

2008

**Wauwatosa Health
Department
Annual Report**



What Have We Done for You Lately?

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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 50,000 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.



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 (SES) indicators. Approximately half of the population is female (52.7%/ 26,425). The majority of the population is between the ages of 18-64 (75.65% or 37,915 people) and approximately fifteen percent of the population is over the age of 65 (7,526). Wauwatosa residents are predominately White (91%) and maintain a high SES. Nationally, 74% of citizens are White, 14.7% are Hispanic, and 12.4% are African American. The median household income of Wauwatosans is \$65,827 compared to \$50,007 at the national level (in 2007 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 (92.7% compared to 84% at the national level) while approximately half of those earned a bachelor's degree or higher (51.2% versus 27% at the national level). Lastly, the percentage of Wauwatosa families below the federal poverty level is 2.3 compared to 9.8 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 2008, Wauwatosa maintained a low unemployment (3.9%) compared to the City of Milwaukee (7.4%), Milwaukee County (6.1%) and the State of Wisconsin (4.8%)¹.

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 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.

¹ Unadjusted- as of July 2008 compared to December 2008- Source: DWD <http://www.dwd.state.wi.us/dwd/newsreleases/>



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 – the highest designation in the state. 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 2008. 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) 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. These include Shigella, West Nile Virus, Lyme’s disease, salmonella, and Methicillin-resistant staphylococcal aureus (MRSA). CDs may also be referred to as an infectious disease. 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. Previously unrecognized infections may appear in persons living or working in areas undergoing ecologic changes. Severe Acute Respiratory Syndrome (SARS) and Monkeypox were examples of emerging diseases in 2003. CDs may re-emerge by developing antimicrobial resistance or when the public health measures that originally brought them under control are reduced or eliminated (Healthiest Wisconsin 2010). Tuberculosis (TB) is an example of a CD that declined then re-emerged during the 20th 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), outbreaks, and epidemics. Once the WHD is notified of a possible CD, the Public Health Nurse (PHN) interviews the affected individual, identifies and interviews others who may have been exposed, 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, such as schools, worksites, businesses, organizations, or other health departments. 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. For example, a single TB case may take up to 9 months to resolve. The average CD case takes 6 hours to complete. In addition, WI Administrative Code DHS 145.02 requires local health departments 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?

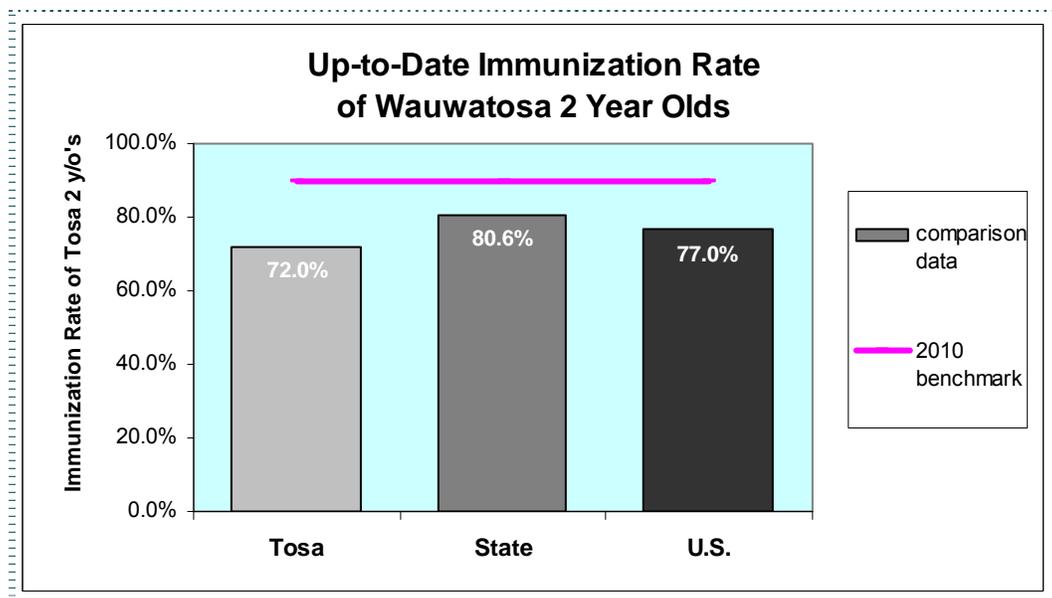
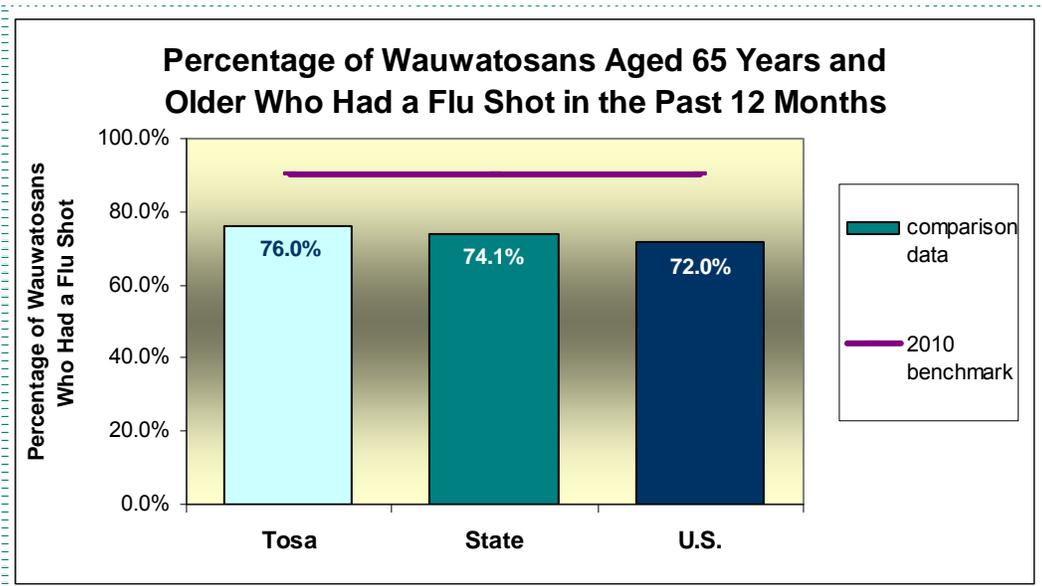
Some CDs may be subcategorized as vaccine-preventable; a vaccine-preventable disease (VPD) is a CD in which an immunization, or vaccine, is available to avert the disease. Polio, Measles, Pertussis, Varicella (chicken pox), Hepatitis B, Influenza (flu), Typhoid, and Rabies are infectious diseases for which immunizations are available. Immunizations prevent disability, loss productivity, and death by controlling the spread of infections within communities. In Healthy People 2010 [(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 20th 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 an expected 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 s. 252.04, stats., 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.

How does Wauwatosa Compare?

The immunization rate for all children attending Wauwatosa schools is 93.5%, exceeding the national goal of 90%. However, the immunization completion rate of all 2 year olds is 70%, below national and state levels of 77% and 80.6%, respectively. At 76%, more Wauwatosa adults aged 65 years or older receive a flu shot than the national average of 72%.



What is the Wauwatosa Health Department doing?

In 2008, the WHD continued to monitor and evaluate the burden and impact of CD 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 VPD and immunization program services during 2008:

- Processed 1268 calls regarding VPD and immunizations through the WHD Information and Referral Nurse Line
- Investigated 31 vaccine-preventable diseases plus 105 Measles reports
- Administered 1916 non-flu vaccines to 1120 clients at immunization clinics. This was a 42% increase in the number of people seen and a 37% increase in the number of vaccines administered over 2007. Compared to 2004,

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

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



WHD processed 114% more people and administered 145% more vaccines in 2008.

- Administered 1604 flu vaccines at mass clinics at City Hall and off-site locations including schools, child care centers, businesses, fire stations, police station, adult living facilities, and the homes of homebound citizens
- Assisted the State of Wisconsin in assuring compliance with the Immunization of Students Law. Selected child care centers and schools are chosen each year for in-depth surveillance and auditing of immunization requirements. This included auditing four schools for compliance to the school immunization requirements with varied results. Also, WHD audited two child care facilities for compliance to the State of Wisconsin day care immunization requirements with results ranging from 49% to 100%.
- Provided technical expertise to businesses and residents about the increased immunization requirements for the 2008 – 2009 academic year for all school-aged and day care-aged children. Vaccines affected were the Pneumococcal, Varicella (chicken pox), and the Tdap booster.
- Promoted immunization and influenza awareness with WHD clinic schedules included in all 500+ newborn packets
- Mailed immunization schedule and requirements to all families with three-year-olds in partnership with the Wauwatosa School District
- Advertised free vaccines and new school immunization requirements as an insert in the March City Newsletter
- Promoted back-to-school vaccines in the September City Newsletter
- Provided education and promoted flu vaccinations in the September and December City Newsletters
- Promoted and educated family members about the importance of immunizations at community events, such as Tosa Night Out
- Assimilated the new national vaccine distribution system into WHD's vaccine inventory process on June 9. Previously, Wauwatosa received their Vaccines for Children (VFC) stock through the State Immunization Program out of Madison. The CDC contracted with McKesson Specialty Distribution to nationally distribute the vaccines directly to LHDs and other VFC providers.

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 2008, the WHD investigated and tracked the following VPD-related sentinel events or outbreaks:

- A skilled nursing facility (nursing home) experienced an Influenza type A outbreak in mid-February, 2008. Two cases were confirmed with 5 additional symptomatic residents; 12 staff were symptomatic. Antivirals and other infection control measures were in place. The situation was resolved on February 27.
- A second skilled nursing facility experienced an Influenza type A outbreak with 17 of 56 residents (30.4%) symptomatic. The outbreak was identified on February 21 and resolved on March 3, 2008.
- A Pertussis outbreak occurred during December 2008 and January 2009 involving 4 cases. The first case was in a non-Wauwatosa resident attending a Wauwatosa public school. The second case involved a non-Wauwatosa resident attending a Wauwatosa private school; the first and second cases were neighborhood friends. The third case was a member of the second case's scout troop. The 4th case was a teammate of the 3rd case's sports team.

WHD's diligent notification and communication processes limited the number of Pertussis cases while enhancing WHD's ability to track the cases' source.

- In April 2008, there were 7 confirmed cases of Measles (hard measles, red measles, Rubeola) in the southeastern Wisconsin area. Measles is a respiratory disease caused by the measles virus. It begins with cold-like symptoms including a cough, runny nose, high fever, and red, watery eyes followed by a red blotchy rash that appears at the hairline and spreads down the body to the arms and legs. This airborne disease is highly contagious. When a person sneezes or coughs, droplets are emitted into the air. The virus remains active and contagious on infected surfaces for up to 2 hours. Just being in the same room with a person with measles is enough to catch the disease. Approximately 20% of reported measles cases experience one or more complications, including ear infections, seizures, encephalitis, deafness, or death. Due to WHD's continuous and comprehensive strategies of our immunization program, the Wauwatosa community was well-protected against Measles. The WHD implemented the following strategies to minimize the impact of the Measles virus outbreak within the community:

- ✦ Investigated and ruled out 5 suspect cases of Measles
- ✦ Issued 21-day quarantine orders on a susceptible individual with an exposure to a confirmed case
- ✦ Issued 2 additional quarantine/isolation orders until suspect case ruled out
- ✦ Investigated 18 contacts to a confirmed case
- ✦ Investigated 4 contacts to a suspect case
- ✦ Investigated 3 exposures at healthcare facilities and at one day care
- ✦ Investigated and counseled 86 callers on their MMR status and vaccination needs
- ✦ Processed 50 Measles-related referrals to other LHDs
- ✦ Vaccinated 18 individuals with MMR by appointments due to the outbreak
- ✦ Developed and disseminated "Measles" packets for the 30 licensed day cares in Wauwatosa
- ✦ Reviewed MMR levels of all licensed day cares; contacted ~ 12 day cares with missing or inadequate MMR immunization levels
- ✦ Developed and disseminated "Measles" packets for all 25 public and private Wauwatosa schools
- ✦ Re-reviewed MMR levels of all public and private Wauwatosa schools. The Wauwatosa School District's MMR vaccination rate was 97.6% with the private school's achieving a 98.1% 2-dose MMR rate. Of the students who were not up-to-date with their MMR series, parents marked 'personal conviction' as the reason in 62.4% and 23.5% of the public and private schools respectively. These children were not excluded from school because herd immunity was achieved.
- ✦ Provided technical assistance to Medical Regional Complex healthcare facilities
- ✦ Regularly updated the City Website for current measles information and precautions
- ✦ Participated in standardizing Measles protocols and risk communication for the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness

Other Communicable Diseases (Non-Vaccine Preventable)

What are 'Other Communicable Diseases'?

'Other CDs' are infectious diseases that do not have a preventive vaccine. The most common CDs are sexually transmitted, particularly Chlamydia and Gonorrhea. (See 'Reproductive and Sexual Health' section for details.) The second most common CDs are the diarrheal illnesses known as

enteric diseases. These include Salmonella, Shigella, Giardiasis, E. coli 0157:H7, Norovirus, and Campylobacter. Other communicable diseases may be transmitted through the air (SARS, TB), by animals (rabies), via insects (West Nile Virus), or by direct contact (MRSA).

How does Wauwatosa compare?

Wauwatosa had fewer E. coli 0157:H7 and Listeria enteric (diarrheal) diseases than the national average, exceeding the Healthy People 2010 goals. On the other hand, the community still has some work to do to reduce the rates of Campylobacter, Salmonella, and Hepatitis C.

What is the Wauwatosa Health Department doing?

