

# WAUWATOSA HEALTH DEPARTMENT



## 2011 Annual Report

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## City of Wauwatosa

A suburban city with a charming and historic village area at its heart, Wauwatosa is a diverse community of approximately 46,400 residents who enjoy friendly, tree-lined neighborhoods; a respected school system and local government; and many fine restaurants, hotels, and thriving businesses that serve people from throughout the metropolitan area. It encompasses the Milwaukee County Regional Medical Center which includes the Medical College of Wisconsin, Children's Hospital of Wisconsin, Froedert Memorial Hospital, Milwaukee County Behavioral Health Complex, Milwaukee County Research Park, and the Blood Center of Southeastern Wisconsin. The city is home to an expanding technology and research park and a premier regional mall – Mayfair Mall. Its convenience to the Milwaukee metropolitan area offers easy access to major league sports, a nationally recognized zoo, and abundant cultural and social activities.



According to the U.S. Census Bureau's American Community Survey, the demographics for the City of Wauwatosa are similar to that of the United States (US) in most cases with the exception of race, ethnicity, and socio-economic status (SES) indicators<sup>1</sup>. Approximately half of the population is female (52.7%/ 23,838). The majority of the population is between the ages of 18-64 (62.2% or 28,180 people) and almost fifteen percent of the population is over the age of 65 (6,747). Wauwatosa residents are predominately White (91.1%) and maintain a high SES. Nationally, 74.5% of citizens are White, and 12.4% are African American while 15.1% are Hispanic. The median household income of Wauwatosans is \$64,401 compared to \$51,425 at the national level (in 2009 inflation-adjusted dollars). In terms of educational attainment for adults 25 years of age and older, a great majority of Wauwatosans earned a high school degree or higher (94.1% compared to 84.6% at the national level) while approximately half of those earned a bachelor's degree or higher (51.9% versus 27.5% at the national level). The number of individuals aged 5 years and older who speak a language other than English at home is 2,649 or 6.3% of all Wauwatosans. Lastly, the percentage of Wauwatosa families below the federal poverty level is 2.0 compared to 9.9 at the national level. Unfortunately, the recent economic downturn has led to increased unemployment nationwide which traditionally increases the utilization of direct social services (e.g. immunization clinics). In 2010, Wauwatosa maintained a low unemployment (5.5%) compared to the City of Milwaukee (9.7%), Milwaukee County (8.1%), the State of Wisconsin (7.5%), and the national (9.4%)<sup>2</sup>.

## Wauwatosa Health Department

The Wauwatosa Health Department (WHD) exists to protect the health and safety of the entire Wauwatosa community by promoting health, preventing disease, and reducing or eliminating health risk factors. Although some Wauwatosans have not had direct contact with their health department, many of the improvements that prolong life and protect health and safety are directly related to public health measures. Examples include safe food, clean air, pure drinking water, clean pools, childhood vaccines, and chronic disease risk reduction through the promotion of healthy behaviors. According

<sup>1</sup> Source: US Census <http://www.census.gov> (American Community Survey: Wauwatosa, WI)

<sup>2</sup> Source: State of WI, Department of Workforce Development, released March 16, 2011; December 2010 data, [http://dwd.wisconsin.gov/dwd/newsreleases/ui\\_local\\_default.pdf](http://dwd.wisconsin.gov/dwd/newsreleases/ui_local_default.pdf)

to Wisconsin Statute ch. 251.02(2), counties with a population of 500,000 or more must establish a local health department. Since there is no county health department in Milwaukee County, health departments are maintained at the municipal level.

The WHD revised and established its vision, mission, and core values in 2010, which are:

**Vision** – ‘Healthy Community, Value to You, Wauwatosa Health Department’: To be an exemplary, progressive health department that adds value to the community through high-quality programs and services.

**Mission** - To protect and promote the health and safety of all Wauwatosans

**Core Values** - The WHD achieves a high level of professionalism by demonstrating the following values:

1. We demonstrate *TEAMWORK* through collaboration with each other as well as other community partners.
2. We are *RESPECTFUL* to our community by displaying cultural competence.
3. We exhibit a high level of *INTEGRITY* through accountability and credibility.
4. We take a *PROACTIVE* approach to all that we do.

In addition to reporting to local elected officials and the Wisconsin Department of Health Services (DHS), the WHD is statutorily required to be governed by a mayor-appointed Board of Health. As required by Wisconsin law (WI § ch. 251.05, WI administrative code DHS 140.04), all local health departments (LHD) shall provide the following programs or services for a Level 1 designation - the lowest: generalized nursing program, health promotion, chronic disease prevention, communicable disease program, and a human health hazard program. Additional programming is needed for a Level 2 or Level 3 designation. WHD is a Level 3 health department. In addition, all LHDs must “regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems” while also “developing a community health improvement plan that includes actions to implement the services and functions.” [WI § ch.



251.05(3)(a)(c)] The WHD must comply with many state statutes, state administrative codes, local ordinances, and federal requirements in its daily operations. For a listing of the legal governances WHD must follow, please reference *Appendix 1*. The purpose of this report is to provide detail regarding the varied activities and programs conducted by the WHD in 2009 and 2010. Comparison data for the City of Wauwatosa, the State of Wisconsin, the US, and the national health goals (Healthy People 2010) is provided (see *Appendix 2*).

# Communicable Diseases

## What is a Communicable Disease?

A communicable disease (CD), also referred to as an infectious disease, is an illness or condition that is transmitted through direct contact with an infected person or animal; it may also be transmitted by a vector such as a mosquito, plant, or environmental surface. Examples of CDs include Shigella, West Nile Virus, Lyme's disease, Salmonella, and Methicillin-resistant staphylococcal aureus (MRSA).

An *emerging* CD results from changes in, or evolution of, existing organisms or diseases that are known to occur in one setting that spread to new geographic areas or human populations. Both Severe Acute Respiratory Syndrome (SARS) and Monkeypox are examples of emerging CDs that were seen in 2003. CDs can also re-emerge through the development of antimicrobial resistance or by the reduction or elimination of the public health measures that originally brought them under control (Healthiest Wisconsin 2010). Tuberculosis (TB) is an example of a CD that declined then re-emerged during the 20<sup>th</sup> century due to reduced public health interventions.

CD prevention and control is a statutory requirement of LHDs (WI § ch. 252, WI Administrative Codes DHS 140 and 145). The 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 WHD investigates all potential and actual CD reports, including vaccine and non-vaccine preventable CDs, food-water-vector-borne diseases, sexually transmitted diseases/ infections (STD/STI), outbreaks, and epidemics. When the WHD is notified of a possible CD, the Public Health Nurse (PHN) interviews the affected individual, and identifies and interviews others who may have been exposed. The PHN also coordinates laboratory testing and treatments with health care providers, implements prevention and infection control strategies in the community, and coordinates CD interventions among other affected entities (schools, worksites, businesses, organizations, or other LHDS). Food, water, and vector borne illnesses are jointly investigated and coordinated by the PHN and Registered Sanitarian (RS). CD investigations are urgent matters and may be time intensive due to the need for coordination and case management among multiple agencies and individuals. The average CD case takes about 6 hours to complete, whereas a single TB case may take up to 9 months to resolve. In addition, WI Administrative Code DHS 145.02 requires LHDS to provide "information otherwise pertinent to understanding the burden of CD on the general population." This is an example of the required *health promotion* services of all LHDs.

## Vaccine Preventable Diseases and Immunizations

### What is a Vaccine Preventable Disease?

A subcategory of CDs is vaccine-preventable diseases (VPD). VPDs are diseases in which an immunization or vaccine is available to avert the disease. Examples include Polio, Measles, Pertussis, Varicella (chicken pox), Hepatitis B, Influenza (flu), Typhoid, and Rabies. By controlling the spread of infections within a community, immunizations prevent disability, loss productivity, and death. In *Healthy People 2020* [a comprehensive set of public health goals and objectives developed every decade by the US Department of Health and Human Services (DHHS)], immunization is described as one of the greatest public health achievements of the 20<sup>th</sup> century. It is one of the most cost-effective preventive measures available. According to the Centers for Disease Control and

Prevention (CDC), for every dollar invested in immunizations, the public realizes the following savings:

- ✦ \$30 - \$60 in hospitalization costs for an older adult for each ***influenza*** vaccination
- ✦ \$16.34 in direct medical costs for every ***Measles, Mumps, Rubella (MMR)*** vaccination
- ✦ \$6.21 in direct medical costs for every ***Diphtheria, Tetanus, Pertussis, (DTaP)*** vaccination
- ✦ \$5.40 in parent productivity losses and medical expenses for every ***Chickenpox (Varicella)*** vaccination

Due to its effectiveness, immunization programs are a service that all LHDs must conduct in Wisconsin. According to WI Administrative Code DHS 144 - Immunization of Students, LHDs are responsible “to avail the required immunizations under 252.04 (02) free without charge for the biologics”; WI Administrative Code DHS 146 lists additional vaccines available at no charge to students. LHDs must “inform schools and day cares of the provisions” of the “Immunization of Students” code. In addition, LHDs must “report to the department statistical information concerning the degree of compliance with §. 252.04, of students within its service area.” In other words, LHDs must collect and analyze the immunization status of all students attending public and private schools and day cares within their jurisdiction. Wauwatosa currently has 14 private and 16 public schools.

#### Why is this important?

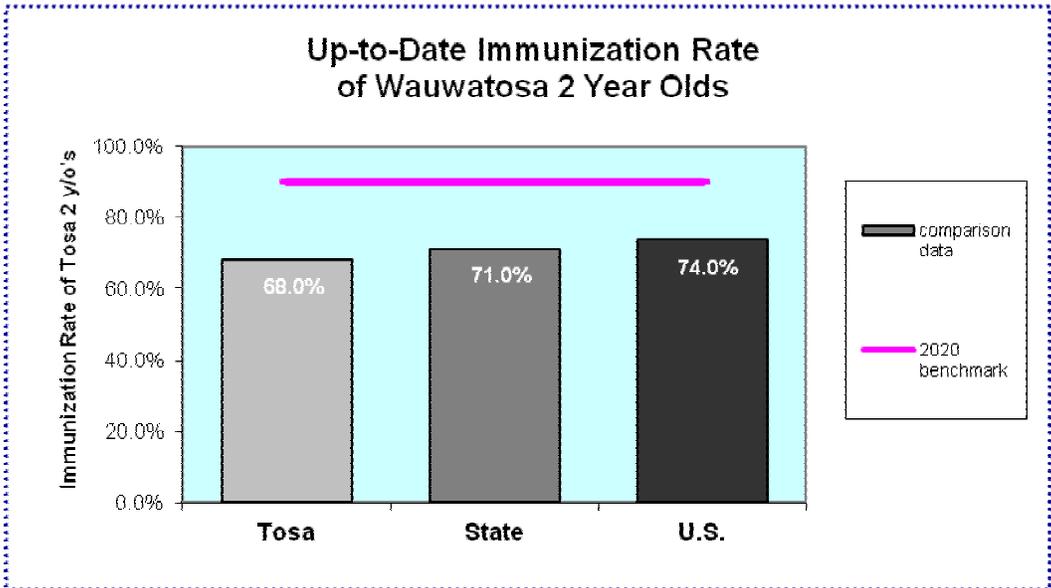
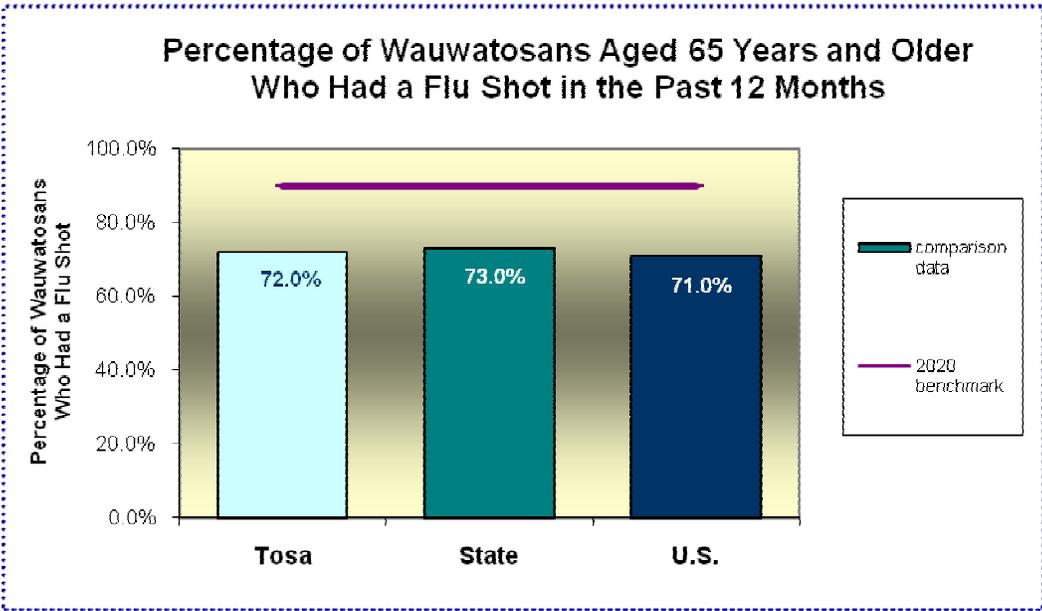
1.25 million Americans have chronic Hepatitis B. About 5,000 persons will die each year from hepatitis B-related liver disease resulting in over \$700 million in medical and work loss costs. In 2007, there were 43,000 new Hepatitis B infections in the US.

Centers for Disease Control & Prevention  
[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) (June 2008)



#### How does Wauwatosa Compare?

The immunization rate for all children attending Wauwatosa schools was 92.4% in 2011, reaching the national goal of 90%. This included a 91.4% compliance rate for public schools and 96.1% for private schools. Of the 3.9% of the students who had immunization waivers, 86% (n=365) were “personal conviction” waivers; up from 84.5% in 2010. However, the immunization completion rate of all two-year-olds was 68% in 2011, well below national and state levels of 74.3% and 71.3%, respectively. The 2-year olds immunization completion rate encompasses the 4:3:1:3:3:1 vaccine requirements. This means that children must be immunized with 4 diphtheria-tetanus-pertussis (DTaP), 3 polio, 1 Measles-Mumps-Rubella (MMR), 3 Haemophilus type B (HiB), 3 Hepatitis B, and 1 varicella (chickenpox) vaccines by their second birthday to be considered “complete”. When “late up-to-date” children were included the rate rose to 74%. At 72%, more Wauwatosa adults aged 65 years or older receive a flu shot than the national average of 71% but less than the state average of 73%.



**What is the Wauwatosans Health Department doing?**

The WHD continued to monitor and evaluate the burden and impact of CDs within Wauwatosans by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosans data to national and state statistics. WHD conducted the following VPD and immunization program services during 2011:

- Processed 706 calls regarding immunizations through the WHD I&R (I&R). Immunization inquiries account for 33% of all calls processed through I&R.
- Investigated 55 vaccine-preventable diseases.
- Administered 1105 non-flu vaccines to 648 clients at immunization clinics.
- Administered 1208 seasonal flu vaccines at mass clinics at City Hall and off-site locations including schools, child care centers, businesses, adult living facilities, and the homes of homebound citizens.

- Provided technical expertise to businesses and residents about the increased immunization requirements for the 2011 – 2012 academic year for all school-aged and day care-aged children. Vaccines affected were the Varicella (chicken pox) and the Tdap (tetanus-diphtheria-Pertussis) booster.
- Promoted immunization and influenza awareness as well as Tdap “cocooning” with WHD clinic schedules included in all 573 newborn packets. Cocooning is when you vaccinate everyone who comes in contact with an individual who cannot be vaccinated, thereby “cocooning” or protecting the unvaccinated individual from the disease. An example is when all family members receive a Pertussis vaccine to protect the newborn who is too young to be vaccinated.
- Mailed immunization schedule and requirements to all families with three-year-olds in partnership with the Wauwatosa School District (WSD).
- Advertised free vaccines and new school immunization requirements in the June and September City Newsletter.
- Promoted back-to-school vaccines in the June and September City Newsletters.
- Provided education and promoted flu vaccinations in the September and December City Newsletters.
- Promoted immunization clinics in the WSD yearly calendar.
- Promoted and educated family members about the importance of immunizations at community events, such as Tosa Night Out.
- PHNs audited 4 schools in Wauwatosa for adherence to the statutory immunization requirements; all were private schools. The compliance rates were 55%, 67%, 77%, and 82%. Waivers accounted for 0 – 20% of the students; all were personal conviction waivers.
- PHNs audited 4 day cares for adherence to the statutory day care immunization requirements. The compliance rates were 30%, 63%, 76%, and 83% for children aged 2 years and younger.
- WHD provided technical assistance to public and private schools to comply with state law reporting requirements by the end of October. All school reports were turned in on time.
- Tracked volume and usage of WHD immunization clinics.
- Wauwatosa and the public health system strive to have 90% of all 2 year olds up-to-date with their immunizations by the time children reach their second birthday. The two-year olds must be up-to-date with the 4-3-1-3-3-1-4 immunizations. WHD tracked the cohort of children closely through progressive case management utilizing monthly reminder/recall letters, telephone calls, and in challenging cases, certified letters. WHD finished the year with a 68% compliance rate. The rate rose to 74% when “late up-to-date” children were included. Of the children attending the WHD immunization clinics, 75% met the benchmark with an 84% rate when “late up-to-date children were included. Barriers identified to the timely completion of the child’s immunization series included:
  - ✦ Healthcare organizations serving several Wauwatosa residents frequently failed to enter newly administered immunizations into the Wisconsin Immunization Registry (WIR) system, a database of the immunization status of Wisconsin children
  - ✦ WIR often and repeatedly classified Wauwatosa addresses as “City of Milwaukee”
  - ✦ Activities related to the two-year-old cohort and grant objective were suspended from mid-June through December due to WHD retirements and prioritizing staff resources.

Each year, the WHD is called upon to address sentinel events. A sentinel event is described by the CDC as a preventable disease, disability, or untimely death that serves as a warning signal of a possible underlying problem. For CDs, a sentinel event is an outbreak. Generally, an outbreak occurs when there are more incidences or cases occurring than would be expected. In 2011, the WHD investigated and tracked the following VPD-related sentinel events or outbreaks:

- A City of Milwaukee refugee was diagnosed with Measles in early September. Two more cases were confirmed. Two Tosa families were contacts to the index case; both families had documented immunity to measles through immunization. WHD monitored the situation through collaboration and communications. No secondary cases occurred in Tosa.
- A City of Milwaukee resident working as a healthcare worker in a Tosa health facility was contagious with Varicella (chicken pox) while working with high-risk individuals. WHD staff worked closely with the facility's staff to track and monitor for additional Varicella cases through October 31. No additional Varicella cases resulted from the exposure.
- On November 24, the WHD was notified of a Milwaukee resident who worked at a Wauwatosa healthcare facility with Bacterial Meningitis. The staff at the healthcare facility was contacted and received prophylactic medicines. Patients and relatives of the healthcare facility were notified of the exposure. There were no additional cases of Meningitis.
- On December 9, the WHD was notified of a Pertussis case who worked at two Wauwatosa schools. 13 students, 7 staff, and one parent were identified as close contacts; close contacts were notified and counseled by phone. Letters were distributed to staff and students who may have had a slight exposure. The outbreak was resolved on January 3.
- On December 7, the WHD was notified of a Pertussis case at Wauwatosa day care. 17 close contacts were identified of which 11 were Tosa residents, 4 were Milwaukee residents, and 2 lived in Waukesha County. Two additional children were suspect Pertussis cases until lab tests came back negative. The outbreak was resolved on December 22.
- On December 19, the WHD was notified of a Wauwatosa student with Pertussis. 30 contacts were identified as "close" contacts of which 20 were Tosa residents, 5 were Milwaukee residents, and 5 lived in Waukesha County. Close contacts were notified and counseled by phone. Additionally, 4 sports teams were investigated by Waukesha County, Greenfield, St. Francis, and North Shore Health Departments. Letters were distributed to staff and students who may have had a slight exposure. On January 9, the WHD was alerted to another individual with Pertussis who had contacts to the index case. 17 close contacts were notified and many letters sent to exposed students and staff at a Wauwatosa school. The outbreak resolved on January 17.

