

# Wauwatosa Health Department



## What Have We Done for You Lately? 2006 Report to the Community

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## What is Public Health?

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Public health is a broad field that examines ways to prevent, promote and protect in an effort improve the population's health and the environment. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the *entire population* in several key areas" (Public Health Functions Committee, 1994). Public health focuses on prevention through the strategies of education and awareness about healthy behaviors and lifestyles and the reduction/elimination of the risk factors that are linked to chronic conditions like heart disease, cancer, stroke, and diabetes. Approximately 3% of the nation's health care budget is allocated to prevention through public health efforts. Wisconsin ranks 46<sup>th</sup> of all the states in public health spending at \$79 per person annually (America's Health Rankings, 2006). Selected public health benefits that positively impact people's lives include:

- Protecting infants and children through free and timely immunizations
- Breathing cleaner air through smoke-free dining
- Eating safe and nutritious foods through restaurant health inspections
- Learning ways to improve personal health and avoid risk behaviors
- Monitoring new infants and families; conducting developmental screenings
- Offering monthly Women, Infant, and Children Clinic (WIC) on site
- Offering senior adult clinics throughout the community for health maintenance
- Convening a 30-agency partnership related to adequate physical activity and nutrition (PAN Committee)
- Monitoring lead-poisoned children, providing lead home assessments and abatement and clearance testing through lead-certified personnel
- Assuring safe drinking water through boil/bottled water advisories
- Conducting investigations related to suspect and actual communicable disease and food-vector-water borne diseases and outbreaks
- Collaborating with 14 health departments of Milwaukee and Waukesha Counties in a consortium to assure a standardized response to public health emergencies and a regional pandemic influenza plan
- Protecting the public from human health hazards
- Collaborating with UWM to develop a certificate program in public health nursing for enhanced workforce development

## Healthiest Wisconsin and Healthiest Wauwatosa 2010

Wisconsin's overarching public health goals include (1) promoting and protecting health for all, (2) transforming the public health system, and (3) eliminating health disparities. Wisconsin identified 11 health and 5 infrastructure priorities (Appendix A). The Wauwatosa Health Department's (WHD) vision is "Healthy people in a healthy Wauwatosa community". The WHD's mission is to prevent, promote, and protect Wauwatosans in matters of public health and safety. The City of Wauwatosa health priorities were linked to Wisconsin 2010 Health Plan and identified based on a health assessment survey (JVK, 2003) and focus groups. The City of Wauwatosa strategic health plan, entitled 'Healthiest Wauwatosa 2010', includes the local health priorities of (1) communicable diseases, (2) environmental health, (3) nutrition, and (4) physical activity. Public health is science based, using best practices. The heart of the WHD health programming is community partnerships (Appendix A). Copies of this document are available in the WHD.

## Public Health Core Functions and Performance Standards

Public health core functions consist of assessment, policy development, and assurance and related essential services. The public health operational standards are built on the 10 national essential services of public health that include:

1. Monitor health status and understand issues facing the community
2. Protect people from health problems and health hazards
3. Provide people with information they need to make healthy choices
4. Engage the community to identify and solve health problems
5. Develop public health policies and plans that support health efforts
6. Enforce public health laws and regulations that protect health and ensure safety
7. Link people to needed health services and provide assurance of quality
8. Assure a competent public health workforce
9. Evaluate and improve health services and programs
10. Contribute to and apply the evidence of the base of public health

In May 2005, the WHD transitioned from a Level II to a Level III (highest) local health department as defined by Wisconsin State Statute HFS 140 Required Services of Local Health Departments. This process is to assure compliance with statutory requirements, the existence and quality of programs and services, and proper governance in health departments across the state. The WHD is one of four Level III health departments in Milwaukee County.

Over the past decade, the National Association for County and City Health Officers (NACCHO, 2006) developed and finalized the operational definition of a local health department in order to set performance standards, indicators, and evidence to assure high quality. NACCHO finalized a pilot process to standardize local health departments leading to voluntary agency accreditation. The WHD is in the process of aligning and evaluating existing programs in preparation for accreditation in the future.

Over the past decade, the CDC piloted 3 tools on performance standards for public health. The tools capture information on governance, local and state health departments. They will be finalized shortly and focus on partnerships and collaborative efforts on behalf of communities.

## Wisconsin State Statutes and City of Wauwatosa Ordinances

The WHD functions under the authority of multiple state statutes, some of which include:

- HFS 139: Qualifications of Public Health Professionals
- HFS 140: Required Services of Local Health Departments
- HFS 145: Control of Communicable Diseases
- HFS 250: Health Administration and Supervision
- HFS 251: Local Health Officials
- HFS 252: Communicable Diseases
- HFS 253: Maternal and Child Health
- HFS 254: Environmental Health
- HFS 255: Chronic Disease and Injuries

In addition to state statutes and administrative rules, the WHD creates, monitors, and enforces selected City codes. Chapters 8 and 9 encompass dangers to health, contagious disease, human health hazards, quarantine and isolation, regulations of animals, and smoke-free dining. The City of Wauwatosa adopted selected Wisconsin Administrative Codes related to the inspection of hundreds of state-and city-licensed establishments which includes public pools, lodging, restaurants, vending machines, retail food, and temporary food licenses. The WHD is a part of the City emergency operations unit and also functions under Public Health Annex H of the County Emergency Management Manual. The Milwaukee and Waukesha County Consortium for Emergency Public Health Preparedness Plan was adopted by Emergency Management as part of Annex H.

## **WHD Governance and Structure**

The WHD, according to Wisconsin state statute HFS 250: Health Administration and Supervision and HFS 251: Local Health Officials, is advised by a Mayoral-appointed Board of Health. Members include five health experts including an MCW physician, a Marquette University nursing professor, a governmental liaison at a local health care facility, a pediatric hospital director, an aldermanic liaison, and the Health Officer. The WHD administration oversees the divisions of public health nursing and environmental health. In addition, since 2003, the WHD served as fiscal agent for the CDC Emergency Preparedness grant that involves a regional consortium and collaboration with 14 participating health departments of Milwaukee and Waukesha County. The consortium staff are supervised and housed at the WHD.

## **Public Health Personnel**

Compared to other local health departments across the state, the WHD is modestly staffed. For example, in 2003, Wisconsin health departments had 3.3 staff per 10,000 population compared to Wauwatosa with 2.7 staff per 10,000 (excluding consortium personnel). In 2004, Wisconsin rose to 3.9 staff per 10,000, while the WHD remained at 2.7. The southeast region of Wisconsin had an average of 3.3 staff per 10,000 in 2002. In comparing full time equivalents (FTEs), the WHD had 12.6 FTE in 2003 and 11.2 FTE in 2004.

All professional personnel hired by the Health Officer must meet the qualifications of health professionals outlined in statute HFS 139. In 2006, WHD personnel totaled 14.46 FTE - or 2.7 FTE/10,000 population excluding 2.5 FTE consortium staff. Personnel included: 1 FTE Health Officer, 1 FTE Nursing Supervisor, 1.9 FTE clerical support, 5.36 FTE Public Health Nurses (PHN), 1 FTE Public Health Specialist, 0.5 Epidemiologist/Environmental Health Supervisor, 2.2 FTE Registered Sanitarians (RS), 1 FTE Emergency Preparedness Consortium Coordinator, 1 FTE Consortium Assistant, and 0.5 FTE Consortium Epidemiologist.

## **Data Collection and Monitoring**

According to statute, the WHD monitors vital statistics such as birth and death data, health status, disease presence, emerging diseases, and other conditions within the community.

There were 465 births in 2006 compared with 569 births in 2005. Of these births, 12 mothers smoked during pregnancy, 8 reported alcohol use, 3 infants were less than or equal to 1,499 grams (3# 4 oz) at birth, 28 were born at 1,500 to 2,499 grams, and 434 were born at greater than or equal to 2,500 grams (5# 8 oz). Thirty-seven infants were born with abnormal conditions, 6 infants were born with congenital anomalies, and 29 infants were transferred to the newborn intensive care unit or other hospital.

At the time of this report, analysis of the 2006 death certificate data was not complete. There were 455 deaths in 2005. Of the reported deaths, the most frequently-documented primary causes of death on the certificate were (1) heart disease 26.7%, (2) cancer 18%, (3) dementia 9.4%, (4) pneumonia 9%, (5) stroke 6.6%, and (6) Alzheimer's 4.6%.

## Funding

The 2006 budget for the WHD was \$1,140,461. This includes state and federal grant funds. Approximately 85% of the budget covers personnel wages and benefits. The balance is for medical supplies, vaccine purchases, and other day-to-day operations.

A public health specialist position was filled for community programming and assessment activities. A second RS was hired to balance the growing workload for environmental health inspections and licensed-establishment inspections such as restaurants and grocery stores. The WHD added a new state agent contract for additional revenue generation to offset the costs of the sanitarian.

A full accounting of the WHD budget is found in the City of Wauwatosa 2006 Budget Report. The WHD secured grants totaling \$119,996 (excludes consortium grant) to assist in expanded public health programs and services as well as emergency preparedness planning and training. The WHD negotiates and monitors a variety of grants to expand services to Wauwatosa residents. The full text of the grants is located in Appendix B. Grants include:

- Childhood Lead Program
- Preventive Health and Health Services Grant
- Maternal Child Health
- Immunization Action Plan
- Tobacco Education and Cessation/Clean Air Smoke-Free Restaurant Ordinance
- CDC Emergency Preparedness Planning
- Cities Readiness Initiative (Milwaukee Metropolitan Service Area)
- Pandemic Influenza Planning

## WHD Programs and Services

The broad categories of public health programs and services include preventing epidemics and the spread of disease, protecting against environmental hazards and creating a healthful environment, preventing injuries, promoting and engaging in healthy behaviors, public health preparedness, and assuring access to quality health services.

Public health programs are linked to the public health core functions, related essential services, and the Wauwatosa 2010 health and infrastructure priorities (Appendix A). WHD programs and services are evaluated and revised on an ongoing basis. The successful programming is attributed to well-prepared personnel, collaborative community partnerships, integration of programming, and grants that assist in expanding existing programs and services.

Environmental health is an integral part of public health, serving to protect against environmental factors that adversely impact human health or the ecological balances to long-term human health and environmental quality (Future of Environmental Health, 1993). These factors may include air, water, food, lead, tobacco smoke, housing, animal regulation, rabies control, health hazards, and emergencies. Environmental health programs and activities relate to the public health essential functions of protecting people from health problems and health hazards, and enforcing public health laws and regulations.

Public health personnel collaborate on various events. For example, during a suspect food-borne outbreak, the RS inspects and investigates the premises, the RN conducts the interviews with ill and well clients, and the epidemiologist conducts data analysis to determine the implicated item.

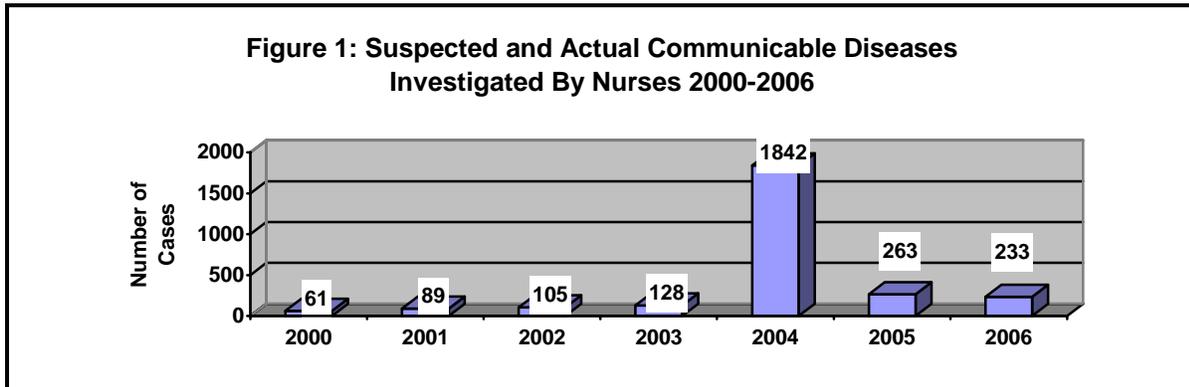
## Communicable Disease Prevention and Control

Communicable disease prevention and control is a statutory requirement of local health departments (State Statute HFS 252). Since 1990, Wisconsin had a decline in infectious disease by 55% (14.1 case/100,000; 6.4/100,000) according to America's Health Rankings (2006). The communicable disease (CD) program is grounded in the essential services of monitoring population health status and understanding issues, protecting people from health problems and health hazards, and enforcing public health laws and regulations.

The CD investigation process requires an understanding the epidemiologic principles of disease and illness, receiving disease laboratory and health provider reports, identifying disease cases and the potential exposure of others, monitoring signs, symptoms, and treatment, collecting and analyzing data, containing disease through measures such as ordering and enforcing isolation/quarantine, tracking data, reporting statistics to the state of Wisconsin DHFS, CDC, FBI (if crime suspected); working with other health agencies, and educating and protecting the public.