In 2008, the WHD continued to monitor and evaluate the burden and impact of non-vaccine preventable communicable diseases 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 2008:

- Conducted 74 non-VPD CD investigations, including 21 STDs
- Processed 344 non-VPD CD inquiries through WHD's Information and Referral Nurse Line
- 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 2008, 180 TB skin tests were given.
 - ✎ Case Management – The PHNs provide statutory required case management and directly observed medication therapy. 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 directly-observed therapy, or DOT. PHNs are required to manage and monitor TB cases for 9 months.
- Partnered with the Wauwatosa School District (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 600 catch basins with larvicide to prevent West Nile Virus (WNV). Conducted in collaboration with the Wauwatosa Public Works Department, 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

In 2008, the WHD investigated and tracked the following CD sentinel events or outbreaks:

- Enteric outbreak occurred at an assisted living residence in February. 42 out of 120 assisted living residents (35.0%) were symptomatic with 12 out of 76 (15.8%) ill staff members. Stool samples from 3 residents were sent to the Wisconsin State Lab of Hygiene on February 13; all test results identified Norovirus, subtype G1 as the contagion.

- Another confirmed Norovirus outbreak occurred at the adult living facility referenced above. This sentinel event emerged in the skilled nursing facility. 12 out of 49 (24.5%) residents were symptomatic with 20 out of 71 (28.2%) ill staff members.
- Another confirmed Norovirus outbreak occurred in 3 different units at an adult living facility. 32 residents and 8 staff members had symptoms. Infection control measures were implemented. The last case was identified on March 18.
- In March, WHD was notified of an enteric outbreak occurring in the independent living section of an adult living facility. Infection control measures were implemented. Lab specimens identified the organism as Norovirus. A total of 4 employees and 35 residents including 6 hospitalized residents were ill.
- In December, WHD assisted with the investigation of a common strain of Salmonella found among individuals eating items through the Meals on Wheels program.

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 is very aggressive with its food inspection programs. Each licensed facility receives at least one inspection a year and again upon complaint. Over 40% of all food establishments in Wauwatosa receive multiple inspections. Fifteen percent of all violations noted in Wauwatosa were CDC critical risk factors compared with 45% statewide. On average, 0.30 CDC critical risk factor violations were observed per inspection of a Wauwatosa restaurant compared with 1.84 violations observed of statewide restaurants. WHD sanitarians observed 1.98 good retail practice violations per inspection compared to 2.43 statewide. In summation, WHD inspects restaurants at a greater frequency than the state average and observes fewer food code violations.

What is the Wauwatosa Health Department doing?

In 2008, the WHD continued to monitor and evaluate the burden of disease via the following activities:

- Investigated all 11 food-borne illness complaints regarding restaurants; none of the events were found to have originated from Wauwatosa restaurants
- Investigated and abated 55 general complaints related to food establishments
- Conducted 570 inspections for licensed establishments including 115 retail food establishments, 71 vending machines, 173 restaurants, and 26 temporary restaurant inspections
- Identified 48 critical and 319 non-critical violations during food and restaurant inspections
- Conducted 30 kitchen inspections for 18 public and private schools

- Adapted and disseminated Safe Food Crew Education and Awareness Program Packets that included general and critical information for food establishments, including bilingual educational literature, in a train the trainer format for managers
- Provided educational outreach on safe food preparation, proper cooking temperatures, and safe food holding (cold) temperatures to the community

Emergency Preparedness

What is Emergency Preparedness?

The possibility of public health emergencies arising in the United States concerns many people in the wake of recent hurricanes, tsunamis, acts of terrorism, and the threat of pandemic influenza. 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?

"Being prepared to prevent, respond to, and recover rapidly from public health emergencies can save lives and protect the health and safety of the public and emergency responders. The effects that public health emergencies have on the well-being of our nation were obvious in the aftermath of such events as Hurricane Katrina in 2005, the outbreak of severe acute respiratory syndrome (SARS) in 2003, and the terrorist attacks of 2001."

Centers for Disease Control & Prevention

<http://emergency.cdc.gov/publication>



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 health departments as members. The WHD has been the fiscal agent for the consortium since its inception and supervised and housed the consortium staff and administered the funds. In 2006, MWCCEPHP was one of four regions nationally to receive Project Public Health Ready recognition 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.

- Participated in city, county and state preparedness exercises and activities
- Drafted plans for mass clinic site operations, continuity of operations and school absentee surveillance as well as exercised setting up mass clinic sites
- All WHD staff received required National Incident Management System training; select staff completed advanced training courses

- Conducted active surveillance activities (*See Communicable Disease section*)
- Collaborated in multijurisdictional response to a Measles outbreak
- Assessed over 170 individuals for emergency preparedness plans through the department's Adult Health Clinic program
- Assured redundant ties of communication during emergencies and assisted in updating the Emergency Operations Center
- Collaborated with Wauwatosa Police, Fire, Public Works and Water departments regarding sentinel events and incidents large or small that occur in the City. 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. FEMA describes an "incident" as an occurrence, either caused by human or natural phenomena, that requires response actions to prevent or minimize loss of life, or damage.
- Between June 7 and 13, 2008, Wauwatosa received over seven inches of rain. The WHD was actively involved in implementing strategies to prevent flood-related injuries and diseases and assist with flood clean-up and property damage reporting within Wauwatosa. During the June Floods, the health department conducted the following activities:
 - Activated flood hotline within one hour of notification on Sunday, June 8
 - Maintained flood hotline with extended hours (6:00 am – 10:00 pm) from Sunday, June 8 through 5:00 pm Friday, June 13
 - Processed 91 calls regarding flood damage property for a total of 1255 minutes of phone time on the Information and Referral Nurse Line
 - Processed 25 flood-related inquiries covering a range of topics
 - Researched and provided city webmaster with 3 fact sheets for the city website
 - Provided the community with flood-related informational handouts
 - Assisted Planning Department with information for press releases
 - Participated in regional public health teleconference for standardizing public health interventions throughout the region
 - Provided technical assistance on flood issues to other LHDs.

Environmental Health

Sanitation and Environmental Hazards

What are Sanitation and Environmental Hazards?

Sanitation and environmental hazards include all nuisances and human health hazards (HHH). Authority is granted by Wisconsin Statute 254, administrative codes and local ordinances (see *Appendix 1*). According to 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, so comparison data is not available. WHD tracks and follows up on all complaints that are submitted concerning a wide array of nuisances and HHHs. See *Appendix 3* for a listing of all complaints registered with the city in 2008.

What is the Wauwatosa Health Department doing?

The WHD continues to monitor and evaluate all complaints that are reported to the city. 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. A total of 175 nuisance complaints were documented by the RS, resulting in 120 on-site inspections, 11 warning letters, and 12 abatement orders. In addition, the WHD received and inspected 2 HHH complaints and one ongoing, verified hazard. Both complaints were verified which resulted in issuing orders for clean-up. WHD continued to work collaboratively with other city departments, businesses, and residents to ensure that complaints were handled in an efficient collaborative manner. Community education was provided through written materials, media communication, community presentations, and processing 357 inquiries through the WHD Information and Referral Nurse Line.

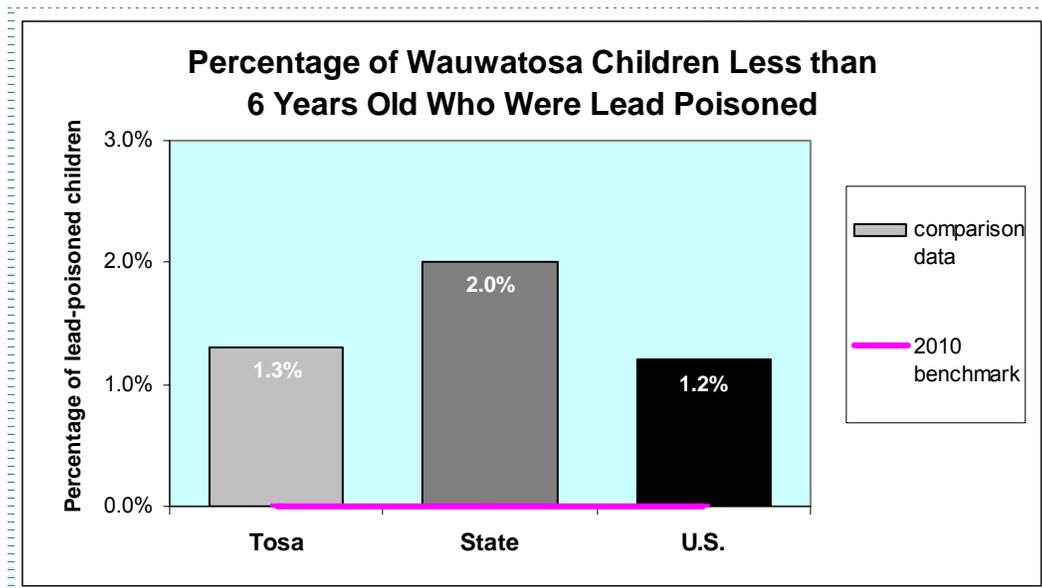
Lead Poisoning Prevention

What is Lead Poisoning Prevention?

Lead is highly toxic, especially to children aged less than 6 years. Lead poisoning is defined as having a blood lead level greater than or equal to 10 µg/dL. Prolonged exposure to lead 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. The primary source of lead poisoning is young children digesting paint chips or dust containing lead. Until it was outlawed in 1978, most paints contained lead to preserve its longevity. Therefore, most homes built before 1978 contain lead-based paint. Approximately 97% of Wauwatosa homes were built before 1978. 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, 1.3% of all Wauwatosa children less than 6 years of age were found to be lead-poisoned, compared with 2.0% within Wisconsin and 1.2% across the United States. Wauwatosa had a lower rate of lead-poisoned children than Wisconsin but higher than the U.S. 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. In 2008, a total of 26 Wauwatosa children were identified and followed by PHNs for having blood lead levels over 10 µg/dL. Of the 26 children, four were tracked for case management services from previous years with 22 new cases in 2008. The health department closed 22 cases as having successfully completed treatment and follow-up. 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. At the end of 2008, four cases remain active as needing continued case management services into 2009.

In addition, WHD conducted educational campaigns to raise awareness on the risk of lead poisoning and effective ways to minimize risk of lead poisoning. In partnership with the Wauwatosa Community Development Department, a lead poisoning prevention mini-grant program was piloted to eligible child-centered businesses and homes to contain or abate potential lead exposures; the pilot program will be modified in 2009. WHD continued to maintain and rent HEPA-filter equipped vacuum cleaners to residents performing home improvements to prevent lead contamination.

Animal Bite Exposures

What is an Animal Bite Exposure?

The City of Wauwatosa Animal Control program aims to protect residents from injury and illness associated with animal bites, especially rabies. The WHD utilizes regulatory authority to quarantine animals, require veterinary observations, and order laboratory testing for rabies. Wauwatosa municipal codes also contains 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 United States, the estimated public health costs associated with the disease detection, prevention and control have risen, exceeding \$300 million annually.

How does Wauwatosa Compare?

Thirty-seven dog bites were reported to WHD in 2008. This is far below the CDC's estimate of two percent 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.

In addition, WHD tested 13 bats found inside Wauwatosa homes for rabies. Bats are a known carrier of rabies in Wisconsin, with approximately 3.2 percent of all bats submitted test positive for rabies. One of the 13 bats the WHD collected for sampling was found to be 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.

What is the Wauwatosa Health Department doing?

Although the incidence of animal bites in Wauwatosa is lower-than-national estimates, the control of animals program is still an important and integral means to ensuring the safety and health of the residents. Sixty-one potential rabies exposures were reported to the WHD in 2008. 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 has acted unprovoked or has multiple bite reports, 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. During 2008, no animal was declared dangerous or vicious.

Why is this important?

Each year, 4.7 million people are bitten by dogs, resulting in 386,000 emergency room visits and a dozen deaths.

*CDC, MMWR, 52(26);
605-610, July, 2003*



Water Sources

What are Water Sources?

Water sources include drinking water and recreational water such as swimming pools, whirlpools, and spas. Even though the United States has one of the premier drinking water supplies in the world, occasional threats to tap water still occur, as evidenced by 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.

How does Wauwatosa Compare?

Drinking water for the City of Wauwatosa comes from Milwaukee Water Works (MWW). Stringent water testing

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.*



performed by MWW meets or exceeds safe drinking water standards established by the Environmental Protection Agency (EPA). At no time in 2008 did the water wholesaled to the City of Wauwatosa by MWW fall below EPA standards. Detailed information on water quality testing performed by MWW can be found online at www.water.mpw.net.

What is the Wauwatosa Health Department doing?

The health department, in collaboration with many other city departments, ensures the protection of the community by identifying, alerting, and abating unsafe water sources. The WHD inspects all public recreational and therapeutic pools. In 2008, all 27 licensed pools received an annual inspection plus monthly monitoring of pool operational logs to ensure proper chlorine and pH levels. In 2009, WHD will begin monitoring each pool's progress towards compliance with the Virginia Graeme Baker Pool and Spa Safety Act. This new legislation requires retrofitting of pools and spas with drain covers designed to prevent suction entrapment.

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. WHD will review policies and procedures to ensure that water safety issues are addressed and abated in an efficient manner.

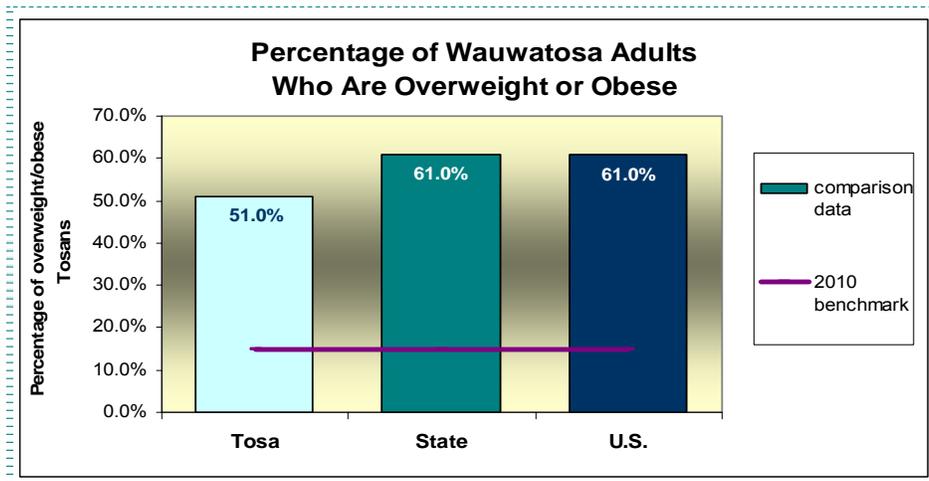
Nutrition and Physical Activity

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. 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.