## Other Communicable Diseases (Non-Vaccine Preventable)

### What are 'Other Communicable Diseases'?

Infectious diseases that do not have a preventive vaccine are categorized under 'Other Communicable Diseases.' This category encompasses a wide array of diseases that can be transmitted through many different pathways. The most common of these are sexually transmitted, particularly Chlamydia and Gonorrhea. The second most common are *enteric diseases* (also known as diarrheal illnesses) which include Salmonella, Shigella, Giardiasis, E. coli O157:H7, Norovirus, and Campylobacter. Other diseases include those transmitted through the air (SARS, Tuberculosis), by animals (Rabies), via insects (West Nile Virus), and by direct contact (MRSA).

### How does Wauwatosa compare?

Wauwatosa had fewer Hepatitis C, Salmonella, E. Coli O157:H7 and Listeria enteric (diarrheal) infections than the national average, exceeding or meeting the Health People 2020 goals. Wauwatosa's Campylobacter rate is lower than the state and national average, but exceeds the Healthy People 2020 target. Meanwhile, the community still has some work to do to reduce the rates of TB.

## What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of non-vaccine preventable CDs within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. WHD conducted the following CD program services during 2011:

- Conducted 246 non-VPD CD investigations, including 140 STDs
- Processed 285 CD inquiries including 165 regarding Tuberculosis through WHD's I&R
- Provided TB services and prevention including:
  - ✦ TB skin testing for school admission, occupational requirements, admission into communal living facilities, immigration requirements, and exposure to an active case of TB. In 2011, 303 TB skin tests were given; this was a 263% increase over 2010.
  - ✦ Case Management – The PHNs provide statutory required case management and directly observed medication therapy (DOT). Individuals may need medicines to treat the active (infectious) disease or to prevent the disease from becoming infectious. People with latent (non-infectious) or active TB need to take medicines either daily or several times a week. The PHN visits an active TB case to witness the individual take the physician prescribed TB medication; this is known as DOT. PHNs are required to manage and monitor TB cases for 9 months. The PHNs case managed 26 individuals for suspect or confirmed TB infection or disease in 2011.
- Partnered with the WSD to address school absenteeism rates greater than 10% daily, cluster of illnesses, or unexplained death
- Monitored mass communication outlets, including the Internet, for CD alerts as well as other public health incidents
- Collaborated with community and partner organizations to provide CD alert information
- Conducted educational presentations on CD and prevention to scouting troops, kindergarten parent orientations, and other civic groups
- Provided written education to citizens through many outreach events and communications
- Treated 973 catch basins with larvicide to prevent WNV in collaboration with the Wauwatosa Public Works Department, conducted the mosquito monitoring and larvicide application activities interrupt the transmission of WNV. City catch basins are treated with larvicide, then tested and analyzed for effectiveness (i.e. presence of mosquito larvae).
- Collected information on dead birds for WNV surveillance
- Conducted a WNV educational awareness campaign
- Outreached to all Wauwatosa adult living facilities and community-based residential facilities (CBRFs) on CD reporting requirements, CD resources, WHD services and resources, and emergency preparedness planning.
- Participated in Briggs & Stratton's employee fair; providing handwashing information and demonstration.

In 2011, the WHD investigated and tracked the following CD sentinel events or outbreaks:

- On January 11, WHD was alerted to an enteric outbreak at an adult living facility in the assisted living and independent living units. Both residents and staff were symptomatic as early as December 22. A total of 22 residents and 7 staff members were ill. The situation was resolved on January 25. Norovirus was the confirmed causative agent.
- On January 19, WHD was alerted to an enteric outbreak at an adult living facility on 4 units. The investigation revealed a few employees were symptomatic at the end of December. 52 of

142 (36.6%) residents were ill; 36 of 250 (14.4%) employees were ill. The cause was Norovirus. The outbreak was over as of February 3.

- On February 10, WHD was alerted to an enteric outbreak at an adult living facility. The outbreak began on February 3. 34 residents and 5 employees were ill with enteric symptoms. Specimens were collected and sent to the Wisconsin State Lab of Hygiene (WSLH); no organism was identified. The outbreak was resolved on March 5.
- On February 11, WHD was alerted to an enteric outbreak on a skilled nursing unit of an adult living facility. Six staff members and 4 residents were ill. Per the WI Division of Public Health (DPH), no specimens were collected; it was presumed to be Norovirus since it was prevalent in the area. The outbreak was resolved on February 23.
- WHD was alerted to a second wave of an enteric outbreak at an adult living facility beginning in January. The second wave began on February 19. 8 residents and no employees were ill with enteric symptoms. Per the WI DPH, no specimens were collected; it was presumed to be Norovirus since it was prevalent in the area. The outbreak was resolved on March 16.
- On April 11, WHD was alerted to an enteric outbreak at an adult living facility. The outbreak began on April 4. Between April 4 and May 5, a total of 38 residents reported at least one diarrheal episode. However, only 17 residents met the case definition of at least one diarrheal occurrence plus an additional symptom of nausea, vomiting, fever, and/or fatigue. The resident attack rate was 16.5% while the employee attack rate was 4%. Several stool specimens were obtained at various points during the outbreak. Two specimens were positive for *Clostridium difficile* ("C. diff"). Infection control measures were implemented. The outbreak was resolved on May 10.
- On November 22, the WHD received a foodborne complaint regarding a meal consumed at a Wauwatosa restaurant on November 19. 7 out of 8 members of that group became ill with enteric symptoms within 36 hours of the meal. An inspection was conducted by a WHD RS on November 23. On November 28, a group of 6 people called to complain of enteric symptoms within 36 hours of eating a November 22 meal at the same restaurant. A full foodborne investigation was launched. Employees were interviewed and counseled on November 29. Stool samples from the ill patrons as well as all of the employees who worked on November 19 and 22 were collected. Patrons tested positive for Norovirus. All of the employee samples were negative. The source of the Norovirus was unconfirmed.
- On November 26, the WHD was notified of an enteric outbreak at an adult assisted living facility beginning on November 26. 54 residents and 50 employees became ill. Norovirus was the identified organism. The outbreak was resolved on December 21.
- On November 30, the WHD was notified of an enteric outbreak at a medical regional complex facility beginning on November 21. 14 residents and 8 employees became ill. Norovirus was the identified organism. The outbreak was resolved on December 14.
- On December 2, the WHD was notified of an enteric outbreak at an adult skilled nursing facility beginning on December 1. 37 residents and 4 employees became ill. The cafeteria was inspected on December 6; improper handwashing and inaccessible handwashing equipment were identified as issues. The facility was locked down from December 12 through 14 to limit the outbreak's spread. Norovirus was the identified organism. The outbreak was resolved on December 19.
- On December 6, the WHD was notified of a possible TB exposure at a medical regional center facility. An individual was in the facility for several hours and then transported to a hospital for a respiratory illness. During the hospitalization, tests taken back in October revealed that TB was a possibility. Final testing resolved that the illness was not TB.

- On December 12, the WHD was notified of an enteric outbreak at an adult skilled nursing facility beginning on December 10. 26 residents became ill. Norovirus and Clostridium difficile were the identified organisms. The outbreak was resolved on January 9.
- On December 14, the WHD was notified of an enteric outbreak at an adult independent, assisted, and skilled nursing living facility beginning on November 29 with a staff member. 209 individuals became ill including 71 staff, 34 independent living residents, 51 assisted living residents, and 53 skilled nursing (“nursing home”) residents. There is a common kitchen facility which was inspected on December 20. Norovirus was the identified organism. The outbreak was resolved on January 10.
- On December 22, the WHD was notified of an enteric outbreak among employees at an adult living facility beginning on December 22. 4 employees became ill. No testing was conducted, therefore no organism was identified. The outbreak was resolved on December 28.
- On December 27, the WHD was notified of an enteric outbreak at an adult independent living facility beginning on December 26. 9 residents became ill. Norovirus was the identified organism. The outbreak was resolved on January 3.

## Food Inspection Program

### What is the Food Inspection Program?

The Wisconsin DHS and Department of Agriculture, Trade, and Consumer Protection (DATCP) inspection programs aim to prevent the transmission of infectious diseases via food and other venues from licensed establishments. During inspections, critical and non-critical violations may be identified for onsite education and corrective action. As defined by the CDC, critical violations include unsafe food sources, improper food temperatures, cross contamination, personal hygiene, and other factors. Non-critical violations do not pose an immediate threat to the public but are considered infractions against the state food code. Examples of non-critical violations are improper storage of cleaning chemicals, peeling paint on walls, and inadequate ventilation and lighting.

### How does Wauwatosa compare?

The WHD has a proactive food inspection program. WHD conducted 215 restaurant inspections in 2011. Each licensed facility receives at least one inspection a year and again upon complaint or suspect outbreak. Over 40% of all food establishments in Wauwatosa receive multiple inspections, due to violations found during annual inspections or in response to citizen complaint. On average, an inspected establishment will have 1.1 violations. Twenty-eight percent of all violations noted in Wauwatosa were CDC critical risk factors compared with 45% statewide. On average, 0.43 CDC critical risk factor violations were observed per inspection of a Wauwatosa restaurant compared with ~1.8 violations observed of statewide restaurants. WHD sanitarians observed 0.7 good retail practice violations per inspection compared to ~2.4 statewide. In summation, WHD inspects restaurants at a greater frequency than the state average and observes fewer food code violations.

#### Why is this important?

Each year, food-borne illnesses cost Americans \$152 billion annually in health care and other losses.

*The Produce Safety Project Report, Pew Charitable Trusts (March 2010)*



## What is the Wauwatosa Health Department doing?

In 2011, the WHD continued to monitor and evaluate the burden of disease via the following activities:

- Investigated 12 food-borne illness complaints regarding restaurants; none of the events were found to have originated from Wauwatosa restaurants
- Processed 17 food-borne illness inquiries through WHD's I&R
- Investigated and abated 25 general complaints related to food establishments
- Conducted 555 inspections for licensed establishments including 111 retail food establishments, 47 city food, 46 vending machines, 288 restaurants, and 63 temporary restaurant inspections.
- Conducted 32 kitchen inspections for 18 public and private schools
- Processed 83 restaurant-related inquiries through the WHD I&R
- Processed 64 retail food-related inquiries through the WHD I&R

## Emergency Preparedness

### What is Emergency Preparedness?

In the wake of recent hurricanes, tsunamis, acts of terrorism, and the threat of pandemic influenza, the possibility of public health emergencies arising in the US is of great concern to many Americans. Federal Emergency Management Agency (FEMA) defines preparedness as those activities, programs, and systems that exist before an emergency and that are used to support and enhance responses to an emergency or disaster. Public health threats are inevitable. Being prepared can save lives and protect the health and safety of the public and emergency responders during disasters. A prepared public health system involves continual improvement of the system's ability to prevent, protect against, respond to, and recover from the consequences of emergencies. Since 2002, all states including Wisconsin received federal funds from the CDC for the purpose of upgrading state and local public jurisdictions' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

#### Why is this important?

"Public Health threats are always present. They include natural disasters; biological, chemical, and radiological incidents; and explosions. The impact of these threats can range from local outbreaks to incidents with national or global ramifications. The 2009 H1N1 influenza pandemic underscored the importance of communities being prepared for potential threats. Being prepared to prevent, respond to, and rapidly recover from public health threats can protect the health and safety of the public and emergency responders."

Centers for Disease  
Control & Prevention 2010  
<http://emergency.cdc.gov/publications>



### How does Wauwatosa compare?

The WHD is a member of the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness (MWCCEPHP). This consortium is the largest of twelve across the state and has 14 LHDS as members. In 2006, MWCCEPHP was one of four regions nationally to receive Project Public Health Ready accreditation for outstanding preparedness efforts by the National Association of County and City Health Officials.

## What Is the Wauwatosa Health Department doing?

Emergency preparedness is a continued community effort. WHD staff expended much time and effort focusing on developing and revising WHD and community agencies' and businesses' preparedness plans, conducting staff and community awareness and training, and exercising and practicing plans. In 2011, the WHD conducted the following activities:

- In June 2011, WHD participated in city, county and state preparedness exercises and activities involving distribution of emergency medicine and tactical communications
- Conducted active surveillance activities (*See Communicable Disease section*)
- Assessed over 125 individuals for emergency preparedness plans through the department's Adult Health Clinic program
- Collaborated with the WSD to review their preparedness plans
- Coordinated regional preparedness efforts, which historically have been spearheaded by a consortium of LHDS, experienced funding and structural changes in 2011. These shifts resulted in consortium staff reductions. The state of Wisconsin's central and regional offices are now responsible for providing technical support.
- WHD, in partnership with the other LHDs in Milwaukee and Waukesha counties began the process of renewing national accreditation for preparedness efforts through the National Association of County and City Health Officers (NACCHO) program called Project Public Health Ready.

## Environmental Health

### Sanitation and Environmental Hazards

#### What are Sanitation and Environmental Hazards?

Sanitation and environmental hazards include all nuisances and human health hazards (HHH). The authority to control these hazards is granted by Wisconsin Statute 254, administrative codes and local ordinances (*see Appendix 1*). According to the City of Wauwatosa HHH Ordinance, a nuisance is "whatever is dangerous, unsanitary, or unwholesome to human life or health; and whatever renders the land water, air, or articles of food or drink impure or unwholesome." Nuisances range from rodent and wildlife harborage to garbage and dog dirt complaints. A HHH is defined as "substance, activity, or condition that is known to have potential to cause acute or chronic illness or death; to endanger life, to generate or spread infectious diseases, or otherwise injuriously affect the health of the public if exposure to the substance, activity, or condition is not abated."

#### How does Wauwatosa Compare?

Nuisance complaints are not uniformly tracked throughout the state or nation resulting in a lack of comparison data. WHD tracks and follows up on all complaints that are submitted concerning a wide array of nuisances and HHHs. See *Appendix 3* for a breakdown of all complaints registered with the city in 2011.

## **What is the Wauwatosa Health Department doing?**

The WHD continues to monitor and evaluate all reported complaints. Each complaint received by the health department is investigated and verified. A plan to remediate the hazard or nuisance is developed, and the property owner is provided with education regarding how to resolve the situation. Follow-up inspections are conducted to ensure compliance. In 2011, WHD conducted the following activities:

- Documented 140 nuisance complaints, resulting in 102 on-site inspections, 13 warning letters and/or abatement orders.
- Inspected 11 HHH complaints with 4 verified hazards; verified complaints were issued orders for clean-up.
- Met and collaborated with other city departments, businesses, and residents to ensure that complaints were handled in an efficient collaborative manner.
- Processed 68 nuisance and 211 HHH inquiries through the WHD I&R
- Provided community education through written materials, media communication, and community presentations.
- Continued to provide radon awareness education and encourage residents to test their homes for the presence of radon. Radon is a cancer-causing, radioactive gas that cannot be seen, smelled, or tasted. It comes from the natural (radioactive) breakdown of uranium in soil, rock, and water and gets into the air. The U.S. Surgeon General determined radon to be the second leading cause of lung cancer in the United States today. Radon has been found in all Wauwatosa zip codes. Due to a lack of funding opportunities, WHD was not able to purchase short term carbon kits from the Southeast Wisconsin Radon Information Center (SERIC) in 2011. 29 short term radon kits that were sold in 2010 were used in 2011, this provided WHD with monitoring data. In 2011, the average radon result was 3.39 pCi/l with a highest total of 15.2 pCi/l; two (2) kits were not tested because of over or under exposure issues. During the radon campaign, WHD processed 53 radon inquiries through the WHD information and Referral Nurse Phone Line.

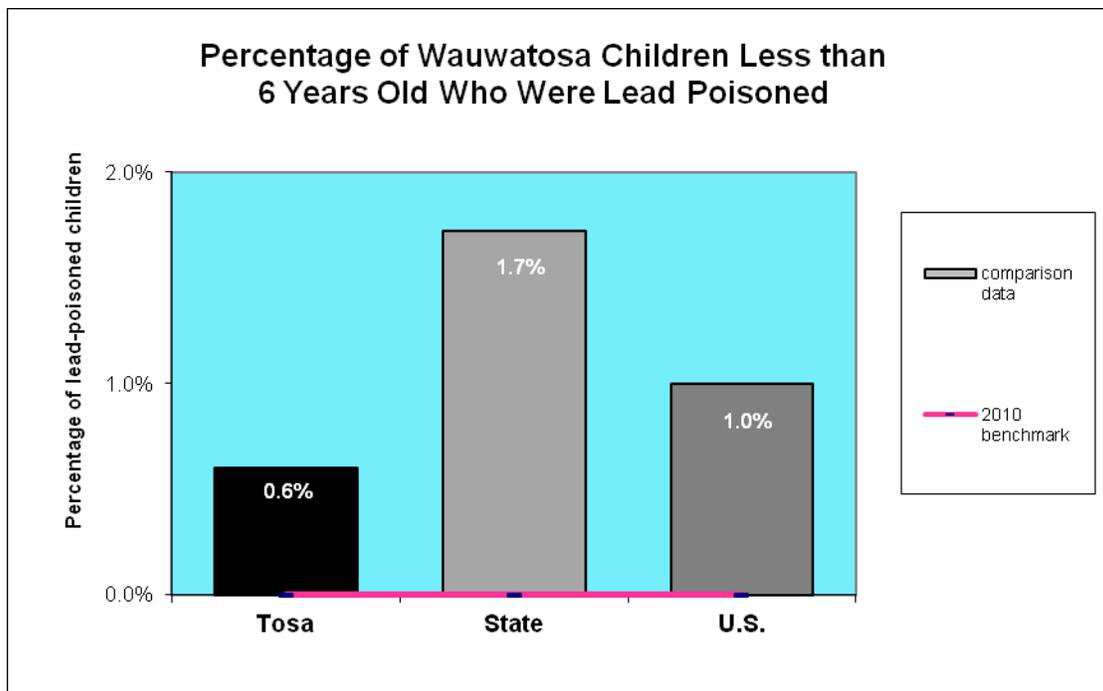
## ***Lead Poisoning Prevention***

### **What is Lead Poisoning Prevention?**

Lead is highly toxic, especially to children aged less than 6 years. Prolonged exposure is known to cause reduced intelligence, reduced stature, reduced kidney function, increased behavior disorders, and many other adverse health effects; severe acute exposure can cause death. Lead poisoning is defined as having a blood lead level greater than or equal to 10 µg/dL. The primary source of lead poisoning is digestion of paint chips or dust containing lead by young children. Until it was outlawed in 1978, most paints contained lead to preserve its longevity. Therefore, homes built before 1978 contain lead-based paint. Approximately 97% of Wauwatosa homes were built before this time. WI § ch. 254 and WI Administrative Codes DHS 163 and 181 define requirements for reporting elevated blood lead levels and determine safe ways to remodel and prevent lead poisoning.

### **How does Wauwatosa Compare?**

Approximately, 0.6% of all Wauwatosa children less than 6 years of age were found to be lead-poisoned, compared with 1.72% within Wisconsin and 1.0% across the US. The rate of lead-poisoned children in Wauwatosa is lower than that of Wisconsin and the US rate. The ultimate goal is to completely remove lead as a public health threat and reach a level of 0% lead poisoned children.



