	531-4500-020	Late License Fee	850	0.1%
14,799	9,991	10,257	7,500	7,500	531-4600-050	Health Serv-Flu	10,000	0.7%
25	75	-	-	-	531-4600-100	Health Serv-Pneumovax	-	0.0%
1,680	2,445	2,280	2,000	2,000	531-4600-150	Health Serv-TB Skin Test	3,200	0.2%
1,115	625	220	100	100	531-4600-200	Health Serv-Hepatitis A/B	-	0.0%
180	-	-	-	-	531-4600-250	Health Serv-Varivax	-	0.0%
1,110	1,890	20	-	-	531-4600-300	Health Serv-Adult Tetanus	-	0.0%
-	150	-	-	-	531-4600-350	Health Serv-Meningococcus	-	0.0%
3,080	2,925	930	1,000	1,000	531-4600-400	Health Serv-Shingles	-	0.0%
200	671	300	200	200	531-4700	Radon Kits	800	0.1%
475	-	-	-	-	531-4850	Accreditation Grant	-	0.0%
-	17,151	30,872	-	-	531-4870	Children's Hospital Grant	-	0.0%
1,435	183	-	400	400	531-4900	Other	-	0.0%
5	15	67	-	-	531-4980-020	Hepavac Rental	100	0.0%
-	100	-	-	-	841-4210	Contrib-Health	-	0.0%
159,022	159,468	165,680	168,576	181,075		Unallocated Revenues	161,603	11.1%
967,383	930,147	1,004,347	1,050,185	1,030,564		Tax Levy	1,083,827	74.5%
<b>1,375,840</b>	<b>1,356,863</b>	<b>1,421,559</b>	<b>1,432,522</b>	<b>1,460,935</b>		<b>TOTAL</b>	<b>1,455,762</b>	<b>100.0%</b>

\* Historically the Health Department was split into 3 different departmental accounts. These were consolidated in 2014 and for comparison purposes, prior years have also been consolidated as well in this table.

**PERSONNEL SCHEDULE**

Health				
Position Description	2014 FTE	2015		2014-15 Change
		Base Positions	2015 FTE	
Health Officer	1.00	1	1.00	-
Health Services Surge Capacity	0.06	0	0.06	-
Administrative Support Specialist 1	1.00	1	1.00	-
Nurse Supervisor 3	1.00	1	1.00	-
Office Assistant (Grant Funded) 4	0.50	1	0.50	-
Public Health Manager/Epidemiologist grant	1.00	1	1.00	-
Public Health Nurse	5.50	7	6.07	0.57
Public Health Specialist	0.80	1	-	(0.80)
Sanitarian 2	2.00	2	2.00	-
<b>TOTAL</b>	<b>12.86</b>	<b>15.00</b>	<b>12.63</b>	<b>(0.23)</b>

*Previously titled:*

- 1 MC 3 Health Admin Asst
- 2 Environmental Health Sanitarian
- 3 Public Health Nurse Supervisor
- 4 MC 1 Health Part Time



# CITY OF WAUWATOSA HEALTH DEPARTMENT

## Quality Management Plan

**Implemented:** July 2007  
**Last Revision:** September 2014  
**Reviewed:** September 2014

### I. Purpose and Scope:

The Wauwatosa Health Department's (WHD) mission is to protect and promote the health and safety of all Wauwatosans. The WHD seeks to achieve a level of excellence within the department and in the health and safety of the residents, businesses and organizations throughout the Wauwatosa community. To achieve excellence, a comprehensive Quality Management Plan (QMP) is necessary. The QMP encompasses a defined quality improvement process that is benchmarked with a performance management system. The WHD's quality improvement (QI) initiatives will be coordinated in a strategic manner by aligning with WHD's *Community Health Improvement Plan (CHIP)* and *Strategic Plan (SP)*. The QI initiatives' progress and results will be communicated to the Board of Health, stakeholders and the community.

### II. Definitions

Quality improvement in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community. (Riley et al, "Defining Quality Improvement in Public Health", JPHMP, 2010, 16(10), 5-7.)

Performance management is the practice of actively using performance data to improve the public's health. This involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. Ideally, these practices should be integrated into core operations, and can occur at multiple levels, including the program, organization or system level. (Turning Point Performance Management Collaborative, 2003.)

### III. Structure, Roles and Responsibilities

**Overview:** The central structure of the QMP includes the Wauwatosa Management Team (WMT), the Health Improvement Committee (HIC), and the Quality Improvement Committees (QIC). See Appendix A for current QI structure. The QICs are defined based on the WHD's *CHIP* initiatives and statutorily mandated programs. QICs report their progress and activities to the HIC. The HIC provide oversight to the QICs and reports to the WMT. The WMT provides the leadership and strategic vision for the QI initiatives.

