

**WAUWATOSA  
HEALTH  
DEPARTMENT**



**2009/2010  
Annual Report**

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## City of Wauwatosa

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



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

## Wauwatosa Health Department

The Wauwatosa Health Department (WHD) exists to protect the health and safety of the entire Wauwatosa community by promoting health, preventing disease, and reducing or eliminating health risk factors. Although some Wauwatosans have not had direct contact with their health department,

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

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

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

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

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

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

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

In addition to reporting to local elected officials and the Wisconsin Department of Health Services (DHS), the WHD is statutorily required to be governed by a mayor-appointed Board of Health. As required by Wisconsin law (WI § ch. 251.05, WI administrative code DHS 140.04), all local health departments (LHD) shall provide the following programs or services for a Level 1 designation - the lowest: generalized nursing program, health promotion, chronic disease prevention, communicable



disease program, and a human health hazard program. Additional programming is needed for a Level 2 or Level 3 designation. WHD is a Level 3 health department – 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 2009 and 2010. Comparison data for the City of Wauwatosa, the State of Wisconsin, the US, and the national health goals (Healthy People 2010) is provided (see *Appendix 2*).

# Communicable Diseases

## What is a Communicable Disease?

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

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

CD prevention and control is a statutory requirement of LHDs (WI § ch. 252, WI Administrative Codes DHS 140 and 145). The CD program is grounded in the essential services of monitoring population health status and understanding issues, protecting people from health problems and health hazards, and enforcing public health laws and regulations. The WHD investigates all potential and actual CD reports, including vaccine and non-vaccine preventable CDs, food-water-vector-borne diseases, sexually transmitted diseases/ infections (STD/STI), outbreaks, and epidemics. 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. The average CD case takes about 6 hours to complete, whereas a single TB case may take up to 9 months to resolve. In addition, WI Administrative Code DHS 145.02 requires 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?

A subcategory of CDs is vaccine-preventable diseases (VPD). VPDs are diseases in which an immunization or vaccine is available to avert the disease. Examples include Polio, Measles, Pertussis, Varicella (chicken pox), Hepatitis B, Influenza (flu), Typhoid, and Rabies. By controlling the spread of infections within a community, immunizations prevent disability, loss productivity, and death. In *Healthy People 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 20<sup>th</sup> century. It is one of the most

cost-effective preventive measures available. According to the Centers for Disease Control and Prevention (CDC), for every dollar invested in immunizations, the public realizes the following savings:

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

Due to its effectiveness, immunization programs are 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.

### Why is this important?

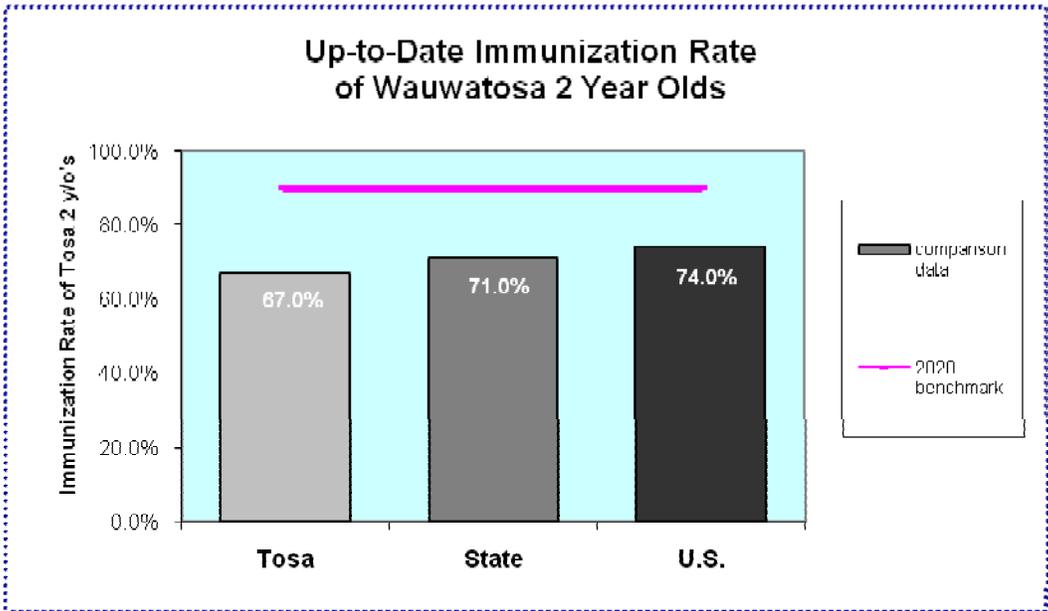
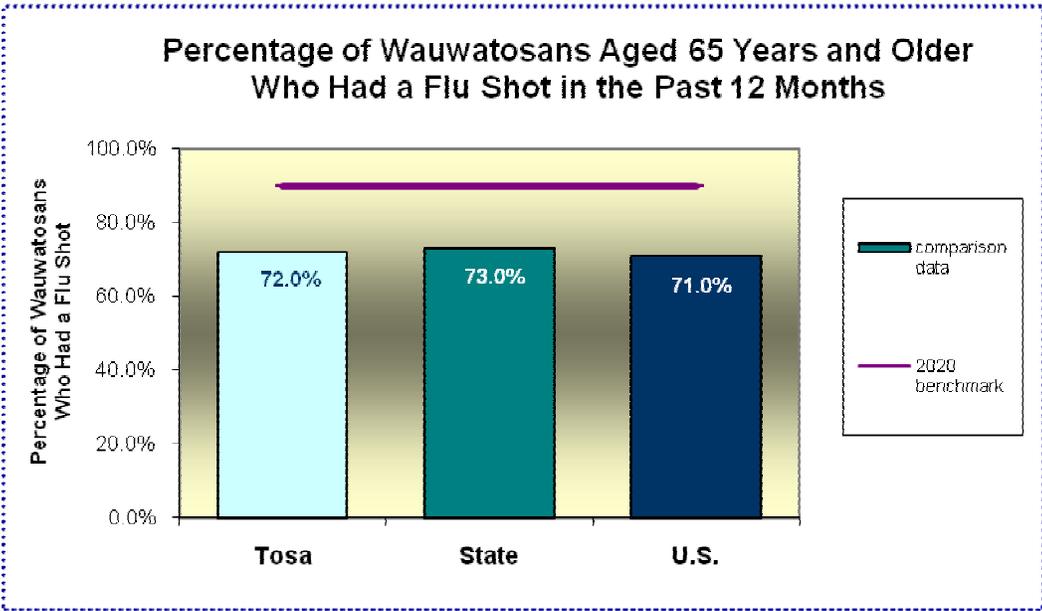
1.25 million Americans have chronic Hepatitis B. About 5,000 persons will die each year from hepatitis B-related liver disease resulting in over \$700 million in medical and work loss costs. In 2007, there were 43,000 new Hepatitis B infections in the US.