### What is the Wauwatosa Health Department doing?

Considerable progress has occurred since lead was identified as a public health threat, but lead poisoning still remains a preventable environmental health problem. Children aged less than six years are tested for lead in their blood, usually around age one year. By law, all children aged less than six years who have a blood lead level  $\geq 10 \mu\text{g/dL}$  must be reported to the LHD for case management services. Case management services include the coordination of diagnosis verification, treatment, and periodic lab testing with the families and health care providers of lead-poisoned children. Since eliminating lead from one's body is a prolonged process, case management services may span for many months or years. In addition, the WHD staff investigates the environmental source of the lead poisoning and may enforce specific remedies to remove the lead. In 2011, the WHD conducted the following lead programming activities:

- Identified and followed 10 Wauwatosa children for having blood lead levels  $\geq 10 \mu\text{g/dL}$ . Of the 10 children, 3 were tracked for case management services from 2010 with 7 new cases in 2011. The WHD closed 8 cases as having successfully completed treatment and follow-up. At the end of 2011, 2 cases remained active as needing continued case management services into 2012.
- Conducted 3 home visits to provide information about lead poisoning prevention and treatment for families with a child having a venous blood lead levels of  $10 \mu\text{g/dl}$ .
- Completed one environmental lead hazard investigations on a residence with a child whose venous blood lead level was greater than  $15 \mu\text{g/dl}$ . Another investigation was completed on a residence with a child whose venous blood lead level was between 11 and  $14 \mu\text{g/dl}$ .
- Collaborated with Wauwatosa Community Development Department staff and with federal HUD representatives to pilot a weatherization grant protocol to prevent homes with children aged less than six years from developing a lead hazard. The mini-grant to homeowners was designed to replace original windows and doors on properties built before 1978; several criteria needed to be met to qualify for the program. Five families participated in the pilot program with excellent results. Forms and documents were revised upon evaluating the program at the end

of the pilot. The WHD wrote and received HUD grant monies to continue the program for 10 properties in 2012. WHD advertised program in December 2011 city newsletter.

## **Animal Bite Exposures**

### **What is an Animal Bite Exposure?**

The City of Wauwatosa Regulation of Animals program aims to protect residents from injury and illness associated with animal bites. The main illness of concern regarding animal bites is Rabies. The WHD utilizes regulatory authority to quarantine animals, require veterinary observations, and order laboratory testing for Rabies. Wauwatosa municipal codes also contain regulations for dangerous and vicious animals that allow the WHD to effectively contain or remove animals that have been declared too aggressive to safely remain uncontrolled. Though human Rabies is rare in the US, the estimated public health costs associated with the disease detection, prevention and control have risen, exceeding \$300 million annually.

### **How does Wauwatosa Compare?**

Thirty dog bites were reported to WHD in 2011. This equates to 0.5% of the population receiving a dog bite and is far below the CDC's estimate of 2% of the population experiencing a dog bite annually. Given the likelihood of underreporting, the total number of dog bites that occurred in Wauwatosa is unknown.

### **What is the Wauwatosa Health Department doing?**

The Regulation of Animals program is an important and integral means to ensuring the safety and health of the Wauwatosa residents. For domesticated animals such as dogs and cats, animal bite reports are received via hospitals, police, or concerned citizens. Each report is investigated to determine the nature of the incident and the risk to the person involved. When the animal acted unprovoked or has a history of issues, the animal may be declared dangerous or vicious by a court. These declarations carry steep enforcement measures to ensure that the animal will no longer pose a threat to the community. In addition to family pets, the WHD investigates contacts with wild animals for possible Rabies exposures, including bats. Bats are a known carrier of Rabies. In Wisconsin, approximately 3.2% of all bats submitted test positive for Rabies. Implementation of the WHD bat/Rabies exposure protocol and robust client follow-up enabled the exposed person(s) to initiate post-exposure prophylaxis and avoid this potentially fatal disease. WHD also provides testing to ensure that any bats that have contact with humans and pets are not infected with rabies. In 2011, WHD conducted the following animal bite activities:

- Investigated 53 animal bite reports (all bites including wildlife, domestic and strays)
- Issued 19 domestic animal quarantine orders
- Processed 18 specimens for Rabies testing
- Declared 3 animal as vicious, 1 animal dangerous according to the definition in Chapter 9.04
- Processed 68 animal bite and exposure inquiries through the WHD I&R

#### **Why is this important?**

Each year, 4.7 million people are bitten by dogs. About 1/5 of those bitten (about 885,000) require medical attention for dog-bite related injuries. In 2006, more than 31,000 people underwent reconstructive surgery as a result of being bitten.

*CDC, Dog Bite Prevention  
2009, [www.cdc.gov](http://www.cdc.gov)*



## Water Sources

### What are Water Sources?

Water sources include drinking water and recreational water (swimming pools, whirlpools, and spas). Even though the US has one of the premier drinking water supplies in the world, occasional threats to tap water still occur. This threat was evident in the 1993 Milwaukee metropolitan area Cryptosporidium outbreak. Drinking water is not only municipal tap water, but includes bottled water as well. In addition, swimming pools, spas, lakes, and rivers are sources of recreational water illnesses (RWI). RWIs are illnesses that are spread by swallowing, breathing, or having contact with contaminated water. Symptoms may vary widely, including diarrheal, skin, ear, eye, respiratory, and neurological infections caused by chemicals (fertilizers and pesticides) or infectious organisms (Norovirus, Shigella and Aeromonas) found in the water.

### How does Wauwatosa Compare?

Drinking water for the City of Wauwatosa comes from Milwaukee Water Works (MWW). Stringent water testing performed by MWW meets or exceeds safe drinking water standards established by the Environmental Protection Agency (EPA). Detailed information on water quality testing performed by MWW can be found online at [www.city.milwaukee.gov/water](http://www.city.milwaukee.gov/water).

### What is the Wauwatosa Health Department doing?

The WHD, in collaboration with many other LHDS, ensures the protection of the community by identifying, alerting, and abating unsafe water sources. The WHD inspects all public recreational and therapeutic pools. Besides having safe recreational water, the City of Wauwatosa has some of the safest and highest quality drinking water in the nation. But even with the highest quality water available, mechanical failures, such as water main breaks, can jeopardize the health of the residents of Wauwatosa. Through collaborative partnerships with other city departments, state partners, and private industry, the WHD protects the municipal water supply by monitoring water quality and issuing boil or bottled water orders as needed. In 2011, the WHD conducted the following water-related activities:

- Assists Wauwatosa and county departments in the event of a DNR issued boil water advisory.
- WHD serves in a support role to assist in media messaging and notifying restaurants and other licensed establishments.
- Inspected all 28 licensed pools annually
- Monitored monthly pool operational logs to ensure proper disinfectant and pH levels

#### Why is this important?

Total costs in health care and loss productivity in the 1993 Milwaukee Cryptosporidium outbreak was \$96.2 million.

*Corso, PS, et al, "The Costs of Illness in the 1993 Waterborne Cryptosporidium Outbreak", Emerging Infectious Diseases, 2003.*



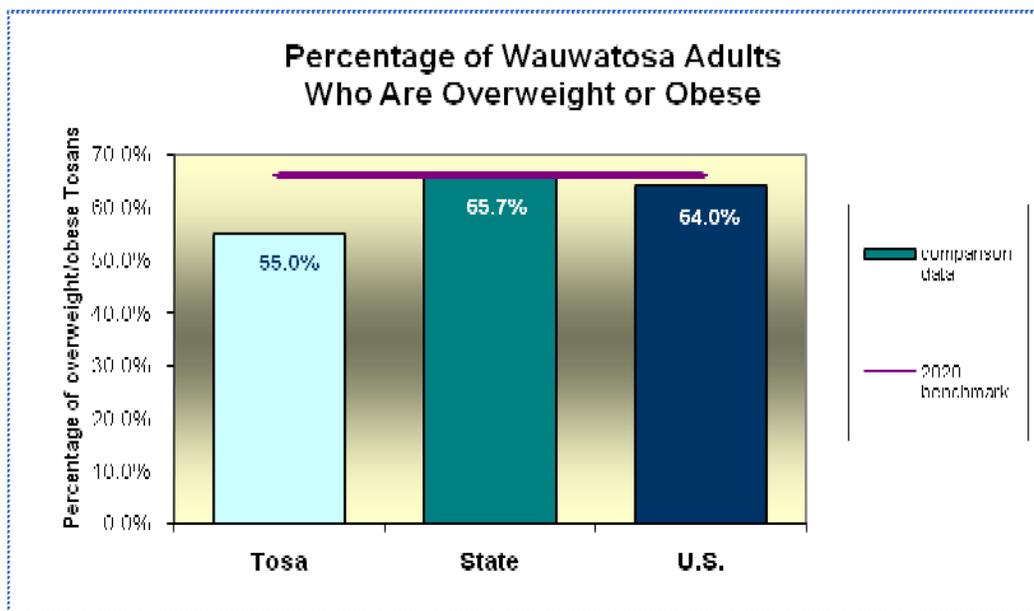
# Nutrition and Physical Activity

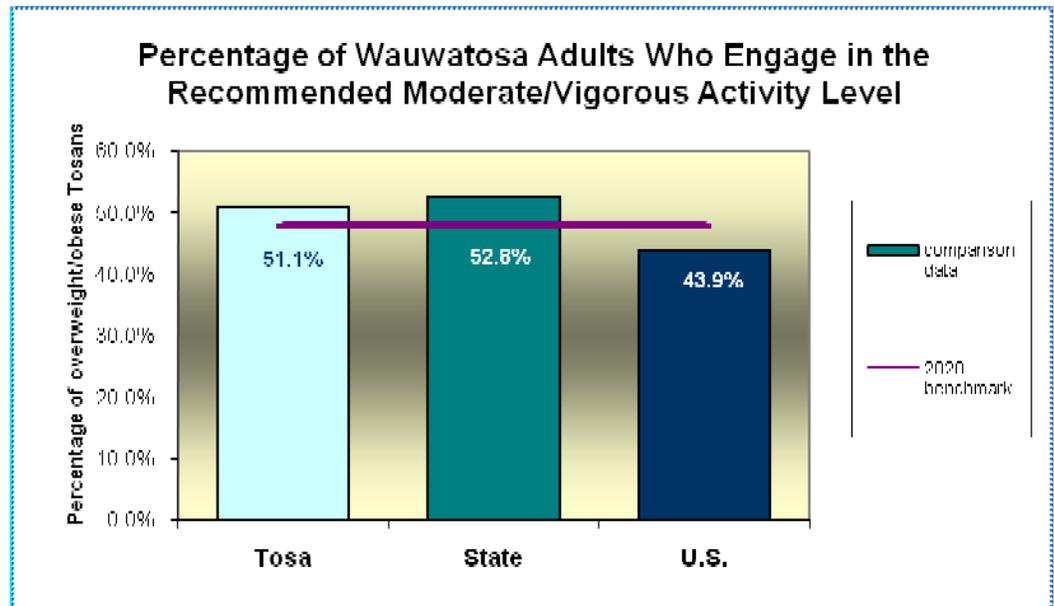
## What is Nutrition and Physical Activity?

Nutrition refers to the overall eating habits that promote good growth and health. Physical activity consists of athletic, recreational, or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion, or agility. The CDC recommends that adults should engage in 30 minutes of moderate physical activity five times per week, or 150 minutes per week. Moderate activity includes walking briskly, vacuuming, or anything that slightly increase one's breathing or heart rate. The CDC also recommends that adults should engage in 25 minutes of vigorous physical activity three times per week, or 75 minutes per week. Vigorous activity includes running, swimming, bicycling or any activity that raises the heart rate close to its maximum rate. It is the goal of WHD to promote adequate and appropriate nutrition and physical activity among Wauwatosa residents to prevent or reduce overweight and obesity. Overweight is defined as having a body mass index (BMI) greater or equal to 25.0 while obese is defined as having a BMI of 30.0 or greater.

## How does Wauwatosa compare?

When compared to other communities in Wisconsin, Wauwatosa adult residents experience better health. Of the approximately 36,000 adult residents, 7% consider themselves to be in 'fair' or 'poor' health compared to 12% statewide and 14% nationally. Despite the subjective health status of the Wauwatosa community, over half of its population is overweight or obese. The 2009 City of Wauwatosa Community Health Aurora Survey found that 55% of the respondents were overweight or obese. 51% of all Wauwatosa adults engage in the recommended moderate and/or vigorous activity levels, which is lower than the Wisconsin rate (52.8%) but higher than the national rate (43.9%). For Wauwatosa adolescents, 52.7% and 76.7% engage in the recommended moderate and vigorous activity respectively, which exceeded the national average of 37.0% and 67.7%.





### What is the Wauwatosa Health Department doing?

The WHD will continue to combat chronic disease caused by inadequate healthy eating and exercise through allocating resources based on best practices. In selecting which national and state health priorities to focus on through 2020, the WHD will consider statutory requirements, health needs voiced during the CHA process, as well as recommendations for best practices by the CDC, the WI DHS, and US Census Data. In 2011, the WHD performed the following activities addressing appropriate and adequate nutrition and physical activity, otherwise known as healthy eating and healthy activity:

- Partnered and provided technical assistance in Wellness in Tosa Schools (WITS) Committee initiatives.
- Assessed over 125 individuals on healthy eating and physical activity level through the WHD's Adult Health Clinic program.
- Processed 182 inquiries on nutrition topics including WIC, food security, and oral health via WHD's I&R
- Processed a physical activity related inquiries on WHD's I&R
- Provided over 154 participants from 104 Wauwatosa families with the Women, Infants, and Children (WIC) nutrition supplement program for individuals who are nutritionally at-risk
- Collaborated with the WSD for International Walk to School Day and interacted with parents at the McKinley School event on October 5<sup>th</sup>.
- Assisted the WSD with its September 28<sup>th</sup> nutrition program for parents by providing and staffing a display and handouts on nutritious snacks for children
- Provided materials and technical assistance on healthy food choices to two Girl Scout troops and one Boy Scout troop during 2011
- Offered educational materials on healthy snack options and the new USDA My Plate program at flu clinics
- Offered additional Registered Dietitian consultation to all participating HOT (Healthy Options in Tosa) restaurant participants before the completion of the pilot program at the end of 2011. Began discussions with Froedtert Hospital about the continuation of the HOT program in the community.
- Promoted the use of Color Me Healthy, a moving and eating healthy toolkit aimed for preschoolers, to local child care providers. The WHD staff conducted brief training sessions

for the child care providers. The toolkit components impacted preschoolers, their families through newsletters, and the staff participating in the program. A few child cares/preschools expressed interest in the program and received training from a PHN. One child care center implemented the program in 2011. Two centers had used the kit previously and have incorporated it into their yearly education planning. All participants were positive and enthusiastic about the toolkit.

- Analyzed and reported on the randomized 2010 telephone breastfeeding survey to assess the breastfeeding and infant feeding practices of Wauwatosa families. The survey utilized question from the CDC's National Immunization Survey. The survey asked for minimal demographic information on mothers, breastfeeding practices, barriers to breastfeeding, and infant feeding practices.

## Tobacco Use and Exposure

### What is Tobacco Use and Exposure?

Tobacco use and exposure, by which the toxins found in tobacco products are introduced into the human body, is the single most preventable cause of death and disease.

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

### How does Wauwatosa Compare?

Both youth and adult smoking rates fall below those reported at the state and national levels. However, Wauwatosa falls short of meeting national goals for adult smoking. Many Wauwatosa youth and adults report having made at least one serious quit attempt in the past 12 months (46% of adult smokers and 53.8% of youth smokers). The adult rates fell below those seen at the state and national level and do not meet national goals of 80% of adult smokers. The youth quit rate is above Wisconsin and US levels but still fell below the national goal of 64%.

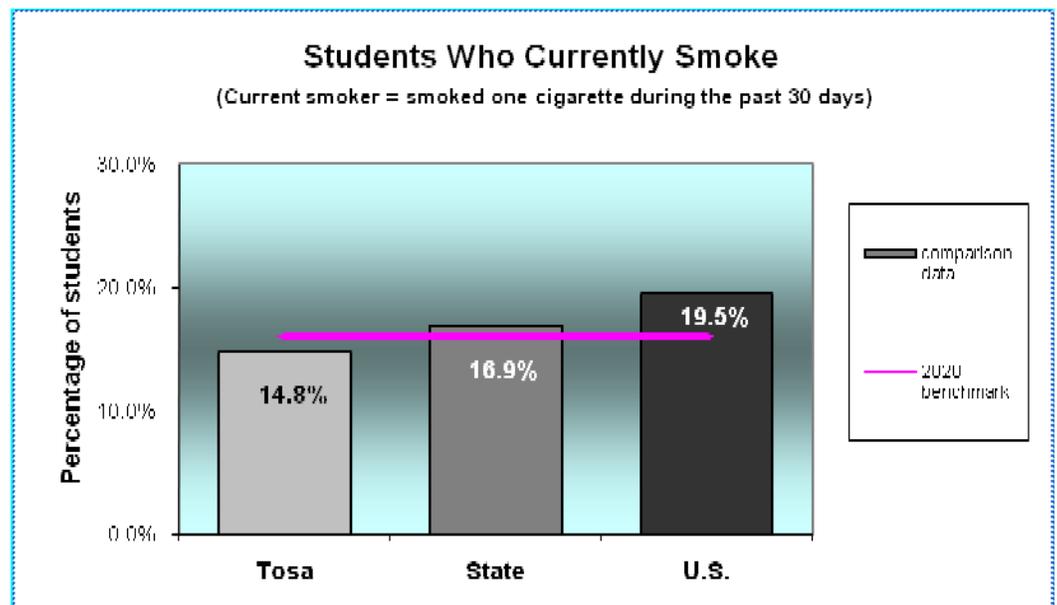
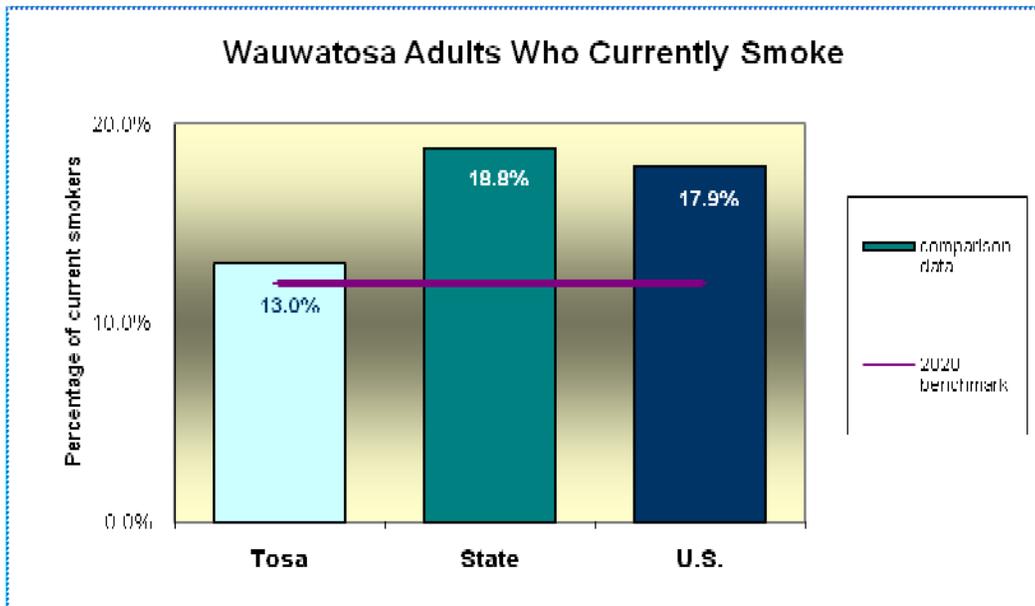
2.3% of Wauwatosa youth reported use of smokeless tobacco products. This rate falls below those seen at the state and national levels (8.5% and 8.9% respectively) and met the national goal of 6.9%.

#### Why is this important?

Annually in Wisconsin, 6,966 people die from smoking-related illnesses; this accounts for 15% of all deaths in the state. The annual economic toll of tobacco in WI is approximately \$2.8 billion paid in direct health care costs and \$1.7 billion in lost productivity.