How does Wauwatosa compare?

When compared to other communities in Wisconsin, Wauwatosa adult residents experience better health. Of the approximately 36,000 adult residents, 67% consider themselves to be in 'very good' or 'excellent health' compared to 57% statewide and 56% nationally. Despite the subjective health status of the Wauwatosa community, nearly half of its population is overweight or obese. Overweight is defined nationally as having a body mass index (BMI) greater or equal to 25.0 while obese is defined as having a BMI of 30.0 or greater. The 2006 City of Wauwatosa Community Health Survey found that 51% of the respondents were overweight (30% overweight and 21% obese). In addition, the survey suggests that the majority (66%) of Wauwatosa adults do not meet recommendations for daily vegetable intake. Fruit intake was higher, with only 25% of adults not meeting recommendations for daily fruit intake. Female fruit and vegetable intake (82% and 44%, respectively) was significantly higher than male fruit and vegetable intake (65% and 18%, respectively).



For children, 32% of 11th graders in Wisconsin were physically active for at least 60 minutes for five or more days per week, compared with only 26% of Wauwatosa 11th graders. Furthermore, children in Wauwatosa, as well as nationwide, are consuming too few fruits and vegetables and too many fast foods and junk food items. This trend significantly increases with age and family lifestyle (e.g. two-earner households, increased frequency of meals away from home). The WHD convened the Wauwatosa Physical Activity and Nutrition Coalition (PAN) in 2005 with approximately 30 members from the community to address obesity and physical activity needs for 2010.

What is the Wauwatosa Health Department doing?

The threat to WHD funding for chronic disease prevention initiatives due to budget restraints received national attention and was referenced in the *Campaign for Public Health's* call to Congress to strengthen funding for the US public health infrastructure (December 2008). In 2009, the WHD will continue to combat chronic disease by allocating resources based on best practices. In selecting which national and state health priorities to focus on through 2010, the WHD considered statutory requirements, health needs voiced in the above mentioned community health assessment, as well as recommendations for best practices by the CDC, the WI DHS, and US Census Data. To achieve these priorities, the WHD participates in local community partnerships such as the Wellness in Tosa Schools (WITS) Committee. On an individual basis, Wauwatosa staff promotes healthy eating, increased physical activity, and the benefits of breastfeeding during clinics and on-site assessments within the community. WHD staff counseled 325 callers regarding nutrition topics including WIC, food security, and oral health as well as 10 calls on physical activity issues via WHD's Information and Referral Nurse Line. In addition, the WHD engaged in the following activities:

Wauwatosa Physical Activity and Nutrition (PAN) Coalition



The Wauwatosa PAN Coalition convened four times in 2008 to discuss, share, and problem solve community issues surrounding healthy eating and physical activity. Two WHD staff (a PHN and the Public Health Specialist) serve as facilitators for the group. Coalition members were surveyed at the end of 2007 to gather information regarding future directions/projects for the group. The group agreed to the following three initiatives for 2008: 1) Speaker series on a variety of physical activity and/or nutrition topics; 2) City Newsletter insert(s); and 3) an August family event. In addition, dissemination of the Worksite Wellness Toolkit and the Healthy Options in Tosa (HOT) restaurant

pilot project were continued. As of September 2008, there were 23 confirmed PAN members; recruitment efforts through the City Newsletter and networking continued throughout 2008.

Healthy Options in Tosa (HOT) Program



The PAN coalition pursued a pilot project encouraging residents to select healthy options when dining at local restaurants. The WHD conducted a literature review to identify existing programs and successful models. Based on the literature review, Wauwatosa's program worked with local dining establishments to identify and distinguish menu items that meet a specific set of nutritional criteria as determined by the HOT Advisory Board which consists of local dietitians and nutritionists. Members of the Advisory Board also committed to meeting throughout the pilot project to monitor program implementation and logistics. The WHD contracted with a registered dietician (RD) to work with pilot restaurants to analyze menus to determine which items meet the program's nutritional criteria, and provide restaurants with related nutrition education.

Restaurants were recruited for the project in January of 2008. The advisory committee met in February of 2008 to discuss the four restaurant applications that were accepted, as they represented a cross market (e.g. deli, steakhouse, diner). Subsequently, one restaurant opted out of the project after meeting with the RD. The RD met with each restaurant owner or chef, analyzed the menus and made suggestions. In one instance, the RD also worked with the owner to create new recipes to meet the parameters. Marketing items were distributed to the restaurants, such as window decals, menu stickers, server buttons and table tents. Marketing to the community appeared in the fall City Newsletter, and additional promotional flyers were distributed at locations within the community. Additional coverage of the HOT program was included in the winter City Newsletter. An evaluation of the program is scheduled for January 2009.

Worksite Wellness Toolkit

The PAN coalition created a Worksite Wellness Toolkit in 2006 that offered information, ideas, and local resources for businesses seeking to establish worksite wellness programs. The toolkit was designed to target small business owners and focused on simple and cost-effective interventions. PAN members contacted interested businesses to offer a copy of the Worksite Wellness Toolkit. The original outreach effort resulted in the distribution of 23 toolkits to businesses in 2007. Continued marketing in the City Newsletter resulted in an additional distribution of 13 toolkits in 2008, although some requests were from individuals rather than businesses; several requests were from outside of the City of Wauwatosa.

Community Outreach:

City Newsletter Inserts

The City of Wauwatosa newsletter is published quarterly and sent to 23,000 households. Experience demonstrated that citizens read the newsletter, as evidenced by the volume of calls received right after the publication reaches the homes. In the summer, fall and winter editions of the City Newsletter, the PAN Coalition dedicated a double-sided insert in the newsletter to physical activity and nutrition topics. One side of the insert advertised a PAN sponsored speaker program (as outlined below) and the other side contained articles written by various PAN members to expand

upon the speaker topic. A consistent format was designed to help residents identify the PAN committee's programming. Additionally, the summer City Newsletter insert focused on physical activity and nutrition for seniors. The fall insert highlighted family fitness and the winter publication focused on nutrition, as well as making healthy restaurant choices.

PAN Speaker Series

The PAN Coalition sponsored three community programs in 2008, entitled the PAN Speaker Series (one program is scheduled for January 2009, although marketing went out in 2008). The WHD acted as the registration vehicle for the speaker series and the facilitator/department members acted as the coordinators.

The first program, Aging Gracefully, was sponsored by Lutheran Living Services and featured a physical therapist and occupational therapist discussing ways to stay active—but in a safe manner. 52 people attended the program on June 20, 2008. The second program, Family Fitness, was sponsored by Children's Health Education Center, and featured a physical therapist from the NEW Kids program. Despite intensive marketing, the program, which was scheduled for September 18, 2008, needed to be cancelled due to lack of interest. PAN members questioned if the fall timing of the program affected participation, due to the business of the back-to-school season. The third program, Cooking Healthy Soups, was sponsored by Froedtert Hospital & Medical College of Wisconsin and will take place on January 29, 2009. Due to the popularity of the program, a second section was added for February 5, 2009.

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. The Wauwatosa Tobacco Prevention and Control Programs are supported by a CDC Tobacco Grant.

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 youth smoking. Many Wauwatosa youth and adults report having made at least one serious quit attempt in the past 12 months (39% of adult smokers and 41.5% of youth smokers). These rates fell below those seen at the state and national level and do not meet national goals of 75% of adult smokers and 84% of youth smokers.

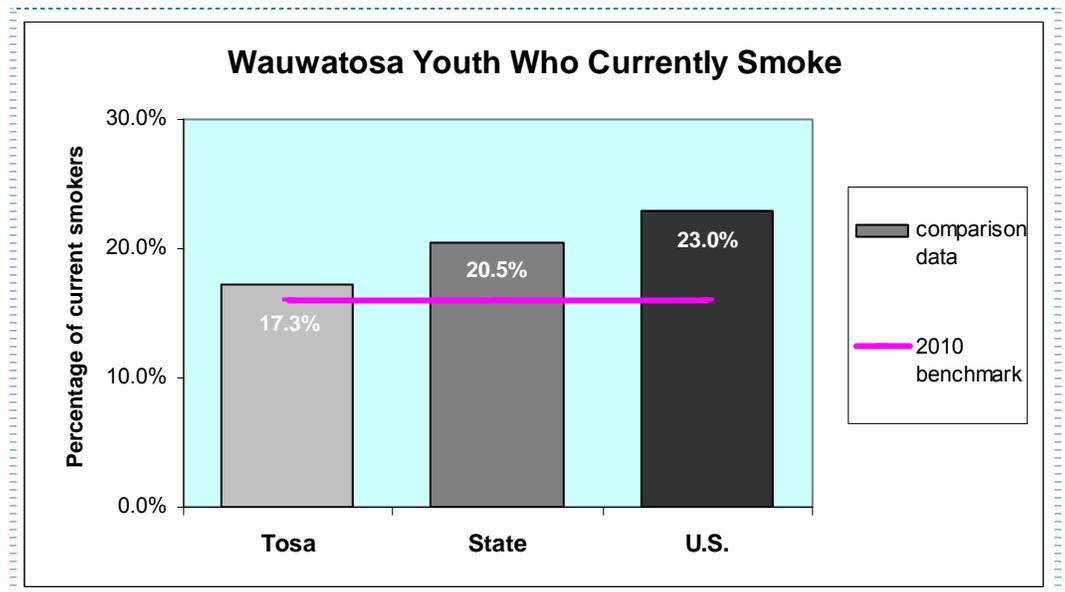
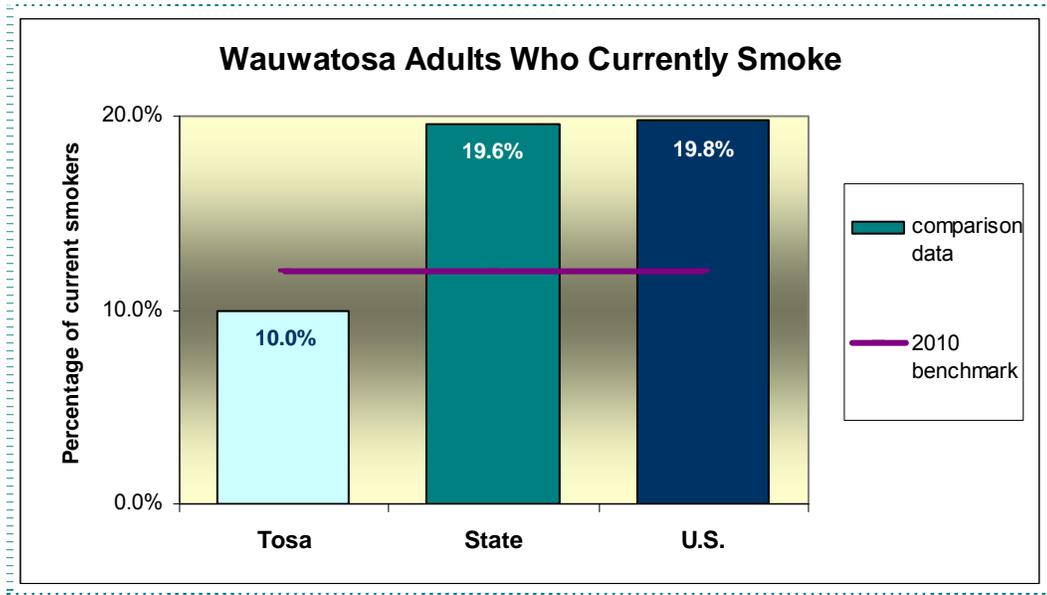
Why is this important?

Each year in Wisconsin, smoking-related illness causes over \$2 billion in health care costs and over \$1.5 billion in lost productivity.

Umland, MA, et, al Burden of Tobacco in Wisconsin, UW Comprehensive Cancer Center, Madison, WI, (February 2006)



Four percent of Wauwatosa youth reported use of smokeless tobacco products. While this rate falls below those seen at the state and national levels (7.7% and 8%, respectively), it does not meet the national goal of one percent.



What is the Wauwatosa Health Department doing?

In 2008, the WHD continued its efforts to prevent morbidity and mortality related to tobacco use and exposure. Four major activities were accomplished throughout the calendar year: collaboration, community education, youth prevention, and adult cessation.

Collaboration/ leveraging of resources

In January of 2008, the Wauwatosa Against Tobacco- Choose Health (WATCH) Coalition became a function of Tosa United, a community cooperative that seeks to promote positive drug and alcohol-free behaviors among adolescents. WATCH/ Tosa United meet monthly during the academic year. The WHD also leveraged resources by sustaining partnerships with other local public health departments (Greendale, Greenfield, and West Allis), the American Lung Association, and the State of Wisconsin, DHS, Tobacco Control Program (TCP) to administer the Tobacco Education Program (TEP) to minors. The TCP has played an integral role in providing funding and technical support to the WHD. WHD participated in the TCP- Youth Team Subcommittee's Smoke-Free Homes local coalition assessment. At the local level, the WHD educated Wauwatosa Board of Health members on local and state-wide tobacco prevention initiatives. Lastly, WHD staff continued to assess, counsel, and refer parents of newborns and seniors on tobacco use and smoke-free home environments; 16 calls were received regarding second hand smoke and tobacco cessation by the Information and Referral Nurse Line in 2008.

Community education and awareness activities

Several activities were conducted to increase awareness about tobacco use and exposure to second hand smoke. An opinion-editorial (often referred to as an op-ed) was drafted and submitted to the Milwaukee Journal Sentinel editor supporting smoke-free policy (April 2008). Two educational inserts were disseminated to over 23,000 households in the City of Wauwatosa regarding WATCH, Wisconsin WINS compliance check results, and access to tobacco cessation resources. WHD supported a comprehensive smoke-free ordinance (i.e. public policy) at the City of Wauwatosa Community Development Committee Meeting; permanent hardship exemptions were granted for three establishments by the Committee (March 2008). Eleven experts and community-members spoke in favor of a comprehensive smoke-free ordinance.