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



### How does Wauwatosa Compare?

The immunization rate for all children attending Wauwatosa schools was 88.7% in 2009 and 90.7% in 2010, reaching the national goal of 90%. Of the 3.6% of the students who had immunization waivers, 84.5% (n=284) were “personal conviction” waivers. However, the immunization completion rate of all two-year-olds was 53% in 2009 and 67% in 2010, well-below national and state levels of 74.3% and 71.3%, respectively. The 2-year olds immunization completion rate encompasses the 4:3:1:3:3:1 vaccine requirements. This means that children must be immunized with 4 diphtheria-tetanus-pertussis (DTaP), 3 polio, 1 Measles-Mumps-Rubella (MMR), 3 Haemophilus type B (HiB), 3 Hepatitis B, and 1 varicella (chickenpox) vaccines by their second birthday to be considered “complete”. At 72%, more Wauwatosa adults aged 65 years or older receive a flu shot than the national average of 71% but less than the state average of 73%.



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

The WHD continued to monitor and evaluate the burden and impact of CDs within Wauwatosans by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosans data to national and state statistics. WHD conducted the following VPD and immunization program services during 2009:

- Processed 2016 calls regarding VPD (n=169) and immunizations (n=1847) through the WHD Information and Referral Nurse Line. This was a 59% increase in call volume over 2008. VPD and immunization inquiries account for 57.4% of all calls processed through the Information and Referral Nurse Line.
- Investigated 25 vaccine-preventable diseases plus 310 H1N1 flu reports.
- Administered 1374 non-flu vaccines to 852 clients at immunization clinics.

- Administered 1619 seasonal flu vaccines at mass clinics at City Hall and off-site locations including schools, child care centers, businesses, adult living facilities, and the homes of homebound citizens. WHD staff generated over \$9,000 in a single day by immunizing public school staff with seasonal flu vaccine.
- 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 two public and two private schools for compliance to the school immunization requirements with varied results. Wauwatosa West High School had a 95.3% and 97.1% compliance rate for 9<sup>th</sup> and 12<sup>th</sup> graders respectively; this was consistent with West's reported compliance rate from Fall 2008. Longfellow Middle School's 91.7% compliance rate of 6<sup>th</sup> graders was validated. St. Bernard's 100% compliance rate for 5K and 6<sup>th</sup> graders was also accurate from its previous report. However, St. Joseph's School had only a 38.9% and 0% compliance rate of their 5K and 6<sup>th</sup> graders respectively despite reporting 100% compliance earlier in the school year. In addition, WHD audited two child care facilities for compliance to the State of Wisconsin day care immunization requirements. Even though the day care audits were conducted, analysis could not be completed due to health department staffing shortages and sentinel events.
- Provided technical expertise to businesses and residents about the increased immunization requirements for the 2009 – 2010 academic year for all school-aged and day care-aged children. Vaccines affected were the Varicella (chicken pox) and the Tdap (tetanus-diphtheria-Pertussis) booster.
- Promoted immunization and influenza awareness with WHD clinic schedules included in all 600+ 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 in the March City Newsletter
- Promoted back-to-school vaccines in the June and September City Newsletters
- Provided education and promoted flu vaccinations in the September and December City Newsletters
- Promoted immunization clinics in the Wauwatosa Public School's yearly calendar
- Promoted and educated family members about the importance of immunizations at community events, such as Tosa Night Out
- Even with the early arrival of the seasonal flu vaccine, the WHD was only able to host 2 of the 4 planned seasonal flu clinics. 70% of WHD's allotment arrived in August, but the vaccine ran out at the second clinic due to high demand. In comparison, 400+ doses out of a supply of 1700 were unused in 2008. The manufacturers halted seasonal flu vaccine production to focus on the H1N1 vaccine.
- Wauwatosa and the public health system strive to have 90% of all 2 year olds be up-to-date with their immunizations by the time children reach their second birthday. WHD tracked the cohort of all Wauwatosa children born in 2007 closely through progressive case management utilizing monthly reminder/recall letters, telephone calls, and in challenging cases, certified letters. The department developed and mailed surveys to parents of the cohort children during