The WHD investigates all potential and actual communicable disease reports, including food-water-vector-borne diseases, outbreaks, epidemics, and sexually transmitted diseases. Fifty-eight percent of calls to the WHD Information and Referral Nurse Line (I&R) were related to the reporting of existing, emerging, or re-emerging diseases. The WHD nurses conducted 233 suspect

and confirmed CD investigations in 2006 compared to 263 in 2005 (Figure 1). The investigations are time intensive.

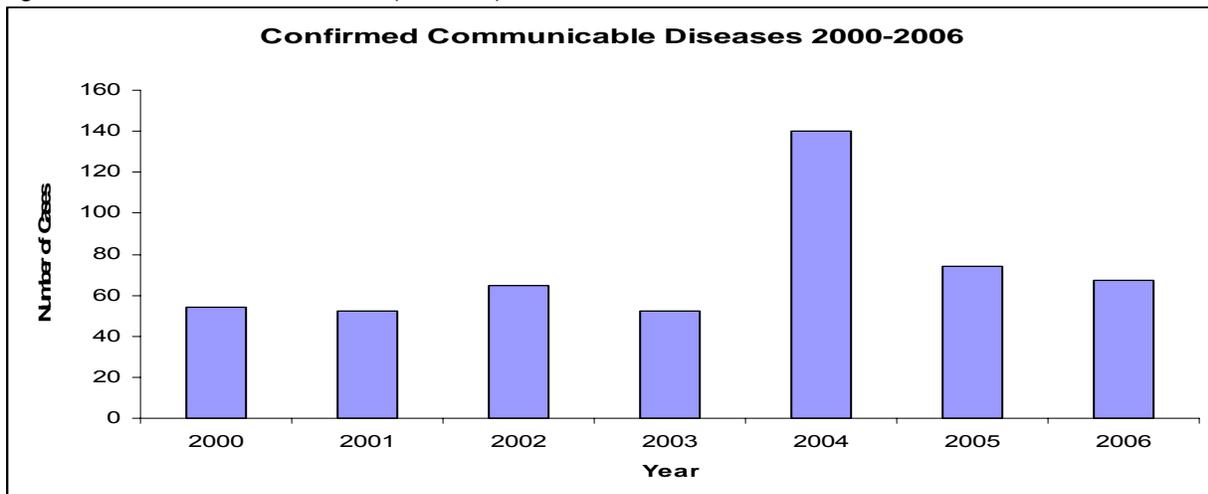


\*2004 includes the Pertussis Epidemic

In 2006, 16,930 communicable disease reports were documented in Milwaukee County, down slightly from 16,989 in 2005 (Appendix A). Wauwatosa had a total of 67 confirmed CD cases in 2006 (Figure 2), down from 74 confirmed diseases in 2005. This represents a 9.5% decrease in reported communicable diseases. Figure 2 numbers, as reported by Milwaukee County SurvNet, do not reflect sexually transmitted infections or tuberculosis. WHD confirmed diseases reported included:

Campylobacter – 5	Kawasaki Disease – 2
Cryptosporidium – 2	Lyme disease - 2
E. coli O157:H7 – 2	Meningitis, Bacterial - 1
Giardia – 4	Meningitis, Viral - 2
Haemophilus influenzae Invasive disease – 1	Salmonella - 2
Hepatitis A – 1	Shigella - 1
Hepatitis B – 4	Streptococcal disease, Invasive 3
Hepatitis C – 26	Streptococcus pneumoniae-2

Figure 2: WHD Confirmed Cases (Disease) via SurvNet



In addition to receiving CD reports and investigating cases and contacts who may have been exposed, the WHD also conducts enforcement of state statute to protect the health of the entire public. The WHD provided testimony in Wauwatosa Municipal Court and Milwaukee County

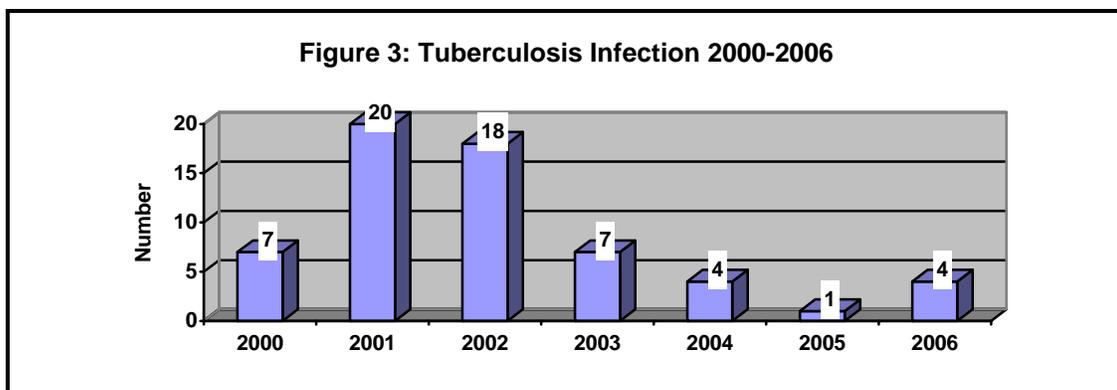
Circuit Court related to failure to cooperate with the investigation of a Health Officer. The person was found guilty and was cited.

The Wisconsin DHFS, along with selected local health departments, is in the process of piloting the Wisconsin Electronic Disease Surveillance System (WEDSS). WEDSS, once operational, will replace the current paper system of reporting communicable diseases. The WHD will be one of the first health departments to utilize the system. In other states where the change has been made to an electronic reporting system, there was an increase of reports, ranging 20-90%.

WHD nurses investigate reports of sexually-transmitted diseases (STD). Fifty-six diseases were reported in 2006 compared with 48 in 2005. STDs included (1) Chlamydia—27 (2005--27), (2) Chlamydia and gonorrhea—3, (6 in 2005), (3) Gonorrhea—8 (6 in 2005), (4) Gonorrhea exposure--1, and (5) Genital herpes—8 (6 in 2005).

Of the 16,930 communicable diseases reported in 2006 for the entire Milwaukee County area, approximately 81% (13,735) were STDs. The most common documented diseases were comprised of Chlamydia—9,209 and Gonorrhea—4, 526 (Appendix A).

There were 17 Tuberculosis (TB) related investigations, resulting in 3 TB infections (compared to 7 in 2005), 2 suspect TB infections (1 in 2005), 1 TB disease (0 in 2005), 7 suspected TB disease (2 in 2005), and 4 TB exposures (3 in 2005). See Figure 3, Appendix A. In Milwaukee County, health departments reported 29 confirmed Tuberculosis cases, the same case number in 2005. The southeast region of Wisconsin reported a total of 37 cases compared to 38 in 2005 (WI Tuberculosis, BHI, 2/5/07).



## Food-borne Illness

Food-borne illness remains a major public health problem since it has increased markedly over the past 20 years. The CDC estimates that each year, 76 million people get sick, of whom 300,000 are hospitalized and 5,000 die. Most of the ill are the very young, very old, and immunocompromised (Morbidity & Mortality Weekly Report, 4/16/04). Food-borne illness can be caused by microorganisms, marine organisms, fungi, and chemical contaminants. The most common causes of food-borne illness in the U.S. include *Campylobacter*, *Salmonella*, and *Shigella*. The need for laboratory specimens and health care intervention is important in order to diagnose and confirm food-borne illness.

During 2006, the WHD received 28 complaints of suspected food-borne illness; most

complaints were unverified due to lack of medical or laboratory confirmation. The WHD follows up on complaints according to policies and procedures. The WHD prepares a Food Safety Awareness Packet that includes general and critical information for food establishments, including bilingual educational literature.

Inspection of food establishments is one way in which adherence to the food code can be monitored. All licensed food establishments are inspected at least annually and upon citizen complaint or suspected food-borne illness.

## **Immunization Services**

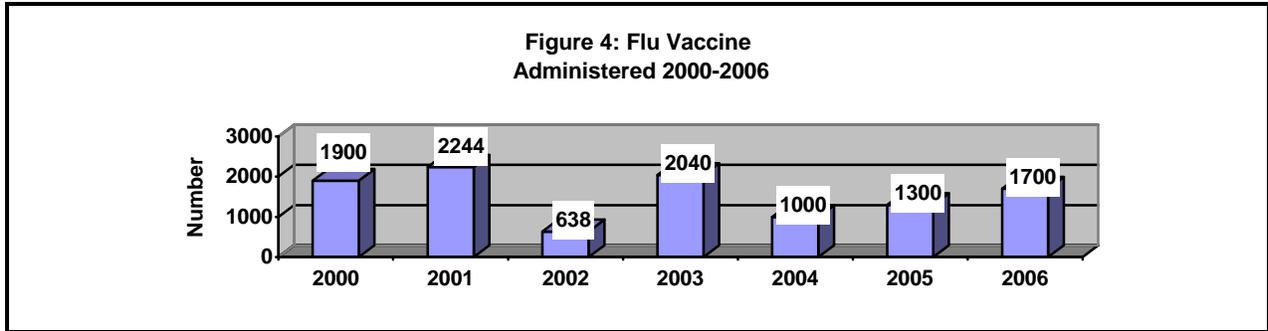
WHD nurses staffed 3 monthly immunization clinics in an effort to prevent disease outbreaks and epidemics. Changes were made in the number of clinics and clinic hours for the greatest efficiency. Tuberculosis skin testing and selected adult vaccines are also offered. During 2006, nurses administered 809 vaccines, including 174 Tuberculosis skin tests. The average cost for the vaccine series needed birth through kindergarten is \$1,161.62. This does not include the cost of the office visit for administration. The WHD offers *free vaccine* for children through the federal government for all families.

Immunization records are entered and tracked using the automated State of Wisconsin Immunization Registry (WIR), to provide current web-based vaccine information regardless of the immunization setting (physician office, clinic, WHD). The WHD had a 95% immunization compliance rate, compared to 92% in 2004 (4 DTaP, 3 Hepatitis B, 1 MMR, 3 Hib and 3 Polio), exceeding the national 2010 immunization goal of 90% for these immunizations. During 2006, the CDC requested a meeting with the WHD to learn more about the best practices that resulted in immunization rates that exceeded the national goal.

## **Influenza and Mass Clinics**

The CDC reported an adequate flu vaccine supply for the 2006 season, the delivery of the vaccine was late for the first scheduled mass flu clinic. The WHD nurses immunized all of the homebound clients. The health department worked with area pediatricians and high-risk facilities in Wauwatosa to assure they received flu vaccine. The department shared a number of doses for those in need, including long-term care, elderly residential living, and group homes.

The WHD provided most of the flu vaccine through mass clinics. Nurses administered approximately 1,300 flu vaccines within the community. As of mid February, the department was still offering flu vaccine. As of January 7, 2007 influenza-like activity was high in the southeastern region of Wisconsin and moderate statewide (ILI Report, DHFS DPH & CD, 2007). Information about frequently-asked questions about the flu can be found in Appendix A.



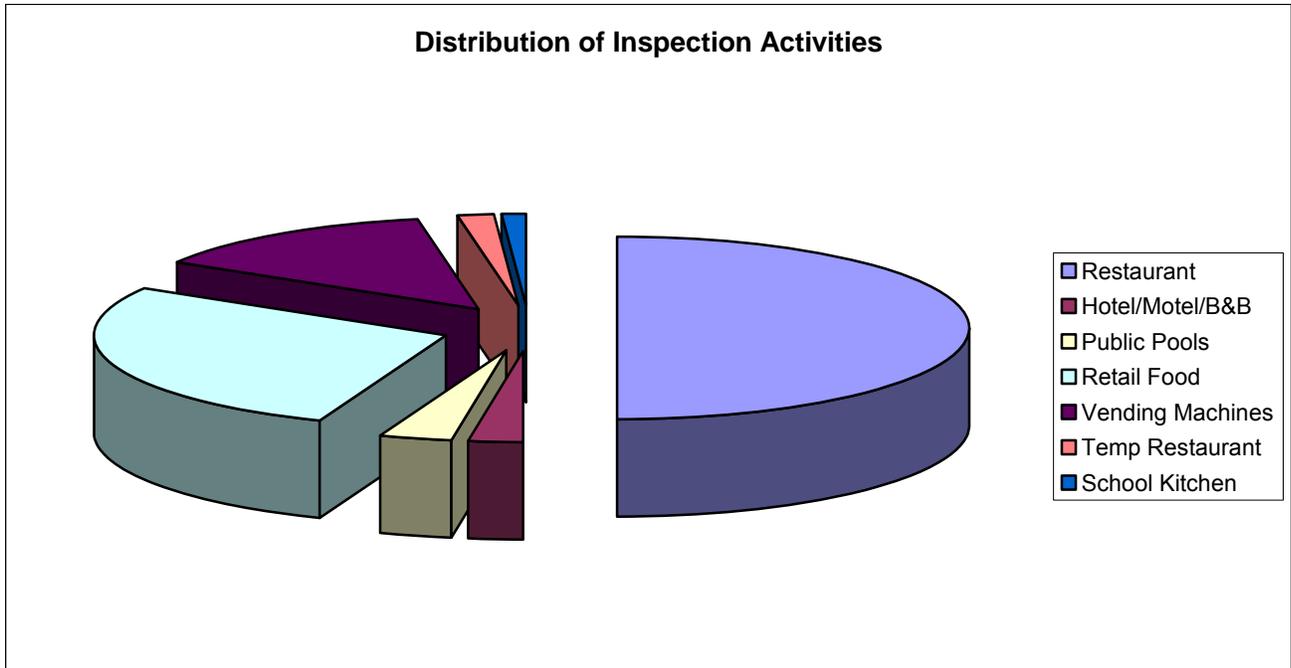
## Environmental Health Inspections

The WHD is a State Agent for health inspections related to establishments licensed by the Department of Health and Family Services (DHFS) and the Department of Trade, Agriculture, and Consumer Protection (DATCP). Two registered sanitarians (RS) also inspect all City-licensed establishments. In 2006, the WHD inspected 521 state and city-licensed establishments to assure the health and safety of food and water for the public. The RS conducted 710 inspections and issued 56 citations for WI Food Code and City Food Code violations. Establishments included restaurants, hotels/motels, retail food, vending machines, temporary restaurants, and public pools. The WHD also inspects 18 public and private school kitchens under a DHFS agreement with the Department of Public Instruction (Table 1, Figure 5).