In relation to the local ordinance, WHD contracted with Laura Anderko, RN, PhD formerly of the University of Wisconsin Milwaukee, College of Nursing, to conduct a cross-sectional community survey about the Wauwatosa smoke-free ordinance. Approximately 2,500 residents responded of which 84 percent support the existing smoke-free ordinance while more than 70 percent favor a comprehensive smoke-free ordinance (i.e. no exemptions). This reflects a 17 percent increase in support of smoke-free establishments since the last assessment in 2006. Moreover, over half of the respondents increased patronage to smoke-free restaurants in Wauwatosa. The results of the evaluation will be used to support the enforcement of the ordinance and development of a related education campaign. Furthermore, two commercials were created and aired on the local cable access channel and the YouTube website for unlimited access. Lastly, WATCH/ Tosa United educated residents at several community events such as flu clinics, the annual Lutheran Home Employee Wellness Fair, and Tosa Night Out (August 2008).

Keeping youth from starting and helping those that start quit

In 2008, 26 youth participated in the third year of the Tobacco Education Program (i.e. Diversion Program, Alternative to Citation). Youth are educated about the dangers of tobacco and are linked to tobacco cessation services. Prevention efforts were organized by WATCH and the Wauwatosa Police Department to ensure minors are unable to access tobacco products from local stores; 67 Wisconsin WINS tobacco compliance checks were performed. The checks were conducted on two separate occasions throughout the year; 88 percent of vendors in June and 94 percent of vendors in November did not sell tobacco to minors under the age of 18.

Helping adult smokers quit

Two *Freedom from Smoking* classes were held at the WHD in 2008; ten people participated in one of two eight-week sessions. The WHD was able to offer subsidized fees for Wauwatosa residents and employees of businesses in Wauwatosa (\$35); non-residents were also encouraged to attend for the standard fee (\$100). The WHD continued to partner with the University of Wisconsin Center for Tobacco Research and Intervention to promote the evidence-based tobacco cessation classes in 2008. Lastly, staff screened for tobacco use during direct client contacts (i.e. home visits and at clinic visits) as well as counsel clients via the Information and Referral Nurse Line.

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 counseling².

Why is this important?

“Employed drug abusers cost their employers almost twice as much in medical and workers compensation claims as their drug-free co-workers.”

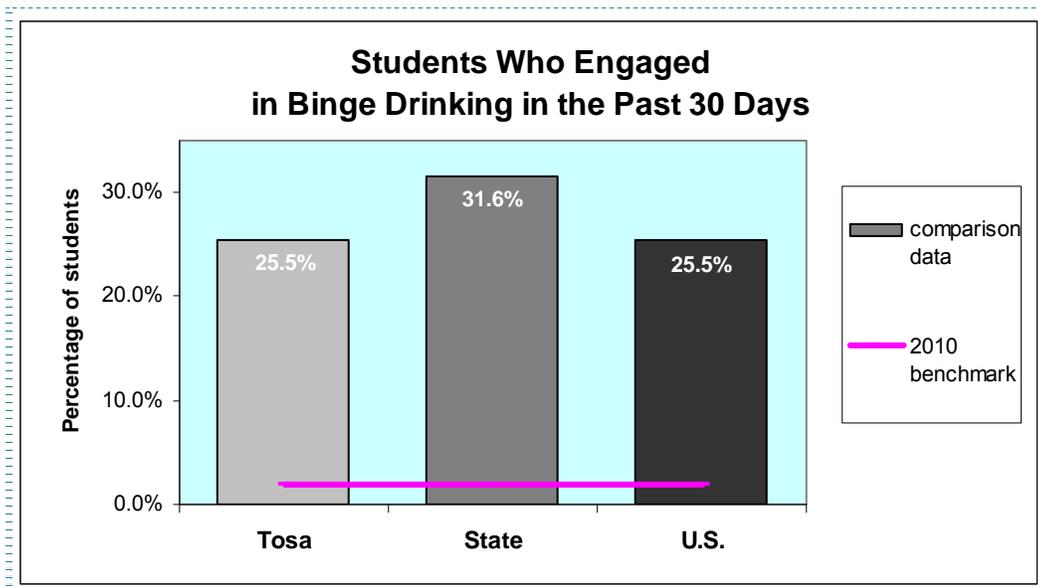
U.S. DHHS, Substance Abuse and Mental Health Services Administration (2002)



How does Wauwatosa Compare?

The results are mixed regarding the Wauwatosa adults’ use of alcohol. There are fewer heavy alcohol drinkers among Wauwatosans in comparison to the State of Wisconsin and the nation. Heavy drinking is defined as averaging more than two drinks per day for males and more than one drink per day for females. However, with 17% of Wauwatosa adults’ binge drinking at least once in a 30 day period, Wauwatosa’s rate is higher-than-the-national average of 15.4%, and far exceeds the national goal of 6%. Binge drinking is defined as consuming five or more drinks at one time. Wauwatosa youth binge drink at a rate equal to the national average (25.5%) but well above the 2010 national goal of 2%.

² Source: <http://www.drugabuse.gov/infofacts/lessons.html> accessed 3/16/2009



Wauwatosa youth report using substances at a level that far exceeds national and state levels in most categories. Specifically, our Wauwatosa youth experimented with marijuana, heroin, ecstasy, methamphetamines, cocaine, or inhalants at rates well above the national and state rates. In addition, more Wauwatosa youth are current users of marijuana and/or cocaine than their peers across Wisconsin and the U.S. Also, Wauwatosa youth abuse inhalants/glue and consume others' prescription drugs at a higher rate than other Wisconsin youth (13.6/10.5% inhalants, 18.5/15.8% others' medications respectively).

What is the Wauwatosa Health Department doing?

In 2008, the WHD continued to monitor and evaluate the burden and impact of alcohol and other drug use in Wauwatosa. WHD staff analyzed the 2007 Wauwatosa School District (WSD) Youth Risk Behavior Survey data and identified illegal drug use and abuse among Wauwatosa youth as an area for concern. WHD developed the brochure, *Student Health Assessment: Focus on Alcohol, Tobacco, and Substance Use* to communicate the extent of the problem in the community. This information was presented and discussed with school district personnel and city administration. WHD assisted WSD in re-establishing Tosa United – a community cooperative aimed at reducing substance use and abuse throughout the Wauwatosa student population. In addition to recruiting community participation, WHD participated and provided technical assistance to initializing Tosa United programs.

As required services of all health departments, WHD continued to prevent alcohol and substance use-related chronic diseases and promote health through its Information and Referral Nurse Line. WHD processed a handful of inquiries resulting in three referrals for nursing case management services – two for alcohol and one for illegal drugs. In addition, PHNs screened over 170 individuals for alcohol and substance use through the department's Adult Health Clinic program.

Knowledge of youth behaviors is the first step to taking action. No community is immune from the detrimental effects of alcohol and other substance urban, suburban or rural. It will take a planned community effort to address this epidemic. The WHD is hopeful that disseminating this information will prompt community actions. We will continue to partner with the community to address this serious problem. For example, the Wauwatosa Police Department (also a member of Tosa United)

performed alcohol compliance checks on the weekend of May 3, 2008. Two businesses sold to minors *after* checking the youth's identification.

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, including wages and accompanying fringe benefits and the ability to perform one's normal household responsibilities.³

Why is this important?

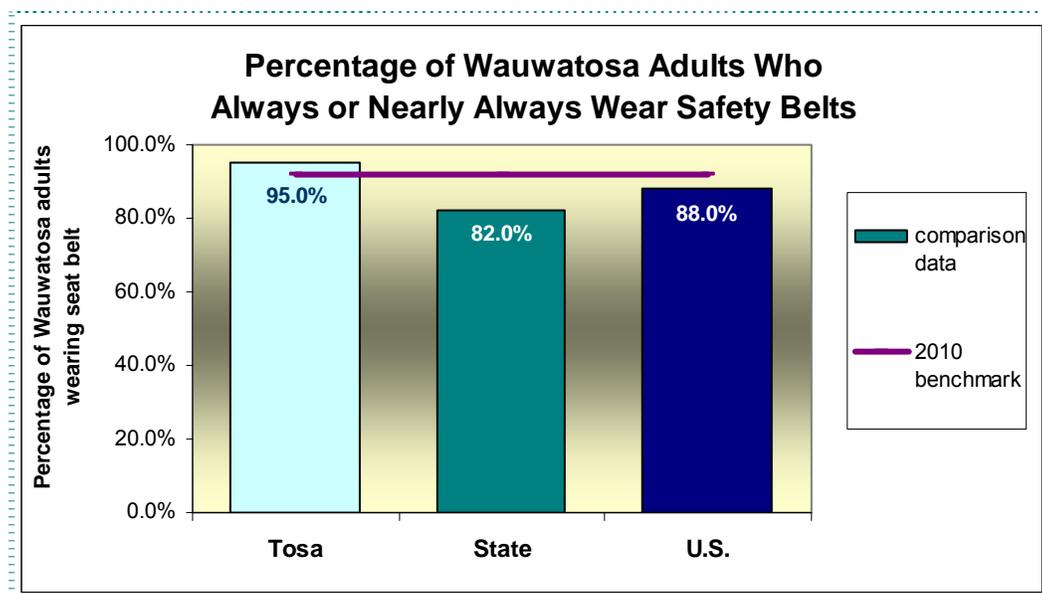
In the year 2000, approximately 50 million injuries resulted in \$80.2 billion in medical care costs and \$326 billion in productivity losses.

Finkelstein, EA, et al, “The costs of fatal and nonfatal falls...”, *Injury Prevention*, 2006.



How does Wauwatosa Compare?

95% of Wauwatosa adults report always or nearly always wearing their safety belts, exceeding not only Wisconsin and national levels, but the CDC goal of 92%. However, only 94% of infants and children are placed in restraints as required by law; the law and the Healthy People 2010 goal is a 100% compliance rate for restraining infants and children.



³ Source: <http://www.cdc.gov/HomeandRecreationalSafety/Falls/FallsPreventionActivity.html> accessed 4/24/2009

What is the Wauwatosa Health Department doing?

In 2008, 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. Specific data sets identified include hospitalizations and emergency room visits for poisonings, falls, head injuries, and hip fractures. As required services of all health departments, WHD continued to prevent chronic conditions related to injuries and promote health through its Information and Referral Nurse Line. WHD processed thirty-eight inquiries resulting in twenty-nine referrals for nursing case management services. Most case management services were for home safety assessments and lead paint exposure (see 'Environmental Health – Lead Section for additional information). WHD continued its partnership with the Safe Kids Coalition, providing input into policy and program development and participating in fitting children with bike helmets at a State Fair event. Additionally, PHNs screened over 170 individuals for injury prevention behaviors including personal safety, risk for falls, abuse 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.

Reproductive and Sexual Health

What is Reproductive and Sexual Health?

Reproductive and sexual health 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.

Why is this important?

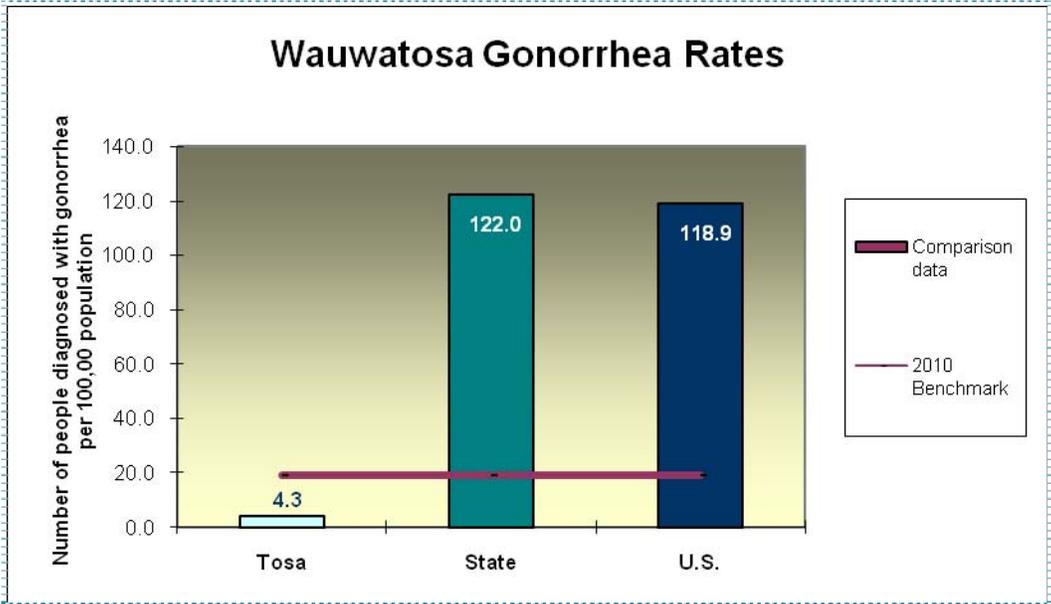
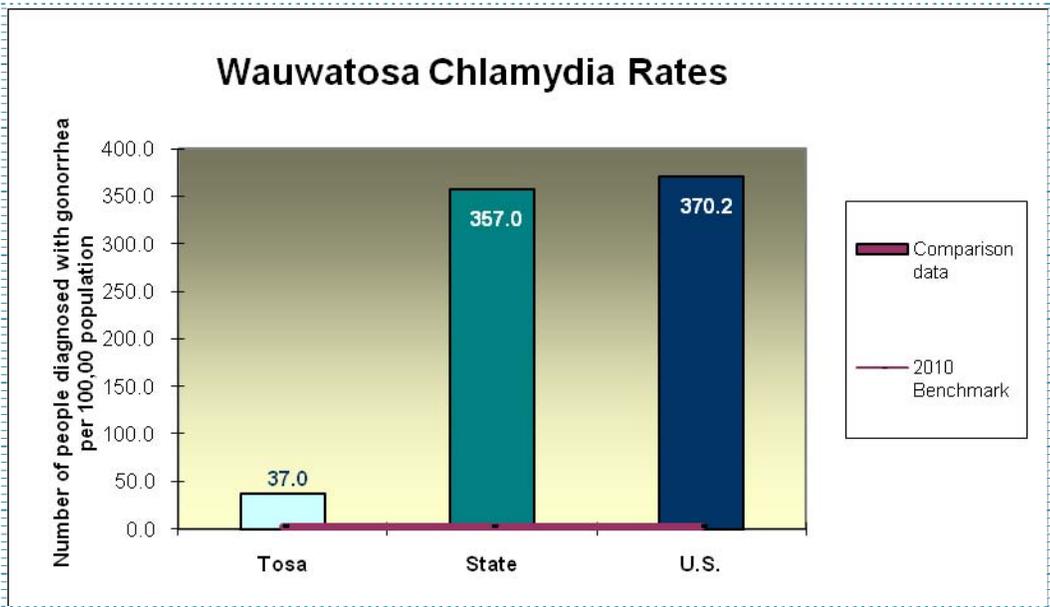
Among 15 to 24-year-olds, there are 9 million new cases of sexually transmitted diseases costing the nation \$6.5 billion annually.