### 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](http://www.cdc.gov/vaccines) (June 2008)



the first half of 2009. Parents were asked to provide information on their child's immunization history, health insurance status, race, ethnic heritage, current health care provider, and enrollment in day care. This data was analyzed to identify any immunization risk factors. No risk factor was found to be statistically significant. In addition, the survey assisted in identifying moved families and barriers to receiving immunizations. At the 2009 year end, 53% of the final cohort had met the benchmark. Of the children attending the WHD immunization clinics, 83% met the benchmark. The Hib vaccine was excluded from the compliance rate due to the vaccine shortage. Barriers identified to the timely completion of the child's immunization series included:

- ✦ A healthcare organization serving many Wauwatosa residents frequently failed to enter newly administered immunizations into the Wisconsin Immunization Registry (WIR) system, a database of the immunization status of Wisconsin children
- ✦ WIR often and repeatedly classified Wauwatosa addresses as "City of Milwaukee"
- ✦ Several Waukesha County healthcare providers who serve a significant number of our residents do not participate in WIR
- ✦ The emergence of the novel H1N1 influenza A virus in the community significantly impacted staff resources, especially the last 6 months of 2009. All case management activities related to the two-year-old cohort and grant objective were suspended from May through December due to WHD prioritizing staff resources.

Each year, the WHD is called upon to address sentinel events. A sentinel event is described by the CDC as a preventable disease, disability, or untimely death that serves as a warning signal of a possible underlying problem. For CDs, a sentinel event is an outbreak. Generally, an outbreak occurs when there are more incidences or cases occurring than would be expected. In 2009, the WHD investigated and tracked the following VPD-related sentinel events or outbreaks:

- 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 4<sup>th</sup> case was a teammate of the 3<sup>rd</sup> 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 July 2009, WHD staff responded to a respiratory outbreak in an adult residential facility. Over 30 residents were ill with fevers and cough. Five specimens were negative for a viral respiratory panel. The illnesses were self-limiting; illnesses were resolved before additional testing could be done.

WHD conducted the following VPD and immunization program services during 2010:

- Processed 1290 calls regarding VPD (n=42) and immunizations (n=1248) through the WHD Information and Referral Nurse Line. VPD and immunization inquiries account for 47.4% of all calls processed through the Information and Referral Nurse Line.
- Investigated 71 vaccine-preventable diseases.
- Administered 2844 vaccines to 2238 clients at immunization clinics.
- Administered 1454 flu vaccines at mass clinics at City Hall and off-site locations including schools, child care centers, businesses, adult living facilities, and the homes of homebound citizens.
- Started Shingles vaccine program to adults aged 60 years and older
- Provided technical expertise to businesses and residents about the increased immunization requirements for the 2010 – 2011 academic year for all school-aged and day care-aged

children. Vaccines affected were the Varicella (chicken pox) and the Tdap (tetanus-diphtheria-Pertussis) booster.

- Promoted immunization and influenza awareness as well as Tdap “cocooning” with WHD clinic schedules included in all 602 newborn packets. Cocooning is when you vaccinate everyone who comes in contact with an individual who cannot be vaccinated, thereby “cocooning” or protecting the unvaccinated individual from the disease. An example is when all family members receive a pertussis vaccine to protect the newborn who is too young to be vaccinated.
- Mailed immunization schedule and requirements to all families with three-year-olds in partnership with the Wauwatosa School District
- Promoted age-appropriate immunization recommendations in the March City Newsletter
- Advertised free vaccines and new school immunization requirements in the June City Newsletter
- Promoted back-to-school vaccines in the June and September City Newsletters
- Provided education and promoted flu vaccinations in the September and December City Newsletters; additional flu promotions and clinic dates/times conducted via website updates, flyer distribution, email blasts, and fax blasts in November and December and into 2011.
- Promoted immunization clinics in the Wauwatosa Public School’s yearly calendar
- Promoted and educated family members about the importance of immunizations at community events, such as Tosa Night Out
- WHD received Americans Recovery and Reinvestment Act (ARRA) funding to expand services on selected immunizations to adolescents and adults. WHD marketed and conducted an adult immunization clinic during Public Health Week on Thursday, April 8 from 3:00 – 6:00 pm.
- WHD marketed and conduct another free immunization clinic for adults only on Tuesday, June 15 from 3:00 – 6:00 pm.
- PHNs audited 1/3 (n=10) of the schools in Wauwatosa for adherence to the statutory immunization requirements; all were private schools. Some serious discrepancies were noted between what was reported and what was audited. Example: One school reported 81% of their students were up-to-date with their immunizations when the audit indicated 41%. Most of the inconsistencies were due to the new Tdap and Varicella requirements for 6<sup>th</sup> graders. Waivers accounted for 0 – 20% of the students; all were personal conviction waivers.
- PHNs audited 7 day cares for adherence to the statutory day care immunization requirements. The compliance rates were 50%, 53%, 75%, 86%, and 3 day cares with 100% for children aged 2 years and younger.
- WHD provided technical assistance to public and private schools to comply with state law reporting requirements by the end of October. All school reports were turned in on time.
- Tracked volume and usage of WHD immunization clinics
- WHD tracked the cohort of children closely through progressive case management utilizing monthly reminder/recall letters, telephone calls, and in challenging cases, certified letters. WHD finished the year with an 82% (14 of 17) CASA (4-3-1-3-1) compliance rate for two year old children attending WHD immunization clinics. The rate rose to 94% (n=16) when “late up-to-date” children were included.
- In 2010, there were 482 children born during 2008 that continued to reside in Wauwatosa. At the end of the year, 67% of the final cohort had met the benchmark (n=325). The rate rose to 77% (n=372) when “late up-to-date” children were included. A “late up-to-date child” is defined as a child receiving all recommended immunizations within one month of their second birthday. A second WIR benchmark report assessed the cohort for the 4-3-1-3-3-1 and 4 pneumococcal immunizations. This assessment generated respective rates of 64% (n=309 children) up-to-date by age two years; the rate increased to 74% (n=357) when “late up-to-date” children were