Table 1: 2002-2006 Wauwatosa Licensed Establishments and Activities

Type of Establishment	Licensed Establishments					Inspections					Enforcement				
	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006	2002	2003	2004	2005	2006
Restaurant	124	130	127	136	142	400	310	308	213	355	21	9	18	9	48
Hotel/Motel/B&B	7	8	8	8	8	34	34	8	5	18	0	0	0	1	2
Public Pools	28	29	27	27	27	60	60	29	20	24	0	0	2	1	1
Retail Food	97	102	114	121	126	223	223	144	143	197	3	3	1	2	5
Vending Machines	162	152	132	105	189	160	151	132	88	97	0	0	0	0	0
Temp Restaurant	8	9	11	11	11	30	30	15	15	12	0	0	0	0	0
School Kitchen			16	16	18			16	0	7			0	2	0
<b>Total</b>	<b>426</b>	<b>430</b>	<b>435</b>	<b>424</b>	<b>521</b>	<b>907</b>	<b>808</b>	<b>652</b>	<b>484</b>	<b>710</b>	<b>24</b>	<b>12</b>	<b>21</b>	<b>15</b>	<b>56</b>

Figure 5: 2006 WHD Inspection Activities



According to the WHD State Agent Contracts, all licensed establishments must be inspected at least annually. The WHD makes a pre-inspection prior to an establishment opening, re-inspections after the annual inspections to ensure compliance and correction, and upon complaint from citizens or patrons. State Agent status allows for local control over information, education, inspection, and enforcement.

The CDC categorizes risk factors that may jeopardize the public's health into two major categories, critical and non-critical. Critical violations include unsafe food sources, inadequate cooking, improper holding, cross contamination, personal hygiene, and other factors. Non-critical violations are defined as a broad range of violations that do not pose an immediate threat to the public but are considered good practices. Examples of these are improper storage of cleaning chemicals, peeling paint on walls, and adequate ventilation and lighting. For the 2006 license year, 250 total violations were documented, of which 178 (71.2%) were categorized as CDC non-critical violations. The WHD issued 56 municipal citations for 72 critical violations of the Food Code. The most commonly-documented critical violations were (1) improper holding of food violations, (2) inadequate cooking, (3) cross contamination, (4) personal hygiene, and (5) other factors.

## Human Health Hazard

A human health hazard (HHH) is defined by the City of Wauwatosa ordinance Chapter 8.08.010 as "any substance, activity, or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity, or condition is not abated". In 2006, the WHD issued 11 orders for 16 reported hazards. The majority of the situations were severe and related to unsanitary living conditions and lead hazards. One vendor abatement was coordinated. Thirteen of the hazards were resolved during the year.

The WHD conducts investigations to verify the existence of HHH and follow-up inspections to assure compliance, collect picture evidence, issue orders, and re-inspects to determine compliance within a specified time period. If noncompliance exists, citations are issued which may result in municipal or circuit court hearings. If residents are unable to conduct an ordered dwelling

clean up, a certified vendor is hired and the cost is posted to the homeowner's tax rolls for payment. The WHD collaborates with other appropriate regulating agencies.

Identified hazards included unsanitary/unsafe living conditions, lead abatement, animal and property issues, mold, noxious odors, and other issues. Lead hazard investigations are conducted by 3 WHD state-certified lead staff (2 RS, 1 RN). Inspections are conducted and followed up by the sanitarian. Nurses and RS collaborate on investigations when a lead-poisoned child is involved. Nurses conduct lead education and case management of lead-poisoned children. The department enforces state law and local human health hazard ordinances.

The WHD issued a boiled/bottled water advisory in March due to a major water main break on the county grounds resulting in the loss of pressure in a water tower. The order was based on the potential for bacteria entering the drinking water system, filling of the underground steam tunnels with water, resulting in the potential failure of necessary capacity to conduct business. The first DNR water samples failed. A second set of samples were back clear.

## Public Health Nuisance

A public health nuisance is defined by the City of Wauwatosa Human Health Hazard Ordinance 8.08.010 as "whatever is dangerous, unsanitary or unwholesome to human life or health; and whatever renders the land, water, air, articles of food or drink impure or unwholesome". A nuisance is illegal. Examples of public health nuisances include issues around housing, domestic animal issues, garbage, and insects and rodents. A total of 170 nuisance complaints were documented by RS during 2006. The RS made 128 inspections, issued 17 warning letters, and 8 abatement orders.

## Regulations of Animals



Environmental health concerns are called in to the RS but are also received through the Information and Referral Nurse Line. Complaints or educational inquiries related to (1) nuisance complaints—5 (such as garbage, keeping of animals, wild animals, air quality); (2) food complaints—39, (3) vector (insects/rodents) control—44; (4) reporting of animal bites—11; (5) human health hazard reports—46 such as insects, animals, unsanitary conditions, noxious odors, violations; (6) toxic waste—239 including lead inspections, assessment, testing and case management (19), mold (10), radon (206), and other waste (4). Other hazards totaled 24.

## Rabies Exposure Prevention

The need for timely reporting and treatment of a person who is potentially or actually exposed to rabies is critical due to the near 100% fatality rate if left untreated. The WHD, along with the police department (WPD), enforce the Regulation of Animals Ordinance (Chapter 9.04). The ordinance addresses rabies protection, quarantine, and exposure (disease report due to fatal outcome); the keeping of animals, dangerous/vicious dog declarations, and enforcement. The WHD received 43 potential rabies exposure reports in 2006, down from 50 reports in 2005. The bite reports included dogs (majority), cats, bats, squirrel, raccoon, and chipmunk. There were no rabies laboratory findings in any of the specimens submitted to the State Laboratory of Hygiene during 2006. In the past, there were positive bat findings.

Potential rabies exposure reports from police or hospitals result in the WHD issuing quarantine orders for observation of animal signs and symptoms of rabies according to state law

and city ordinance. Three veterinary visit reports are forwarded to the WHD to assure the animal is free of symptoms and is rabies protected. Other WHD activities include educating the public and health care institutions, submitting animal specimens to the Wisconsin State Laboratory of Hygiene, providing court testimony, partnering with area veterinarians, collaborating with the police department and legal department, and determining remedies to protect the public. The most costly situation regarding an animal resulted in 66.5 hours of staff time and a vendor clean up posted to a homeowner's tax rolls in the amount of \$4,649.

## **Dangerous and Vicious Dog Declarations**

The Regulation of Animals ordinance (Chapter 9.04.030) affords the WHD and police department the authority to issue citations and declare a dog dangerous (preventive action) or vicious (more serious) based on identified definitions (ordinance and state statute). During 2006, the WHD issued a total of 3 citations, 2 vicious dog declarations, and 1 dangerous dog declaration. The ordinance allows for the WHD to determine remedies to prevent dog bite incidents, as well as remedies for vicious dogs.

## **West Nile Virus Program**

The WHD has an aggressive West Nile Virus Control Plan. Each year the WHD in conjunction with the Public Works (DPW) and Engineering Department, monitors storm water catch basins for the presence of mosquito larvae. Once two positive catch basins are identified, treatment with growth-regulating larvicide begins to control the mosquito population. The catch basins are monitored throughout the mosquito season to ensure the effectiveness of the larvicide. In 2006, WHD conducted five evaluations for the presences of larvae. Once the larvae were detected, DPW applied 680 treatments to the catch basins.

## **Radon Awareness**

Radon is an environmental health hazard and is present in the soil. Radon is a cancer-causing gas that can seep into basements. Radon data suggests that radon is present in all Wauwatosa zip codes. A 2005-2006 Radon Awareness grant assisted the WHD in providing educational awareness of radon. An educational insert on radon was placed in the Wauwatosa City Newsletter (23,000 household distribution). Two advertisements were placed in local newspapers. Information was also included in the Safety Awareness packets. As a part of this grant, 150 radon test kits were made available to citizens this fall to test homes for radon.

## **Childhood Lead Poisoning Prevention and Hazard Abatement**

Over 90% of Wauwatosa homes were built before 1978. Children under age 6 have the potential to be lead poisoned during the remodeling process or when paint and varnish deteriorate. The lead program strives to increase the knowledge of Wauwatosans about the hazards of childhood lead poisoning, especially in the context of home remodeling and exterior renovation and including monitoring of contractors to assure lead-safe practices.

The WHD's childhood lead poisoning prevention program is technical and multidimensional in nature. One lead-certified nurse and two sanitarians assist in (1) providing surveillance, planning and implementing grant activities, (2) conducting lead hazard inspections and assessments for use in preparing lead abatement orders by the health officer, (3) monitoring home remodeling contractors for lead certification, (4) attending skills and legal educational updates, (5)

educating the public about potential and existing lead hazards, (6) executing the Hepavac lending program, and (7) conducting nursing case management of lead poisoned children and families. Nurses provide education and follow up for families, as well as recommending interim protection measures, and monitoring abatement activities as necessary (Appendix B).

## Emergency Preparedness

The WHD continued to collaborate with the consortium of 14 Milwaukee and Waukesha County local health departments during the fourth year of the CDC preparedness grant. The Milwaukee/Waukesha County Consortium for Public Health Emergency Preparedness is a model for regional collaboration and partnership. The WHD continued to act as fiscal agent for the CDC emergency preparedness grant.

In 2005, the consortium applied for a pilot regional accreditation process entitled, Project Public Health Ready (PPHR), through the National Association of County and City Health Officers (NACCHO). The Consortium submitted required information and documents in September 2006 and was notified as to successful completion of the requirements on December 18, 2006. The consortium and participating health departments received an award at a Washington D.C. national conference. The three PPHR goals focused on (1) preparedness planning, (2) workforce competency, and (3) emergency exercise completion (Appendix B). The PPHR review team invited the consortium coordinator to be part of a panel presentation at a national preparedness meeting on the Competency and Training Plan section of our submission. In attaining accreditation, the consortium successfully completed the CDC grant requirements as well. The 2006 grant objectives focused on technical assistance, revision of public health emergency plans, communication capacity, and competency and training plan implementation (Appendix B).

The total CDC Consortium grant allocation was in excess of \$1.1 million. The consortium received \$632,076 for the 14 participating local public health agencies (LPHA) in the two-county Milwaukee and Waukesha region. The WHD, as fiscal agent, received 10% for staff supervision and housing and fiscal oversight. The balance of grant funds was allocated to the participating local health departments for local emergency preparedness needs.

The Consortium hosted two major exercises in 2006 in which the 14 health department member agencies participated. On July 20, 2006, a pandemic influenza functional exercise was held in Wauwatosa with several assisting agency partners. On August 1, 2006, the Medical College of Wisconsin (as consultant) assisted the Consortium in hosting a full-day educational session and tabletop forum on pandemic influenza. Several of the municipalities held their own exercises in addition to Consortium sponsored ones. These varied in size, objectives, and scope and can be obtained from respective jurisdictions. Consortium health departments work with multiple agencies, voluntary organizations, and other emergency response partners to address preparedness issues that affect Milwaukee County and Waukesha County region. Partners include Milwaukee and Waukesha County Emergency Governments, Division of Public Health--Southeastern Office, health care facilities (HRSA), mental health facilities, fire departments, Red Cross, legal entities, information system departments, and interested others.