*The Burden of Tobacco  
in Wisconsin; 2010 Edition*





## What is the Wauwatosa Health Department doing?

The WHD continued its efforts to prevent morbidity (illness) and mortality (death) related to tobacco use and exposure. Major activities centered on collaboration and partnerships, community education, youth prevention, and adult cessation. In 2011, the WHD performed the following activities addressing tobacco use and exposure:

- Completed 27 tobacco compliance investigations in March; 2 checks were not completed because the student volunteers knew the clerk. The WHD secures the funding and processes reporting requirements to pay for the police overtime and other program expenses. 81.5% did not sell to minors; 5 out of 27 tobacco retail establishments sold to minors and received citations.
- Completed 27 tobacco compliance investigations in November. 85.2% did not sell to minors; 4 out of 27 tobacco retail establishments sold to minors and received citations.

- Maintained active partnership with Tosa United, a community cooperative that seeks to promote positive tobacco, drug, and alcohol-free behaviors among adolescents.
- Administered the *Alternative to Citation* program in January and September. The WHD revised the diversion class curriculum to include the use of interactive clickers for quiz questions and data collection as well as updated the cessation, secondhand smoke, and cigarette substitute modules. In 2011, 20 youth participated in the diversion program, 4 from Wauwatosa. After a steady yearly decline in program participation, WHD developed a survey at the end of the year to assess community partners' participation in the program and barriers to implementing the program. The survey will be utilized in 2012.
- Processed 3 tobacco and second-hand smoke related inquiries on WHD's I&R.
- Educated the community about the health impact of smoking and second hand smoke at several community events such as flu clinics, employee wellness fairs, and Tosa Night Out.
- Assessed, counseled, and referred parents of 573 newborns on tobacco use and smoke-free home environments.
- Assessed, counseled, and referred 125 adults and seniors on tobacco use and smoke-free home environments through the Adult Health Clinic.

## Alcohol and Other Substance Use and Addiction

### What are Alcohol and Other Substance Use and Addiction?

The inappropriate use and abuse of alcohol and other drugs (including pain killers, tranquilizers, sedatives, stimulants, hallucinogens, and inhalants) is a significant health, social, public safety, and economic problem. "Inappropriate use" refers to the use of a substance in a manner that exceeds the safe or prescribed amount and frequency or that poses a health or safety risk to the user and/or others; "abuse" is defined as use that results in a pattern of negative consequences, which may extend beyond the actual user and/or lead to dependence and dementia. Substance use and abuse costs society in the form of substance-abuse-related illness, premature death, lost productivity, and the use of the criminal justice system. According to the National Institute on Drug Abuse (NIDA), for every dollar spent on substance abuse *prevention*, the community's return on investment ranges from four to ten dollars in cost savings for treatment and counseling<sup>3</sup>.

### How does Wauwatosa Compare?

The results are mixed regarding the Wauwatosa adults' use of alcohol. There are fewer heavy alcohol drinkers among Wauwatosa males in comparison to the State of Wisconsin and the nation. However, more Wauwatosa females are heavy drinkers than either the state or nation. Heavy drinking is defined as averaging more than two drinks per day for males and more than one drink per day for females. On the other hand, 22% of Wauwatosa adults' binge drinking at least once in a 30 day period, which is lower than the state (23.9%) and national average (27.0%); it meets the CDC goal of 24.3%. Binge drinking is defined as

#### Why is this important?

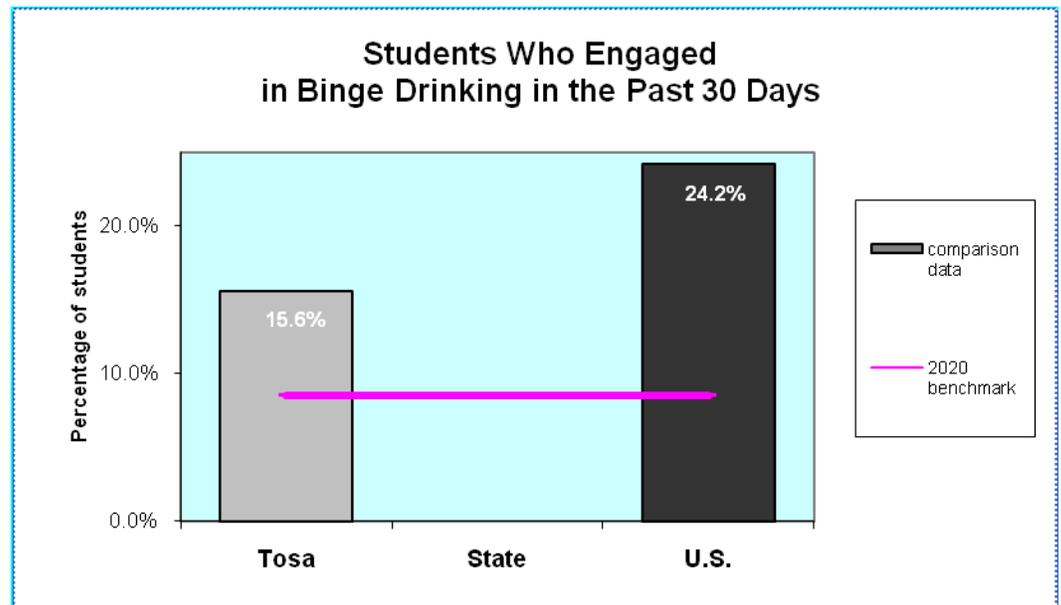
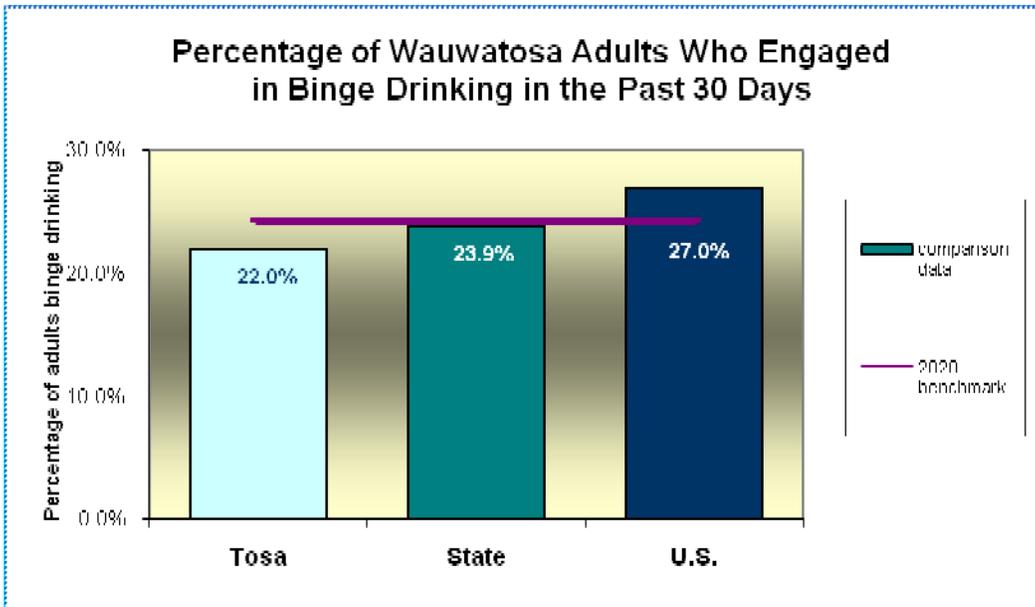
Alcohol use is the third leading lifestyle-related cause of death. In the US, 79,000 deaths are attributable to excessive alcohol use each year. In 2005, there were more than 1.6 million hospitalizations and more than 4 million ER visits for alcohol-related conditions.

CDC, *Alcohol Use and Health*,  
[www.cdc.gov](http://www.cdc.gov) 2010

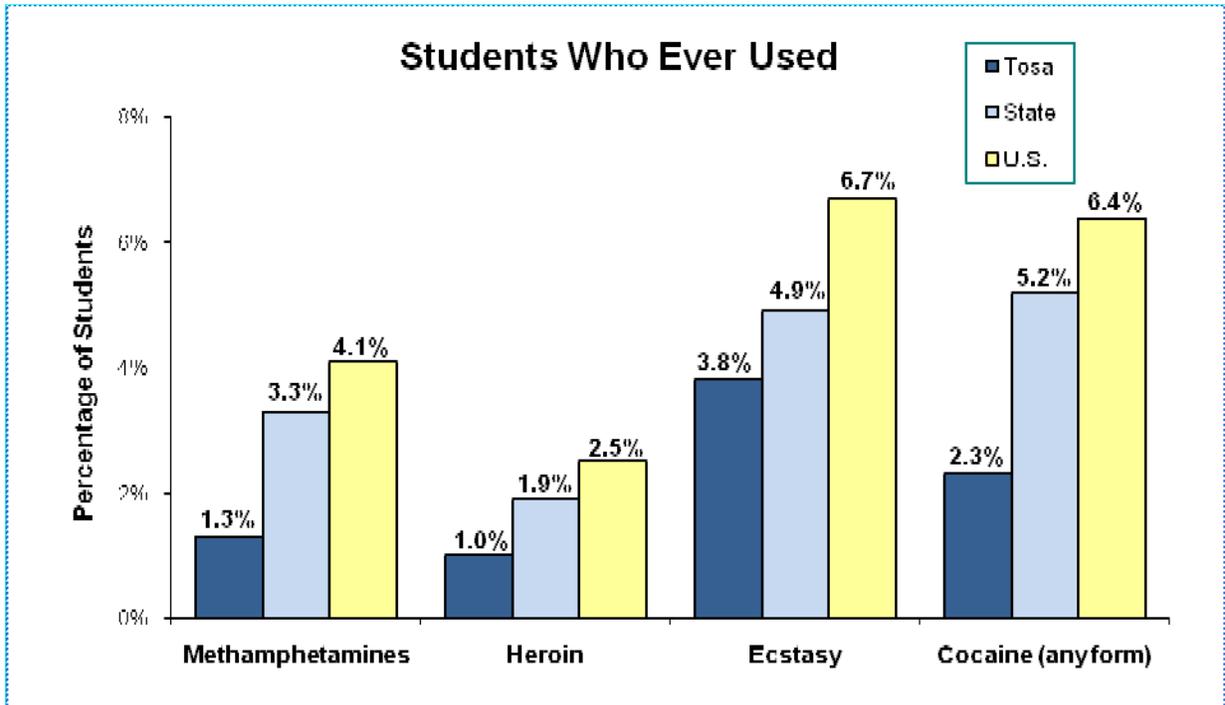


<sup>3</sup> Source: <http://www.drugabuse.gov/infofacts/lessons.html> accessed 3/16/2009

consuming five or more drinks at one time for males or 4 or more drinks at one time for females. Wauwatosa youth binge drinking rate (15.6%) is lower than national average (24.2%) but well above the 2020 national goal of 8.5%.



Wauwatosa youth reported using substances at a level that is far below national and state levels in most categories. Specifically, our Wauwatosa youth experimented with marijuana, heroin, ecstasy, methamphetamines, cocaine, or inhalants at a level below the national and state rates. However, more Wauwatosa youth are current users of marijuana (19.7%) than their WI peers (18.9%) but not their U.S. peers (20.8%).



### What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of alcohol and other drug use in Wauwatosa. In 2011, the WHD performed the following activities addressing alcohol and substance use and abuse:

- Maintained active partnership with and provided technical assistance to Tosa United
- Updated alcohol and substance information for the WHD's I&R.
- Processed 7 alcohol and substance information on the WHD's I&R.
- Researched and updated continuous prescription pill drop-off sites and sharps disposal sites.
- Assessed 125 individuals on alcohol use and illegal/inappropriate drug use through the department's Adult Health Clinic program.
- Completed 19 alcohol compliance investigations in September; one check was not completed as the volunteer knew the cashier. 95% (n=18) of the Wauwatosa establishments did not sell alcohol to an under-aged individual; one establishment did sell to an under-aged volunteer. The WHD secured the grant funding and reporting requirements to pay for the police overtime and other program expenses
- Advertised, participated, and secured grant funding for Tosa United's prescription drug collection day held on September 24 at the city hall parking lot. The program collected 360 pounds of non-controlled substances and 31 pounds of controlled/narcotic pills.
- Analyzed data for statistical significance from the 2010 Wauwatosa Youth Risk Behavior Survey (YRBS) and trending data with the 2007 YRBS in partnership with The Medical College of Wisconsin's (MCW) Department of Biostatistics. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence.

# Injury and Violence

## What is Injury and Violence Prevention?

An injury is “any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical or chemical energy or from the absence of such essentials as heat or oxygen” (National Committee for Injury Prevention and Control, 1989). In other words, it is harm caused to one’s body. It encompasses unintentional injuries, such as falls, motor vehicle accidents, drowning, and poisonings, as well as intentional infliction including assaults, homicides, suicides, abuse, and neglect. For many people, the injury causes temporary pain and inconvenience; for others, the injury leads to suffering, disability, chronic pain, and a profound change in life circumstances, including substantial financial consequences. According to the CDC, the economic costs of injuries include the costs associated with medical treatment as well as lost productivity costs. This can also include wages and accompanying fringe benefits and the ability to perform one’s normal household responsibilities.

### Why is this important?

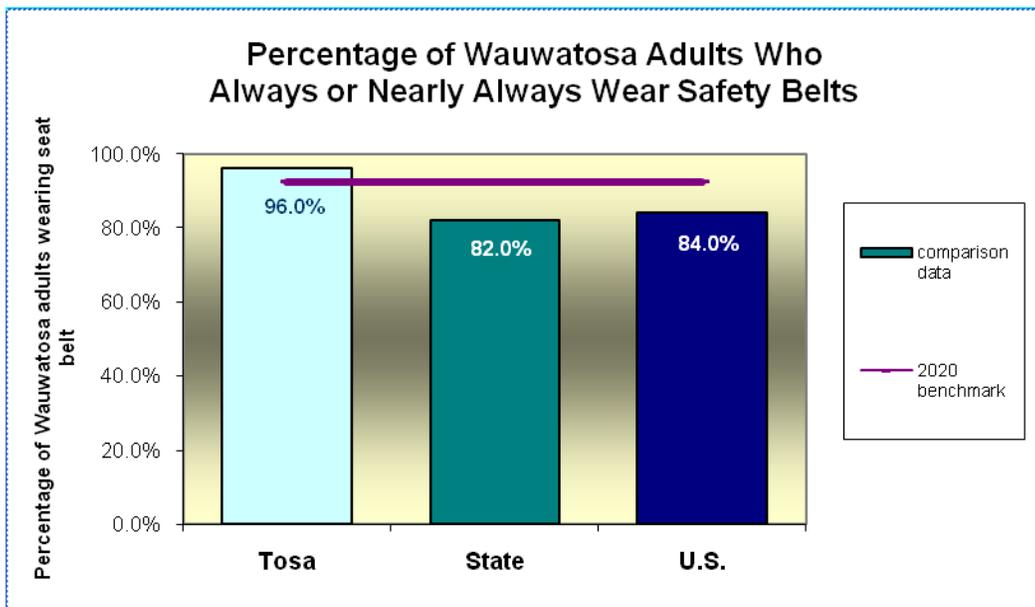
In the year 2005, total medical and lost productivity costs of motor vehicle-related fatal and nonfatal injuries totaled \$99 billion of which \$58 billion was attributable to fatalities.

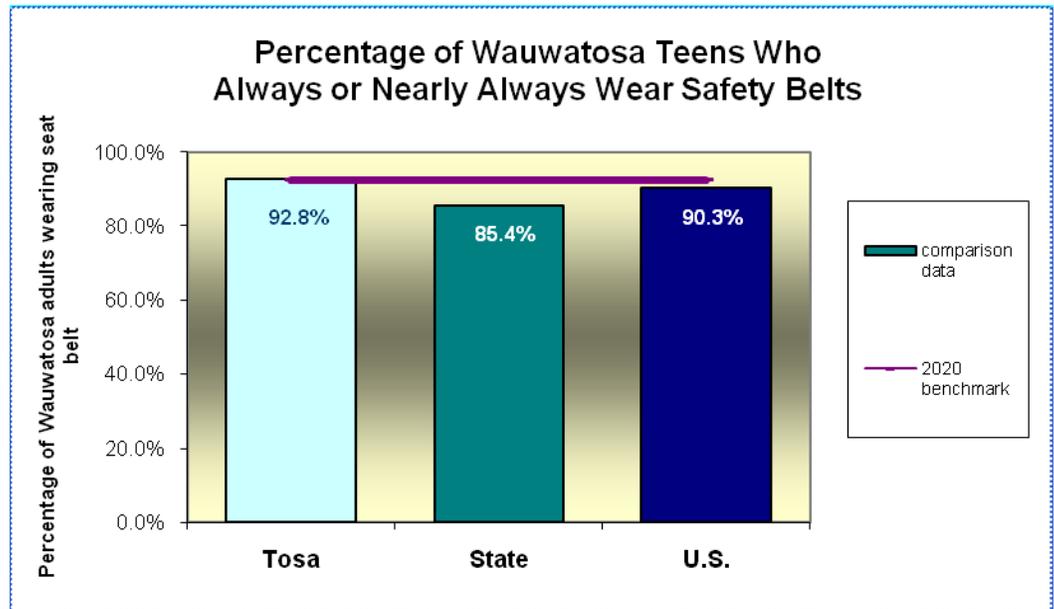
*Naumann, Rebecca, B. et al. "Incidence and Total Lifetime Costs of Motor Vehicle-Related Fatal and Nonfatal Injury by Road User Type, US 2005."*



## How does Wauwatosa Compare?

96% of Wauwatosa adults report always or nearly always wearing their safety belts, exceeding not only Wisconsin and national levels, but the federal 2020 goal of 92.4%. In addition, 92.8% of Wauwatosa teens reported always or nearly always wearing their safety belts, which also exceeds the Wisconsin and national teen level.





### What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of intentional and unintentional injuries including violence issues in Wauwatosa by identifying data for continuous monitoring and analysis while comparing the Wauwatosa data to national and state statistics. In 2011, the WHD performed the following activities addressing injury and violence prevention:

- Maintained active partnership with and provided technical assistance to Tosa United on issues surrounding injuries and violence.
- Processed 32 injury and violence-related inquiries on WHD's I&R.
- Assessed and evaluated 11 referrals for injury and violence nursing case management. As in 2010, most case management services were for home safety assessments and lead paint exposure.
- Assessed 125 individuals on injury prevention behaviors including personal safety, risk for falls, abuse/neglect by others, self neglect, motor vehicle safety, use of sun screen, and installation of home smoke/carbon monoxide detectors through the department's Adult Health Clinic program.
- Continued its partnership with the Safe Kids Coalition, providing input into policy and program development.
- Hosted two technology classes for parents in partnership with Tosa United and Best Buy. The class objective was for parents to familiarize themselves with the technology their children are using, including the Internet and cell phones. The first class was for beginners and the second class targeted parents with some basic knowledge. Approximately 30 parents attended each class.
- Conducted 4 home safety visits for families with newborns.
- Analyzed data for statistical significance from the 2010 Wauwatosa YRBS and trending data with the 2007 YRBS in partnership with The MCW's Department of Biostatistics. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence.

# Reproductive and Sexual Health

## What is Reproductive and Sexual Health?

Reproductive and sexual health (RSH) addresses family planning issues as well as high-risk sexual behavior. High-risk sexual behavior refers to those sexual behaviors, such as engaging in unprotected sex, that cause an individual to be more susceptible to infections or diseases, or that result in unintended pregnancy. Unintended pregnancies and STDs, including Syphilis, Gonorrhea, Chlamydia, Hepatitis B, HIV, and Hepatitis C, significantly affect the health of the public, as well as the social and economic well-being of individuals, families, and communities.