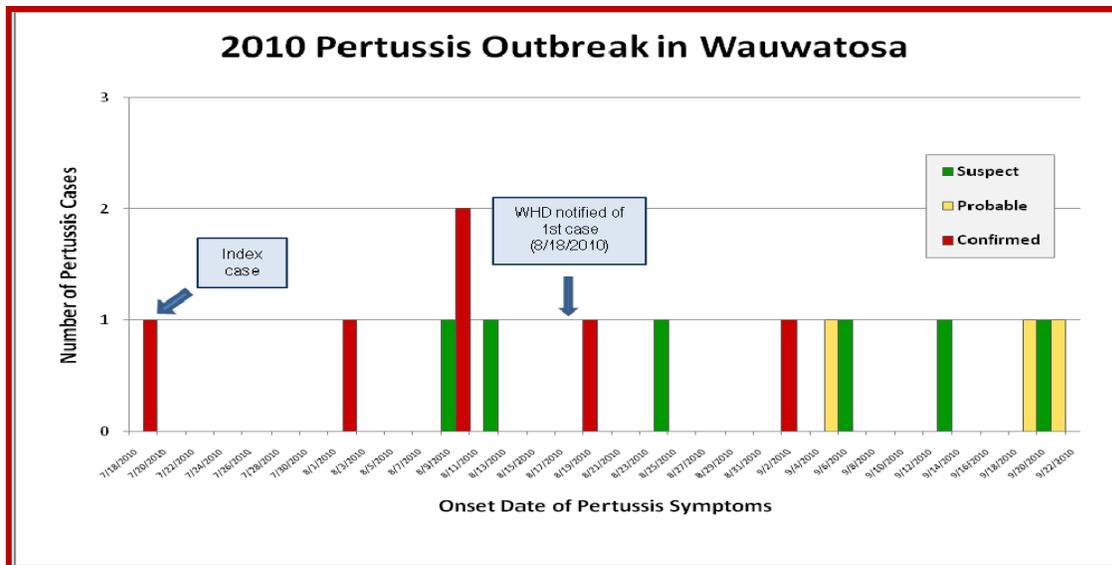
included. Barriers identified to the timely completion of the child's immunization series included:

- ✦ WIR often and repeatedly classified Wauwatosa addresses as "City of Milwaukee".
- ✦ Some healthcare providers do not enter their immunizations in the WIR in a timely manner or ever.
- ✦ Some healthcare providers do not give the immunizations at the recommended time intervals; some are given too early, too late, or too close together thereby rendering the immunization invalid.
- ✦ Some healthcare providers fail to give immunizations at some follow-up visits ("missed opportunities").
- ✦ It is unknown if healthcare providers or their organizations consistently use the WIR to check immunization status or to use the reminder/recall function.
- ✦ WHD staff analyzed the immunization patterns of the 6 clinics that serve the majority (304 or 63.3%) of the 2 year-olds. Children seen at one clinic were 3.2 times more likely to not have all the recommended immunizations as compared to other clinics. WHD plans to initiate discussions and develop a plan of action with the clinics beginning in March 2011.

In 2010, the WHD investigated and tracked the following VPD-related sentinel events or outbreaks:

- An adult living facility reported on February 12, 2010, that 4 of 22 (18.2%) residents were ill with respiratory symptoms. Lab tests identified human Metapneumovirus (hMPV) as the organism responsible for the outbreak. WHD provided the facility point person with extensive and continuous infection control education. However, breaks in infection control measures continued. Two months later, the outbreak was still ongoing. The outbreak resolved on April 27 with 25 residents symptomatic.
- An adult living facility reported in March that 14 out of 58 residents (24%) were ill with respiratory symptoms beginning on March 3. Additionally, three employees experienced similar symptoms. Two labs tested positive for hMPV and one for respiratory syncytial virus (RSV). Infection control and prevention measures were implemented. The outbreak was resolved on March 24.
- An adult living facility reported on April 19 that 4 of 18 (22.2%) residents on a unit were ill with respiratory symptoms. Seven staff were also symptomatic. Infection control measures were implemented. Collected specimens failed to identify the organism. The outbreak was resolved on April 27.
- An adult living facility reported on May 14 that 4 residents on a unit were ill with respiratory symptoms. Infection control measures were in place. Specimens were not collected for testing, therefore the causative organism was unknown. The outbreak was resolved on May 24, 2010.
- On September 22, the WHD was notified of a respiratory outbreak in an adult living facility. 19 of 60 (31.7%) residents were ill. WHD nurses conducted an investigation and collected respiratory specimens for testing. Stringent infection control measures were implemented, including closing the unit for admissions. Specimens returned positive for Enterovirus/rhinovirus. The outbreak was resolved on October 20.
- Between August 18 and October 8, the WHD investigated a number of situations related to a Pertussis (Whooping Cough) outbreak. The outbreak was declared resolved on October 22. A total of 15 cases were involved in the outbreak, including 6 confirmed, 3 probable, and 6 suspect cases; 12 out of the 15 cases were linked to an index case. At least 2 additional cases had Milwaukee/Wauwatosa ties. See the timeline below for onset of cases. Wauwatosa averages about 2 Pertussis cases annually. Over 100 individuals who were close contacts to the cases were contacted for interviewing and follow-up. Over a dozen schools, day cares, sports teams, or health care facilities were involved in the cases; hundreds of letters

were sent to individuals who were exposed through these entities. The department spoke with reporters from Channels 4, 6, 12, and 58 on several occasions throughout the outbreak. The *Journal/Sentinel* and *Wauwatosa Now* reported on the Pertussis outbreak. The information was picked up by National Public Radio (NPR). There were a number of clusters in neighboring jurisdictions, within the state, and into Chicago's north shore suburbs.