The majority of epidemiological 2006 efforts focused on crafting the new Epidemiological Investigation Section of the Public Health Emergency Plan (PHEP), including investigation protocols, job action sheets and just in time training. These were part of the PPHR requirements. The Consortium Epidemiologist provided Consortium members and neighboring consortia with an *Introductory to Epi Info* (CDC computerized statistical analysis software program) course in April. In addition, the Consortium Epidemiologist provided technical assistance to individual health

department member agencies related to epidemiological coursework, assisted in several disease investigations and participated in a water security tabletop exercise with a member agency.

The Consortium will continue to move forward on the competency-based training plan and provide Consortium-sponsored trainings to assure competency in emergency preparedness among all members. In aligning with our three-year Competency and Training Plan, in 2006 the Consortium offered Intermediate Epidemiology training, computer courses, and a Educational Assistance Program which included sending two Consortium teams to the Management Academy for Public Health in North Carolina, a team to the Mid-America Regional Public Health Leadership Institute, and other competency improvement trainings. In 2007, offerings include Epidemiology, Weapons of Mass Destruction and HazMat, Geographic Information Systems, and Command Spanish for Nursing (medical terminology).

## Community Assessment and Planning

Conducting a community assessment is a statutory requirement. Local health data provides information on which to base a strategic community health plan and programming. The majority of health conditions can be prevented through lifestyle changes. Smoking (including exposure to second-hand smoke) is the single most preventable cause of disease, disability, and death. The state-mandated activities of health education, health promotion, and disease prevention are integrated into all WHD services. Programming is based on community assessment findings, health priorities, state, county and regional data; and identified needs. The WHD (JVK, 2003; 2006), in collaboration with Aurora Health Care, conducts a community health survey every three years to trend the Wisconsin and Wauwatosa Health and Infrastructure Priorities (Appendix A). The surveys provide comparative data for not only the health department but also the health departments in the eastern third of Wisconsin. Survey results are representative and generalizable to the entire population of Wauwatosa. A summary and comparison of the 153-page document can be found in Appendix A and the City's website.

### Health Findings Comparison 2003 and 2006:

Statistical changes in the overall percent of Wauwatosa respondents who reported:

- Increase in health as fair or poor
- Increase that someone in their household was not covered by insurance during the past year
- Increase in the percent reporting they had an advanced care plan
- Increase in people 65 and over having a pneumonia vaccination
- Decrease in having a routine health checkup
- Decrease in people 50 and older having a blood stool test in the past 2 years
- Decrease in children who used a seat belt
- Decrease in eating fast food at least a few times per week

## Maternal Child Health

Maternal child health (MCH) activities are integrated throughout much of the WHD programming. Through the support of the state of Wisconsin MCH day care grant, nurses served 32 licensed Wauwatosa child care centers for the purpose of health education, monitoring, assurance, and consultation. Licensed day cares include 14 child care, 5 after school, 10 family-based, and 3 preschool settings. Group day care capacity ranges from 8 to 164 children. Family day care capacity ranges from 4 to 8 children. The MCH day care grant activities target day care

staff, children, and parents (Appendix B).

## Community-Based Education and Special Populations

Educational displays were created and set-up at various locations in the community, some of which included providing information via educational displays on safety and general information and materials other topics. Selected events included:

- Women, Infants, & Children clinics (WIC) Information in City Newsletter, City Hall lobby, local newspaper ads
- Schools and daycares
- Senior programs
- Library Baby Days
- Immunization clinic
- Tosa Night Out, Outpost Foods WellnessFest
- Other Community Events

## Tobacco Education and Prevention

Exposure to tobacco is the single, most preventable cause of disease, disability, and death. Education and awareness on tobacco risks and cessation impact many of the chronic diseases in Wauwatosa. The WHD secured tobacco awareness, education and cessation-related grants to address this public health concern. This program is augmented with a CDC [Tobacco Grant](#) (Appendix B).

The City of Wauwatosa Smoke-Free Restaurant Ordinance (Chapter 8.12) went into effect as of July 1, 2006. The City's ordinance was the first of its kind in Milwaukee County. The Village of Shorewood passed a 100% smoke-free ordinance which will go into effect in the near future. The State of Wisconsin is proposing a 100% smoke-free workplace bill (Bill 150), which would replace existing local ordinances.

The citizens of Wauwatosa presented a Smoke-Free Ordinance to the Common Council, who passed the ordinance (Chapter 8.12) on November 18, 2003 after including several exemptions following the public hearing. The WHD implemented the ordinance on July 1, 2006, which calls for the prohibition of smoking in all enclosed areas of Wauwatosa restaurants. Council exceptions were created for:

- **Free-Standing Taverns**

Taverns are defined as establishments whose gross sales of alcohol beverages consistently exceed 50% of their total gross sales. Certification of this financial situation must be provided every two years to maintain status under this exemption. Establishments granted exemptions include:

- Colonel Hart's
- Jo-Jo's Martini Lounge
- Leff's Lucky Town
- Shepherd's
- Walter's on North

- **Combination Restaurant/Taverns**

The owner or operator of the combination establishment must provide proof that the service of food in the "tavern area" is incidental to the sale and consumption of alcoholic beverages

in this area. Moreover, the “tavern area” must be located in a separately-ventilated room and fully separated from other dining areas in a manner that meets established criteria (the room must be separated by walls, floor, ceiling, and self-sealing doors that remain closed). Customers of the restaurant area must not be required to pass through the tavern area when entering the restaurant area through a public entrance or when utilizing the establishment’s restroom facilities. Establishments granted exemptions include:

- Alioto’s Restaurant
  - Bjonda
  - Bluemound Gardens
  - Chancery Pub & Restaurant and Del Monte
  - Club Tap
  - Guadalupe Mexican Restaurant
  - Mo’s Irish Pub
  - Radisson Hotel
- **Bowling Centers**  
Establishments granted exemptions include:
    - AMF Bowlero
  - **Establishments Not Being Used as Public Accommodation**  
This exemption includes, but is not limited to, churches, civic, fraternal, patriotic, or religious organizations, and private or service clubs which prepare and serve or sell meals to members and guests only. Establishments granted exemptions include:
    - Bluemound Golf & Country Club
  - **Hardship**  
Any establishment which can display that it has experienced a loss of gross receipts greater than 10% as a result of complying with this ordinance (for a 90-180 day period when compared to the same 90-180 day period of the prior year) and can demonstrate a reasonable expectation that continued compliance with this ordinance will result in continuing loss of business, may make a request to the Common Council for a temporary exception. All exemptions granted under this “hardship” clause will expire on July 1, 2008, at which time these establishments will be required to re-establish full compliance with this ordinance. Establishments granted exemptions include:
    - Bigg’s Roadhouse (expires July 1, 2008)
    - Hector’s-- A Mexican Restaurant (expires July 1, 2008)

According to the 2006 Surgeon General’s Report, secondhand smoke is a serious health hazard and is an identified human carcinogen, containing more than 50 cancer-causing chemicals. Exposure can lead to heart disease, lung cancer, and immediate cardiovascular effects in nonsmoking adults. Children are particularly vulnerable to the ill-effects of secondhand smoke; they may be afflicted with sudden infant death syndrome (SIDS), lung problems, ear infections, and severe asthma as a result of exposure. Only policies that completely eliminate smoking indoors can fully protect nonsmokers. *There is no such thing as a risk-free level of exposure to secondhand smoke.*

Numerous studies conducted in communities with smoke-free restaurants and bars have shown that smoking bans have positively affected some of the health outcomes that are known to be related to secondhand smoke exposure. Following the implementation of smoke-free ordinances, the number of heart attack hospitalizations among individuals living in some smoke-free communities has been reduced and the prevalence of upper respiratory symptoms among nonsmoking bartenders working in these communities has significantly declined.

Many smoke-free communities have found that smoking bans did not negatively impact sales receipts in their restaurants and bars. Following the implementation of smoke-free ordinances, several communities have experienced an upturn in food service and tavern industry

employment, as well as an increase in applications for new liquor licenses—i.e. Madison.

According to the 2006 Wauwatosa health survey 10% of Wauwatosa adults smoke, compared to 13% in 2003 (JVK, 2006). Over 70% continue to report preferences for smoke-free dining and ordinances. In Wisconsin, smoking decreased from 21.9% in 2005 to 20.7% in 2006 (America's Health Rankings, 2006).

## **Information and Referral Nurse Line**

The Information and Referral Nurse Line (I&R) program began in 1995, providing Wauwatosans with direct access to a public health nurse for confidential consultation and referral to community resources weekdays (479-8939). This program is linked to the essential services of (1) Linking People to Needed Health Services and Assure Services, and (2) Providing People With Needed Information to Make Healthy Choices.

The nurses document the nature of contacts using the Data Tracker system. By coding the inquiries, the department reviews the number and nature of contacts, providing information on which to develop programs. The system was revised in 2006 to provide more comprehensive information and will continue to be developed through 2007.

Examples of I&R activities include taking calls that were initiated by parents, businesses, citizens, and local health providers. During 2006, nurses documented over 2,600 citizen interactions related to health. In addition to phone inquiries, the nurse assists clients at the front desk, monitors birth certificate data, reviews communicable disease reports and conducts follow up investigation as warranted. The demographics of callers equate to about 30% from parents aged 20 to 49 years of age, other callers age 50 to 85+, and calls related to infants, children, and teens. About 13% related to groups of individuals. The nature of calls included:

- education, outreach, case-finding, referral, and care coordination
- protecting people from health problems or health hazards
- enforcing public health laws, and 6% related to providing information to make healthy choices

Calls resulted in the nursing outcomes of (1) providing information (2) referral to a WHD nurse/staff, (3) referral to other City departments or outside agencies, or (4) the provision of direct service. The WHD also conducts and tracks registration and data for community-based educational and outreach events. Over 170 contacts related to community-based events included the 2006 Mayor's Summit on Children's Health, Physical Activity and Nutrition Committee (PAN—30 agencies working together), day care education and materials for staff, parents, and children; collaborative efforts with long-term care homes around assurance with flu vaccine, schools, WI Wins—Illegal Retail Tobacco Sales to Minors (with Police), and Tosa Night Out.

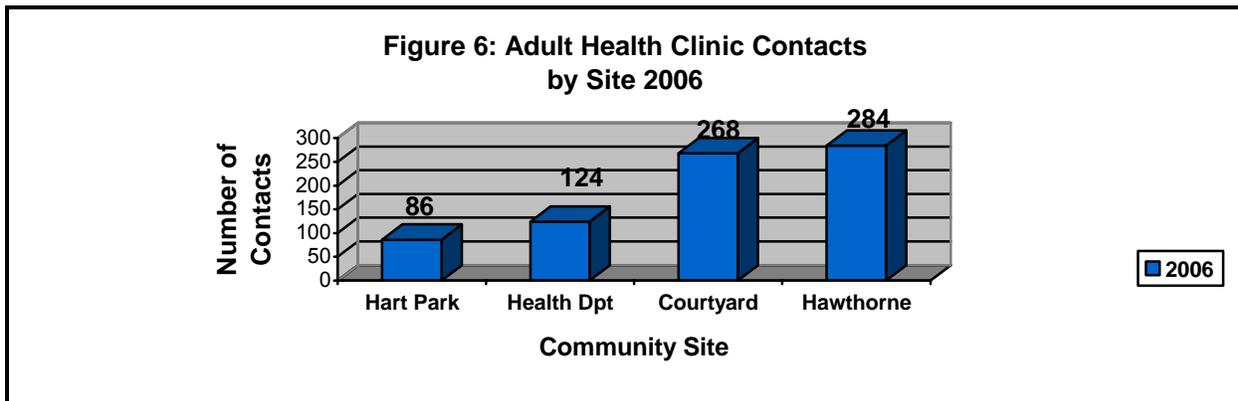
## **Wisconsin Well Women Program**

The Wisconsin Well Women Program (WWWP) is a grant program for the purpose of education, outreach, screening, and follow up to age and income eligible--women with a focus on the provision of free cancer-screening and women's health services. Thirteen health departments collaborate in a Milwaukee County Suburban Coalition for regional coordination of women's health. The WHD received 34 referrals for the WWWP program. The program changed its eligibility

requirements for participants from ages 35 to 65 to age 64 with some exceptions in 2006.

## Adult Health Clinics

Adult health clinics provide direct access to nurses by aging clients for the purpose of health education and maintenance related to chronic disease management, safety, medications, flu vaccine administration, and linking to community resources. The adult health clinics rotate through a variety of locations each Wednesday throughout Wauwatosa. Sites include Courtyard Apartments, Hawthorne Terrace, Hart Park, and the WHD. A total of 762 nursing contacts were made to aging adults during 2006 (Figure 17).



## Adding-Life-to-Years Senior Initiative

During the 2006 budget process, the WHD, as a liaison member to the City of Wauwatosa Senior Commission formalized the relationship by adding a \$2,000 operational budget line item. The health department also assisted in the writing of a 2007 community block grant process focusing on surveying seniors regarding preferred transportation options. The Senior Commission was awarded \$10,000 toward the project.