## How does Wauwatosa Compare?

Wauwatosa's known rates of reportable STDs such as Chlamydia and Gonorrhea fall well below known state and national levels. Wauwatosa's Chlamydia rate is 203 per 100,000 people versus 407 and 500 per 100,000 people for Wisconsin and the nation respectively. Wauwatosa's Gonorrhea rate is 38 per 100,000 people versus 90 and 121 per 100,000 for Wisconsin and the nation respectively. Wauwatosa's Chlamydia and Gonorrhea rates met the Health People 2020 benchmark. Lastly, 6 adolescent females from Wauwatosa (19 years of age and under) gave birth during 2011. (SPHERE, 2011)

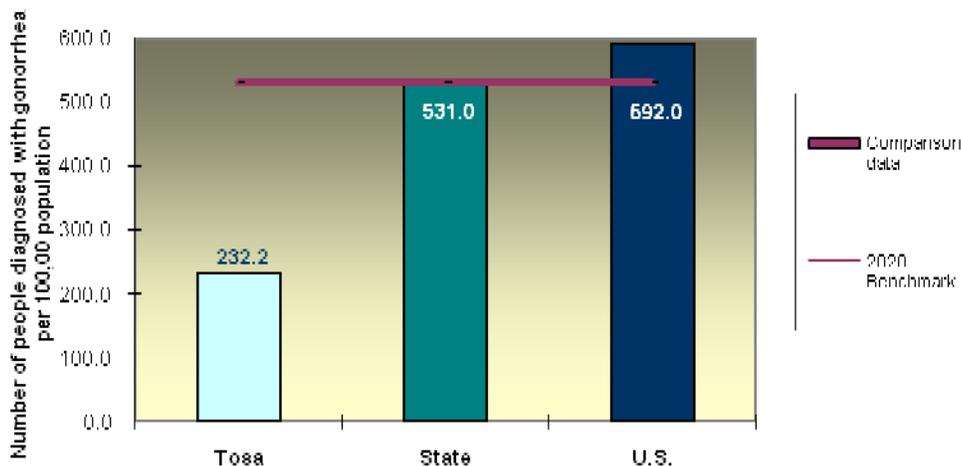
### Why is this important?

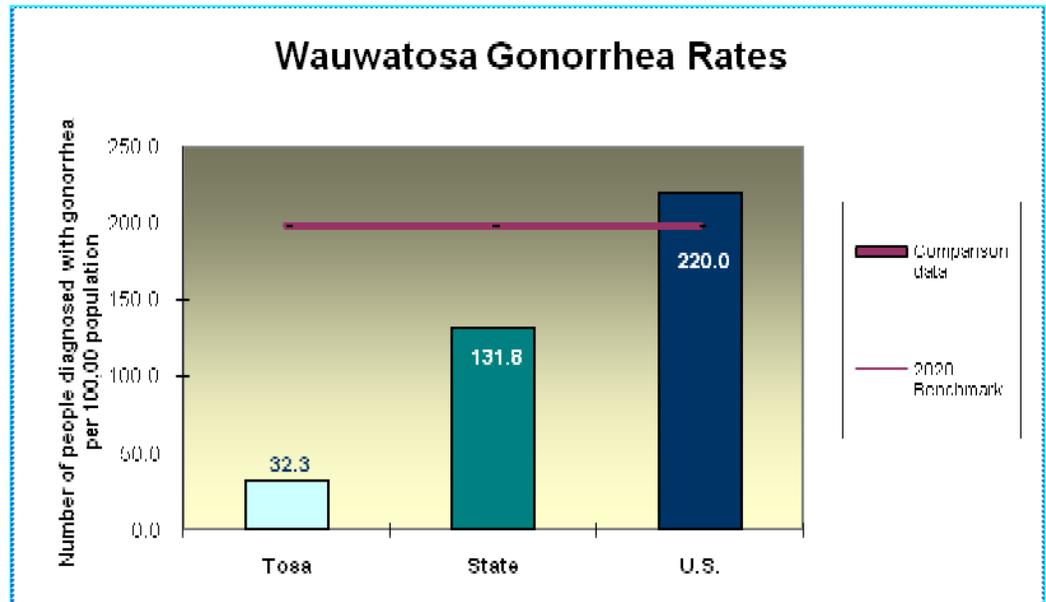
In Wisconsin, the rate of STDs has increased 33% from 1999–2008, and over 30,000 cases of STDs were reported in Wisconsin last year alone. Wisconsin had the 23<sup>rd</sup> highest Chlamydia rate and the 18<sup>th</sup> highest Gonorrhea rate in 2007 when compared to other states,

State of Wisconsin Department  
of Health Services 2010  
[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



### Wauwatosa Chlamydia Rates





## What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of outcomes associated with high-risk births and high-risk sexual behaviors, including STDs and teenage pregnancies, in Wauwatosa by identifying data for continuous monitoring and analysis while comparing the Wauwatosa data to national and state statistics. In 2011, the WHD performed the following activities addressing RSH issues:

- Processed 5 RSH-related inquiries on WHD's I&R.
- Assessed and evaluated 5 RSH-related referrals, mostly high-risk post partum women, for nursing case management services.
- Assessed 125 individuals on RSH-related issues through the department's Adult Health Clinic program.
- Investigated 140 sexually transmitted diseases or infections (STDs/STIs) for source identification, treatment, and prevention including the following:
  - 117 cases of Chlamydia
  - 17 cases of Gonorrhea
  - 2 cases of Chlamydia and Gonorrhea co-infections
  - 4 cases of syphilis
- Assessed 573 birth records for high-risk maternal health issues

## Mental Health

### What is Mental Health?

Mental health is closely associated with physical health and is considered indispensable to personal well-being, family and interpersonal relationships, and the ability to make meaningful contributions to community and society. The term "mental illness" refers collectively to all diagnosable mental disorders – or health conditions that are characterized by alterations in thinking, mood, behavior, or some combination thereof – which are associated with distress and impaired functioning. Efforts are made to monitor, evaluate, and mediate the impact and burden of mental health issues in

Wauwatosa, which include access to mental health services, diagnosed mental health disorders, harassment and bullying in the schools, stress, depression, and proneness for suicide.

### How does Wauwatosa Compare?

Wauwatosa's adult suicide rate (4.3 per 100,000) is below the state (11.6) and national levels (11.3); it meets the 2020 national goal of 10.2 per 100,000 individuals. Likewise, the number of Wauwatosa teenagers who had attempted suicide (3.8%) was below the state and national levels (5.8% and 6.3%, respectively) but exceeded the Healthy People 2020 national goal of 1.7%.

Four percent of Wauwatosa adults reported that they always or nearly always felt sad, blue, or depressed in the past 30 days. 18.2% of Wauwatosa teenagers reported that they felt so sad or hopeless that they stopped participating in their normal activities. Rates of sadness and hopelessness among Wauwatosa youth are below those reported by youth throughout Wisconsin (20.8) and the national level of 26.1%.

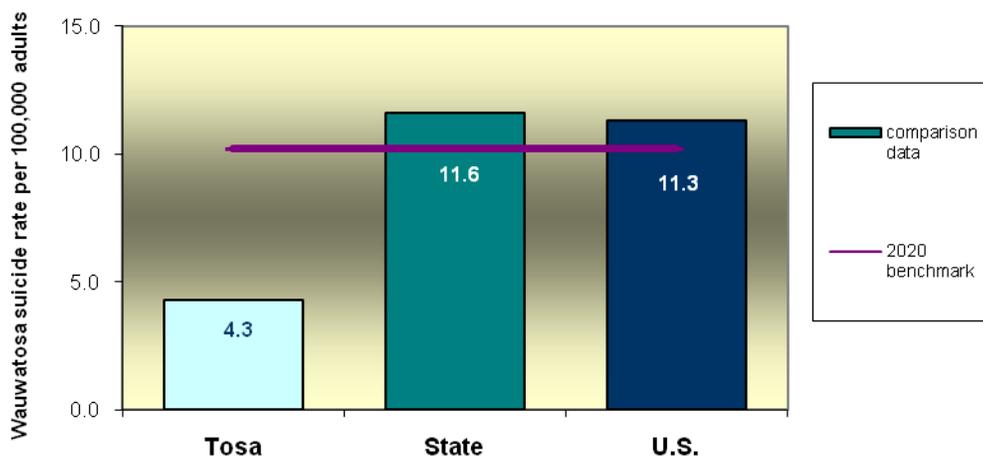
### Why is this important?

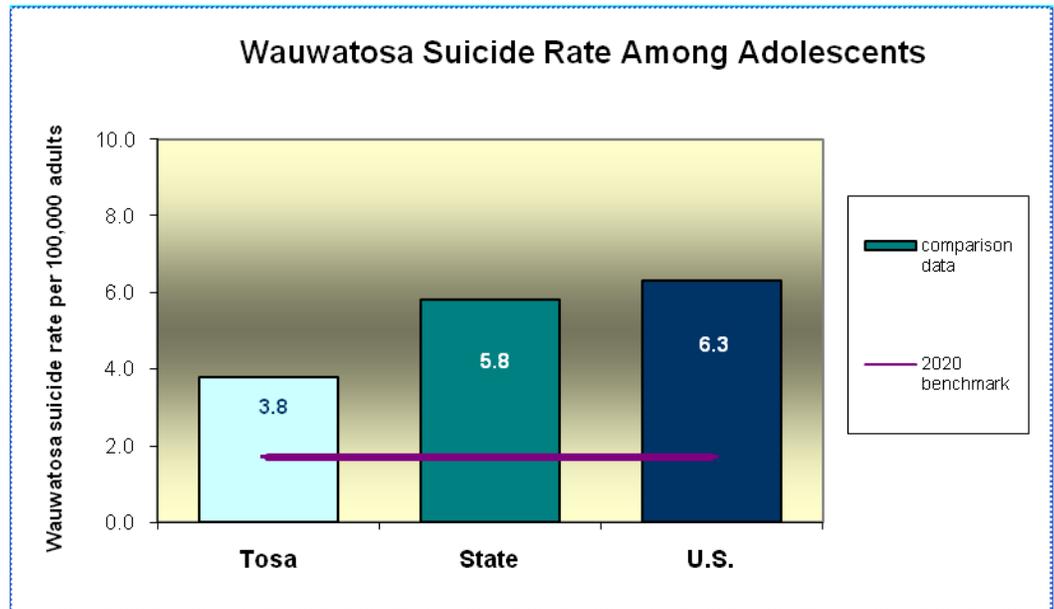
The number of lost work days for workers with anxiety, stress, and neurotic disorders was more than four times greater than the number of workdays lost for all nonfatal injuries or illnesses together (25 days vs. 6 days).

National Institute for Occupational Safety & Health (NIOSH), *Worker Health Chartbook, 2004*



### Wauwatosa Suicide Rate Among Adults





## What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of mental health issues in Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the local data to national and state statistics. In 2011, the WHD performed the following activities addressing mental health issues:

- Processed 3 mental health-related inquiries on WHD's I&R.
- Assessed and evaluated a mental health-related referral for nursing case management services.
- Assessed 125 individuals on mental health-related issues through the department's Adult Health Clinic program.
- Conducted two *Love & Logic* six-week parenting programs in partnership with the Parenting Network and Lutheran Living Services.

## Healthy Growth and Development

### What is Healthy Growth and Development?

One of the CDC's health protection goals is Healthy People in Every Stage of Life. "All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life." The identified life stages include:

- Infants and Toddlers, ages 0-3
- Children, ages 4-11
- Adolescents, ages 12-19
- Young adults
- Adults, a section for women and a section for men
- Older Adults and Seniors
- Family/parents

### Why is this important?

"The cost of cardiovascular diseases in the US, including healthcare expenditures and lost productivity from deaths and disabilities, is estimated to be more than \$503 billion in 2010."

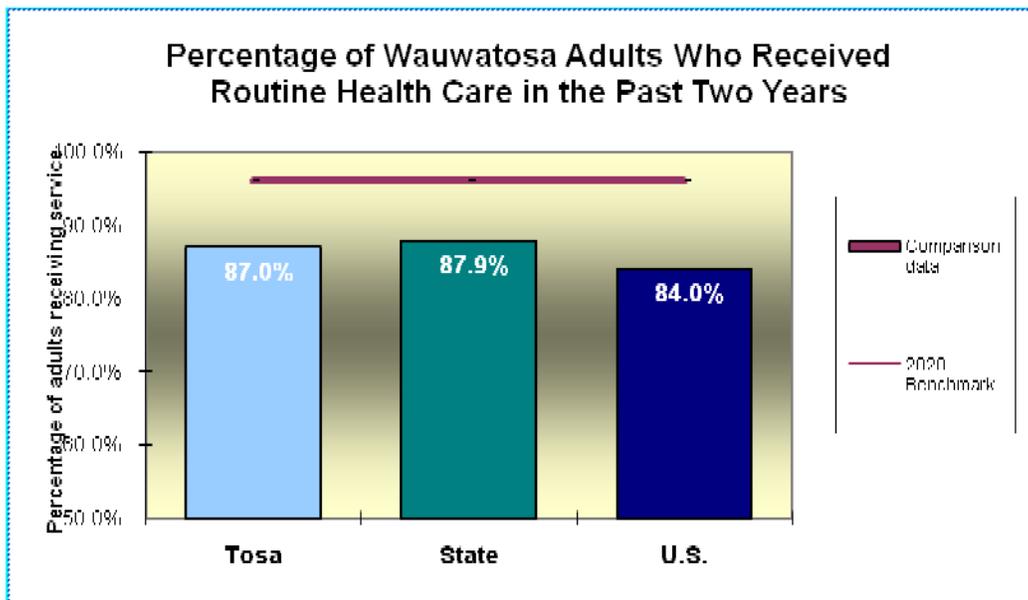
CDC, Division for Heart Disease and Stroke Prevention (2010)  
<http://www.cdc.gov/nccdphp/>



Access to primary and preventive health care services is vital to achieving the 2020 healthy growth and development goals. All individuals should have access to services needed to maintain their health, meaning that barriers to obtaining health care are minimized, whether financially or by addressing health disparities. Other healthy growth and development issues include: socioeconomic factors related to education, housing, and employment status; insurance coverage; having a consistent provider for ongoing medical and dental care; obtaining age-appropriate preventive health services such as cholesterol and vision screenings as well as Pap smears and mammograms for women.

### How does Wauwatosa compare?

Wauwatosa exceeds the current state and U.S. medical insurance coverage levels with 94% of the population currently insured. In addition, Wauwatosa exceeds 2020 expectations in obtaining preventive services in women’s health, including pap smears and prenatal care. However, Wauwatosa residents fall behind in obtaining cholesterol screenings and routinely seeking preventive services from their regular health care provider.



The prevalence of specific health conditions is another benchmark depicting the health of the community. Prevalence refers to the number of Wauwatosans with a specific health condition within a specific time period; it includes newly diagnosed illness and those with continued illness. Among adults, Wauwatosa has fewer than average individuals with asthma, diabetes, and stroke-related conditions. On the other hand, the percentage of Wauwatosa adults with high blood pressure (27%) and/or high blood cholesterol (25%) is higher than the 2020 national target goals of 26.9% and 13.5% respectively.

### What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of healthy growth & development and access to primary and preventive care by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. In 2011, the WHD performed the following activities addressing healthy growth and development for all life stages:

- Processed 2138 inquiries on WHD’s I&R, including the following for healthy growth and development:
  - 19 calls on newborn and infant wellness
  - 8 calls on at-risk child growth and development issues
  - 6 calls on parenting issues
  - 67 calls on various chronic health conditions
  - 44 calls on resources for uninsured or underinsured
  - 7 calls on the Wisconsin Well Women Program (WWWP)
  - 33 calls regarding socio-economic factors such as shelter, transportation, and other social services
- Assessed and evaluated 1028 referrals for nursing case management services, including the following for healthy growth and development:
  - 471 assessments for newborn wellness
  - 107 assessments for at-risk child growth and development issues
  - 2 assessments for parenting issues
  - 25 assessments for various chronic health conditions
  - 3 assessments for resources for uninsured or underinsured
  - 6 assessments for the Wisconsin Well Women Program (WWWP)
  - 6 assessments for the Refugee program
  - 8 assessments for regarding socio-economic factors
- Assessed 125 individuals on access to health care and chronic health conditions through the department’s Adult Health Clinic program.
- Conducted two *Love & Logic* six-week parenting programs in partnership with the Parenting Network and Lutheran Living Services. (See ‘Mental Health’ section).
- Identified and tracked barriers to receiving health care, such as limited English proficiency (LEP) and low socioeconomic status within the community.
- Maintained active partnership with and provided technical assistance to the WSC on issues affecting the older adults in Wauwatosa.
- Advertised and distributed WSC’s *File of Life* packets
- Conducted growth and development presentations for several ‘kindergarten round-up’ informational sessions.
- Reviewed and analyzed data from the 2010 YRBS on Wauwatosa high schoolers
- Revised and developed several pages of health information and resources on the WHD’s website [www.wauwatosa.net/health](http://www.wauwatosa.net/health) .

## **Other Programs, Services, and Activities**

### ***Data Collection and Analysis: Community Health Assessment and Improvement Plans and Strategic Plans***

The WHD spent significant time and effort identifying Wauwatosa-specific data sources, comparing and analyzing the data for benchmarking, and developing a unified collection system for continued trending and analysis. In 2010, the WHD began its statutorily-required community health assessment (CHA). A complete CHA is required of all local health departments “periodically”, usually interpreted by the Wisconsin Division of Public Health as every five years. Using NACCHO’s Mobilizing for Action through Planning and Partnerships (MAPP) framework, the WHD focused on collecting and analyzing quantitative data and began accumulating qualitative data in 2010 and continued into 2011.

The YRBS is an example of quantitative data needed to assess the health status of Wauwatosa's youth. In partnership with the WSD, the WHD completed a YRBS survey in the public high schools in 2010. The analysis for the YRBS survey was completed in 2011 with the assistance of the MCW's Department of Biostatistics. The WHD acquired focus group qualitative data as well as other information into 2011. The CHA was used to begin developing a community health improvement plan (CHIPs), a listing of goals, objectives, and strategies that all Wauwatosa partners may use to improve the health of the community.

#### Data Collection and Analysis: CHAs, CHIPs, and Strategic Plans

- WSD distributed draft YRBS data to school staff on December 17, 2010. WHD assisted Tosa United in presenting preliminary data to the public on January 18. WHD worked with MCW Biostatistics Department to determine statistical significance on selected questions. Items included differences between 2007 and 2010 YRBS data and between the entire WSD population and the Tosa-only WSD population.
- WHD launched its initial module for the public health database on January 28. The inquiries module logs phone calls and front desk encounters by date, healthy priority, and corresponding essential service along with other fields. The referral/complaint module and case manager program also began to be used in 2011. The program module is still in development with plans of beta testing in 2012.
- Mental health, reproductive health and the breastfeeding surveys conducted in 2010 along with the results have been made available on the health department website.
- Several focus groups were conducted over the summer on issues affecting youth and issues affecting adults. In the fall additional focus groups were conducted that addressed the maternal and child health population, which includes pregnant women and families with children aged 8 years and younger.
- WHD created a survey that was available online through the city's website and at Tosa community events from July through November of 2012. Approximately 150 respondents completed the online survey. The survey gathered information on strengths and weaknesses of the Wauwatosa community from a broad view of health. Information was also collected on potential ideas the community and the WHD could implement to improve the health of Wauwatosans.
- In December, interviews were conducted with selected city departments. Additional interviews are scheduled for January with Alderman and identified community business and organizations, which should conclude the final phase of the Wauwatosa Community Health Assessment data collection process.
- Multiple grants were written to support the CHA/CHIP process, and Wauwatosa was awarded a Public Health Infrastructure grant to assist with the process and help attain community input.

#### *Accreditation and Quality Improvement*

The WHD continued its efforts in moving towards accreditation status through the NACCHO Public Health Accreditation Board (PHAB). Years in the making, the PHAB standardizes expectations of local and state health departments on a national level, similar to what the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) does with hospitals. Health departments must meet and provide evidence for over 100 standards. PHAB will accredit its first health departments in late 2011. The WHD plans to apply for accreditation status in 2013.