- A. **Wauwatosa Management Team:** The Wauwatosa Management Team (WMT) consists of the Health Officer, Nursing Supervisor and Public Health Manager who provides the leadership and vision to the quality improvement initiatives. The WMT's responsibilities include:
1. Assign professional staff to QI Chair (HIC) and QIC; staff assignments will be reviewed at least annually for possible rotation.
  2. Assign clerical staff to selected QI initiatives.
  3. Allocate resources and budget for identified initiatives.
  4. Provide orientation and training to staff on the QMP. Training includes:

- a. Initial orientation to the QMP, definitions, and job expectations upon hire.
  - b. Continued training for all staff at least annually.
  - c. Advanced training for identified staff, as needed.
5. Ensure communication on the QI initiatives' progress and activities to the Board of Health, stakeholders, and community. Communication venues include:
- a. Monthly all department staff meetings
  - b. Board of Health meetings, conducted at least quarterly
  - c. Community partner and stakeholder meetings, conducted at least annually
  - d. *City of Wauwatosa Health Department Annual Report*
  - e. Other as needed, such as city website, city newsletter, media outreach, etc.

- B. Health Improvement Committee:** The Health Improvement Committee (HIC) provides oversight to the QIC. HIC membership consists of the HIC coordinator, Communicable Disease Committee QI coordinator, Growth and Development Committee QI coordinator, Environmental Health Committee & Preparedness QI coordinator, and the WMT. The HIC must have a public health nurse and a sanitarian. The HIC's responsibilities include:
1. Meet as often as necessary, but at least quarterly.
  2. Draft and distribute an agenda at least 24 hours prior meeting
  3. Take minutes at every meeting and post minutes on 'S' drive.
    - a. Minutes should list all attendees present, those excused, and a recorder
    - b. Minutes should reflect agenda items discussed (decisions made, who's responsible, and possible deadlines)
    - c. Use a template similar to that used for the Staff Professional Meetings
    - d. Minutes should be completed and distributed prior to the next meeting
  4. Continuously evaluate current programming needs and goals (Plan-Do-Check-Act)
    - a. Update and/or create policies and procedures for programming areas within the committee
    - b. Identify resources needed for programming (personnel time, supplies, community partners, etc.)
    - c. Identify, collect and analyze data sources to trace selected health indicators
  5. Provide oversight to QI subcommittees, including:
    - a. Assign initiatives to QI subcommittees
    - b. Approve QI subcommittee policies and procedures to forward to Board of Health, as appropriate
  6. Provide oversight to the strategic initiatives
  7. Oversee the accreditation and reaccreditation process
  8. Meet deadlines as established by the Health Officer/Board of Health
  9. Coordinate the development and distribution of the following initiative reports, including:
    - a. Community Health Assessment (CHA)
    - b. Community Health Improvement Plan (CHIP)
    - c. WHD Annual Report
    - d. Strategic Plan (SP) for the department