## Women, Infants, & Children (WIC) Clinic

WIC is a federal nutrition program that includes education, screening, and food vouchers for income-eligible families with young children. The WHD partnered with the West Allis Health Department to provide onsite WIC clinic services at the WHD on the second Monday of each month. In 2006, there were 143 families consisting of 233 individuals. Aldermanic District 7 had the most WIC families (30), followed by District 6 (24), District 3 (21), District 5 (19), District 1 (17), and District 4 (15). Districts 2 and 8 had 8 and 9 respectively. In addition to West Allis WIC staff, WHD nurses provided outreach services which included anticipatory guidance, immunizations; education regarding health, tobacco cessation, lead hazards, injuries/home safety assessments; and referrals to district nurses and other agencies for supportive services.

## School Health

The WHD and Wauwatosa School District (WSD) work closely together on the matters of student health. In an assurance role, WHD nurses are assigned to all public and private Wauwatosa schools in the respective nursing districts. The WHD serves as a member of the WSD Advisory Committee. In a collaborative effort, the WHD provided technical assistance on the DPI mandate for a School Wellness Program. The WHD will assist the WSD in evaluating this program throughout 2007. The WHD collaborated with the WSD on a student survey development and conducted data analysis and interpretation related to nutrition and physical activity of selected age groups. See Appendix C for the results.

The role of the WHD is communicable disease control and health education and consultation. WHD school-based health services included conducting an annual immunization update for secretarial staff, presenting at medical careers class, conducting communicable disease prevention, investigations, control, consultation, and education, and tobacco-prevention programming for students. WHD nurses administer flu shots to administration and faculty. The WHD submits the statutory summaries of school student immunization compliance levels each year to the state of Wisconsin.

## Conclusion

Many of the improvements that prolong life and protect health and safety are directly related to public health measures and include safe food, clean air, pure water, disease prevention, healthy behaviors and chronic disease risk reduction. These population-based interventions occur behind the scenes and help to assure the health and safety of the *entire* community.

Prevention and scientific methods using epidemiology are the foundation of public health practice. Public health examines patterns of health, illness, injury and death within a population and seeks to identify causes of disease and risks to good health. Under the authority of state statute and city ordinances, the WHD monitors all statistics including births, disease, demographics, and health indicators; and conduct ongoing surveillance of illness, injury, and deaths for the *entire* community. The WHD's jurisdiction encompasses homes, businesses, hospitals, schools, and all establishments within Wauwatosa borders, including the Milwaukee County grounds.

Partnerships play a critical role in the public health system. The WHD provides the high-quality services with the help of community partnerships and collaboration. Thanks to our many community partners and our Board of Health, whose time and commitment to our community is ongoing.



**2006 Board of Health Members:**

Maggie Butterfield, M. S., Chairperson  
Judith Miller, RN, PhD, Marquette University  
Leslie Martin, MD, Medical College of WI  
Maureen McNally, Froedtert Hospital  
James Sullivan, Attorney, Alderman, Senator (2007)

**Appendix A**

**Public Health Core Functions  
Essential Services  
Health Priorities  
Communicable Diseases**

### **National Public Health Core Functions (IOM, 1998) and Related Essential Services (NACCHO, 2005)**

**Assessment:** Determine community strengths and current/emerging threats to the community's health through regular and systematic review of the community's health indicators with public health system partners.

- Monitor health status and understand health issues facing the community
- Protect people from health problems and health hazards

**Policy Development:** Establish a community health improvement plan and action steps with the public health system partners to promote and protect the health of the community through formal and informal policies, programs, guidelines, environmental changes, and programs and services.

- Give people the information they need to make healthy choices
- Engage the community to identify and solve health problems
- Develop policies and plans

**Assurance:** Address current/emerging community health needs/threats through governmental leadership and action with the public health system partners. Take necessary/reasonable action through direct services, regulations, and enforcement. Evaluate the improvement plans and actions, and provide feedback to the community.

- Enforce public health laws and regulations
- Help people receive health services
- Maintain a competent public health workforce
- Evaluate and improve programs and interventions
- Contribute to and apply the evidence base of public health

### **State of Wisconsin 2010 Health and Infrastructure Priorities**

The State of Wisconsin's Healthiest Wisconsin 2010 report identified 11 system and 5 health priorities address risk factors that lead to the most common health problems). The 'Healthiest Wisconsin 2010' (March, 2002) report is Wisconsin's ten-year state health plan to be implemented by all public and private partners of the broad public health system.

#### State of Wisconsin Health Priorities

- Access to primary and preventive health services
- Adequate and appropriate nutrition
- Alcohol and other substance use and addiction
- Environmental and occupational health hazards
- Existing, emerging, and re-emerging communicable diseases
- High-risk sexual behavior
- Intentional and unintentional injuries and violence
- Mental health and mental disorders
- Overweight, obesity, and lack of physical activity
- Social and economic factors that influence health
- Tobacco use and exposure

#### City of Wauwatosa Health Priorities

- Communicable diseases
- Environmental health
- Adequate nutrition
- Physical activity

#### State of Wisconsin and City of Wauwatosa System Priorities

- Integrated electronic data and information systems
- Community health improvement processes and plans
- Coordination of state and local public health system partnerships
- Sufficient, competent workforce
- Equitable, adequate, & stable financing

#### Community Health Survey JVK (2003/2006)

A community-wide survey was conducted in 2003 with a comparative survey in 2006. The strategic health plan priorities were identified based on the assessment and focus groups representing a cross section of the community. The conclusion of the 1999-2004 Focus on Health strategic health plan occurred in 2005. The heart of the health programming is community partnerships. The new strategic plan "Healthiest Wauwatosa 2010" is 'Healthiest Wauwatosa 2010' is linked to the state health priorities and is available at the WHD front counter and addresses all of the health priorities

over the course of 5 years. See Appendix C for Summary.

## **Appendix B**

### **WHD Grant Objectives Program Information**

### Maternal Child Health Grant

**Objective:** *By December 31, 2006, three strategies for improving nutrition or physical activities for children who reside or receive services within the city of Wauwatosa will be implemented by the Wauwatosa Health Department.*

**Deliverable:** *A report to document the Wauwatosa Health Department and the number of strategies it implemented for improving nutrition or physical activities for children who reside or receive services within the city of Wauwatosa.*

**Background:**

When compared to other communities in Wisconsin, Wauwatosa adult residents experience better health. Of the approximately 36,000 adult residents, 73% consider themselves to be in 'very good' or 'excellent health' (City of Wauwatosa Community Health Survey, 2003), compared to 57% statewide and 56% nationally (Behavioral Risk Factor Surveillance, 2001). Despite the "healthy" status of the Wauwatosa community, nearly half of its population is overweight or obese. Overweight is defined nationally 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. The City of Wauwatosa Community Health Survey (2003) found that 47% of the respondents were overweight (32% overweight and 15% obese). In addition, the Survey suggests that the majority (65%) of Wauwatosa adults do not meet recommendations for daily vegetable intake. Fruit intake was higher, with only 23% of adults not meeting recommendations for daily fruit intake. Female fruit and vegetable intake (83% and 41%, respectively) was significantly higher than male fruit and vegetable intake (70% and 27%,

respectively). For children, 32% of 11<sup>th</sup> graders in Wisconsin were physically active for at least 60 minutes for 5 or more days per week, compared with only 26% of Wauwatosa 11<sup>th</sup> graders. Furthermore, children in Wauwatosa, as well as nationwide, are consuming too few fruits and vegetables and too many fast foods and junk food items. This trend significantly increases with age.

**Methods:**

The Wauwatosa Health Department (WHD) implemented the following four strategies to improve physical activity and health eating among Wauwatosa children:

1. ***Wauwatosa Student Health Assessment*** – developed, implemented, and analyzed 5<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grade students' behaviors and attitudes toward physical activity, nutrition, and other health factors in all 13 Wauwatosa School District (WSD) schools. Data results were developed into a brochure and disseminated at the Wauwatosa *Mayor's Summit on Children's Physical Activity and Nutrition*, WSD Wellness Committee, WSD School Board meeting. In addition, the data was utilized in securing the nationally competitive Carol M. White Physical Education Program (PEP) grant for the school district. See Appendix C for School Wellness Survey Results.
2. ***WSD Wellness Policy*** – WHD participated in the newly convened school district's Wellness Committee; WHD staff drafted the District Wellness policy for the school district based on input from school personnel and community members. The Wauwatosa School Board approved the final version in June 2006.
3. ***Wauwatosa Mayor's Summit on Children's Physical Activity and Nutrition*** – On March 2, 2006, the Wauwatosa Physical Activity and Nutrition Committee held the *Mayor's Summit on Children's Physical Activity and Nutrition*. Sixty-six participants were present and represented a wide variety of leaders and interested residents. Public and private schools, day cares, churches, volunteer organizations, the Wauwatosa Library, physical activity organizations, hospitals and health care organizations, teens and Wauwatosa government were just some of the organizations represented. Speakers provided information on best practices in addressing childhood obesity and ways to prevent this problem. Participants brainstormed ideas for the PAN Committee to consider and discuss in the future. (See *attached for summit information and results.*) Four child care providers attended the Mayor's Summit.
4. ***Child Care Center Outreach*** – A packet of physical activity and nutrition information was delivered by Public Health Nurses to family and center-based licensed child care facilities in Wauwatosa in the fall 2006. Brief education was conducted on-site with directors. Directors were asked to complete evaluations. Those who failed to return evaluations were contacted by phone or letter. Thirteen evaluations were returned, representing 16 child care programs (one director completed evaluations for 4 centers under her control). The directors plan to make the following changes:
  - Increase the amount and variety of fruits and vegetables served
  - Post information for parents and include it in parent newsletters
  - Develop nutrition policies and explain them in Parent Handbook
  - Offer water instead of juice
  - Serve high-protein, low-fat snacks
  - Children serve themselves to control their portions
  - Children help with meal-planning
  - Use snack and activity ideas from *Physical Activities and Healthy Snacks for Young Children*
  - Further investigate physical activity guidelines for preschoolers
  - Use some ideas from *What's Right for Young Children?*

- Increase structured physical activity
- Continue to offer large motor activities
- Take daily walks
- Shorten TV time
- Teach children about the importance of exercise
- Offer an in-service about PAN, and share with non-Wauwatosa sites
- Adapt activity and nutrition activities to other age groups
- Make staying healthy a life change

Additional results included:

- ✓ All of the directors would recommend the PAN resources to others
- ✓ Only one director was not interested in the 2007 grant programming, *Got Dirt*, because she does not have a summer program.

#### **Physical Activity and Nutrition Outreach Packet:**

Dear Child Care Provider letter

*What's Right for Young Children*

PAN bag evaluation

Website Resources

Wauwatosa Health Department PAN resources

Flu Shots for Children 2006 poster

*Family Activity Guide*

Smoking Cessation classes

*Best Walks* (for family child cares only)

*Physical Activities and Healthy Snacks for Young Children*

5 a Day poster

Hand washing poster

### **Health Services and Prevention Grant**

**Objective:** *During the contract period, initiatives that conform to the Healthiest Wisconsin 2010 State Health Plan and are consistent with the Preventive Health and Health Services Block Grant guidelines will be undertaken by the Wauwatosa Health Department.*

**Deliverable:** *A report to document Prevention-related initiatives undertaken by the Wauwatosa Health Department and the results achieved.*

#### **Background:**

In selecting which health priorities to focus on through 2010, the Wauwatosa Health Department (WHD) had to consider statutory requirements, health needs brought forth in the community health assessment and recommendations for best practices by the CDC, the WI DHFS, and US Census Data. The WHD reviewed the Healthiest Wisconsin 2010 and Healthy People 2010 documents to examine the health priorities that were established at the state and national level in order to align strategies when appropriate. The WHD selected 4 primary priorities to focus on through 2010, two included improving physical activity and health eating among Wauwatosans.

When compared to other communities in Wisconsin, Wauwatosa adult residents experience better health. Of the approximately 36,000 adult residents, 67% consider themselves to be in 'very good' or 'excellent health' (City of Wauwatosa Community Health Survey, 2006), compared to 57%

statewide and 56% nationally (Behavioral Risk Factor Surveillance, 2001). Despite the “healthy” status of the Wauwatosa community, nearly half of its population is overweight or obese. Overweight is defined nationally 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. The 2006 City of Wauwatosa Community Health Survey found that 51% of the respondents were overweight (30% overweight and 21% obese). In addition, the Survey suggests that the majority (66%) of Wauwatosa adults do not meet recommendations for daily vegetable intake. Fruit intake was higher, with only 25% of adults not meeting recommendations for daily fruit intake. Female fruit and vegetable intake (82% and 44%, respectively) was significantly higher than male fruit and vegetable intake (65% and 18%, respectively). For children, 32% of 11<sup>th</sup> graders in Wisconsin were physically active for at least 60 minutes for 5 or more days per week, compared with only 26% of Wauwatosa 11<sup>th</sup> graders. Furthermore, children in Wauwatosa, as well as nationwide, are consuming too few fruits and vegetables and too many fast foods and junk food items. This trend significantly increases with age.