#### Accreditation and Quality Improvement

- WHD revised its quality improvement committees and processes in 2011. The realigned committees were debriefed on the current available data for the community health assessment

(CHA). The committees will develop goals, objectives, and activities for the community health improvement plan (CHIP) in 2012. Activities that are implemented will be evaluated by the quality improvement committees over the next 5 years.

- On December 15, 2011 the WHD conducted a staff training to introduce accreditation requirements for the CHA/CHIP and how the WHD strategic plan may be modified. Additional information on accreditation was reviewed along with a timeline that will align the WHD to achieve accreditation in 2013.

### *Workforce Development*

In addition to providing continuing education for its own staff, the WHD maintained partnerships with several colleges and universities, including Carroll University, Marquette University and the University of Wisconsin-Milwaukee, in providing multidisciplinary students “real world” public health experiences. Student experiences range from a few hours of observing health inspections to interviewing and shadowing public health staff to completing semester-long projects and research papers. In 2011, the WHD provided clinical and thesis opportunities to several college students through the Medical College of Wisconsin’s (MCW) Masters of Public Health program. Areas of focus included H1N1 mass clinic operation evaluation; advantages to PHAB accreditation versus the DHS 140 Requirements of Local Health Departments review; and document collection/hyperlinks related to the draft governance section for accreditation.

The WHD continued its partnership with the Linking Education and Practice (LEAP) project, collaboration between health departments and academic institutions to improve curriculum instructions within nursing schools. A public health nurse represents the WHD at regional meetings. WHD staff attended the trainings co-sponsored by LEAP for ongoing learning and skills.

Formal orientation of public health professional staff continued throughout the year. Cross-training for one to two months by experienced, retiring public health nurses was conducted for continuity of operations. The WHD has a stable workforce and strong public health capacity.

A comprehensive training of WHD staff was conducted to review progress on the CHA process and guide the team in the use of tools to begin the health improvement plan and strategies. In addition, staff was formally trained on the PHAB accreditation process and how the community health assessment work fits in as not only a state mandate but a PHAB pre-requisite for application for national accreditation. Staff attended quality improvement trainings, public health essential services training, CPR/AED training, and many others related to various WHD programs. In addition to in-house training, staff attended selected offerings by CVMIC, the City’s insurance carrier. Staff was trained on Project Manager Software to track program timelines and outcomes for greater efficiency.

The WHD continued work on the critical relational, electronic databases in an effort to collect and analyze local health information on which to build programming and satisfy required reporting. A public health database was designed by WHD personnel within the last 5 years. Additional modules were built by a data programmer, piloted, and implemented by the WHD. All public inquiries are recorded and coded by the 10 public health essential services, providing insight into the nature of the calls received. A Referral module will track calls from inquiries that are in need of additional attention. A Case Management module is pending and will help to track information and outcomes on caseloads. A Program Tracker module was designed to capture resources used on selected programs. All WHD disciplines were trained enter data into the Inquiries and Program Tracker module. Aggregate reporting on selected information is much more efficient for reporting.

In addition to electronic tracking of general public health information, the WHD designed, piloted, implemented and upgraded an Environmental Health Electronic Database for field use by the health inspectors. This relational database was created within the past 7 years to capture food establishment health inspection data across the City Food Program, and WI State Inspection Contracts with the Department of Health Services as well as the Department of Agriculture, Trade, and Consumer Protection. The program assists the WHD in tracking establishments, their history, licenses, violations, and provides general inspection information for WHD managers for greater efficiency. In 2011 a licensing module was designed by WHD staff, with the help of a data consultant, in order to assume the duties of food licensing. Multiple departments participated in this pilot project including Information Systems and Finance. The license transition will begin in January of 2012. With the help of an internal grant, the database will interact with the City's accounting and financial system for greater efficiency moving forward.

# APPENDIX 1: Wisconsin State Statutes and City of Wauwatosa Ordinances

## Wisconsin State Statutes **Health (chapters)**

250. Health; administration and supervision. [PDF](#)

251. Local health officials. [PDF](#)

252. Communicable diseases. [PDF](#)

253. Maternal and child care. [PDF](#)

254. Environmental health. [PDF](#)

255. Chronic disease and injuries. [PDF](#)

## Wisconsin Administrative Code and Register **Health (Volume 8)**

DHS 139 Qualifications of public health professionals employed by local health departments [PDF](#)

DHS 140 Required services of local health departments [PDF](#)

DHS 144 Immunization of students [PDF](#)

DHS 145 Control of communicable diseases [PDF](#)

DHS 146 Vaccine-preventable diseases [PDF](#)

DHS 160 Registration of sanitarians [PDF](#)

DHS 163 Certification for the identification, removal and reduction of lead-based paint hazards [PDF](#)

DHS 172 Safety, maintenance and operation of public pools and water attractions [PDF](#)

DHS 181 Reporting of blood lead test results [PDF](#)

DHS 192 Cities, counties and villages designated as agents of the department for public health protection purposes [PDF](#)

DHS 196 Restaurants [PDF](#)

DHS 199 Tobacco control activities [PDF](#)

City of Wauwatosa Ordinances

**Title 8 HEALTH AND SANITATION (chapters)**

8.02 Wisconsin Statutes and Administrative Codes Pertaining to Health Adopted by Reference

8.02.005 State statutes adopted.

The following enumerated sections of the Wisconsin State Statutes pertaining to health are hereby made a part of the code as though fully set forth herein. Any future amendments, revisions or modifications of the statutes incorporated herein are intended to be made a part of this chapter.

TABLE INSET:

1. Wisconsin Statutes Chapter 97	Food Regulation
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(Ord. O-06-8 § 2, 2006)

8.02.010 Administrative Codes adopted.

The following enumerated sections of the Wisconsin Administrative Code pertaining to health are hereby and by reference made a part of this code as if fully set forth herein. Any future amendments, revisions or modifications of the administrative codes incorporated herein are intended to be made part of this chapter.

TABLE INSET:

1. HSS 172	Safety, Maintenance and Operation Public Swimming Pools
2. HSS 175	Recreational and Education Camps
3. HSS 178	Campgrounds
4. HSS 195	Hotels, Motels and Tourist Rooming Houses
5. HSS 196	Restaurants
6. HSS 197	Bed and Breakfast Establishments
7. HSS 198	Vending of Food
8. ATCP 74	Retail Food Establishment: Local Government Regulations
9. ATCP 75	Retail Food Establishments

(Ord. O-06-8 § 3, 2006; Ord. O-95-33 § 1, 1995)

- 7.16 Public Nuisance
- 8.04 Nauseous Chemicals
- 8.08 Dangers to Health
- 8.10 Human Health Hazards
- 8.12 Smoke Ban (8.12.010 State Statute adopted)
- 8.24 Solid Waste Collection and Disposal
- 8.28 Littering
- 8.32 Food and Beverage Handling
- 8.36 Heating
- 8.52 Privies
- 8.56 Pest Control
- 8.60 Food, Drink and Medicine Receptacles

- 8.64 Rooming houses
- 8.70 Clean Indoor Air
- 8.80 Dangerous Use of Fumigants
- 8.90 Public Swimming Pools

***Title 9 ANIMALS (chapters)***

- 9.02 Statutes Adopted by Reference
- 9.04 Regulation of Animals
- 9.08 Prohibited Animals
- 9/12 Wild Animals

## APPENDIX 2: Comparison Data

When evaluating the community's health, it is helpful to compare the community's health statistics or information against national standards. The Centers for Disease Control and Prevention (CDC) set selected health benchmarks, or goals, for all communities to achieve by the year 2010 and 2020; these health benchmarks are called "2010 goals" and "2020 goals" respectively. In addition to benchmarking, it is useful to analyze the community's health by comparing current health data with other communities' data, usually with state and national data. Where the information is available, Wauwatosa's health data is compared with the 2020 goals. If Wauwatosa meets or exceeds the 2020 benchmark, then a green arrow (↑) is shown under "Tosa's Status". Conversely, if Wauwatosa falls below the 2020 goal, then a red arrow (↓) is shown. If the CDC did not set a 2020 goal in a specific health indicator, then Wauwatosa's health information is compared with the 2010 goal, then the U.S. data. If no information is available under 2020 goals, 2010 goals or national data, then a gray double arrow (↔) is shown.

### Access to Primary and Preventive Health Services

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Insurance Coverage	94%	87.9%	83%	100%	100%	↓
Provider coverage						
<input type="checkbox"/> Routine care (2 years or less)	87	79 <sup>1</sup>	84 <sup>1</sup>	96		↓
<input type="checkbox"/> Dental care	79	72.4	70.0	56		↑
<input type="checkbox"/> Vision care	51	n/a*	55	ID <sup>+</sup>	60.5	↓
Preventive Services						
<input type="checkbox"/> Pap smears (within 3 years)	96	83.1	84.5	90	93.0	↑
<input type="checkbox"/> Mammography (40+ years old, within 2 years)	77	76.3	73.7	70	81.1	↓
<input type="checkbox"/> Cholesterol screenings	81	76.9	74.6	80	82.1	↓
<input type="checkbox"/> Colonoscopy	47	67.2	61.8	n/a		↓
<input type="checkbox"/> Prenatal care (care within 1 <sup>st</sup> trimester)	95.7 <sup>3</sup>	82.4 <sup>2</sup>	70.8	90	77.9	↑
Health Conditions – number of adults with a history of the following conditions:						
<input type="checkbox"/> Asthma	8	9.8	8.8	ID		↑
<input type="checkbox"/> Heart disease	8	4.3	3.8	r/t <sup>s</sup>	n/a	↓
<input type="checkbox"/> High blood pressure	27	27.7	28.7	16	26.9	↓
<input type="checkbox"/> High blood cholesterol	25	35.8	37.4	17	13.5	↓
<input type="checkbox"/> Diabetes	4	8.2	8.3	r/t		↑
<input type="checkbox"/> Cancer	4	10	n/a	r/t		↔
<input type="checkbox"/> Stroke	2	1.9	2.6	2		↔

<sup>1</sup> 2000 U.S. Behavior Risk Factor Surveillance System

<sup>2</sup> Wisconsin Interactive Statistics on Health (WISH), <http://www.dhs.wisconsin.gov/wish/index.htm>, 2008

## Alcohol and Other Substance Use and Addiction

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
<b>Adults</b>						
□ Heavy drinking (>2 drinks/day for males; >1 drink/day for females)	8%	M9.3% F6.6%	M5.8% F4.2%	n/a		↓
□ Binge drinking (≥ 5 drinks at one time in the past month)	22	23.9	27.0	6	24.3	↑
□ Driving or riding with someone who'd been drinking (past 30 days)	5	n/a	n/a	n/a		↔
<b>Youth</b>						
□ Never had one drink of alcohol	37.6	26.6	27.5	29	30.5	↑
□ Binge drinking	15.6	n/a	24.2	2	8.5	↓
□ Riding with someone who'd been drinking (past 30 days)	24.6	24.3	28.3	n/a	25.5	↑
□ Driving after drinking (past 30 days)	4.9	8.9	9.7	n/a		↑
□ Ever used marijuana	31.7	34.2	36.8	n/a		↑
□ Used marijuana in the past 30 days	19.7	18.9	20.8	0.7	6.0	↓
□ Ever used methamphetamines	1.3	3.3	4.1	n/a		↑
□ Ever used heroin	1.0	1.9	2.5	n/a		↑
□ Ever used ecstasy	3.8	4.9	6.7	n/a		↑
□ Ever used a medicine without a doctor's prescription (ex: OxyContin, Percocet, Vicodin, Ritalin, Adderall, or Xanax)	11.8	20.5	20.2	n/a		↑
□ Ever used any form of cocaine	2.3	5.2	6.4	n/a		↑
□ Used cocaine in the past 30 days	1.5	1.7	2.8	n/a		↑
□ Ever used any inhalants or sniffed glue	6.1	9.6	11.7	n/a		↑
□ Offered, sold, or given an illegal drug on school property in the past 12 months	13.8	n/a	22.7	n/a	20.4	↑

## Communicable Diseases and Immunizations

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Influenza vaccination rate – adults aged ≥ 65 years	72%	72%	69.8%	90%	90	↓
Immunization completion rate of all 2 year olds	67	82.2 <sup>1</sup>	73.1 <sup>1</sup>	90	90	↓
Immunization completion rate of 2 year olds in Wauwatosa day cares	72	86.3 <sup>2</sup>	n/a	95	90	↓
Immunization rate of Wauwatosa schools	90.7	93.1 <sup>2</sup>	95.63 <sup>2</sup>	90	95	↓
Active tuberculosis (TB) cases newly diagnosed per 100,000 population	2.2	1.2 <sup>3</sup>	3.8 <sup>3</sup>	1.0	1.0	↓
Latent TB cases completing medication therapy (percentage)	ID	86.9 <sup>4</sup>	81.4 <sup>4</sup>	85 <sup>3</sup>	79.0	↔
Hepatitis C newly diagnosed cases per 100,000	0	0 <sup>5</sup>	0.3 <sup>5</sup>	1	0.2	↑

population						
Campylobacter incidence per 100,00 population	11.0	n/a	15 <sup>6</sup>	12.3	8.5	↑
E. coli 0157:H7 incidence per 100,00 population	0	n/a	1.06 <sup>7</sup>	1	0.6	↑
Listeria incidence per 100,00 population	0	n/a	0.31 <sup>7</sup>	0.25	0.2	↑
Salmonella incidence per 100,00 population	6.6	n/a	14.81 <sup>7</sup>	6.8	11.4	↑
Pneumonia vaccination rate – adults aged ≥ 65 years	71	70	68.1	90%	90%	↑

<sup>1</sup> CDC National Immunization Program, 2009

<sup>2</sup> CDC National Center for Immunizations and Respiratory Diseases, Immunization Service Division, School and Day Care Immunization Assessment Survey, 2006 – 2007

<sup>3</sup> CDC, Division of Tuberculosis Elimination (DTBE), 2009 Surveillance Report, <http://www.cdc.gov/tb/surv/surv2009/default.htm>

<sup>4</sup> CDC, Division of Tuberculosis Elimination (DTBE), 2005 Surveillance Report, <http://www.cdc.gov/tb/surv/surv2005/default.htm>

<sup>5</sup> CDC, MMWR, Surveillance for Acute Viral Hepatitis – United States 2007, Vol 58(SS03);1-27, May 22, 2009

<sup>6</sup> CDC, Division of Bacterial and Mycotic Disease, <http://www.cdc.gov/ncidod/dbmd/diseaseinfo/default.htm>

<sup>7</sup> Food Net, surveillance data, 2006

## Environmental Health

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Emergency department visit due to nonfatal dog bite (per 100,000 population)	67.8	n/a	111.8	151.4		↑
Children aged < 6 years who were lead poisoned	0.6%	1.72% <sup>1</sup>	1.00% <sup>1</sup>	0	0	↓

<sup>1</sup> CDC National Center of Environmental Health, Lead Poisoning Prevention Branch, 2007

## Injury and Violence Prevention

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Emergency department (ED) visits due to falls (per 100,000 population)	1190	2232	2860	n/a		↔
ED visits due to motor vehicle accident (per 100,000 population)	480	512.6	863.3	933	694.4	↑
ED visits due to bicycle accidents (per 100,000 population)	ID	10.6	169.3	n/a		↔
ED visits due to motorcycle accidents (per 100,000 population)	ID	36	82.1	n/a		↔
ED visits due to pedestrian accidents (per 100,000 population)	ID	23	61.6	26		↔
ED visits due to poisonings (per 100,000)	60	171	299.5	292	304.4	↑

population)

Always or nearly always wear safety belts – adults (percentage)	96%	82%	84.0%	92%	92.4	↑
Always or nearly always wear safety belts/restraints – children (percentage)	94	n/a	n/a	100		↓

## Mental Health

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Adults who always or nearly always felt sad, blue, or depressed in the past 30 days	4%	n/a	n/a	n/a		↔
Adults who considered suicide	3	n/a	n/a	n/a		↔
Adults who committed suicide (per 100,000)	4.3 <sup>1</sup>	16.9 <sup>2</sup>	15.1 <sup>2</sup>	5	10.2	↑
Teens who considered suicide	8.2	13.2	13.8	n/a		↑
Teens who attempted suicide	3.8	5.8	6.3	1	1.7	↓
Teens who reported feeling so sad or hopeless that they stopped activities	18.2	20.8	26.1	n/a		↑
Students who felt unsafe at or on their way to or from school	4.9	3.7	5.0	n/a		↔

<sup>1</sup> Wauwatosa Police Department Annual Report, 2009

<sup>2</sup> National Center for Injury Prevention and Control, Injury Mortality Report, 2007

## Nutrition and Healthy Eating

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Adults						
□ Eat > 5 fruits and vegetables per day	n/a	22.7%	23.5%	75%		↔
□ Eat ≥ 2 fruit servings per day	71%	n/a	32.6%			
□ Eat ≥ 3 vegetable servings per day	31	n/a	27.2	50		↓
Youth (high schoolers)						
□ Eat ≥ 2 fruit servings per day	38.4	31.8	33.9	75		↓
□ Eat ≥ 3 vegetable servings per day	4.9	11.6	13.8	50		↓
□ Drank ≥ 1 can/bottle/glass of soda/pop daily	22.0	23.1	29.2	n/a		↑

## Physical Activity

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
<b>Adults</b>						
<input type="checkbox"/> Overweight or obese	55%	65.7%	64%	15%	66.1	↑
<input type="checkbox"/> Engage in ≥ 30 minutes moderate physical activity at least 5 times/week	36	52.8%	51%	50		↓
<input type="checkbox"/> Engage in ≥ 20 minutes vigorous physical activity at least 3 times/week	28	31.1	29.2	30		↓
<input type="checkbox"/> Engage in ≥ 30 minutes moderate physical activity at least 5 times/week and/or ≥ 20 minutes vigorous physical activity at least 3 times/week	51	ID	43.9	n/a	47.9	↑
<b>Youth</b>						
<input type="checkbox"/> Describes self as slightly or very overweight	21.0	n/a	27.7	5		↓
<input type="checkbox"/> Engage in ≥ 60 minutes moderate physical activity at least 5 times/week	52.7	48.5	37.0	n/a		↑
<input type="checkbox"/> Engage in ≥ 20 minutes vigorous physical activity at least 5 times/week	76.7	n/a	67.7	85		↓

## Reproductive and Sexual Health

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Births to female teens aged 13 – 19 years per 1,000 female teenagers	5.4	31.3 <sup>1</sup>	41.5 <sup>2</sup>	n/a		↑
Chlamydia rate (per 100,000 people)	203.2	531 <sup>3</sup>	592 <sup>3</sup>	ID	ID	↑
Gonorrhea rate (per 100,000 people)	37.6	131.8 <sup>4</sup>	220M <sup>4</sup> 285F <sup>4</sup>	19	198 M 257 F	↑
HIV rate – newly diagnosed per 100,000 people	0	7.9 <sup>5</sup>	17.4 <sup>6</sup>	n/a		↑
<b>Youth</b>						
<input type="checkbox"/> Ever had sexual intercourse	27.6	40.9	46.0	ID		↑
<input type="checkbox"/> Had sexual intercourse before 13 years old	2.8	3.4	5.9	ID		↑
<input type="checkbox"/> Used condom during last sexual intercourse (past 3 months)	66.0	63.7	61.1	ID		↑
<input type="checkbox"/> Had sexual intercourse with ≥ 4 people during their life	4.6	9.9	13.8	n/a		↑
<input type="checkbox"/> Currently sexually active	21.0	29.3	34.2			↑

<sup>1</sup> Wisconsin Interactive Statistics on Health (WISH), <http://www.dhs.wisconsin.gov/wish/index.htm>, 2008