Chesson, HW, "The estimated direct medical cost of STD's among American Youth, Perspectives on Sexual and Reproductive Health, 36(1), (2004)



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 37.0 per 100,000 people versus 357.0 and 370.2 per 100,000 people for Wisconsin and the nation respectively. Wauwatosa's Gonorrhea rate is 4.3 per 100,000 people versus 122.0 and 118.9 per 100,000 for Wisconsin and the nation respectively. While Wauwatosa's Gonorrhea rate met the Healthy People 2010 benchmark, there is still much work to do to reach the 3.0 per 100,000 people benchmark for Chlamydia. In Wisconsin, cases of HIV are reported on a county basis, therefore cases at the municipal level for Wauwatosa are unavailable. Lastly, six adolescent females from Wauwatosa (19 years of age and under) gave birth during the most recent year reported (SPHERE, 2008).



What is the Wauwatosa Health Department doing?

The WHD provides surveillance and case management services for outcomes associated with high-risk birth outcomes and high-risk sexual behaviors, including STDs and teenage pregnancies. The State of Wisconsin initiated the Wisconsin Electronic Disease Surveillance System (WEDSS) CD reporting system in the fall 2008. Prior to this system, STD cases were first reported on a county level and then to the LHDs. Therefore, the number of Wauwatosa STD cases prior to the initiation of the WEDSS system is unknown. The WHD staff provided case management services when appropriate, including services for high-risk newborn families, pregnancy or post-partum needs, and STDs. WHD case management included services for 113 high-risk newborn families, 12 pregnancy or post-partum needs, and 21 STDs. In addition, the department continues to monitor and evaluate the burden and impact of reproductive and sexual health issues by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the local data to national and state statistics. These efforts will be continued throughout 2009. Furthermore, plans are currently in place to identify additional best practice strategies for addressing reproductive and sexual health and

to integrate these strategies into WHD program offerings (see *Communicable Disease and Healthy Growth and Development* sections for additional information).

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?

While Wauwatosa’s adult suicide rate (6.7 per 100,000) is below those seen at the state and national levels, it exceeds the national goal of 5 per 100,000 individuals. Likewise, the number of Wauwatosa teenagers who had attempted suicide (6.4%) was below the state and national levels (7.3% and 8.4%, respectively) but exceeded the Healthy People 2010 national goal of one percent.

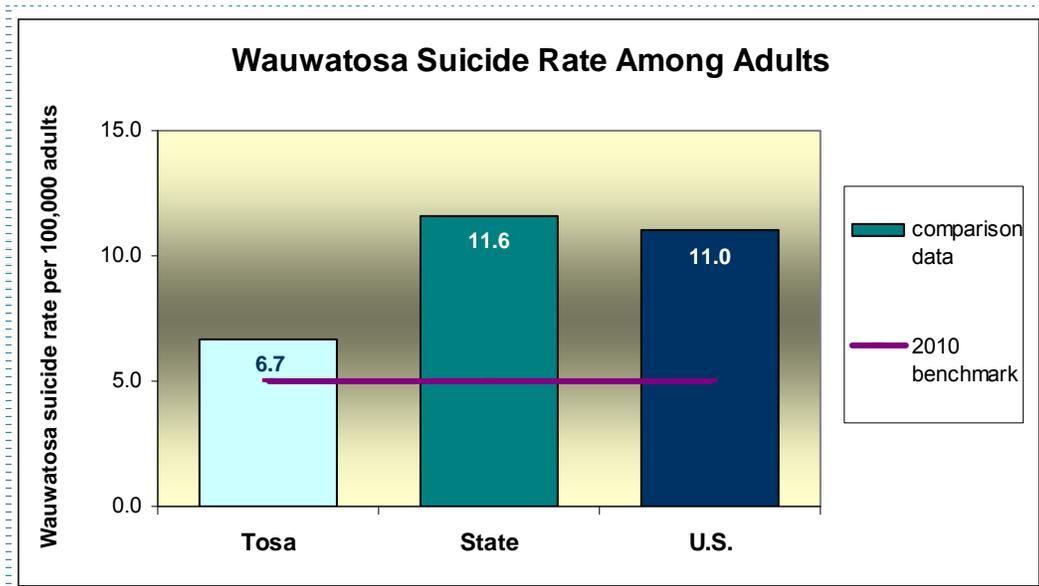
Four percent of Wauwatosa adults reported that they always or nearly always felt sad, blue, or depressed in the past 30 days. 22% of Wauwatosa teenagers reported that they felt so sad or hopeless that they stopped participating in their normal activities. Rates of sadness and hopelessness among Wauwatosa youth are comparable to those reported by youth throughout Wisconsin and are below the national level of 28.5%.

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*





What is the Wauwatosa Health Department doing?

In partnership with the Parenting Network and the Lutheran Home, the WHD continued to offer its Love and Logic® parenting program semi-annually. Also, mental health screenings are conducted during home visits and annually for over 170 clients attending WHD Adult Health Clinics. PHNs assessed and processed 18 referrals related to mental health issues. In 2008, 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. These efforts will be continued throughout 2009. Furthermore, plans are currently in place to identify additional best practice strategies for addressing mental health and to integrate these strategies into WHD program offerings.

Healthy Growth and Development

What is Healthy Growth and Development?

Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public is currently in revision for 2020. Healthy Growth and Development is under consideration as a health priority. 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.”

Why is this important?

“The cost of heart disease and stroke in the US is projected to be more than \$448 billion in 2008, including health care expenditures and lost productivity from death and disability.”

CDC, Division for Heart Disease and Stroke Prevention (2008)
<http://www.cdc.gov/nccdphp/>



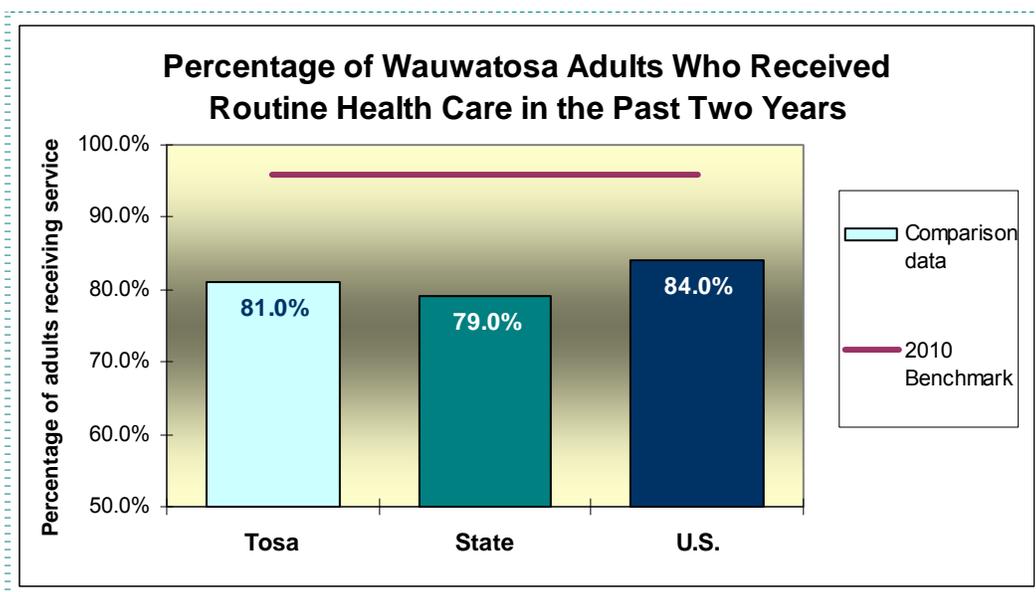
The five stages identified are:

- **Infants and Toddlers, ages 0-3: *Start Strong***
Increase the number of infants and toddlers that have a strong start for healthy and safe lives.
- **Children, ages 4-11: *Grow Safe and Strong***
Increase the number of children who grow up healthy, safe, and ready to learn.
- **Adolescents, ages 12-19: *Achieve Healthy Independence***
Increase the number of adolescents who are prepared to be healthy, safe, independent, and productive members of society.
- **Adults, ages 20-49: *Live a Healthy, Productive, and Satisfying Life***
Increase the number of adults who are healthy and able to participate fully in life activities and enter their later years with optimum health.
- **Older Adults and Seniors, ages 50 and over: *Live Better, Longer***
Increase the number of older adults who live longer, high-quality, productive, and independent lives.

Access to primary and preventive health care services is vital to achieving the 2010 and upcoming 2020 health goals. All individuals should readily receive services needed to maintain their health. This means that barriers to obtaining health care are minimized, whether financially or by addressing health disparities. Other access 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 96% of the population currently insured. With 83% of the population having dental coverage, Wauwatosa far exceeds the 2010 goal of 56% coverage level. In addition, Wauwatosa exceeds 2010 expectations in obtaining preventive services in women's health, including pap smears, mammography, 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 (20%) and/or high blood cholesterol (19%) is higher than the national target goals of 16% and 17% respectively.

What is the Wauwatosa Health Department doing?

In 2008, 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. One of the efforts is identifying and tracking barriers to receiving health care, such as limited English proficiency (LEP) and low socioeconomic status within the community.

Another specific activity is the Information and Referral Nurse Line, which provides community members with access to a registered nurse to assist with any health or resource question. PHNs received and serviced 2846 callers in 2008, including 204 calls for newborn wellness, 73 calls regarding health conditions, and 60 requests for accessible healthcare. WHD provides and evaluates the accessibility of the clinics and services offered to the community, including the Wisconsin Well Women Program (WWWP) and the WHD Adult Health Clinics. Approximately five Wauwatosans were referred to the WWWP program, and over 170 clients were assessed and seen at the Adult Health Clinics.

Additionally, PHN visits were offered to all families of newborns to assess growth and development as well as the family's need for health services and resources. Almost 500 newborn outreach letters were mailed in 2008. 113 high-risk children and their families were assessed and evaluated for health care needs and 16 families were evaluated for parenting needs.

WHD collaborates with other community agencies and organizations to assess the needs and issues of special populations, such as the Senior Commission. In 2008, the WHD, in partnership with the Senior Commission and the University of Wisconsin Milwaukee, College of Nursing conducted a senior transportation needs survey.

The Senior Transportation Survey, *Adding Life to Years II*, analyzed data and provided the following recommendations:

1. Increase access to transportation services for seniors
2. Maximize safe driving by senior citizens and help ease the transition between driving and not driving
3. Establish a broad-based senior transportation coalition to review recommendations and develop a community plan

Plans are currently in place to identify additional best practice strategies for addressing additional access issues and to integrate these strategies into WHD program.

Other Programs, Services, and Activities

The WHD spent much 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 2008, WHD staff completed logic models outlining program goals and objectives in each health priority. The logic models will be utilized to develop strategic work plans in 2009. Another component identified in the strategic planning process was working towards voluntary NACCHO accreditation for LHDs in 2011; which is also a state goal. Lastly, the WHD provided numerous training and educational opportunities for future health care workers in collaboration with local schools and colleges.

APPENDIX 1: Wisconsin State Statutes and City of Wauwatosa Ordinances

The WHD functions under the authority of state and local legislation.

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
----------------------------------	-----------------

(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--Spitting
- 8.10 Human Health Hazards
- 8.12 Smoke Free Restaurants
- 8.24 Solid Waste Collection and Disposal
- 8.25 Recycling
- 8.28 Littering
- 8.32 Food and Beverage Handling
- 8.36 Heating
- 8.44 Parking Lots and Vehicle Storage Lots
- 8.48 Parks and Playgrounds--Illumination
- 8.52 Privies
- 8.56 Pest Control
- 8.60 Food, Drink and Medicine Receptacles
- 8.64 Rooming houses

- 8.70 Clean Indoor Air
- 8.76 Trees
- 8.78 Weeds
- 8.80 Dangerous Use of Fumigants
- 8.90 Public Swimming Pools

APPENDIX 2: Comparison Data

When evaluating the community's health, it is helpful to compare the community's health statistics or information with national standards. The US DHHS collaborated with public and private stakeholders to establish health benchmarks for all communities to achieve by the year 2010. The health benchmarks are called Healthy People **2010 goals**. In addition to benchmarking, it is useful to analyze the community's health by comparing current health data with other communities' data, state, and national data. Where the information is available, Wauwatosa's health data is compared with the 2010 goals. If Wauwatosa meets or exceeds the 2010 benchmark, then a green arrow (↑) is shown under **Tosa's Status**. Conversely, if Wauwatosa falls below the 2010 goal, then a red arrow (↓) is shown. If a 2010 goal in a specific health indicator is not available, then Wauwatosa's health information is compared with the U.S. data. If no information is available regarding 2010 goals or national data, then a gray double arrow (↔) is shown.