### **Methods:**

The Wauwatosa Health Department (WHD) implemented the following four strategies to improve physical activity and health eating among Wauwatosans:

1. ***Wauwatosa Physical Activity and Nutrition Committee*** – In 2005, the WHD convened the Wauwatosa Physical Activity and Nutrition (PAN) Committee to work together to improve physical activity and healthy eating using a community-based approach to address the priorities. There are approximately 30 PAN Committee members, including representatives from multiple health organizations, public and private schools, local businesses, work site leaders, recreational facilities, and topic experts. The coalition convened six times in 2006 to collaborate on the initiatives listed below. In 2007, the committee continues its progression towards the worksite toolkit, healthy restaurants, and school high interest days initiatives that began in 2006. (*See meeting minutes for activity details.*)
2. ***Worksite Assessment*** – developed, implemented, and analyzed with MSOE School of Nursing students the Wauwatosa Worksite Wellness Assessment. Over 1800 surveys were distributed with a 6% response rate – too low to hold a Mayor’s Summit on Worksite Wellness. PAN Committee agreed to develop and distribute a worksite wellness toolkit promoting wellness options to Wauwatosa businesses. (*See attached for detailed survey results.*)
3. ***Wauwatosa Mayor’s Summit on Children’s Physical Activity and Nutrition*** – On March 2, 2006, the Wauwatosa Physical Activity and Nutrition Committee held the *Mayor’s Summit on Children’s Physical Activity and Nutrition*. Sixty-six participants were present and represented a wide variety of leaders and interested residents. Public and private schools, day cares, churches, volunteer organizations, the Wauwatosa Library, physical activity organizations, hospitals and health care organizations, teens and Wauwatosa government were just some of the organizations represented. Speakers provided information on best practices in addressing childhood obesity and ways to prevent this problem. Participants brainstormed ideas for the PAN Committee to consider and discuss in the future. (*See attached for summit information and results.*)
4. ***Family Guide to Getting Active in Wauwatosa*** – This new booklet, developed by the Wauwatosa Health Department and the Wauwatosa Recreation Department, lists various physical activities that parents and children can enjoy. In 2006, the booklet was distributed at the *Mayor’s Summit on Children’s Physical Activity and Nutrition*, Wauwatosa’s National Night Out festivities (over 4,000 attend), immunization clinics, and other outreach activities.

## Childhood Lead Poisoning Prevention Grant I

### **Background**

A spreadsheet was revised to track children with elevated blood lead levels in 2006. The Wauwatosa Health Department is notified of children with elevated blood lead levels via the Wisconsin Childhood Lead Poisoning Prevention Program Stellar report.

**Objective 1:** *By December 31, 2006, all children with capillary or venous blood lead levels  $\geq 10$  mcg/dL who reside in the city of Wauwatosa will receive follow-up services according to the guidelines in the Wisconsin Childhood Lead Poisoning Prevention & Control Handbook and Wisconsin Statute 254.*

**Deliverable:** *A report to document: 1) all the children with capillary or venous blood lead levels  $\geq 10$  mcg/dL who reside in the city of Wauwatosa, 2) their blood lead levels, and 3) the number of these children for whom and the type of follow-up services that were provided to that child and family. For evaluation purposes, those children whose families have moved from the jurisdiction or are non-responsive to outreach can be removed from this cohort.*

### **Methods**

All cases of children with elevated blood lead levels are investigated utilizing the state and Centers for Disease Control and Prevention guidelines.

### **Results**

A total of 21 Wauwatosa children were identified and followed for having blood lead levels over 10  $\mu\text{g/dL}$  (See attached spreadsheet). Of the 21 children, eleven were tracked for case management services from previous years with ten new cases in 2006. The health department closed 10 cases as having successfully completed treatment and follow-up. At the end of 2006, 11 cases remain active as needing continued case management services into 2007.

## Childhood Lead Poisoning Prevention Grant II

### **Background**

Since 98% of Wauwatosa homes were built before 1978, all children under age 6 who reside in Wauwatosa are at risk for lead poisoning. In November 2001, the City of Wauwatosa passed a human health hazard ordinance that allowed the Wauwatosa Health Department to issue orders to abate lead hazards in homes where a lead-poisoned child resided. Several lead abatement orders have been issued since 2001. Additionally, some residences and child-centered properties were identified as a lead hazard before a child could be poisoned. In most cases, the cost of repairing, removing, or abating lead-based paint structures were in the thousands of dollars. Some families and local businesses were placed in a financial hardship of earning too much money for some grants, but not enough to cover the cost needed to comply with abatement orders. The health department proposed to the Wauwatosa Planning Department leveraging Community Development Block Grant (CDBG) "mini-grants" to homeowners and business owners in these predicaments.

**Objective 2:** *By December 31, 2006 the Wauwatosa Community Development Department will receive a written proposal developed by the Wauwatosa Health Department to work with childcare centers or child-related businesses to utilize lead containment or abatement mini-grants for lead poisoning prevention.*

**Deliverable:** *A copy of the written proposal developed by the Wauwatosa Health Department to work with childcare centers or child-related businesses regarding the utilization of lead containment or abatement mini-grants with documentation of a meeting summary or its receipt by the Wauwatosa Community Development Department.*

### **Results**

Written proposal was not developed by WHD due to the Community Development Department not informing all city departments of the grant application process and deadlines for the applications; WHD was informed on September 20, 2006 of the September 11<sup>th</sup> deadline. However, WHD has \$45,000+ remaining in HUD monies to spend on lead abatement "mini-grants". No mini-grants from the HUD monies were approved since the HUD grant was approved in June 2005 due to an absence of lead poisoned child (blood lead level > or = 15µg/dl) in Wauwatosa requiring orders. WHD planned to meet with the Community Development Department staff to discuss ways to outreach child care centers or other child-related businesses with mini-grants on lead containment and/or abatement PREVENTION; meeting is scheduled for Monday, February 26 at 10:00 am.

## **Tobacco Education and Cessation Grant**

### **Youth Education Program**

The following enrollment statistics, outcome data, and stakeholder feedback were ascertained from information gathered during the pilot year of the regional Tobacco Education Program, as implemented by and within the communities of Greendale, Greenfield, Wauwatosa, and West Allis.

### **Class Dates and Participation Rates**

- October 22, 2005: 9 participants
- January 28, 2006: 17 participants
- April 29, 2006: 17 participants
- July 22, 2006: 15 participants

### **Enrollment Statistics**

Between September 15, 2005 and July 15, 2006:

- 142+ tobacco-related citations were given
- 61 individuals were referred to the Tobacco Education Program
- 58 individuals attended the Tobacco Education Program

**NOTE:** These statistics represent data received from participating courts – the number of citations may include repeat offenders (who, as a policy, are not referred to the program) and individuals who chose to pay their fine without appearing in court (thereby foregoing the opportunity to be referred to the program). This may help to account for much of the discrepancy between the number of citations given and the number of referrals made during this time period.

By Community Where Citation Occurred:

- Greendale: ? cited (number not available from courts), 14 referred, 9 attended
- Greenfield: 48 cited, 18 referred, 18 attended
- Wauwatosa: 31 cited, 15 referred, 14 attended
- West Allis: 63 cited, 14 referred, 12 attended

**NOTE:** The citing community is not known for 5 individuals.

By City of Participant Residence:

- Brookfield: 1
- Franklin: 1
- Greendale: 4
- Greenfield: 13
- Milwaukee: 13
- Muskego: 1
- New Berlin: 1
- Wauwatosa: 12
- West Allis: 12

Learning Outcomes

Average pre-test score: 60.3%  
 Average post-test score: 80.3%  
 Average Change: +20%

Number of individuals whose scores increased: 42  
 Number of individuals whose scores decreased: 2  
 Number of individuals whose scores did not change: 7

Variables of Behavior Change

Question: Are you thinking of quitting smoking?

Baseline survey:

- 23 said yes, they want to quit within the next 30 days
- 18 said they were thinking of quitting but were not ready to quit this month
- 11 said no, they were not thinking of quitting

Post-program survey:

- 20 said yes, they want to quit within the next 30 days (-13% from baseline)
- 17 said they were thinking of quitting but were not ready to quit this month (-6% from baseline)
- 15 said no, they were not thinking of quitting (+36% from baseline)

Number of individuals who changed positively: 6 (12%)  
 Number of individuals who changed negatively: 11 (21%)  
 Number of individuals who did not change: 35 (67%)

Question: Right now, how would you rate your motivation to stop smoking cigarettes?

Baseline survey:

- 4 said they had "very strong" motivation
- 3 said they had "strong" motivation
- 21 said they had "medium" motivation
- 14 said they had "low" motivation
- 10 said they had "no" motivation

Post-program survey:

- 5 said they had “very strong” motivation
- 6 said they had “strong” motivation
- 19 said they had “medium” motivation
- 12 said they had “low” motivation
- 10 said they had “no” motivation

Number of individuals who changed positively: 17 (33%)

Number of individuals who changed negatively: 8 (15%)

Number of individuals who did not change: 27 (52%)

#### Other Feedback

Most participants reported that they would recommend this program to their friends

Comments from municipal judges:

- “The students that have completed the class felt it was useful and taught them a lot.”
- “I find the referrals easy to complete and have not encountered any problems...I am happy to say that I have not had one repeat offender that has completed the class. I also find a much higher compliance rate now that a ‘local’ program is offered. Many non-compliant cases resulted from referrals to the Milwaukee Adolescent Health Program...which we were using before this program was initiated.”

## Immunization Action Plan Grant

**Objective:** *By December 31, 2006, 70% of Wauwatosa children who are less than school age and enrolled in one of the twelve targeted Wauwatosa day care centers, family day care sites or pre-schools will receive age appropriate immunizations.*

**Deliverable:** *A report to include documentation of the number of children with age appropriate immunizations who are less than school age and enrolled at the participating family day care sites, day care centers or pre-schools, and the total number of children enrolled in these sites, pre-schools or centers.*

**Background:**

Wauwatosa Health Department (WHD) was in the final year of a five year pilot program to improve immunization coverage and immunization record keeping in child care facilities.

In 2006, the department collaborated with 12 Wauwatosa licensed child care facilities composed of

8 large center based child cares, 2 home-based family day cares and 2 preschool programs. The project focused on 318 children aged 1 thru 3 years of age.

**Methods:**

After recruiting 12 facilities the project PHN did an initial assessment of the one, two, and three year old children's immunization records for 4-3-1-3-3-1 CASA compliance. In addition, all 318 children's records were reviewed for state child care immunization licensing compliance.

On a quarterly basis throughout the year, the project PHN reassessed compliance rates and provided staff with assistance and guidance in evaluating and improving immunization record keeping, immunization record assessment, and improving parental compliance. For example, National Infant Immunization Week posters were provided to each center to boost parental immunization awareness. Additionally, the PHN provided enrolling parents with immunization pamphlets and record cards and encouraged influenza immunization for all eligible children and adults.

**Results:**

An initial immunization assessment revealed a 79% CASA compliance rate among the child cares' two year olds. Throughout the year as the younger children reached age two, the CASA rate remained stable. At year end the CASA rate remained at 79%. Over the five year program cycle, initial CASA compliance rates varied from a low of 53% to this year's high of 79%. Year end CASA compliance rates, however, were less remarkable ranging from 78% in 2002, to 71% in 2003), to 84% in 2004, to 74% in 2005 and finally, to 79% in 2006.

This year the initial assessment of up-to-date State regulated day care immunization records reached a highpoint of 84%. Previous initial assessments were respectively, 59%, 61%, 68% and 65%. This year's initial high rate may indicate that the Health Department's long term commitment to the day care program has had a sustaining, positive impact on the facilities immunization record compliance. By year end 2006, the record compliance rate was an even higher 86%. Although this program is not scheduled to continue beyond 2006, in an effort to validate sustaining positive impact on record compliance, WHD plans to assess the participating child care facilities immunization records for at least one more quarter.

By the end of the year, 63 day care Wauwatosa children were eligible for kindergarten this fall. The majority of Wauwatosa children (92%, n=58) were up to date for kindergarten immunizations. Two children who are not up to date had personal conviction waivers while three were non-compliant.

**Quality Criteria:**

As in previous years, WHD finished the year with a high CASA (4-3-1-3-3-1) compliance rate for two year old children attending Health Department immunization clinics. This year 39 of 41 children were properly immunized for a 95% compliance rate, exceeding the *Healthiest Wisconsin* and *Healthiest Nation* goal of 90%. Children who moved out of Wauwatosa during the year, transferred to private health care providers or who appeared to move but were un-locatable were not considered in the final statistics. The family of one noncompliant child was not responsive to phone calls or letters, including a registered letter.