<sup>2</sup> National Center for Health Statistics, 2006

<sup>3</sup> STD Surveillance System, 2009

<sup>4</sup> STD Surveillance System, 2008

<sup>5</sup> Bureau of Communicable Disease and Preparedness – WI DPH, 2009

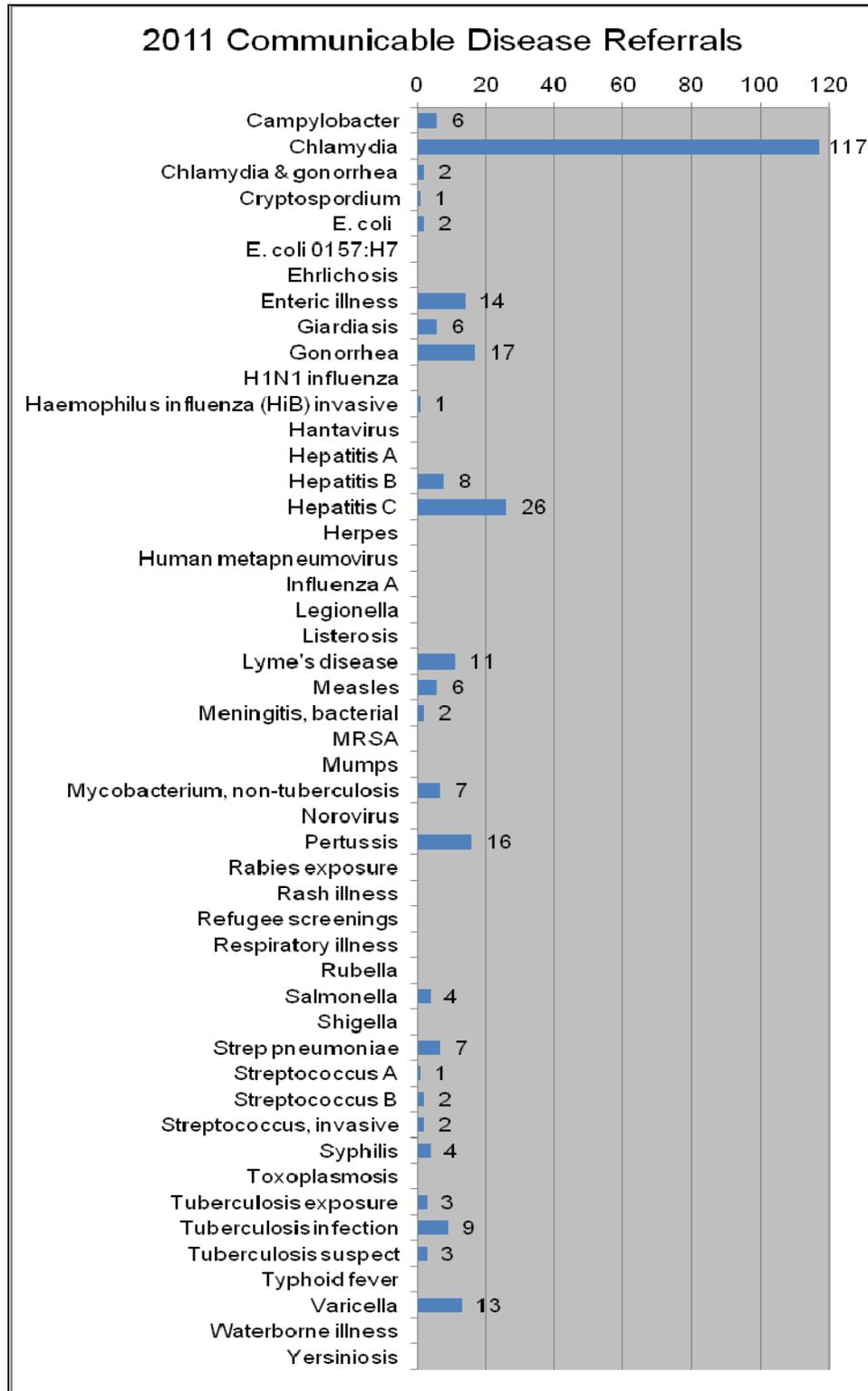
<sup>6</sup> Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009

## Tobacco Use and Exposure

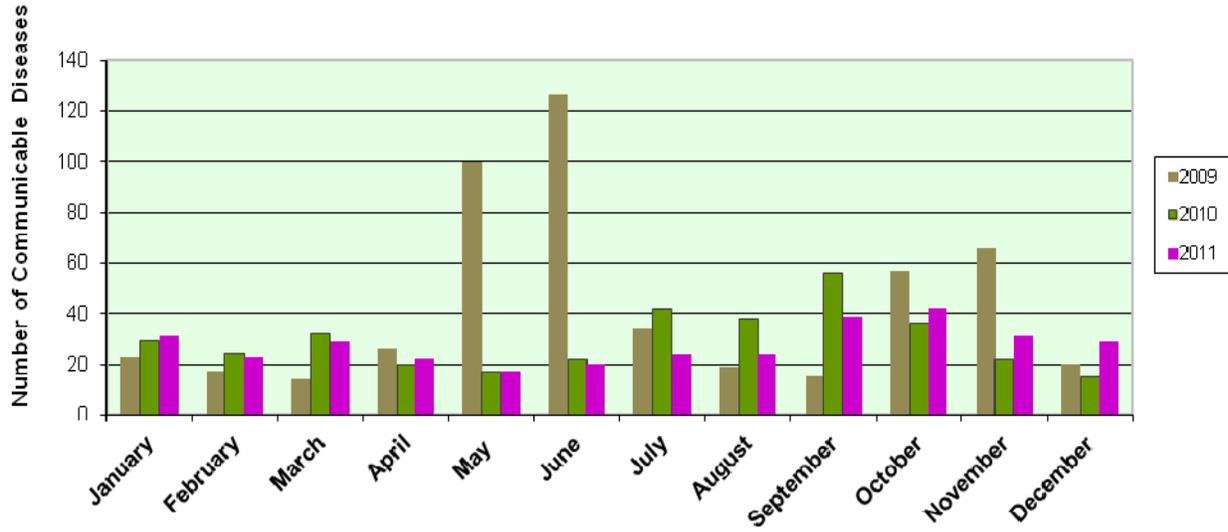
	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
<b>Adults</b>						
□ Current smokers	13%	18.8%	17.9%	12%	12.0	↓
□ Current smokers who made ≥ 1 quit attempt in the past 12 months	46	58.5	48.3	75	80.0	↓
□ Secondhand smoke exposure in home or in vehicles	20	25	20.9	n/a	13.0	↓
<b>Youth</b>						
□ Current smokers	14.8	16.9	19.5	16	16.0	↑
□ Current smokers who made ≥ 1 quit attempt in the past 12 months	53.8	51.9	50.8	84	64.0	↓
□ Current smokeless tobacco use	2.3	8.5	8.9	1	6.9	↑

## APPENDIX 3: Other Data & Statistics

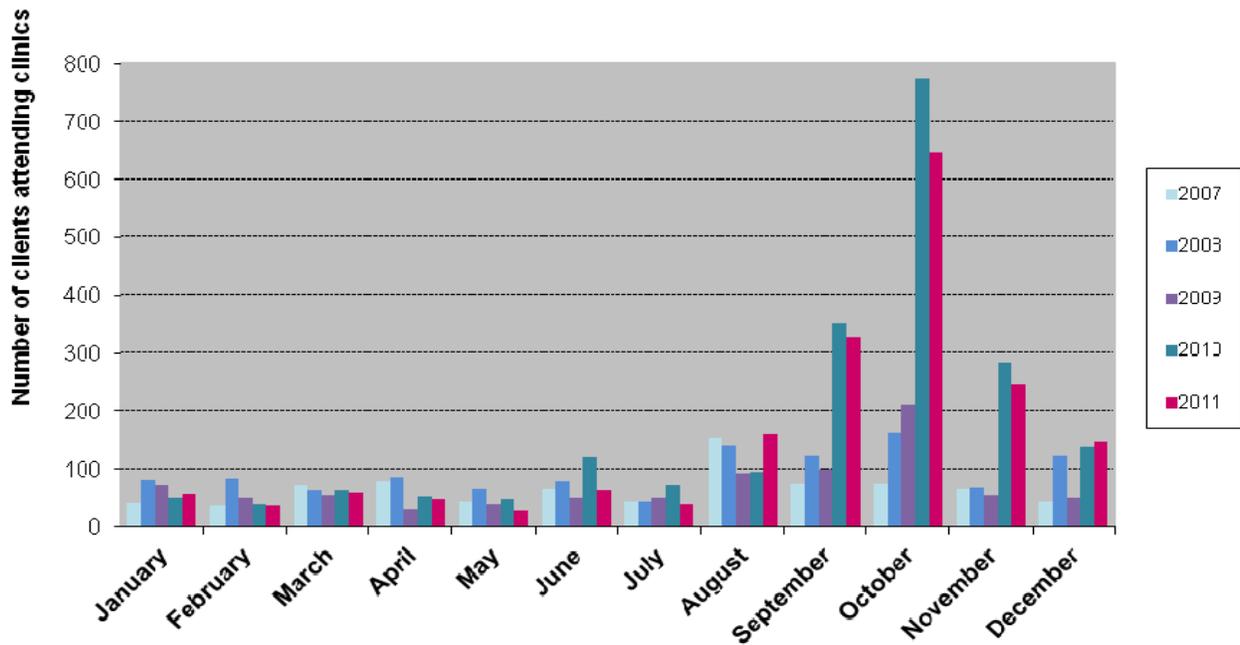
### Communicable Diseases and Immunizations



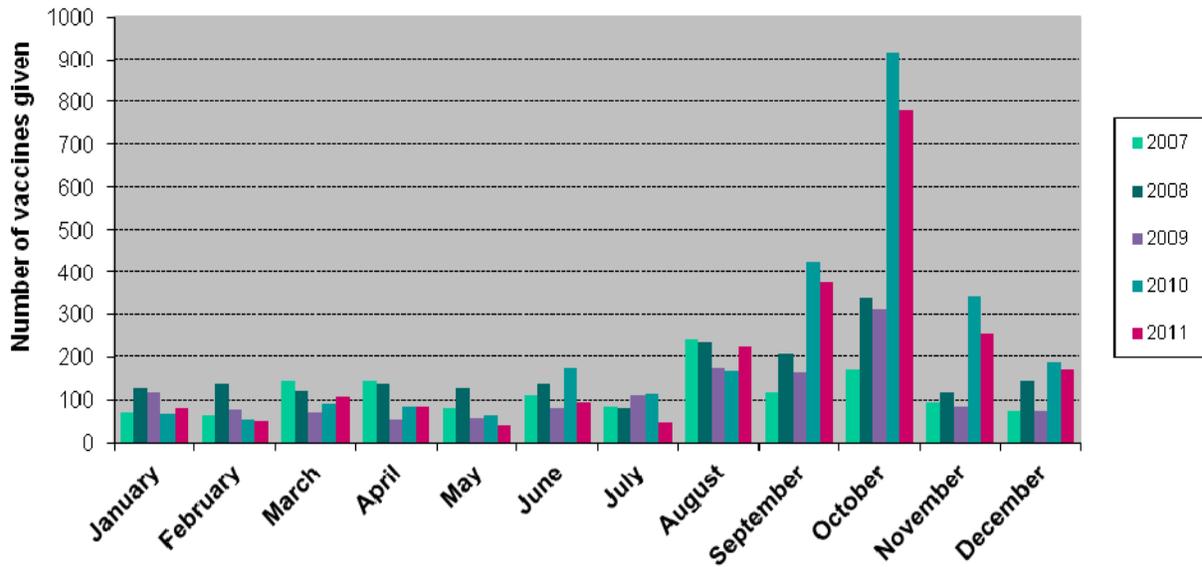
### Communicable Disease Referrals to Wauwatosa Public Health Nurses



### Immunization Clinic Clients

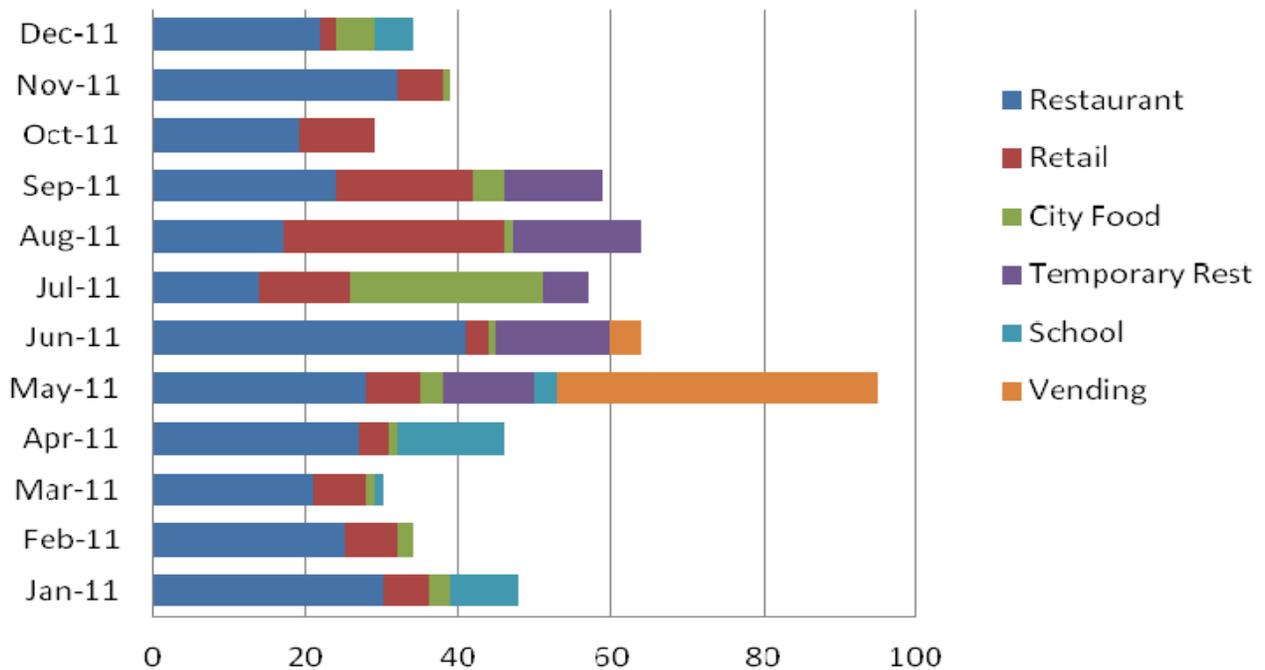


### Vaccines Administered at Immunization Clinics

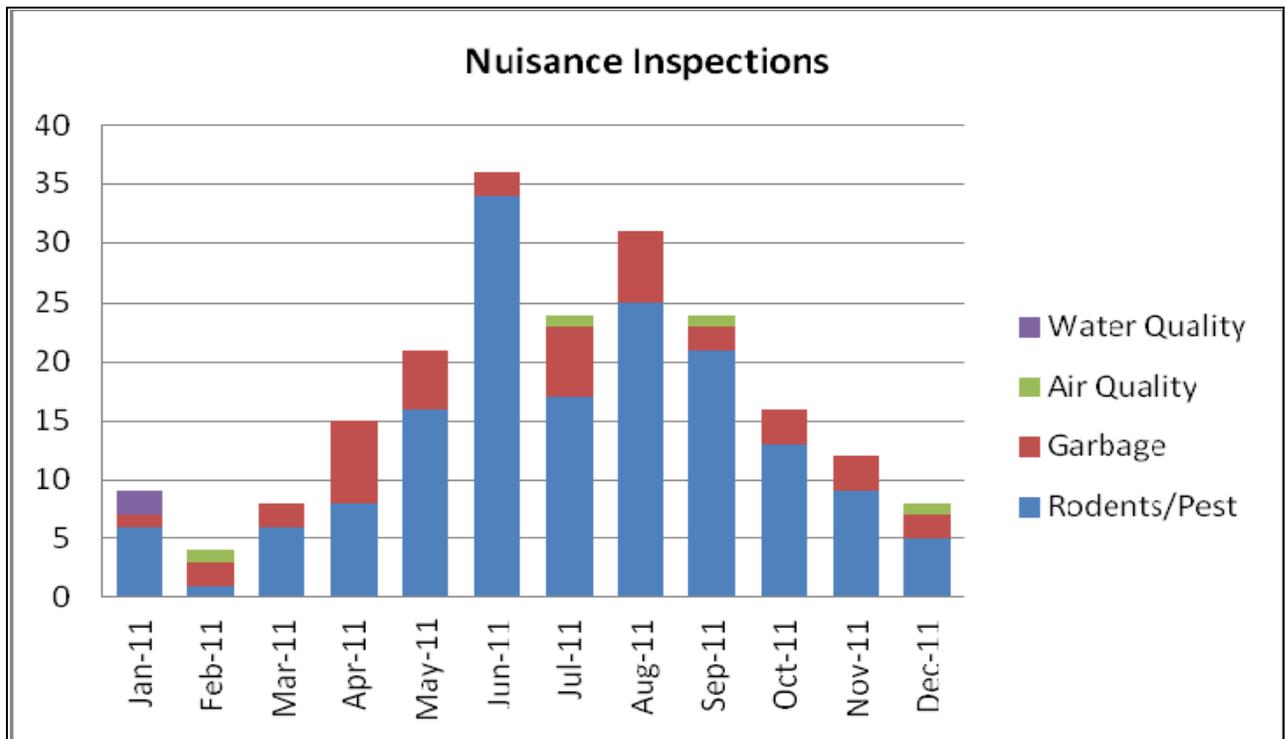


### WHD Licensed Food Inspection Activities

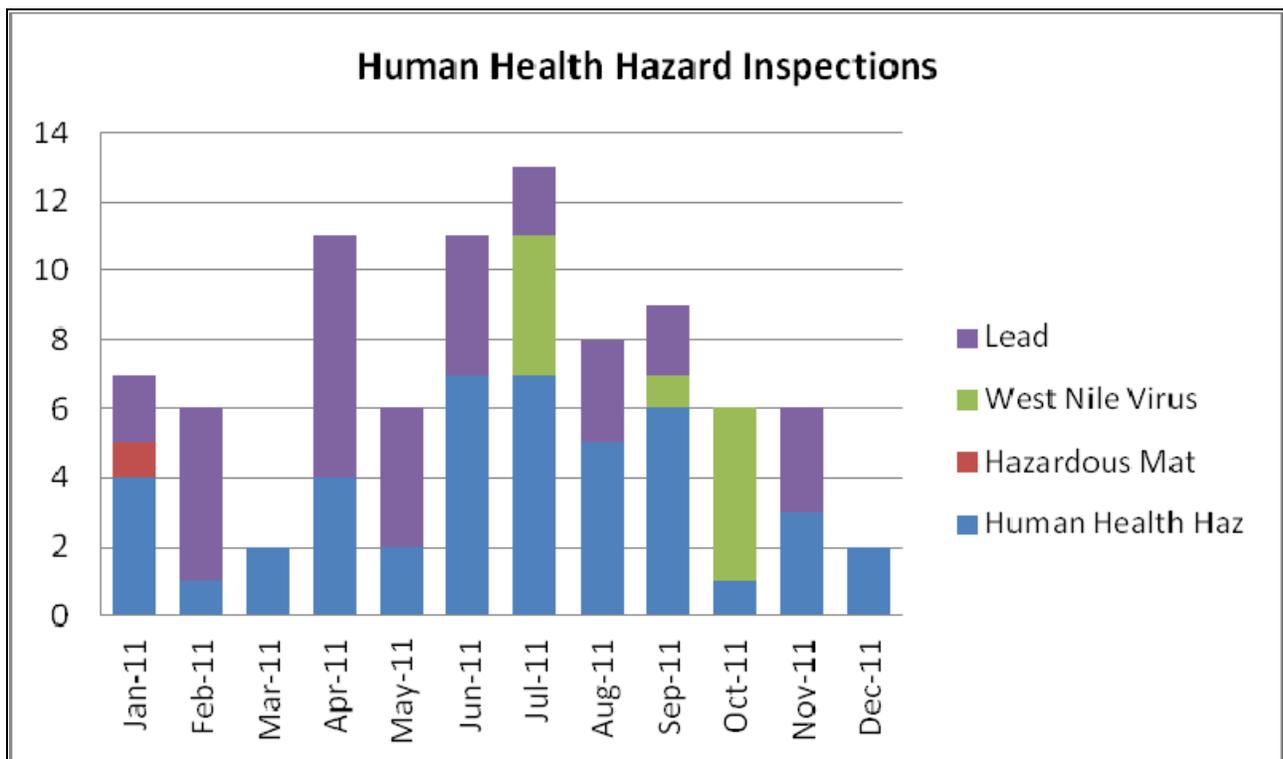
#### Food Inspections by Type



### Nuisance Inspections by Chief Complaint



### Human Health Hazard Inspections by Chief Complaint



## Breakdown of Complaints

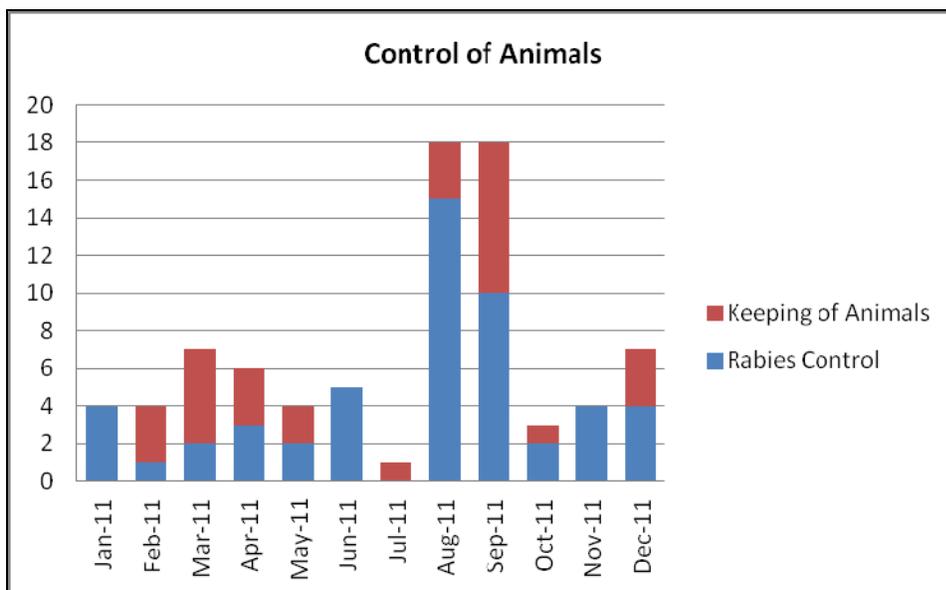
### Breakdown of complaints 2011

Complaint	Count	Percentage
Wildlife/Rodent	45	32%
Garbage/Litter	23	16%
Building (heat, cool, ventilation)	26	19%
Care/Maintenance of animals	12	9%
Insect	2	1%
Air/Water Quality	2	1%
Restaurants/Food Establishments	25	18%
Other	5	4%
Total	140	100%