Communicable Diseases and Immunizations

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Influenza percentage – adults	76%	74.1%	72%	90%	↓
Immunization completion rate of all 2 year olds	72	80.6	77	90	↓
Immunization completion rate of 2 year olds in Wauwatosa day cares	72	86.3	n/a	95	↓
Immunization rate of Wauwatosa schools	93.5	93.1	95.63	90	↑
Active tuberculosis (TB) cases newly diagnosed per 100,000 population	0.5	1.4	4.8	1	↑
Latent TB cases completing medication therapy (percentage)	ID	86.9	81.4	85	↔
Hepatitis C newly diagnosed cases per 100,000 population	19.4	0.1	0.2	1	↓
Campylobacter incidence per 100,00 population	23.7	n/a	15	12.3	↓
E. coli 0157:H7 incidence per 100,00 population	0	n/a	1.06	1	↑
Listeria incidence per 100,00 population	0	n/a	0.31	0.25	↑
Salmonella incidence per 100,00 population	10.8	n/a	14.8	6.8	↓

* n/a = not available

+ ID = in development

§ r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average

↓ Wauwatosa is below 2010 goal or U.S. average

↔ No benchmark available

Environmental Health

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Emergency department visit due to nonfatal dog bite (per 100,000 population)	67.8	n/a	n/a	151.4	↑
Children aged < 6 years who were lead poisoned	1.3%	1.97%	1.21%	0	↓

* n/a = not available

+ ID = in development

§ r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average

↓ Wauwatosa is below 2010 goal or U.S. average

↔ No benchmark available

Nutrition

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Adults					
□ Eat ≥ 2 fruit servings per day	75%	n/a	32.6%	75%	↑
□ Eat ≥ 3 vegetable servings per day	33	n/a	27.2	50	↓
Youth (11th graders in Wauwatosa School District)					
□ Eat ≥ 2 fruit servings per day	28.5	n/a	n/a	75	↓
□ Eat ≥ 3 vegetable servings per day	7.4	n/a	n/a	50	↓
□ Eat fast food ≥ 4 times per week	29.2	n/a	n/a	n/a	↔
□ Eat junk food ≥ 1 times per day	50.3	n/a	n/a	n/a	↔
□ Ate ≥ 5 servings daily of fruits and vegetables in the past 7 days	n/a	17.9	20.1	n/a	↔

* n/a = not available

+ ID = in development

§ r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average

↓ Wauwatosa is below 2010 goal or U.S. average

↔ No benchmark available

Physical Activity

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Adults					
□ Overweight or obese	51%	61%	61%	15%	↓
□ Engage in ≥ 30 minutes moderate physical activity at least 5 times/week	37	n/a	n/a	50	↓
□ Engage in ≥ 20 minutes vigorous physical activity at least 3 times/week	32	32.1	28.3	30	↑
□ Engage in ≥ 30 minutes moderate physical activity at least 5 times/week and/or ≥ 20 minutes vigorous physical activity at least 3 times/week	55	55.1	49.5	n/a	↑
Youth					
□ Overweight or obese	n/a	11.1	13.1	5	↔
□ Engage in ≥ 60 minutes moderate physical activity at least 5 times/week	26.2	38.3	35.8	n/a	↓
□ Engage in ≥ 20 minutes vigorous physical activity at least 5 times/week	43.7	69.2	n/a	85	↓

* n/a = not available

+ ID = in development

§ r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average

↓ Wauwatosa is below 2010 goal or U.S. average

↔ No benchmark available

Tobacco Use and Exposure

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Adults					
□ Current smokers	10%	19.6%	19.8%	12%	↑
□ Current smokers who made ≥ 1 quit attempt in the past 12 months	39	58.5	56	75	↓
□ Secondhand smoke exposure in home or in vehicles	7	18	n/a	n/a	↔
Youth					
□ Current smokers	17.3	20.5	23	16	↓
□ Frequent smoker (smoked ≥ 20 days of the past 30 days)	5.9	9.4	9.4	n/a	↑
□ Current smokers who made ≥ 1 quit attempt in the past 12 months	41.5	58.6	54.6	84	↓
□ Current smokeless tobacco use	4	7.7	8	1	↓

* n/a = not available
 + ID = in development
 § r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average
 ↓ Wauwatosa is below 2010 goal or U.S. average
 ↔ No benchmark available

Alcohol and Other Substance Use and Addiction

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Adults					
□ Heavy drinking (>2 drinks/day for males; >1 drink/day for females)	3%	6.7%	5.2%	n/a	↑
□ Binge drinking (≥ 5 drinks at one time in the past month)	17	24.2	15.4	6	↓
□ Driving or riding with someone who'd been drinking (past 30 days)	3	n/a	n/a	n/a	↔
Youth					
□ Never had one drink of alcohol	35	22.2	25.7	29	↑
□ Binge drinking	25.5	31	25.5	2	↓
□ Riding with someone who'd been drinking (past 30 days)	30.7	31.5	28.5	n/a	↓
□ Driving after drinking (past 30 days)	9.6	14.3	9.9	n/a	↑
□ Ever used marijuana	38.6	37.1	38.4	n/a	↓
□ Used marijuana in the past 30 days	24.6	20.3	20.2	0.7	↓
□ Ever used methamphetamines	6.5	3.9	6.2	n/a	↓
□ Ever used heroin	5.2	2.2	2.4	n/a	↓
□ Ever used ecstasy	7.5	6.7	6.3	n/a	↓
□ Ever used a painkiller without a prescription (ex: OxyContin, Percocet, or Vicodin)	19.9	22.2	n/a	n/a	↔
□ Ever used Ritalin, Adoral, or Xanax without a doctor's prescription	18.5	15.8	n/a	n/a	↔
□ Ever used any form of cocaine	8.4	7.3	7.6	n/a	↓
□ Used cocaine in the past 30 days	6.6	3.1	3.4	n/a	↓
□ Ever used any inhalants or sniffed glue	13.6	10.5	12.4	n/a	↓
□ Offered, sold, or given an illegal drug on school property in the past 12 months	21.3	22.7	25.4	n/a	↑

* n/a = not available
 + ID = in development
 § r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average
 ↓ Wauwatosa is below 2010 goal or U.S. average
 ↔ No benchmark available

Injury and Violence Prevention

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Emergency department (ED) visits due to falls (per 100,000 population)	ID	2088	2656	n/a	↔
ED visits due to motor vehicle accident (per 100,000 population)	ID	603	908.5	933	↔
ED visits due to bicycle accidents (per 100,000 population)	ID	11	160.7	n/a	↔
ED visits due to motorcycle accidents (per 100,000 population)	ID	37	92.3	n/a	↔
ED visits due to pedestrian accidents (per 100,000 population)	ID	28	56.9	26	↔
ED visits due to poisonings (per 100,000 population)	ID	159	308	292	↔
Always or nearly always wear safety belts – adults (percentage)	95%	82%	88%	92%	↑
Always or nearly always wear safety belts/restraints – children (percentage)	94	n/a	n/a	100	↓

* n/a = not available

+ ID = in development

§ r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average

↓ Wauwatosa is below 2010 goal or U.S. average

↔ No benchmark available

Reproductive and Sexual Health

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Births to female teens aged 13 – 19 years per 1,000 female teenagers	9.8	30.6	41.9	n/a	↑
Chlamydia rate (per 100,000 people)	37.0	357.0	370.2	3.0	↓
Gonorrhea rate (per 100,000 people)	4.3	122	118.9	19	↑
Youth					
<input type="checkbox"/> Ever had sexual intercourse	n/a	44.6	46.8	ID	↔
<input type="checkbox"/> Had sexual intercourse before 13 years old	n/a	4.5	6.2	ID	↔
<input type="checkbox"/> Used condom during last sexual intercourse (past 3 months)	n/a	61.4	62.8	ID	↔
<input type="checkbox"/> Had sexual intercourse with ≥ 4 people during their life	n/a	12.7	14.3	n/a	↔

* n/a = not available
 + ID = in development
 § r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average
 ↓ Wauwatosa is below 2010 goal or U.S. average
 ↔ No benchmark available

Mental Health

	Tosa	State	U.S.	2010 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)	6.7	11.6	11.0	5	↓
Teens who considered suicide	10.8	15	16.9	n/a	↑
Teens who attempted suicide	6.4	7.3	8.4	1	↓
Teens who reported feeling so sad or hopeless that they stopped activities	22	22.4	28.5	n/a	↑
Students who felt unsafe at or on their way to or from school	6.2	6.3	6.0	n/a	↓
Students who reported feeling harassed, picked on, or bullied	24.3	20.2	n/a	n/a	↔

* n/a = not available
 + ID = in development
 § r/t = related to death rates

↑ Wauwatosa meets/exceeds 2010 goal or U.S. average
 ↓ Wauwatosa is below 2010 goal or U.S. average
 ↔ No benchmark available

Access to Primary and Preventive Health Services

	Tosa	State	U.S.	2010 Goals	Tosa's Status
Insurance Coverage	96%	88.7%	83%	100%	↓
Provider coverage					
□ Routine care (2 years or less)	81	79	84	96	↓
□ Dental care	83	68.0	75.4	56	↑
□ Vision care	51	n/a*	n/a	ID ⁺	↔
Preventive Services					
□ Pap smears (within 3 years)	92	86	86	90	↑
□ Mammography (40+ years old, within 2 years)	80	75	75	70	↑
□ Cholesterol screenings	77	72.6	73	80	↓
□ Rectal exam (men)	36	46	52	n/a	↓
□ Prenatal care (care within 1 st trimester)	95.7	84.9	83.8	90	↑

Health Conditions – number of adults with a history of the following conditions:

<input type="checkbox"/> Asthma	6	13.2	13.1	ID	↑
<input type="checkbox"/> Heart disease	7	3.7	4.1	r/t [§]	↓
<input type="checkbox"/> High blood pressure	20	26.3	27.8	16	↓
<input type="checkbox"/> High blood cholesterol	19	34.9	37.6	17	↓
<input type="checkbox"/> Diabetes	6	6.2	7.5	r/t	↑
<input type="checkbox"/> Cancer	4	7	n/a	r/t	↔
<input type="checkbox"/> Stroke	1	1.9	2.6	2	↑

* n/a = not available

+ ID = in development

§ r/t = related to death rates

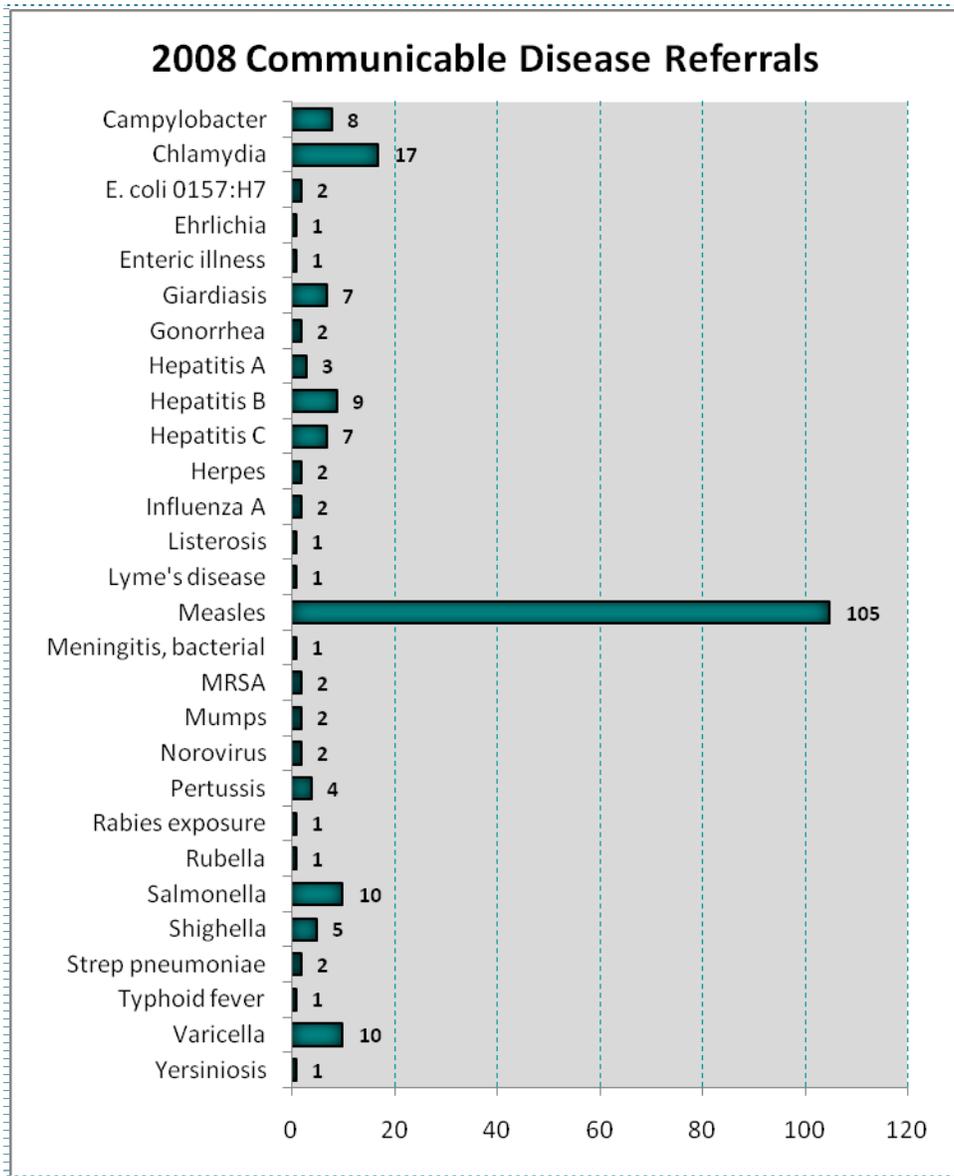
↑ Wauwatosa meets/exceeds 2010 goal or U.S. average