**Additional Activities:**

Eight of twelve providers responded to a written survey developed by WHD to gauge provider knowledge and /or skill increases. All eight increased their ability to recognize some immunization abbreviations. Seven of eight recognized the Health Department as a resource for information on communicable disease and immunizations while seven also learned that immunizations are an important component in maintaining health. The program helped seven of eight providers talk with

parents about immunizations. Overall, all eight felt the program was helpful and wanted the program to continue. See attachment for complete survey results.



Wauwatosa Health Department  
Child Care Immunization Program Survey  
January 2007



Dear Immunization Partner,

Beginning in 2001 and continuing through 2006, Wauwatosa Health Department partnered with a number of child care facilities to promote childhood immunizations through the Child Care Immunization Program. The purpose of this program was to ensure that children are vaccinated fully at the appropriate age and, to ensure that the immunizations are documented in the child's day care record.

As a valued program participant, we would appreciate your help in evaluating this program. Please

2006 Preparedness Objective #1	Deliverable
By December 31, 2006, preparedness standards and capabilities for identifying and responding to chemical, biological, radiological, and naturally occurring health threats will be improved in the jurisdictions served by the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness through <b>technical assistance</b> provided to local and county public health agencies.	A report (submitted electronically in a format specified by the Wisconsin Division of Public Health) to include: 1) verification of all completed assessment tools and after action reports submitted by or on behalf of member agencies, 2) a summary of epidemiology services provided to member agencies, 3) a summary of preparedness training received and provided to member agencies, and 4) a summary of Health Alert Network and TRAIN use by member agencies.

take a few minutes to answer the following questions and then return the completed form in the enclosed stamped envelope.

Through my participation in the program I learned:

(check as many boxes as you feel are true for you)

# checked

- 5-  Infants and toddlers need immunizations on schedule.
- 4-  Ways to encourage parents to immunize their children
- 6-  Some diseases can be prevented by immunizations.
- 7-  Ways to ask parents for updates on their child's immunization record.
- 8-  The abbreviations for some immunizations
- 7-  Immunizations are an important way to protect health.
- 2-  Some vaccine preventable diseases are common in this area.
- 7-  I can get information about immunizations or communicable diseases from the Health Department
- 0-  Other, please list \_\_\_\_\_
- 0-  Nothing

Overall, was the program helpful? 8-  Yes  No; Why/Why Not?

\_\_\_\_\_

Would you like the program to continue? 8-  Yes  No; Why/Why Not? \_\_\_\_\_

Name (optional) \_\_\_\_\_ Facility (optional) \_\_\_\_\_

Thank You. (Please return the completed form in the enclosed stamped envelope)

In 2006, technical assistance was provided to the 14 member agencies by the Consortium through several means as described below and detailed in the documents included.

1) The 2006 major project of interest was the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR). The year-long process began in September 2005 and continued through September 2006. In December 2006, the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness were

awarded “Ready” status by NACCHO in passing the strenuous process and ready to face any public health threats and emergencies. The PPHR Documentation Checklist (attached) is an example of a very large baseline assessment that each of the 14 agencies participated in as a region. Within the Documentation Checklist, there were several other assessments completed by each LPHA. These ranged from assessments on NIMS compliance (included in Objective Folder #4) to Telephone Service Priority (TSP) registration.

In addition, each of the Consortium’s 14 local public health agencies (LPHA) completed the 2006 Preparedness Standards Assessment by December 31, 2006 as evidenced by the January 12, 2007 email from Carolyn Strubel (attached). This measurement of preparedness standards was completed online via the University of Wisconsin Survey Center and copies are held at the Consortium level as well as within each LPHA.

There were two major exercises hosted by the Consortium in 2006. All 14 LPHA members participated in both. On July 20, 2006, a pandemic influenza functional exercise was held in Wauwatosa with several assisting agency partners. On August 1, 2006, the Medical College of Wisconsin assisted the Consortium in hosting a full day forum on pandemic influenza. The morning session was an educational session and the afternoon was a tabletop exercise for each of the municipalities hosted by each county. Each of the After Action Reports is included in Objective Folder #2. Several of the municipalities held their own exercises in addition to Consortium sponsored ones. These varied in size, objectives, and scope and can be obtained from respective jurisdictions.

2) The majority of epidemiological efforts this year focused on crafting the new Epidemiological Investigation Section of the PHEP, including investigation protocols, job action sheets and just in time training (all attached). These were part of the PPHR requirements (refer to the included PPHR Documentation Checklist Section I.1.N). The Consortium Epidemiologist provided Consortium members and neighboring consortia with an *Introductory to Epi Info* course in April (TRAIN registration sheet and agenda included and evaluation results available on request). In addition, the Consortium Epidemiologist provided technical assistance to individual LPHA members related to epidemiological coursework, assisted in several disease investigations (Norovirus in nursing homes and Blastomycosis in Oak Creek canines), and participated in a water security tabletop exercise with a member agency.

In 2007, efforts will continue toward enhancing disease reporting and surveillance through:

- continued outreach efforts to identify disease reporters not targeted in 2005 as well as follow-up to those contacted in 2006 through mailing of the *Control of Communicable Diseases Manual*
- continued enhancement of the annual Consortium Communicable Disease Report including distribution to assisting partners, agencies and stakeholders (i.e. DHFS, hospital ICPs, Boards of Health, labs, Medical Societies, and the Regional Office)
- review of reported communicable disease through the SurvNet and WaukNet surveillance systems
- piloting of the Wisconsin Electronic Disease Surveillance System (WEDSS)
- provision of technical support by the Consortium Epidemiologist for member agencies in all facets of daily activity (outbreak investigations, monitoring, evaluation, etc.)

3) All trainings for LPHA staff are included in the Consortium #11 Training Log 2006 (included in Objective Folder #4). Each agency determines what trainings are appropriate for their staff, while the Consortium suggests basic, intermediate, and advanced trainings through competency levels

within each category of the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness Three Year Competency and Training Plan (included in Objective Folder #4).

The Consortium will continue to move forward on its training plan and providing Consortium sponsored trainings to assure competency in emergency preparedness among its members. In aligning with our three-year Competency and Training Plan, in 2006 the Consortium offered Intermediate Epidemiology training, computer courses, and our Educational Assistance Program which included sending two Consortium teams to the National Public Health Leadership Institute in North Carolina, and other competency improvement trainings. In 2007, we will look into offering Weapons of Mass Destruction and HazMat courses in addition to ongoing competency improvement courses. GIS is another large focus area for 2007 trainings. Command Spanish for Nursing is a new training route to which we will initiate as well.

4) Due to PPHR in 2006, HAN and TRAIN took on a less important role, but have been and will continue to be indoctrinated into routine trainings in 2007. The TRAIN registration and approval process was utilized by the Consortium two times in 2006 for posting and registration of courses: Epidemiology Level II 5-week Course held in February and March; Epi Info Introductory Level 1-day Course held on April 3, 2006. Registration for the Waukesha based CDC Mobile SNS Course on August 7 and 8, 2006 was held via the TRAIN by DPH. The Consortium provided for the following services to Consortium members related to the HAN: Program Coordinator and Assistant are the designated HAN administrators completing public health membership approval, role assignment, profile verification and updates, organizational profile management, technical assistance (on HAN and TRAIN), and posed agendas and minutes for all meetings.

Other HAN trainings completed within the Consortium are listed here:

HAN Training	06/21/06	Franklin
HAN/SPHERE training	02/01/06	Cudahy
Command Caller Scenario Bldg.	06/28/06	St. Francis
SPHERE Report Training	01/20/06	Waukesha

As for technical assistance, the Consortium staff improved standards and capabilities for all 14 Consortium members via professional consultation and resource identification and sharing through the PPHR process. The Consortium Program Coordinator conducted on-site visits when needed, held various meetings and phone conferences, and delivered presentations via one-on-one, small, and large group training sessions. New technology purchases were coordinated and provided by the Consortium Program Assistant. All Consortium staff and Consortium Board members assisted in compiling, writing and summarizing information and data. The development of the PPHR pilot project assisted the Consortium in the production of new and revised forms, plans, templates, tools, products and reports for use by the Consortium and its member agencies. Now an approved PPHR region, we have a national voice for advocating for and representing the interests of the Consortium members. We are involved deeply in and participate in various meetings at the local, regional and state-wide, and now national levels.

2006 Preparedness Objective #2	Deliverable
By December 31, 2006, emergency response capacity will be enhanced through upgraded <b>Public Health Emergency Plans</b> for all member agencies of the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness.	A brief summary report of the upgrades that were made to any of the following based on an exercise or actual public health event; Emergency Plan, Mass Clinic Plan, Pandemic Influenza Plan, and 24/7 Communications Plan.

Optimal effectiveness and efficiency in a public health response role were ensured in 2006 via the PPHR process, and emergency response capacity was enhanced by incorporating best practices as evidenced via the Consortium's PPHR recognition. All member agencies benefited from this process and a brief description of the upgrades made to all plans are described below. The PPHR process was an exercise in and of itself. Please see Objective Folder #1 for more information. Included herein are the exercises' after action reports (AARs) for the 3 Consortium exercises completed in 2006. Changes in plans were based both from these AARs and from the PPHR national recognition process.

Throughout the year, representatives from various agencies met and reviewed each section of the PHEP making modifications for ease of use. Some of the modifications from the 2005 PHEP were:

- Development of the Epidemiological Investigation Section
- Revision of PHEP Activation Decision Tree
- Adaptation of ICS forms for public health use
- Updated phone number and name directories
- Added IPS, Mass Clinic, Pandemic Influenza, and other plans to appropriate sections of the PHEP
- Developed and included into PHEP a Regional Risk Communication Plan
- Developed a general command structure and job action sheets for non-mass clinic emergencies

Some of the modifications from the 2005 Mass Clinic plan were:

- Inclusion of security assessment items and security database development
- Distribution of multi-language mass clinic signage
- Adjustments to the Mass Clinic Command Structure and associated forms
- Floor plan development
- CRI assessments and considerations

Items related to Pandemic Influenza Plan that was enhanced in 2006 included:

- Provide training/presentations on the regional planning efforts and an educational and exercise forum
- Enhancement of the 2005 established Consortium Pandemic Influenza Plan via Medical College of Wisconsin oversight
- Completion of a baseline assessment by all member agencies
- Standardization of an isolation and quarantine ordinance best practices template
- Development of resources for special populations
- Establishment of a Pandemic Preparedness Task Force that represents all relevant stakeholders in the region (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community-based, and faith based sectors, as well as private citizens)

The PHEP and Pandemic Influenza Plans were tested during several exercises, including 2 Pandemic Influenza exercises: a tabletop and a functional (AARs included herein). In addition, several jurisdictions had their own tests of the PHEP with their local responder agencies. These Consortium exercises included all 14 agencies, HRSA, local emergency management and several other partner agencies.

Throughout the year, the Consortium Program Coordinator provided presentations/training on the PHEP, Mass Clinics, and PPHR for 5 of the 14 agencies and a 2 Boards of Health. The PPHR presentation was completed for the Fiscal Agents and Program Coordinators throughout Wisconsin.

The PHEP, Mass Clinic Plan, Pandemic Influenza Plan, and more will be reviewed thoroughly in 2007 and changes will be made to simplify and modernize them based upon PPHR requirements. Items that relate to Mass Clinic planning that will be continued into 2007 include continuation of site specific planning related to security, floor plans, parking, and demographics. We will also be working to include all of the specific information as it relates to Cities Readiness Initiative (CRI) and the Interim Pharmaceutical Stockpile (IPS).

The Consortium 24/7 Emergency Notification Plan is updated with each necessary change by the Consortium Program Assistant and distributed annually at the Consortium's May Annual Meeting.

2006 Preparedness Objective #3	Deliverable
By December 31, 2006, communication capacity will be coordinated and maintained through established Consortium communication networks and technology for the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness.	A report to include a brief summary report of the communication networks and technology utilized by Consortium members and community partners, including the upgrades implemented or the recommendations for upgrades or improvements based on assessments and feedback.

The Consortium looked into communication networks in 2006 while continuing its contracts for pagers and Blackberries. In 2006, there existed 93 Blackberry users and 24 pager users. It was determined that the Blackberries were a useful communication tool and would continue through 2007, but only 2 of the Consortium pager holders desired to continue using that form of device.

Many radios were purchased for individual LPHAs via the Urban Area Security Initiative funding of 2005 and distributed in 2006. These devices allow public health to communicate with county emergency responders on radio frequencies and through talk groups in emergency situations.