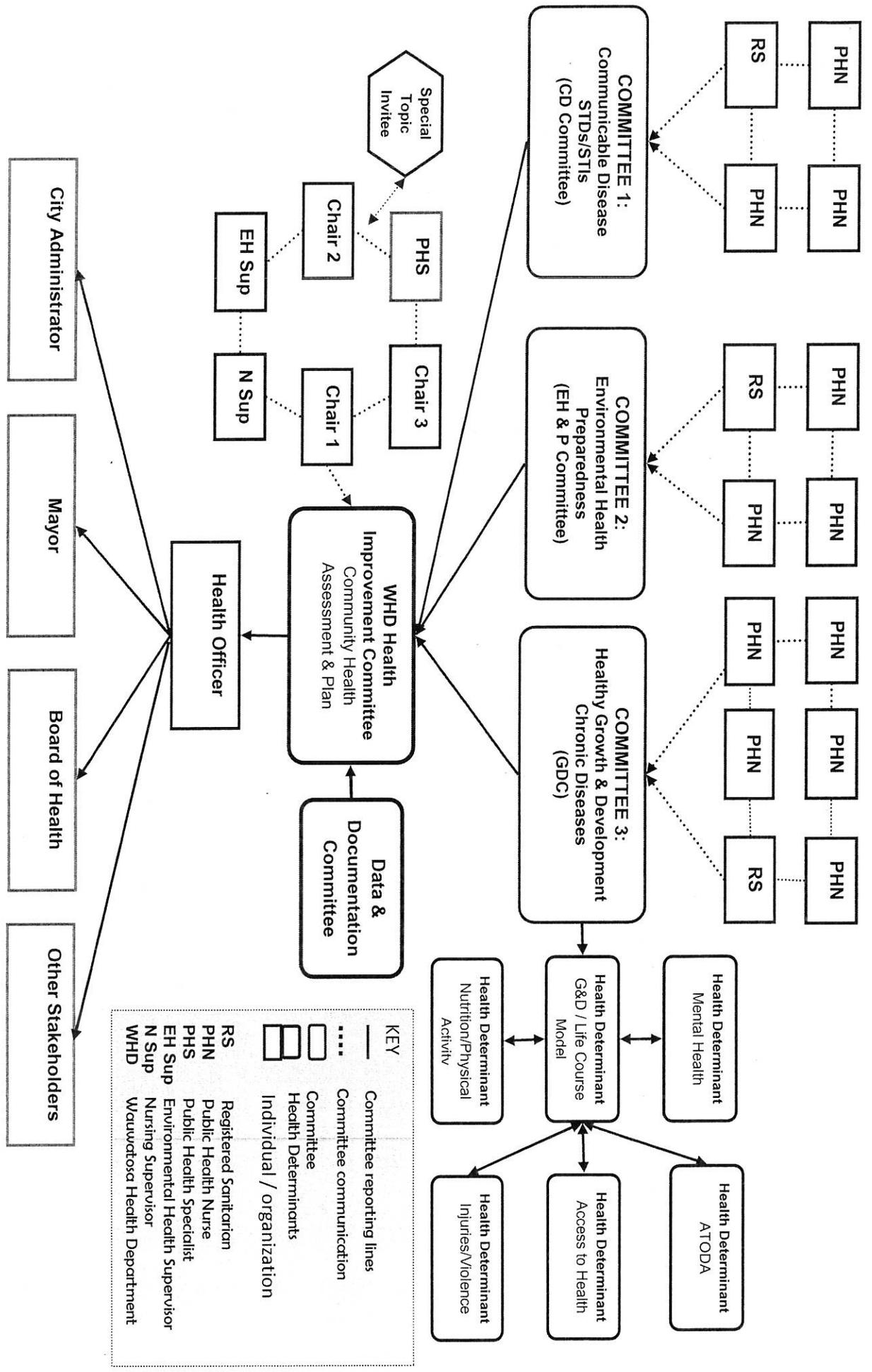
- C. Quality Improvement Committees:** The Quality Improvement Committees (QICs) will coordinate their identified focus area initiatives in a strategic manner. The QICs must have a minimum of 4 members including a public health nurse, a sanitarian, the HIC coordinator, and a WMT representative. The QICs' responsibilities include:
1. Meet as often as necessary, but at least quarterly.
  2. Draft and distribute an agenda at least 24 hours prior meeting
  3. Take minutes at every meeting and post minutes on 'S' drive.
    - a. Minutes should list all attendees present, those excused, and a recorder
    - b. Minutes should reflect agenda items discussed (decisions made, who's responsible, and possible deadlines)
    - c. Use a template similar to that used for the Staff Professional Meetings
    - d. Minutes should be completed and distributed prior to the next meeting

4. Develop a 5 year plan using a Logic Model. See Appendix B for Logic Model outline. The WHD Logic Model was revised due to input from staff requesting a simplified, pragmatic tool. Logic Models must include:
  - a. Short and long-term goals/objectives with timeframes for the committee based on the *CHIP* and *SP*
  - b. Activities and initiatives are based on best practices, evidence-based and emerging practices from a valid source.
  - c. Update progress on initiatives using the established performance management system
5. Establish workgroups as needed to address specific focus areas or initiatives
6. Continuously evaluate current programming needs and goals (Plan-Do-Check-Act)
  - a. Update and/or create policies and procedures for programming areas within the committee
  - b. Identify resources needed for programming (personnel time, supplies, community partners, etc.)
  - c. Identify, collect and analyze data sources to trace selected health indicators using benchmarks outlined in the *CHIP*, *SP*, or *Healthiest People 2020* if not otherwise noted.
7. Provide status updates to the HIC at a minimum annually and as requested
8. Contribute to the WHD Annual Report and other reports as directed
9. Contribute to the department's accreditation and reaccreditation process as directed
10. Meet deadlines as established by the HIC

#### IV. Performance Management

The HIC and QICs will track their respective QI initiatives utilizing Excel spreadsheets. HIC and QIC will monitor the QI processes and activities on a quarterly basis and document in meeting minutes and on the spreadsheet. See Appendix C for a sample Performance Management Activities spreadsheet. A separate dashboard which tracks the performance indicators will be updated yearly. See Appendix D for the Performance Indicator dashboard. The QI performance management spreadsheets and dashboard will be coded in the following manner; revisions to the plan must be dated and documented in the committee's meeting minutes:

- A. Blue – accomplished goal/completed task
- B. Purple – partially accomplished goal/completed task; add comment by right clicking on cell, choose "Insert Comment", type in comments)
- C. Yellow – target date was revised (type in the date when the revision was decided; date must correlate to meeting minutes/notes)
- D. Green – target date; if it was a revised target date, type in the date when it was revised (date must correlate to meeting minutes/notes)
- E. Red – stopped initiative when goal/task not completed; add comment by right clicking on cell, choose "Insert Comment", type in comments)
- F. Pink – newly added goals



**KEY**

- Committee reporting lines
- ..... Committee communication
- ☐ Committee
- ☐ Health Determinants
- ☐ Individual / organization

RS Registered Sanitarian  
 PHN Public Health Nurse  
 PHS Public Health Specialist  
 EH Sup Environmental Health Supervisor  
 N Sup Nursing Supervisor  
 WHD Wauwatosa Health Department

Appendix B: Logic Model – sample

Inputs (Resources) →	Outputs (Activities) →	Outcome
<p>Wauwatosa School District</p> <p>Wisconsin Alliance for Infant Mental Health</p> <p>Wauwatosa Children's Library</p> <p>Wauwatosa Daycares</p> <p>WI Department of Public Instruction (DPI)</p>	<p><b>Child Development</b></p> <p>2/3a. By December 31, 2013 the Wauwatosa School District will establish a baseline for the percent of preschoolers who were functioning within age expectations in positive social-emotional skills and in acquisition and use of knowledge and skills by the time they turned 6 years of age or exit the program.</p> <p>Work Plan:</p> <ul style="list-style-type: none"> <li>-The GDW will produce internal protocols for use of growth and development screenings by December 31, 2014.</li> <li>-The GDW will educate the community on use of growth and development screenings by December 31, 2014. (Using community partners)</li> <li>-The GDW will consult with the Infant Mental Health point person regarding tools and education materials that can be incorporated into the WHD growth and development screening protocol by December 31, 2013.</li> <li>-The GDW will research and market available local parenting resources through December 31, 2017.</li> </ul>	<p><b>Child Development</b></p> <p>2. By December 31, 2017 the percent of preschool children who were functioning within age expectations in positive social-emotional skills (including social relationships) by the time they turned 6 years of age or exited the program should be at or above 69.7%. (WI Target=69.7%, Tosa Baseline= ?)</p> <p>3. By December 31, 2017 the percent of preschool children who were functioning within age expectations in acquisition and use of knowledge and skills (including early language/communication and early literacy) by the time they turned 6 years of age or exited the program should be at or above 61.9%. (WI Target=61.9%, Tosa Baseline= ?)</p>

Appendix C: QI Activities and Processes - Sample

Activity	Dec-12	Mar-13	Jun-13	Sep-13	Dec-13	Mar-14	Jun-14	Sep-14	Dec-14	Mar-15
<b>PRENATAL / BIRTH OUTCOMES</b>										
<i>Increase the percent of women seeking prenatal care in the first trimester</i>										
<i>Refer all newly pregnant women that are enrolled in WIC to Wauwatosa PHN staff</i>										
Review protocol for nursing case management of birth certificates to address barriers for women not seeking prenatal care during first trimester										
Pilot the protocol for nursing case management for women not seeking prenatal care during first trimester	10/23/12					1/16/2014			data	report for 2014 rev 1/16/14
If there is a decrease in women seeking prenatal care in the first trimester then barriers to care will be identified						10/23/12				rev 10/23/12
hold staff training on all options for uninsured pregnant women										
WHD WIC Coordinator will meet biannually with the West Allis WIC										

**Appendix D: Performance Indicator Trends - Sample**

**VPD**

	GOAL	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
2 y/o immie rates	90%	72.0%	70.0%	53.0%	67.0%	68.0%	72.0%	75.0%				
Pertussis in residents, annual	≤ 3	1	1	2	17	3	62	41				
Pertussis in facilities, annual	≤ 5		4	0	14	4	7	4				
Pediatric flu deaths, annual	0	0	0	0	0	0	0	0				

**STDs**

	GOAL	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Chlamydia rates, annual	≤ 200 cases/100K pop		211.2	217.7	237.1	198.3	240.3	214.3				
Gonorrhea rates, annual	≤ 37 cases/100K pop		41.0	56.0	34.5	36.6	55.3	44.6				
Teen STD rates per YRBS	≤ 2.5%				2.6		1.9					
Teen condom rate per YRBS	≥ 72.0%				66.0		69.6					