↓ Wauwatosa is below 2010 goal or U.S. average

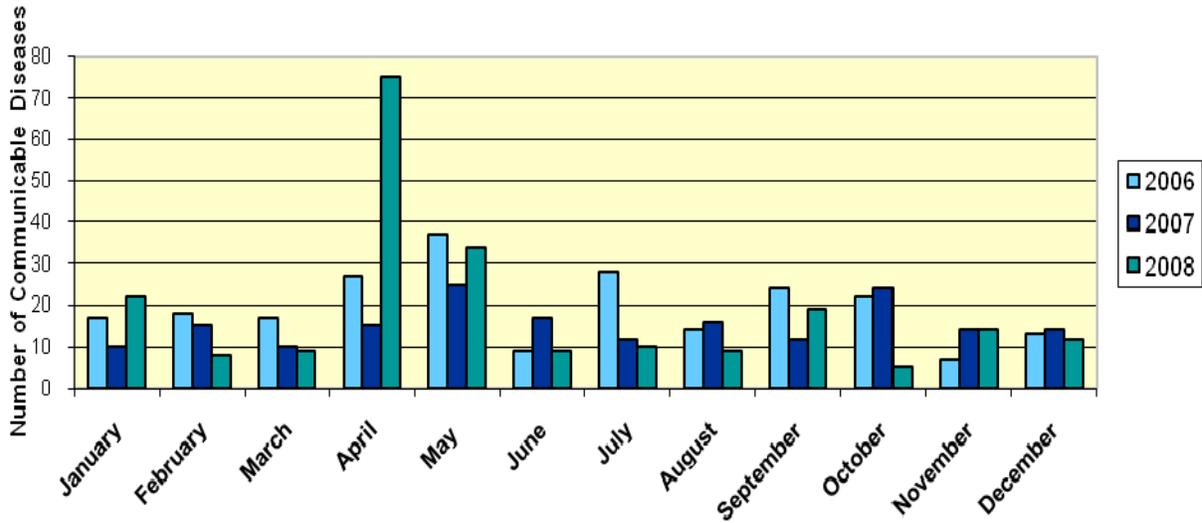
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APPENDIX 3: Other Data & Statistics

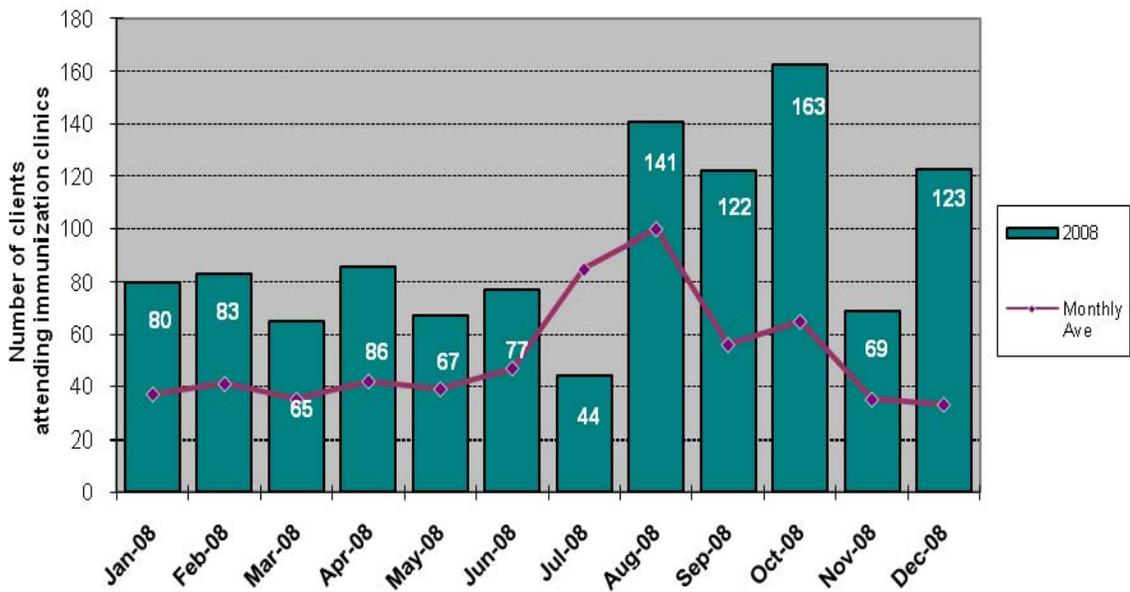
Communicable Diseases and Immunizations

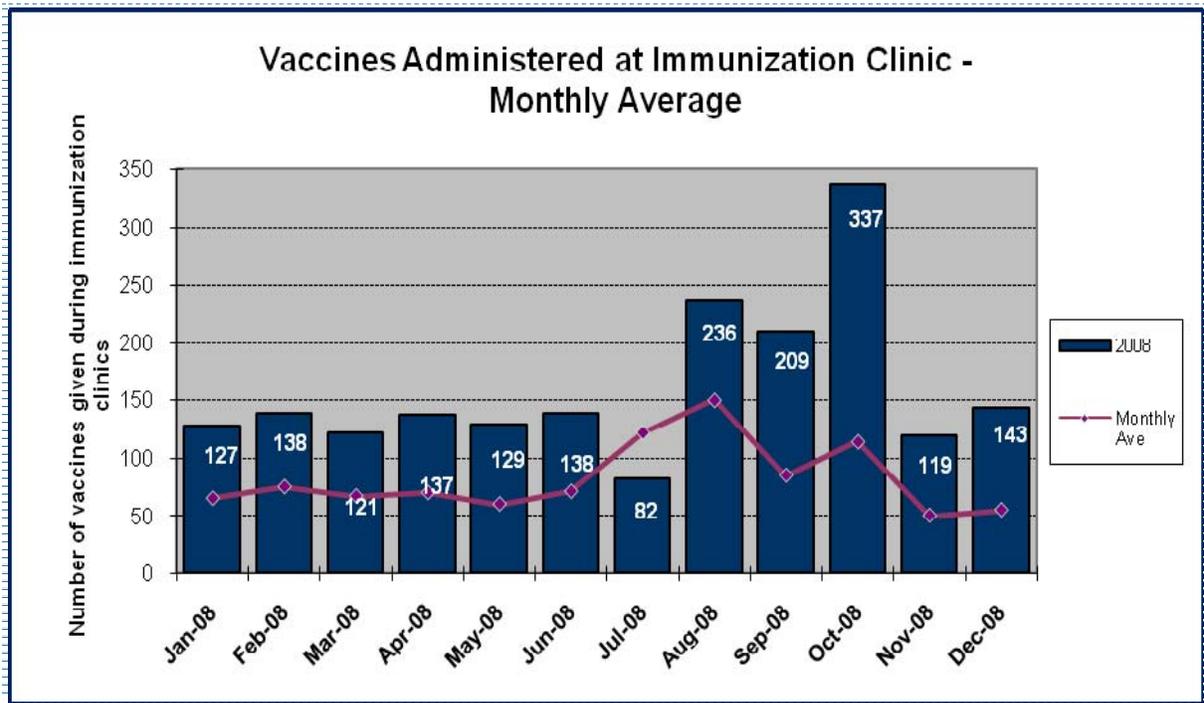


Communicable Disease Referrals to Wauwatosa Public Health Nurses

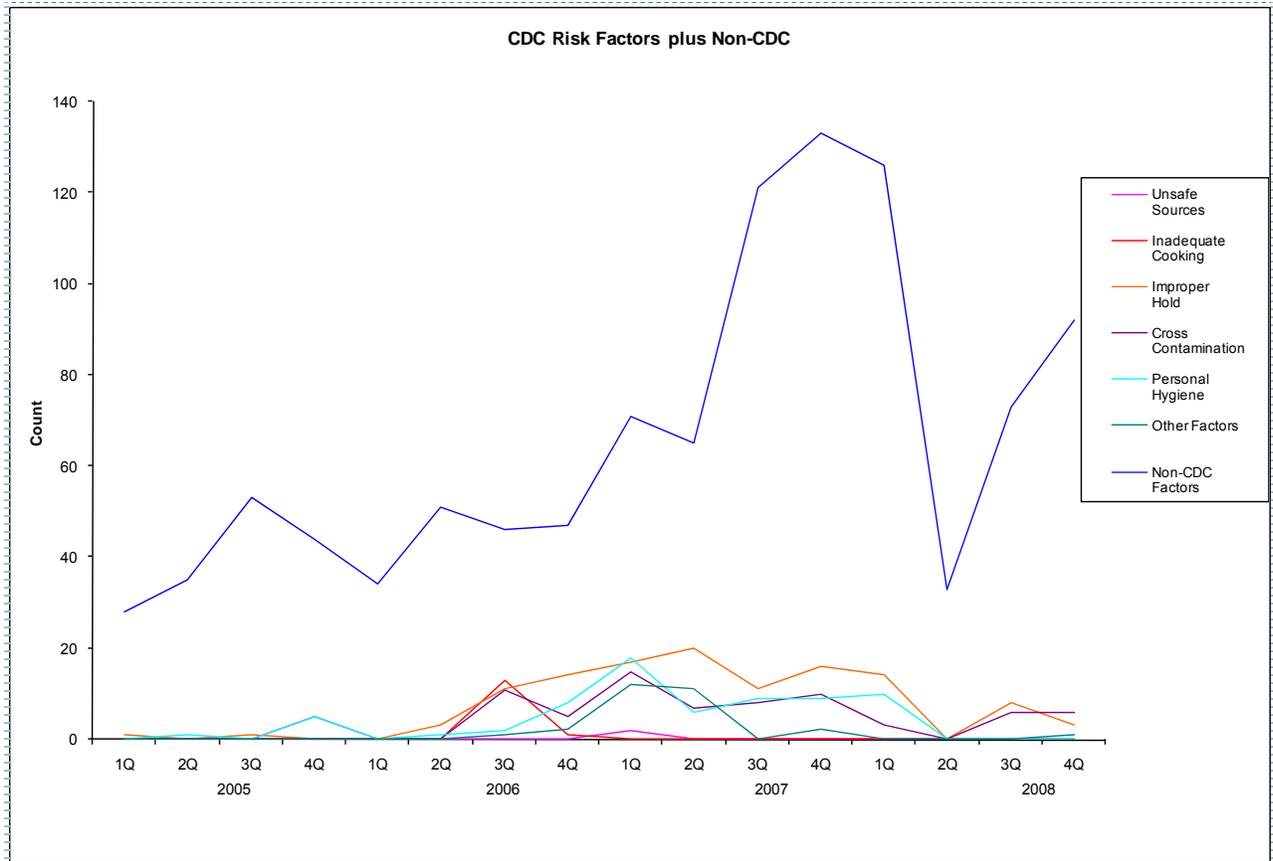


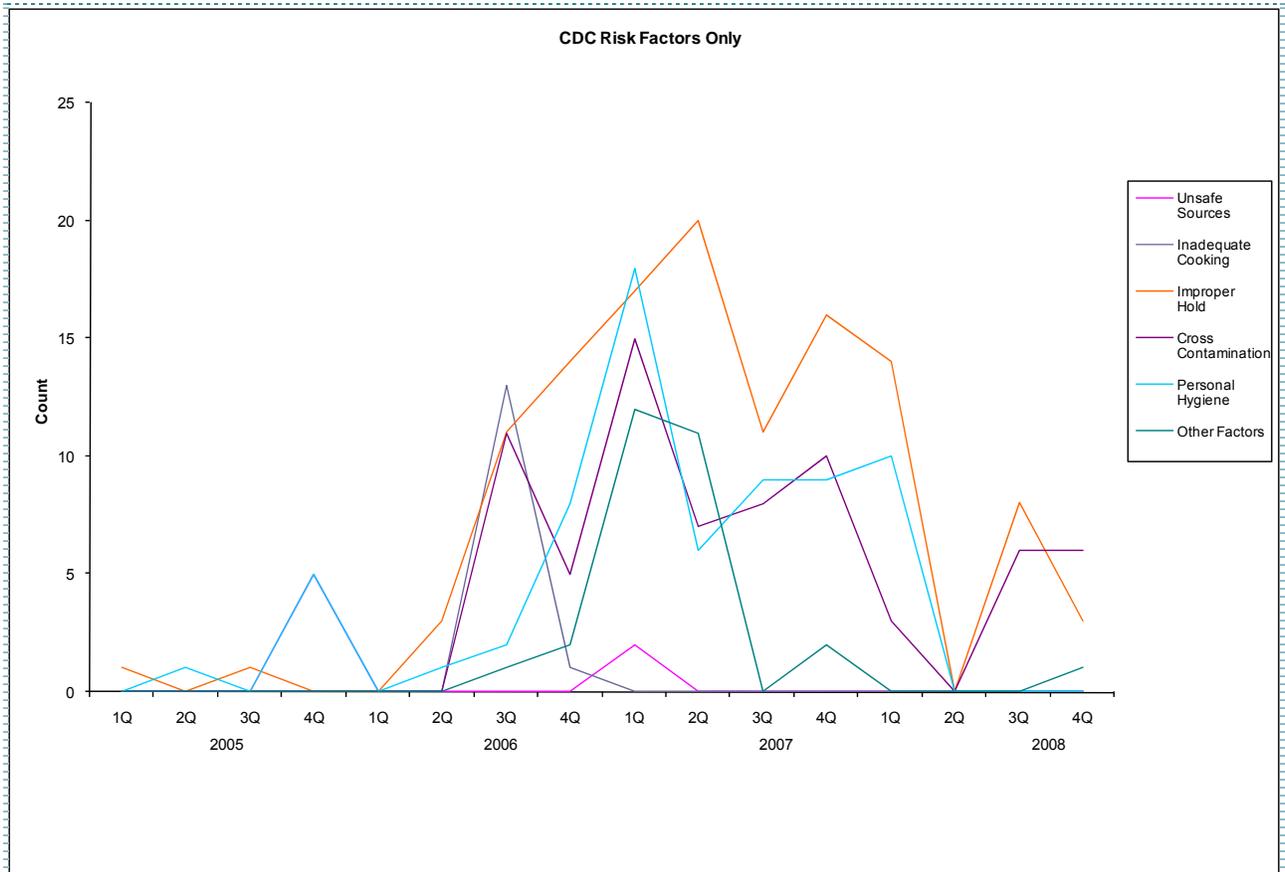
Immunization Clinic Clients - Monthly Average