### **H1N1 Influenza A/California/7/2009:**

Throughout 2009 and the first quarter of 2010, most of the WHD resources were utilized on the H1N1 influenza epidemic. On Friday April 24, 2009, the Wisconsin Division of Public Health (WI DPH) learned that a new influenza virus, officially designated as Influenza A/California/7/2009 (also known as H1N1 flu or “swine flu”), infected people in California, Texas, and Mexico. It was subsequently detected in all 50 states and in over 70 countries. Every year, several new flu strains emerge and are identified. However, this H1N1 flu strain exhibited several key and disturbing characteristics to the 1917-1918 ‘Spanish Flu’ – the granddaddy of all flu pandemics. These characteristics included:

- Time of year – it appeared in late spring when most flu strains in the northern hemisphere appear in fall.
- Multiple species – the strain detected traces of human, bird, and pig (swine) genetic coding.
- Multiple origins – this strain had origins in Canada and Europe as well as the U.S. and Mexico.
- Population affected – more children and young adults than seniors were afflicted and hospitalized.
- Severity – initial reports out of Mexico described overwhelmed hospitals and morgues. Fortunately as the pandemic unfolded, this level of severity did not progress outside of Mexico.

The Centers for Disease Control and Prevention (CDC) determined that the H1N1 flu virus most likely spread from person to person. It was thought that the H1N1 flu spread in the same way that regular seasonal influenza virus spread – through the coughs and sneezes of infected people, as opposed to transmission through food consumption such as pork or pork products. The symptoms of H1N1 flu were similar to the regular seasonal influenza and include fever, lethargy, lack of appetite and coughing. Some people with H1N1 flu reported additional symptoms such as runny nose, sore throat, nausea, vomiting, and diarrhea. In some situations, the virus developed into pneumonia. In 2009, the CDC estimated 57 million H1N1 flu cases occurred in the U.S. including an estimated 257,000

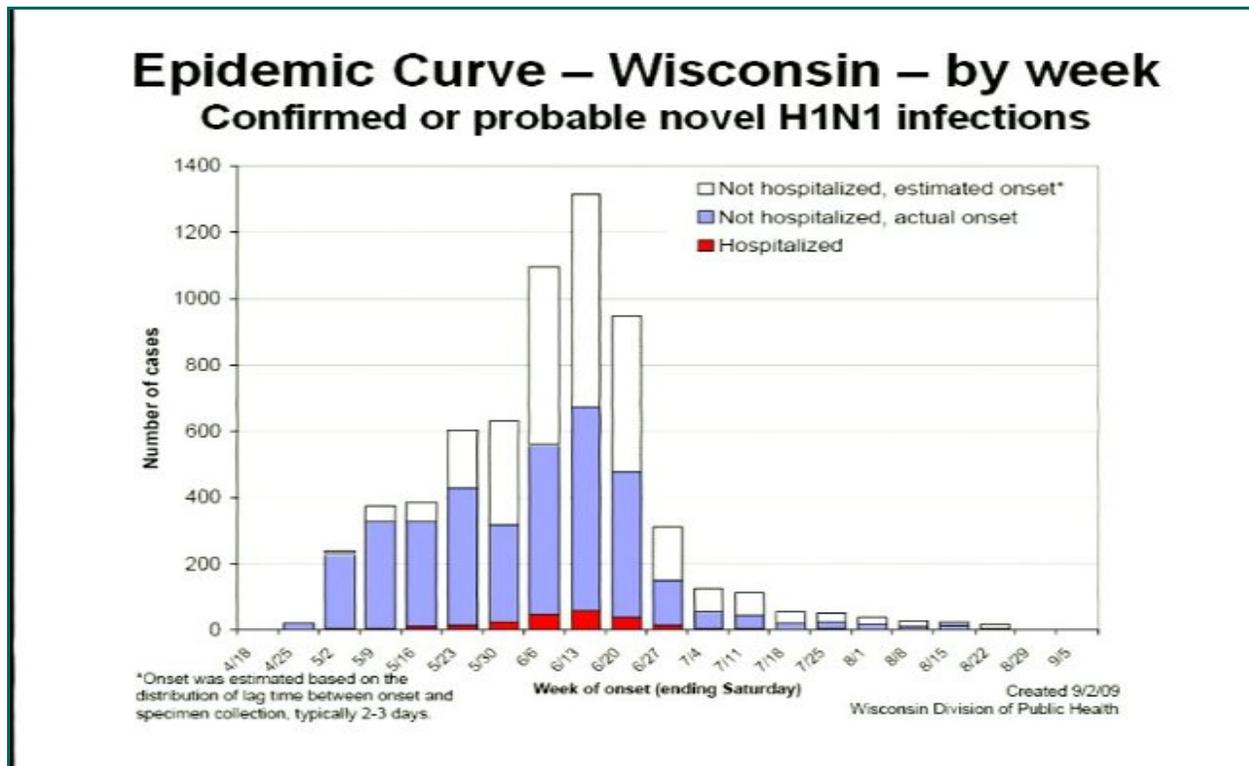
hospitalizations and 11,690 deaths. In Wisconsin, there were 9,631 confirmed and 3,796 probable cases of H1N1 flu for a total 13,427 documented cases. The first H1N1 flu-related death in the Wisconsin was reported on June 4, 2009, in a City of Milwaukee adult resident with a common underlying health condition. On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6; a Phase 6 designation indicates that a global pandemic was underway.