Upgrades for all Blackberry devices were purchased in late 2006. Recommendations for other communication system upgrades will be based off of an assessment being completed in 2007 to include purchases for satellite phones and other redundant communications systems. However, in 2006, a consultant was hired to do an independent assessment of each LPHA needs with regards to communications. The report is attached, and summed up the need for communications equipment and level of use at each LPHA. Computers were assessed in this report, and thus new computers and laptops were purchased in 2006 for those agencies requiring upgrades and increased functionality. Polycom teleconferencing units were purchased for 11 of the 14 agencies who did not own the equipment for the ability to listen in a large group/room to teleconferences.

GETS/WPS services were maintained and tested throughout the year and will continue as long as the Consortium owns Blackberries.

Telecommunications Service Priorities (TSP) was explored by each agency in 2006. The results are included in Objective Folder #1 but were found to be futile due to the high and varying costs between agencies and the fact that government buildings will most likely be restored sooner than others.

Local Emergency Response partners are assisting the Consortium with connectivity issues and standardization of equipment. This will continue into 2007.

2006 Preparedness Objective #4	Deliverable
By December 31, 2006, public health <b>core competencies and advanced competencies</b> will be enhanced through continued implementation of the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness Competency and Training Plan for Consortium members.	A report to include a brief summary of the trainings offered and provided to Consortium members, a list of attendees, and the competencies met by Consortium members.

Attached you will find the Consortium's annual Training Log for 2006. Monthly, the Consortium Program Assistant collects all trainings attended by all staff at the 14 member agencies. She puts it into a log by topic area so as to match the Consortium's Competency and Training Plan. This log details who attended what training and when.

In addition, the Consortium Health Officers annually log all of their staff into the Consortium Competency and Training Plan, thereby showing the level of competency across their staff and across the Consortium (attached). This process has been in place in the Consortium for 3 years and was modified in 2006 to include many more competencies and at a much more detailed leveling system. For example, it is now an assumption that ALL LPHA staff, including clerical, should be able to achieve the basic level of competency within each topic area. Health Officers, backups, and a few others should be at the advanced level in most topic areas or striving to achieve that level.

The competencies included in the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness Competency and Training Plan not only include the Emergency Preparedness Competencies by Columbia University, but include competencies from many other topic areas such as computers, epidemiology, risk communication, and chemical awareness.

The PPHR review team was so impressed with our Competency and Training Plan that Consortium members have been asked to present on it at national conferences. We have folded the plan into a New Employee Orientation, and a Training Plan that is scientifically based allowing us to develop training specifically based upon competency need. More can be seen on this topic by viewing the PPHR Goal II Section.

### CITIES READINESS INITIATIVE Grant (CRI)

**Objective:**

Throughout the period January to August 2006, the Wauwatosa Health Department (WHD) will participate in planning to prepare to implement the federal Cities Readiness Initiative goal of dispensing anthrax countermeasures to its jurisdiction within 48 hours.

**Deliverable:**

A report to document the Cities Readiness Initiative meetings as prescribed by the Centers for Disease Control and Prevention and the Wisconsin Division of Public Health in which the Wauwatosa Health Department participated or was represented.

**Participation:**

- 1/5/2006 Consortium staff represented WHD at CRI meeting.
- 4/13/2006 Consortium staff represented WHD at CRI meeting.
- 7/11/2006 Dr. Nancy Kreuser assisted the City of Milwaukee Health Department with interviewing candidates for the Cities Readiness Initiative's Health Project Coordinator position.
- 7/21/2006 Dr. Nancy Kreuser participated on the CRI teleconference call with Joe Cordova

## Emergency Preparedness Pandemic Influenza Regional Planning Grant

### I. INTRODUCTION\*

Experts agree that an influenza pandemic is inevitable. To prepare for the next pandemic, the local public health agencies (LPHAs) of Caledonia/Mount Pleasant, the City of Racine, the City of Cudahy, the City of Franklin, the Village of Greendale, the City of Greenfield, the City of Hales Corners, Kenosha County, North Shore (including Villages of Brown Deer, River Hills, Bayside, and Fox Point, and City of Glendale), the City of Oak Creek, Ozaukee County, the City of St. Francis, the Villages of Shorewood and Whitefish Bay, the City of South Milwaukee, Walworth County, Washington County, Waukesha County, the City of Wauwatosa, the City of West Allis and the Village of West Milwaukee, and Western Racine County, in partnership with the Wisconsin Department of Health and Family Services Division of Public Health (WI DPH), and Health Resources and Services Administration #7 (HRSA) have developed this Southeastern Wisconsin (SE WI) Regional Pandemic Influenza Preparedness Plan, which provides strategies to reduce pandemic influenza-related morbidity, mortality, and social disruption in this region and the state. An influenza pandemic on the scale predicted by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and others would bring with it high rates of morbidity and mortality, and large scale social disruption and economic losses.

#### Influenza Background

Influenza is a viral illness of the respiratory tract characterized by rapid onset of high fever, chills, sore throat, runny nose, severe headache, nonproductive cough and intense body aches. The virus is spread through contact with droplets from the nose and throat of an infected person during coughing and sneezing. Influenza is highly contagious and is responsible for annual epidemics in the United States and in other countries. In the US, epidemics typically occur from December to April, resulting in 200,000 hospitalizations and 36,000 deaths from influenza infection or from secondary complications.

Nausea, vomiting and diarrhea without the fever, cough, aching and respiratory symptoms is gastroenteritis, commonly referred to as "stomach flu." Stomach flu is caused by other microorganisms and has no relationship to influenza.

There are two types of influenza viruses that cause significant disease in humans: type A and type B. While influenza viruses of both types are common in humans, viruses of type A can also infect a host of animals. When researchers categorize Influenza A viruses, they determine which of the fifteen types of hemagglutinin (H) and which of the nine neuraminidase (N) proteins are found on their surfaces. The body uses these surface proteins to recognize and fight viruses. As such, these two major antigenic structures are essential to the production of influenza vaccines and the induction of immunity. These two components define the virus subtype. Currently, common subtypes of influenza A are H1N1 and H3N2 and the avian influenza virus is often referred to as H5N1.

There are two methods by which influenza viruses change their properties: antigenic drift and antigenic shift. Antigenic drift is a gradual change caused by minor point mutations in the viral

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\* Some content excerpted and/or adapted from the Wisconsin Pandemic Influenza Preparedness document (April 2004), the Pandemic Influenza Response Plan, ver. 12, Public Health – Seattle & King County, and the Milwaukee/Waukesha County Consortium For Emergency Public Health Preparedness - #11 Pandemic Influenza Preparedness & Response Plan (11.28.05).

genes and results in small changes to the surface proteins of the influenza virus. This process occurs continuously and is the reason that the make-up of the influenza vaccine is changed almost every year.

The influenza A virus is unique in that it can infect a variety of animals; wild birds are the natural reservoir for influenza A. It is also unique in that it can undergo the major genetic reassortment known as antigenic shift. This sudden change happens infrequently and often occurs as a result of a recombination of human influenza A with an animal influenza A virus. This recombination results in a new subtype of influenza A to which the human population has little or no immunity. An antigenic shift is almost always followed by an influenza pandemic.

### Pandemic Influenza

A novel influenza strain is a new strain of influenza that is significantly different from what the public has been exposed to either through prior infection or vaccination that is capable of causing increased morbidity and mortality. Given this lack of resistance, it can spread quickly through human populations, affecting large numbers on a global scale. These events are called pandemics. During the last century, three novel influenza A strains have evolved from animal strains from birds or pigs to cause pandemics. The following statistics were taken from the U.S. Department of Health and Human Services (US DHHS) pandemic website: 1

- The “Spanish” influenza pandemic of 1918-1919 was responsible for at least 675,000 U.S. deaths and up to 50 million deaths worldwide.
- The Asian influenza pandemic of 1957-58 was responsible for at least 70,000 U.S. deaths and 1-2 million deaths worldwide.
- The Hong Kong pandemic of 1968-69, was responsible for at least 34,000 U.S. deaths and 700,000 deaths worldwide.

Pandemic influenza is a unique public health emergency. No one knows when the next influenza pandemic will occur. However, when it does occur it will be with little warning. Since the novel virus may be identified in any region of the world, experts believe that we will have one to six months between the identification of a novel influenza virus and the time widespread outbreaks begin to occur in the United States. Outbreaks are expected to occur simultaneously throughout much of the nation, preventing relocation of human and material resources. An influenza pandemic will occur in multiple waves. The effect of the initial wave on individual communities will be relatively prolonged (as long as six to eight weeks) when compared to the minutes-to-hours observed in most natural disasters.

It is important to remember that although the first wave of the pandemic may last 1- 3 months; the entire pandemic may last 2-3 years. For the duration of the pandemic, effective preventive and therapeutic measures, including vaccines and antiviral agents, will likely be in short supply, as will some antibiotics to treat secondary bacterial infections. Healthcare workers and other first responders will likely be at higher risk of exposure to influenza than the general population, further impeding the care of patients. Widespread illness in the community may also increase the likelihood of sudden and potentially significant shortages of personnel who provide other essential community services. The following assumptions provide a basis for preparedness activities pertaining to pandemic influenza:

- An influenza pandemic is inevitable.

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1 U.S. Department of Health and Human Services Planning Guide, May 2006, <http://www.pandemicflu.gov/planguide/>

- To some extent, everyone will be affected by the influenza pandemic.
- The first wave of the pandemic may last from 1-3 months, while the entire pandemic may last for 2-3 years.
- Liability protection for vaccine manufacturers and persons who administer influenza vaccine will likely be made available through congressional legislation.
- Although antiviral agents are available that can theoretically be used for both treatment and prophylaxis during the next pandemic, these agents will likely be available only for limited distribution.

The overall impact of an influenza pandemic on the healthcare system could be devastating. Experts estimate that between 40 and 100 million people will become clinically ill in the US; 18 to 45 million will require outpatient care; 300,000 to 800,000 persons will be hospitalized and between 88,000 and 300,000 people will die. The potential for high levels of morbidity and mortality as well as the significant disruption to society make planning for the next influenza pandemic imperative. The data presented in Tables 1 and 2 are based on an estimate obtained using CDC's FluAid software and describe the predicted outcome of an influenza pandemic in the United States, in Wisconsin and in the Southeastern Wisconsin region.

**Table 1.** Number of Persons Ill with Influenza if a Pandemic Were to Occur.

	<b>United States</b>	<b>Wisconsin</b>	<b>Milwaukee/Waukesha Counties</b>	<b>Tri County Area</b>	<b>Quad County Area</b>
<b>Clinically ill</b>	250 million	1.9 million	~700,000	112,739	~100,000
<b>Outpatients</b>	50 million	1 million	346,361	60,456	54,999
<b>Hospitalizations</b>	2 million	22,000	6,766	1,291	1,180
<b>Deaths</b>	500, 000	8,000	2,029	293	274

The next pandemic could have a devastating impact on the health and well being of the American public. Based on observations from previous pandemics, the CDC estimates that the economic losses in the United States associated with the next pandemic will range from approximately \$71 to 166 billion. These estimates are based on the attack rate and associated morbidity and mortality.

In planning for and responding to an influenza pandemic, the National Incident Management System (NIMS) will be utilized to assure coordination of resources. Administrative and medical decision makers will work in coordination with the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness, the Tri County Public Health Consortium, and the Quad County Public Health Consortium to serve as Unified Command.

A 53-page regional planning report was generated with the consultation of the Medical College of Wisconsin. The plan will be localized for communities during 2007. A regional exercise will be conducted to test the regional plan in 2007.

## II. PURPOSE OF PLAN

The Southeastern Wisconsin (SE WI) Pandemic Influenza Preparedness Plan provides guidance to local public health agencies and other community partners regarding detection, response and recovery from an influenza pandemic at a regional level. The Plan describes the unique challenges posed by a pandemic that may necessitate specific leadership decisions, response actions, and communications mechanisms regionally. Specifically, the purpose of the plan is to:

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the response, coordination and decision making structure that will involve the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness, the Tri-County Public Health Consortium, the Quad County Public Health Consortium, HRSA #7, and other local and regional response agencies, and state and federal agencies during a pandemic.
- Define roles and responsibilities the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness, the Tri-County Public Health Consortium, the Quad County Public Health Consortium, HRSA #7, local health care partners and local response agencies during all phases of a pandemic.
- Describe public health interventions in a pandemic response and the timing of such interventions.
- Serve as a guide for local health care system partners, response agencies and businesses in the development of pandemic influenza response plans.
- Provide technical support and information on which preparedness and response actions are based.

During an influenza pandemic, the Southeastern Wisconsin Pandemic Influenza Preparedness Partnership and other local regional partners will utilize this plan to achieve the following goals:

- Limit the number of illnesses and deaths
- Preserve continuity of essential government functions
- Minimize social disruption
- Minimize economic losses

This SE WI Pandemic Influenza Preparedness Plan will be coordinated with other local preparedness plans and activities and with the State of Wisconsin Pandemic Influenza Plan.

# **Appendix C**

## **City of Wauwatosa and Wauwatosa Health Department Statistics**