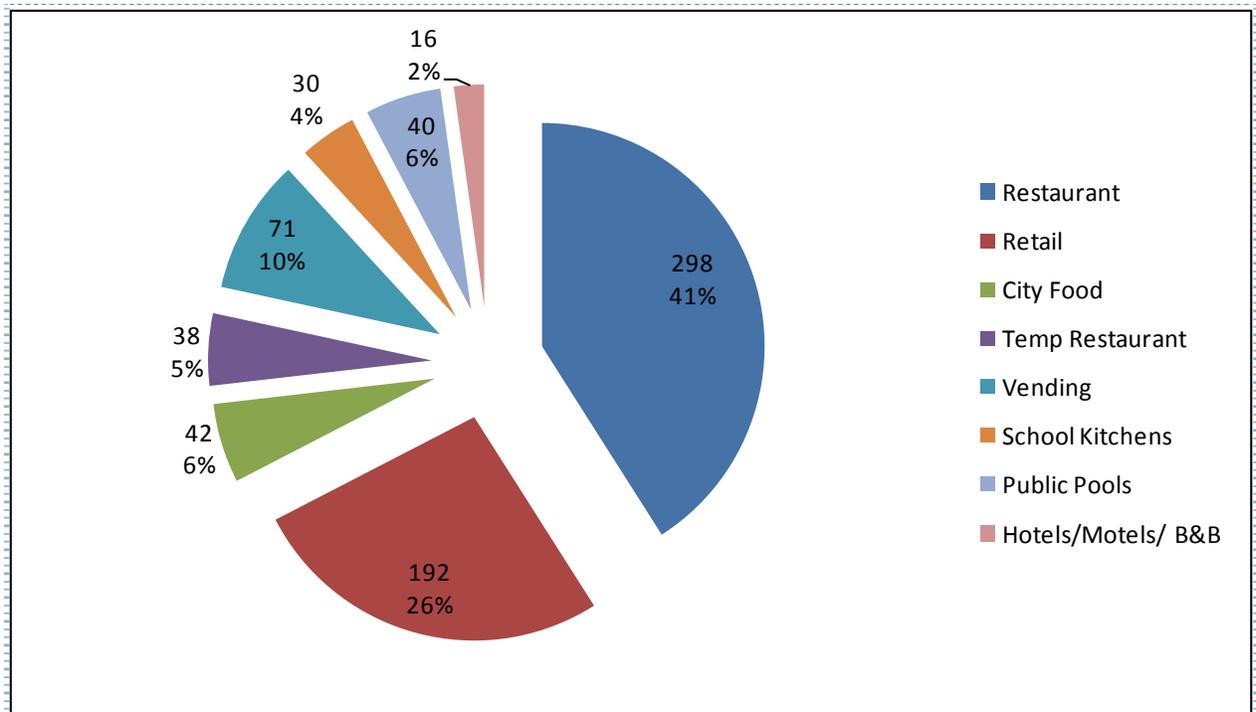


Restaurant Inspections Violations





2008 WHD Licensed Inspection Activities



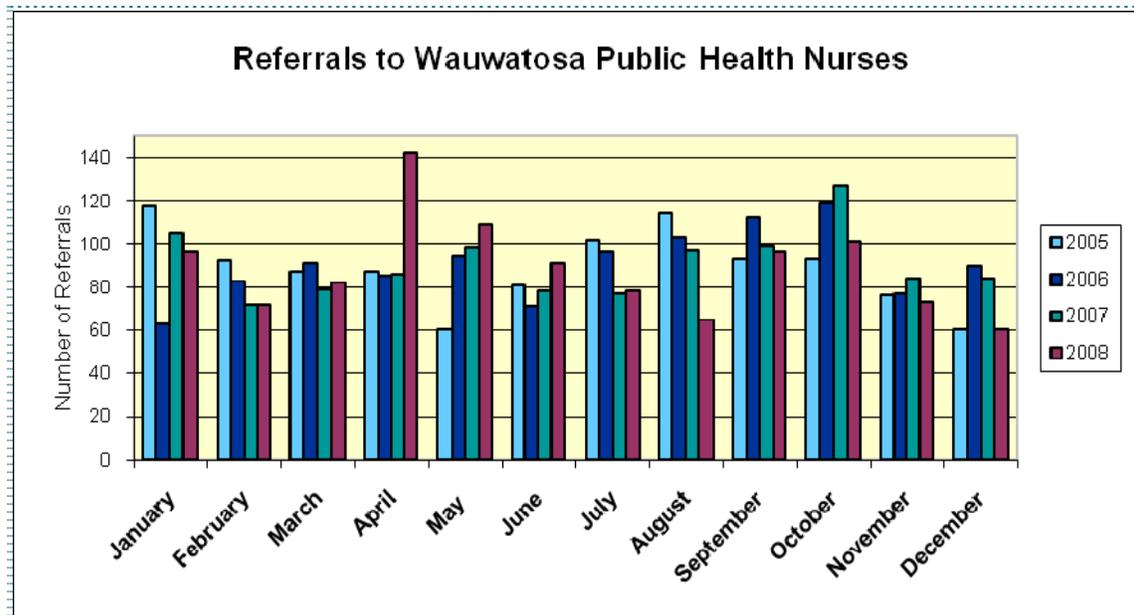
2008 Breakdown of Complaints

Complaint	Count	Percentage
Wildlife/Rodent	63	37%
Garbage/Litter	64	37%
Building (heat, cool, ventilation)	5	3%
Care/Maintenance of animals	24	14%
Insect	9	5%
Air/Water Quality	7	4%

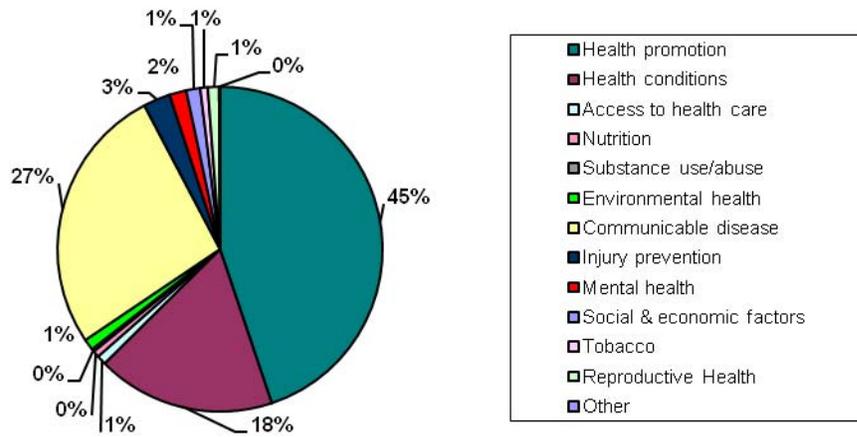
2008 Breakdown of Corrective Actions

Actions Taken	Count	Percentage
Site Visit	130	65%
Phone Call	25	14%
Written warning/Order to abate	24	12%
Citation issued	21	11%

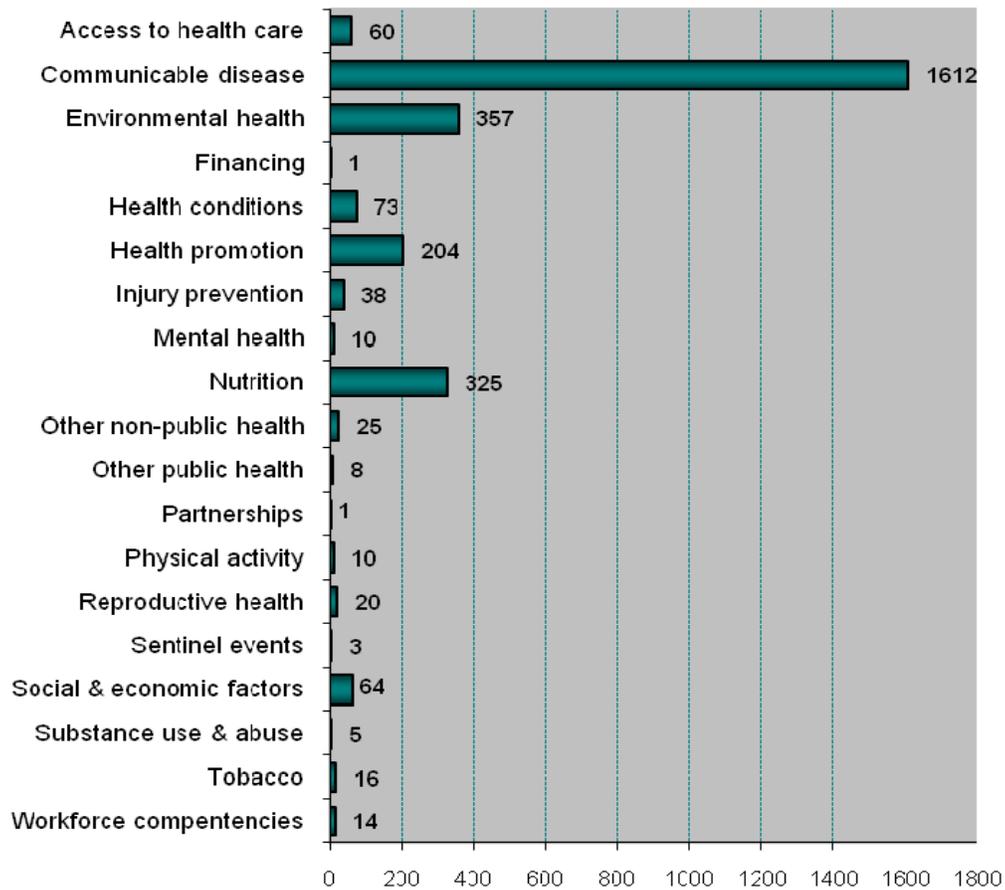
Access to Primary and Preventive Health Services

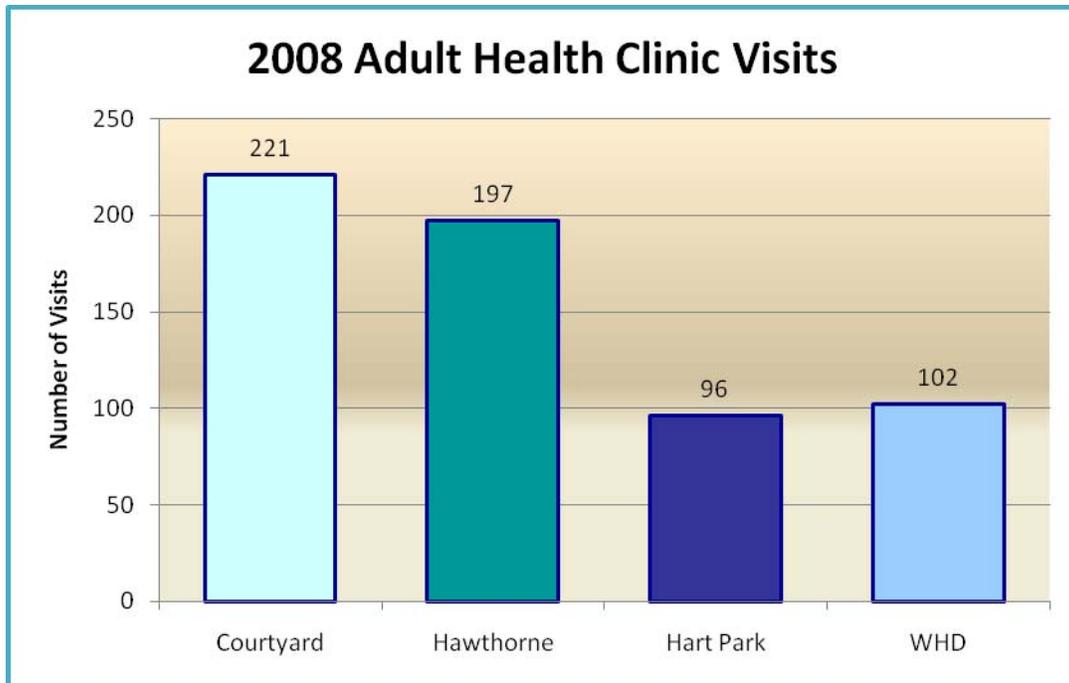


2008 Referrals to Public Health Nurses

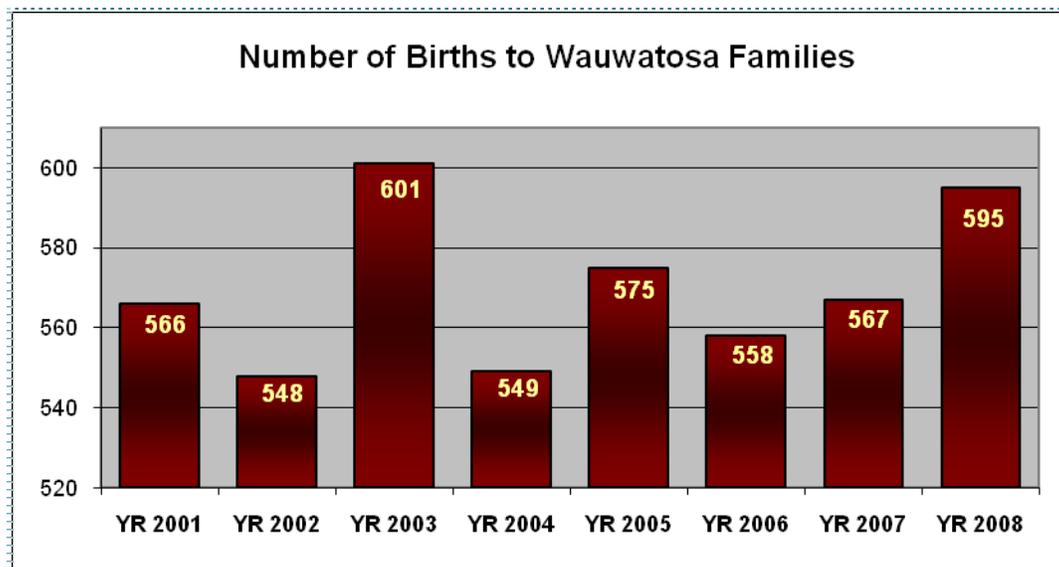


2008 Information & Referral Nurse Line Calls





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

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

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

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

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

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

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

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