The WHD worked diligently with local, regional, state, and federal efforts to promote current, accurate information as the H1N1 flu situation evolved. In the spring and early summer of 2009, the WHD conducted the following activities related to the emerging H1N1 flu:

- ✦ Activated its Pandemic Flu Plan
- ✦ Investigated 187 individual cases of the novel influenza in Wauwatosa residents. The confirmed and probable cases range in age from 11 months to 77 years. The investigations include the following:
  - 47 confirmed cases
  - 64 probable cases
  - 60 cases ruled out as “not a case”
  - 8 cases were never tested
  - 8 non-Tosa residents with links to Tosa businesses or schools
- ✦ Sent parental notification letters to 10 public and private schools with confirmed cases
- ✦ Conducted an additional 31 investigations involving 18 businesses, schools, and healthcare organizations for exposures to H1N1
- ✦ Provided mutual aid to the City of Milwaukee Health Department; conducted 22 investigations on City of Milwaukee residents with 18 confirmed, 1 suspect, 2 not a case, and 1 not tested.
- ✦ Developed and posted community information on the City Website under hot topics
- ✦ Developed multiple communication streams to maintain information flow to selected entities
- ✦ Reviewed and revised H1N1 vaccination plans
- ✦ Contacted all 25 public schools and parochial school representatives to provide updates and technical assistance
- ✦ Contacted all 26 Wauwatosa child care centers to provide updates and technical assistance
- ✦ Contacted all 21 adult living facilities including the community-based residential facilities (CBRF) to provide updates and technical assistance
- ✦ Processed 141 H1N1-related inquiries on the Information and Referral Nurse Line
- ✦ Monitored several Wauwatosa adult living facilities with residents who were exposed to the novel influenza by a health care worker
- ✦ Provided guidance and technical assistance to Wauwatosa healthcare facilities, including the Milwaukee Regional Medical Center
- ✦ Provided guidance to the Human Resource Department as this situation may affect city workers and their families as well as city department operations
- ✦ Posted signage and precautionary measures in city buildings, with the help of the maintenance staff, to keep citizens and employees informed
- ✦ Actively participated in WI DPH teleconference/webcast updates
- ✦ Actively participated in Milwaukee /Waukesha Preparedness Consortium’s planning teleconferences twice weekly
- ✦ Monitored CDC, WHO, WI DPH websites for rapidly changing events and guidance
- ✦ Monitored media outlets for accurate public messaging

By mid-June, 2009, the Wisconsin State Lab of Hygiene no longer provided H1N1 lab testing free of charge. Subsequently, fewer and fewer people were tested for H1N1. With the decreased testing

and the schools recessing for summer break, the number of H1N1 cases requiring investigation plummeted. See epidemic curve below.



Based on historical patterns of past influenza pandemics, the CDC predicted a second wave of increased H1N1 cases in the fall of 2009. In anticipation of a “second wave” and procurement and distribution of the H1N1 vaccine, the WHD shifted its response efforts to planning surveillance activities and mass clinics, educating the community about the disease process and infection control measures, developing multiple communication streams, and training staff and various partners. Below are the activities the WHD conducted in the mid summer and early fall of 2009.

- ✦ Developed and disseminated informational newsletter insert to inform the public of H1N1
- ✦ Met and developed plans for H1N1 flu issues for the 2009 – 2010 school year with Wauwatosa School District staff
- ✦ Secured Wauwatosa West High School as west-side H1N1 vaccination site
- ✦ Presented H1N1 flu seminar for Wauwatosa private schools; 12 school staff attended representing 8 of 10 private schools
- ✦ Developed and disseminated new school surveillance forms and guidelines for the 2009-2010 school year
- ✦ Monitored Wauwatosa School District’s and several private schools’ student absenteeism daily and weekly for clusters of flu-like symptoms
- ✦ Presented H1N1 flu seminar for Wauwatosa child care providers; 28 providers attended representing 17 of 23 child care centers
- ✦ Presented H1N1 flu seminar for Wauwatosa city department directors and administration
- ✦ Presented H1N1 flu seminar for Wauwatosa city employees
- ✦ Presented H1N1 flu seminar for the parents of St. Jude School’s students
- ✦ Finalized isolation and quarantine orders with legal department involvement
- ✦ Met and provided guidance to the Wauwatosa Fire Department
- ✦ Met and provided guidance to the Wauwatosa City Administration and selected departments

- ✦ Developed H1N1 Influenza A policy and procedure for the City and its employees
- ✦ Actively participated in WI DPH's weekly teleconference/webcast updates
- ✦ Continued to monitor CDC, WHO, WI DPH websites for rapidly changing events and guidance
- ✦ Continued to monitor media outlets for accurate public messaging
- ✦ Processed a total of 838 **documented** H1N1-related inquiries on the Information and Referral Nurse Line in 2009; many calls were not documented due to the high call volume peaking at 40 – 50 calls per hour for about 4 – 5 days
- ✦ Responded to several media requests for Wauwatosa-specific statistics and information
- ✦ Developed training program for fire department paramedics to vaccinate at H1N1 flu clinics
- ✦ Developed training programs for healthcare and non-healthcare volunteers to staff H1N1 flu clinics
- ✦ Developed training program for volunteers to assist with vaccine data entry

Under the guidance of the CDC and the Food and Drug Administration (FDA), pharmaceutical manufacturers developed a separate vaccine for the H1N1 flu. Five manufacturers developed approximately a dozen different vaccine formulations; each formulation had different administration routes, contraindications, and approvals for age groups. For example, one formulation was administered intra-nasally for healthy 2 to 50 year olds while another formulation was injected intramuscularly for individuals aged 4 years and older with chronic health conditions. Because the various formulations were developed and available at different times, local health departments did not know which formulation it would receive or when it would arrive. LHDs received whatever formulation was available in the amounts that were available. As expected, this provided communication and logistical challenges in distributing the vaccine. The first formulation arrived in October 2009. From October 2009 through August 2010, the WHD conducted the following vaccination activities to minimize the impact of H1N1 on the community:



- ✦ Conducted 11 mass public H1N1 vaccine clinics in the Wauwatosa City Hall's Lower Civic Center with the following coordination and logistical challenges:
  - Scheduled clinic dates and times in coordination with the city administration office and Recreation Department to minimize conflicting activities
  - Coordinated clinic staffing with fire department, police department, and building/maintenance division
  - Coordinated and trained 29 volunteers for 169 hours of clinic and data entry staffing
- ✦ Conducted 7 mass public H1N1 vaccine clinics in the Wauwatosa Health Department
- ✦ Coordinated and conducted 9 onsite clinics for Wauwatosa Fire Department employees
- ✦ Conducted 2 onsite clinics for Wauwatosa police and public works department employees
- ✦ Conducted 2 onsite clinics for city hall employees
- ✦ Coordinated and conducted an onsite clinic for school district healthcare workers
- ✦ Coordinated and conducted 2 onsite clinics at 11 schools to vaccinate high-risk children with extreme special healthcare needs
- ✦ Coordinated and provided special vaccination arrangements for several high-risk Wauwatosa children with extreme special healthcare needs who do not attend Wauwatosa schools
- ✦ Coordinated and conducted an onsite clinic for alternative school district employees
- ✦ Coordinated and conducted 5 onsite clinics for adult living facilities
- ✦ Provided 28 vaccinations to homebound individuals
- ✦ Contacted and provided guidance on H1N1 vaccine ordering and procuring to all Wauwatosa adult living facilities with available skilled- and assisted- nursing care
- ✦ Administered H1N1 vaccine at its regular immunization clinics through August 2010
- ✦ Administered over 5000 H1N1 vaccine doses through clinics

By summer 2010, most of the activities surrounding the H1N1 flu virus subsided and the WHD shifted into the recovery stage. The recovery stage consisted of debriefing the incident and identifying areas for improvement, revising communications and response plans, and assessing and developing plans to restart and normalize all of the other departmental programs and services that were suspended during the pandemic.

## **Other Communicable Diseases (Non-Vaccine Preventable)**

### **What are ‘Other Communicable Diseases’?**

Infectious diseases that do not have a preventive vaccine are categorized under ‘Other Communicable Diseases.’ This category encompasses a wide array of diseases that can be transmitted through many different pathways. The most common of these are sexually transmitted, particularly Chlamydia and Gonorrhea. The second most common are *enteric diseases* (also known as diarrheal illnesses) which include Salmonella, Shigella, Giardiasis, E. coli 0157:H7, Norovirus, and Campylobacter. Other diseases include those transmitted through the air (SARS, tuberculosis), by animals (rabies), via insects (West Nile Virus), and by direct contact (MRSA).

### **How does Wauwatosa compare?**

Wauwatosa had fewer Campylobacter, E. coli 0157:H7, and Listeria enteric (diarrheal) diseases than the national average, exceeding the Healthy People 2020 goals. Wauwatosa’s salmonella rate is lower than the national average, but exceeds the Healthy People 2020 target. Meanwhile, the community still has some work to do to reduce the rates of Hepatitis C and tuberculosis (TB).

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

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 2009:

- Conducted 181 non-VPD CD investigations, including 91 STDs
- Processed 318 non-VPD CD inquiries including 229 regarding tuberculosis 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 2009, 132 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 2009, the WHD investigated and tracked the following CD sentinel events or outbreaks:

- Enteric outbreaks commonly occur during winter months due to many people spending more time indoors. Congregate adult living facilities, such as nursing homes and assisted living centers, usually are places where these outbreaks occur. One enteric outbreak occurred at an assisted living residence in January. The situation was self-limited with no additional cases after a week. The one stool specimen that was sent to the Wisconsin State Lab of Hygiene (WSLH) returned negative for Norovirus. The final disposition was classified as 'suspect Norovirus'.
- In January, the WHD was notified of a situation in a long-term care facility after one of the resident's relatives was informed that all social activities and the dining room services were canceled, and residents were informed to stay in their rooms. The first reported case was January 9 and continued through January 26. 34 residents and 14 staff complained of enteric symptoms. Lab tests confirmed Norovirus as the organism.
- In January, the WHD was notified of an enteric outbreak at an adult living facility. This adverse event began on January 17 and continued into February. Over 30 people were symptomatic. The event was unusual in that over 80% of the cases are employees, not residents. Employees lived in Wauwatosa, West Allis, Milwaukee, Oak Creek, and Greenfield. The outbreak was confined to the two residential units which were interconnected by hallways. Enteric specimens that were sent to the WSLH and the Milwaukee Health Department Laboratory were all negative. Norovirus was the suspected causative agent.
- Another sentinel event occurred involving a school district sports team in January. 11 athletes were diagnosed with 4 different skin infections from January 8 through 14. Affected athletes were withheld from competition and training, and the training facility was thoroughly disinfected. The closing of the schools for 4 days due to inclement weather and the weekend assisted in the infection control process.
- An enteric outbreak occurred in a large adult living facility in northwest Wauwatosa consisting of a nursing home, assisted living, independent senior apartments, a senior adult day care, and a child care center. It employed 569 people (132 nursing staff and 437 others). The nursing home had 222 residents and the assisted living area had 118 residents. The nursing home and assisted living areas were the focal point of the outbreak. The index case, a receptionist, experienced symptoms beginning on March 1. In the next two days, three nursing home residents became symptomatic. The epidemic curve is consistent with person-to-person transmission. The first outbreak peak was on March 16 with 31 cases. A second peak of 25 cases occurred on March 27. As of April 17<sup>th</sup>, 352 individuals experienced symptoms, mainly

vomiting and diarrhea. The nursing home resident attack rate was 55% while the staff attack rate was 22%. No cases were reported among children or staff in the child care center. The attack rates and outbreak length was within the parameters of what the Oregon Public Health Division reported for long term care facilities in its “CD Summary” for 2003-2006 (<http://oregon.gov/dhs/ph/cdsummary>). Six residents’ stool samples tested positive for Norovirus. Infection control measures followed the Wisconsin Division of Public Health’s “Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in Wisconsin Long-Term Care Facilities”.