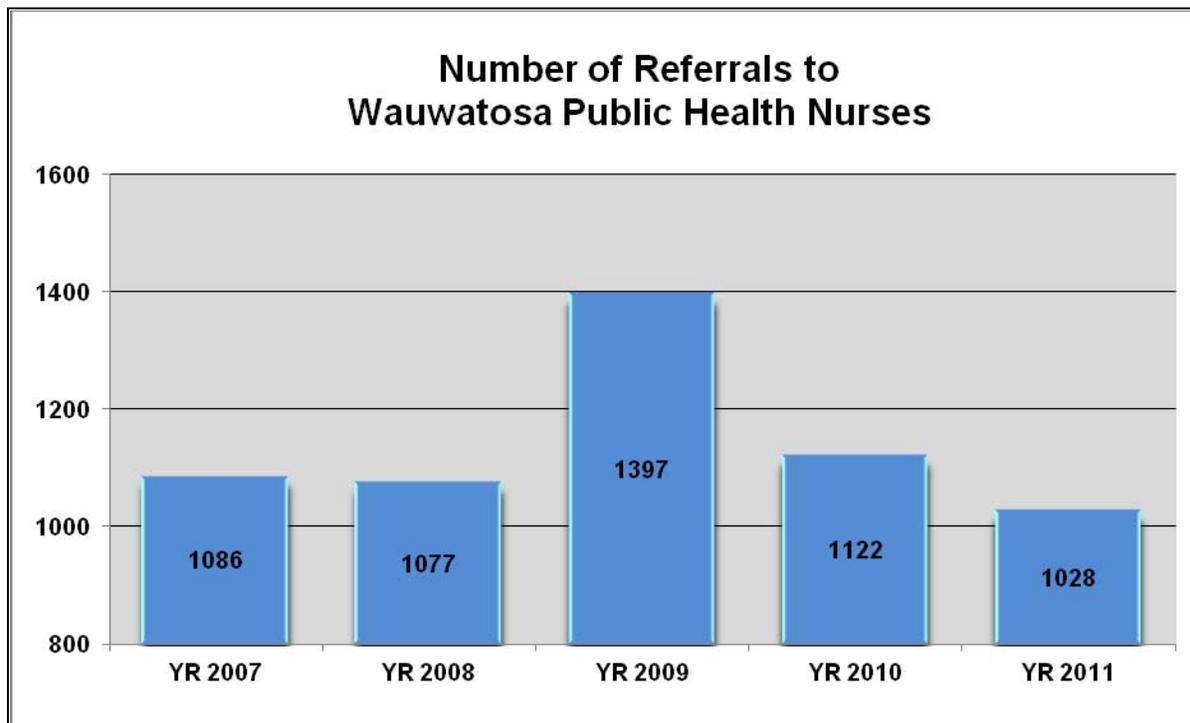
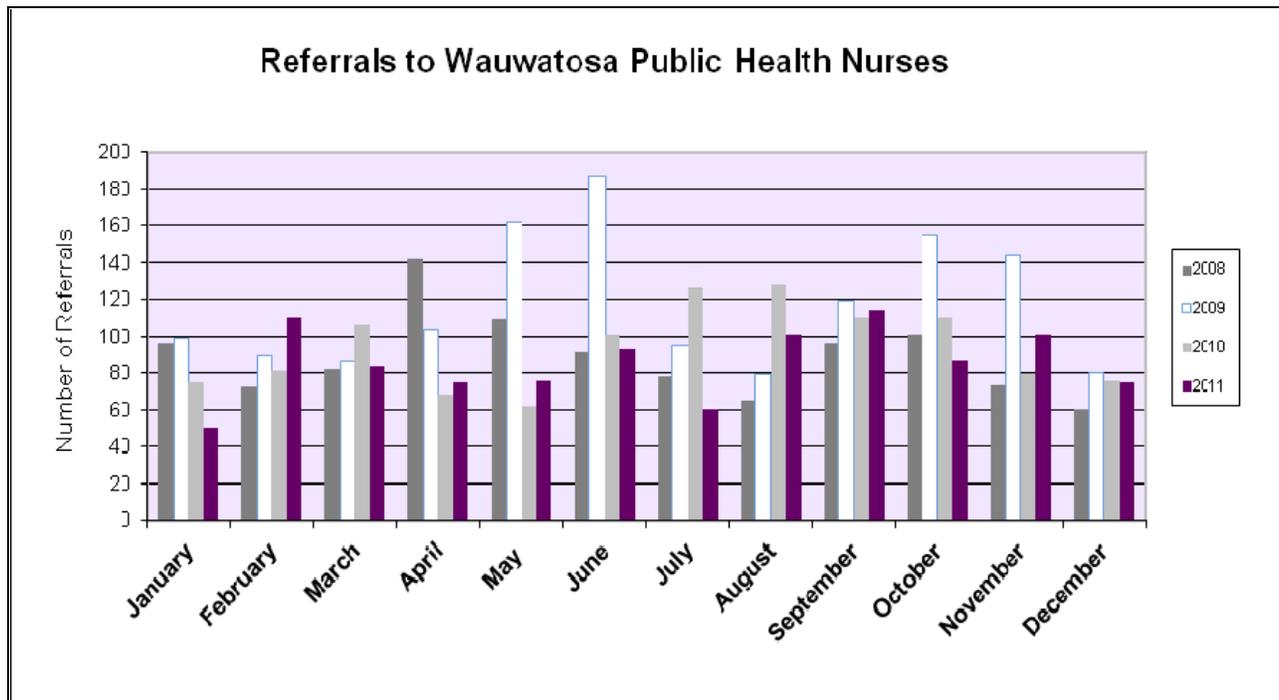
### Breakdown of corrective actions 2011

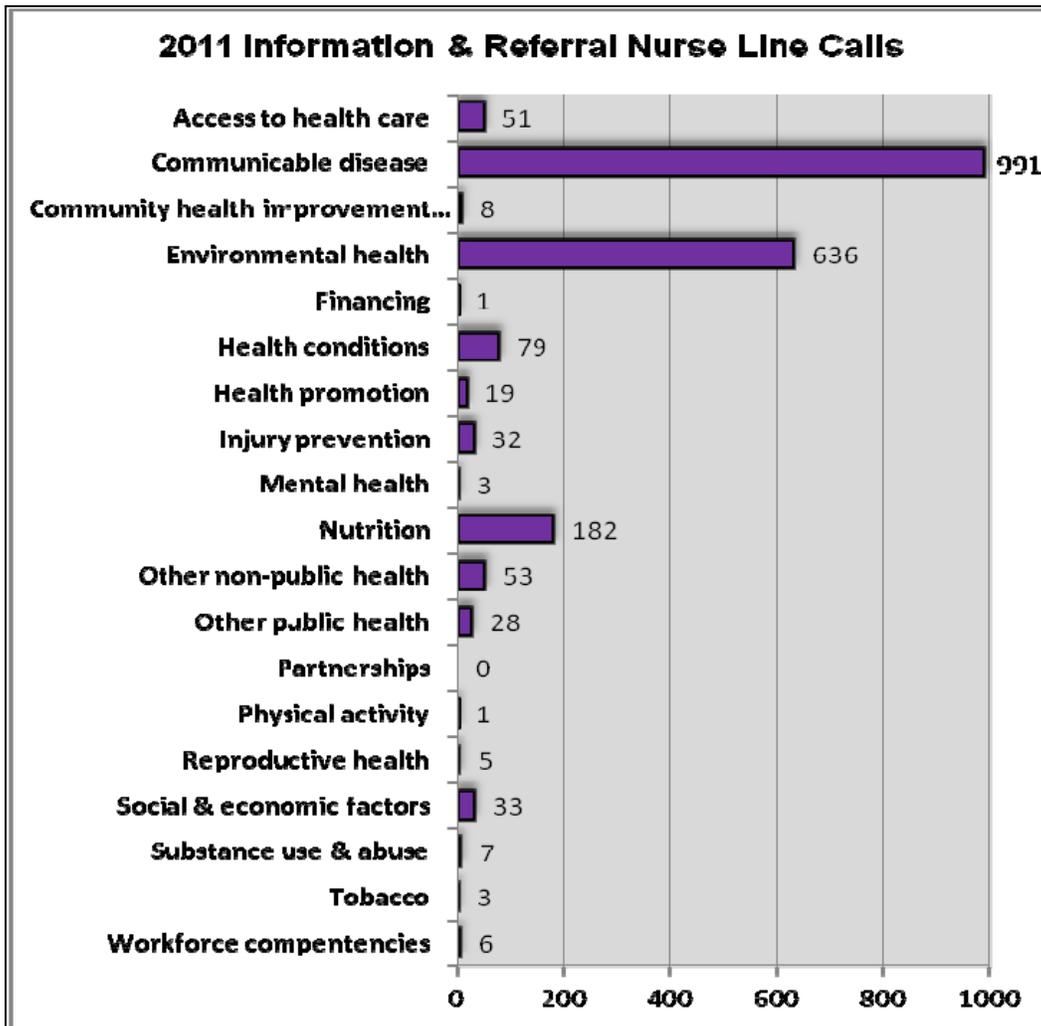
Actions Taken	Count	Percentage
Site Visit	102	53%
Follow up Inspections	32	17%
Phone Call	29	15%
Emailed Contact	4	2%
Photographs Taken	13	7%
Written warning/Order to abate	13	7%
Citation issued	0	0%
Total	193	100%

### Control of Animals Inspection by chief complaint

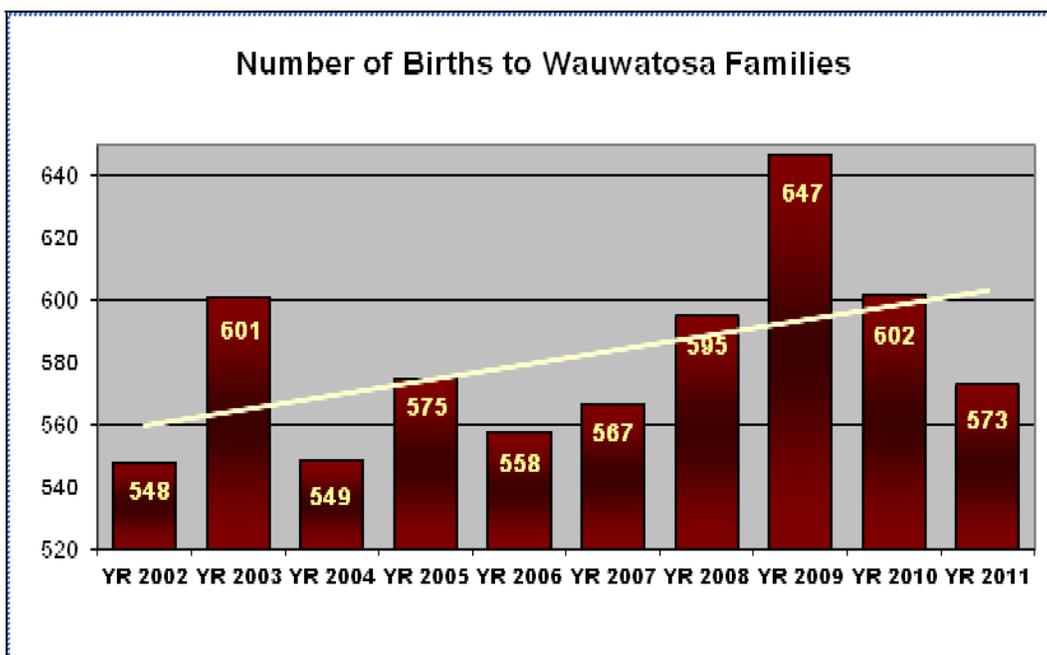


## Access to Primary and Preventive Health Services





## Reproductive and Sexual Health



# GLOSSARY

**2010 Goal** – a goal, benchmark, or level of health set by the Centers for Disease Control and Prevention to achieve by the year 2010. <http://wonder.cdc.gov/data2010/DEFINE.HTM>

**CD** – acronym for a communicable disease

**CDC** – Centers for Disease Control and Prevention: the primary federal agency for conducting and supporting public health activities in the United States. As a part of the U.S. Department of Health and Human Services, its mission is to ensure health protection through promotion, prevention, and preparedness. [www.cdc.gov](http://www.cdc.gov)

**DATCP** – Department of Agriculture, Trade, and Consumer Protection: A Wisconsin agency responsible for the food safety, animal and plant health, water and soil, and monitoring fair and safe business practices. <http://datcp.state.wi.us/>

**DHS** – Department of Health Services: A Wisconsin governmental department responsible for programs in long term support and care, aging, physical and developmental disabilities, mental health, substance abuse, public health, regulation and licensing facilities, and medical assistance. <http://dhs.wisconsin.gov/>

**DPH** – Division of Public Health: A division within the Wisconsin Department of Health and Family Services which manages programs in the areas of environmental health, occupational health, family and community health, injury prevention, chronic disease prevention, health promotion, communicable disease prevention, emergency medical services, public health preparedness, and health information. <http://dhfs.wisconsin.gov/programs/publichealth.htm?nav=mo>

**ED** – Emergency department

**EMS** – Emergency Medical Services

**FEMA** – Federal Emergency Management Agency: A federal agency that aims to reduce the loss of life and property in the United States from all hazards by supporting the emergency management system of preparedness, protection, response, recovery, and mitigation. [www.fema.gov](http://www.fema.gov)

**Food borne illness** – a disease, sickness, infection, or disorder caused by consuming contaminated food.

**Herd Immunity** -- the immunity of a group or community. Resistance to vaccine preventable disease is based on the percentage of the population that is vaccinated (e.g. chickenpox). Vaccine preventable diseases are less likely to spread in a group or community that has high vaccination rates.

**HHH** – Human health hazard: 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.

**H.O.T.** – Healthy Options in ‘Tosa: An initiative of the Physical Activity and Nutrition (PAN) Committee, the Healthy Options in ‘Tosa program is designed to provide consumers with the information they need to make healthy food choices when dining away from home. The H.O.T. program was developed with the help of an Advisory Board consisting of local nutrition professionals in 2007 and is being piloted in local restaurants in 2008.

**Lead poisoned/poisoning** – having a blood lead level 10 µg/dl or greater

**LEP** – limited English proficiency

**MWCCEPHP** – Milwaukee / Waukesha County Consortium for Emergency Public Health Preparedness: Formed in 2002, the consortium consists of the thirteen local public health agencies in Milwaukee County and the county health agency in Waukesha County. MWCCEPHP's main purpose is to address issues surrounding public health preparedness within the two county areas and to strengthen relationships for responding to a bioterrorism incident, infectious disease outbreak or other public health threat or emergency. [www.phprepare.net](http://www.phprepare.net)

**MVA** – motor vehicle accident

**NACCHO** – National Association of County and City Health Officials: the national organization representing local health departments and agencies. It supports efforts that protect and improve the health of all people and communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems. [www.naccho.org](http://www.naccho.org)

**NIMS** – National Incident Management System: NIMS is unified structure or system used to manage emergencies, natural disasters, or other incidents, so responders from different jurisdictions and disciplines can work together to respond better to these emergency situations. [www.fema.gov/emergency/nims](http://www.fema.gov/emergency/nims)

**PAN Coalition** – Physical Activity and Nutrition: The Wauwatosa Health Department convened the Physical Activity and Nutrition Committee in 2005 to establish a community-based approach for improving the city’s physical activity and nutrition-related behaviors. The PAN Committee is currently made up of over 30 individuals who represent Wauwatosa’s health-related organizations, schools, businesses, recreational facilities, fitness and nutrition experts, and interested community members.

**PHN** – Public Health Nurse

**RS** – Registered Sanitarian

**STD/STI** – sexually transmitted diseases/infections

**SurvNet** – Surveillance Network: Funded in part by the Wisconsin Department of Health Services, this “one call” site receives communicable disease reports within Milwaukee County; reports are then disseminated to one of the 13 health departments within Milwaukee County for communicable disease investigation and follow-up.

**TB** – acronym for tuberculosis

**WHD** – Wauwatosa Health Department. [www.wauwatosa.net](http://www.wauwatosa.net)

**WIC** – Women, Infants, and Children’s Program: the supplemental nutritional program that serves to safeguard the health of low-income women, infants, and children up to age 5 years who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. [www.dhfs.state.wi.us/wic](http://www.dhfs.state.wi.us/wic)

**WITS** – Wellness In Tosa Schools: The Wauwatosa School District’s Wellness Committee, which is tasked with the development and implementation of the School District’s Wellness Policy, which addresses issues related to student and staff health and well-being. The Wellness in Tosa Schools Committee consists of school district representatives, health professionals, and interested community members.

**WSD** – Wauwatosa School District

**WWWP** – Wisconsin Well Women Program: This program provides preventive health screening services to women with little or no health insurance coverage. Administered by the Wisconsin Department of Health and Family Services, Division of Public Health, this program pays for mammograms, Pap tests, multiple sclerosis testing, and other health screenings. [www.dhfs.state.wi.us/womenshealth/WWWP/index.htm](http://www.dhfs.state.wi.us/womenshealth/WWWP/index.htm)