- An eastern Wauwatosa adult care facility experienced a confirmed Norovirus outbreak from March 23 through April 2. Sixteen out of 46 patients (34.8%) in the nursing home unit were symptomatic while six of 17 residents (35.3%) from the memory care unit were ill. Twenty-nine employees called in sick during this time period; the investigation continued into the reasons for the employees’ illnesses. WHD collaborated with the facility’s infection control nurse to complete the investigation and the report.
- In June, WHD staff responded to an enteric outbreak with a Wauwatosa scouting troop. The troop had been camping in northern Wisconsin, and one scout arrived to camp ill. Notification letters were distributed to parents. No organism was identified.

WHD conducted the following CD program services during 2010:

- Conducted 249 non-VPD CD investigations, including 148 STDs
- Processed 296 non-VPD CD inquiries including 207 regarding tuberculosis 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 2010, 115 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. In one incident, a homeless individual living at a Wauwatosa hotel/motel was hospitalized with miliary TB. This is a systemic condition which was found in the individual’s urinary system and brain. It was not infectious but could “breakdown” and become infectious if not properly treated and managed. The individual needed directly observed therapy (DOT) daily for a week after hospital discharge, then twice a week thereafter. WHD prioritized DOT, secured semi-permanent housing, and obtained short-term disability benefits to pay for healthcare and housing for a longer-term. WHD transitioned the individual to a Milwaukee rooming house. The American Lung Association (ALA) paid for the deposit and 1<sup>st</sup> month’s rent which established a “permanent” address for the individual to obtain short-term disability; the short-term disability is currently in process. Many WHD resources were spent coordinating and managing this case for an excellent resolution.
- 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
- Outreached to all Wauwatosa adult living facilities and community-based residential facilities (CBRFs) on CD reporting requirements, CD resources, WHD services and resources, and emergency preparedness planning.
- Participated in Briggs & Stratton's employee fair; providing handwashing information and demonstration.

In 2010, the WHD investigated and tracked the following CD sentinel events or outbreaks:

- In January, the WHD was notified a food borne illness outbreak when 8 out of the 10 family members become ill with diarrhea after eating at a Wauwatosa restaurant. An investigation was conducted. 3 stool specimens were negative; no organism was identified. Sequential dates of illness indicated that it was probable person-to-person transmission, not restaurant-related. Illnesses were most likely Norovirus. Restaurant did have some critical violations upon inspection.
- In February, the WHD was notified of an enteric outbreak at an adult living facility in the adult day care unit. 17 of 25 (68%) staff were affected with illness onset dates of January 28 through February 11<sup>th</sup>. 11 of 100 (11%) participants were affected with illness onset dates of February 2 through the 12<sup>th</sup>. An additional 9 residents were symptomatic. No other units were affected. The unit closed on February 9<sup>th</sup> (snowstorm day) for a thorough cleaning and disinfecting. One symptomatic participant exposed the unit after the February 9<sup>th</sup> cleaning. The outbreak was resolved on February 21. The causative agent was Norovirus.
- An inpatient residential facility reported on March 25 that several residents and some staff were experiencing vomiting and diarrhea symptoms. The index case was in a resident who experienced symptoms on March 21. Four lab tests confirmed Norovirus as the responsible organism. A total of 17 residents and 9 staff members were symptomatic. Last onset date was April 4<sup>th</sup>; case was closed on April 12.
- In November, 11 of 12 family members dining at a local restaurant became ill with enteric symptoms after eating pizza. The family member without symptoms ate only salad. Most family members handled a sick infant. The investigation could not verify illnesses were related to food handling at the restaurant since there were no other citizen complaints.
- On November 15, WHD was alerted to an enteric outbreak at a healthcare facility on the county grounds. The investigation revealed 9 individuals on a single unit experienced diarrhea with the earliest onset date of November 13. The investigation into staff members revealed 8 staff ill with enteric symptoms, the earliest onset date of November 8. Stool samples confirmed Norovirus. The cause was identified as staff to patient.

## Food Inspection Program

### What is the Food Inspection Program?

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

### How does Wauwatosa compare?

The WHD has a very aggressive food inspection program. 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. On average, an inspected establishment will have 2.28 violations. Twenty-three percent of all violations noted in Wauwatosa were CDC critical risk factors compared with 45% statewide. On average, 0.53 CDC critical risk factor violations were observed per inspection of a Wauwatosa restaurant compared with ~1.8 violations observed of statewide restaurants. WHD sanitarians observed 2.28 good retail practice violations per inspection compared to ~2.4 statewide. In summation, WHD inspects restaurants at a greater frequency than the state average and observes fewer food code violations.

#### Why is this important?

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

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



### What is the Wauwatosa Health Department doing?

In 2009, the WHD continued to monitor and evaluate the burden of disease via the following activities:

- Investigated all 10 food-borne illness complaints regarding restaurants; none of the events were found to have originated from Wauwatosa restaurants
- Investigated and abated 27 general complaints related to food establishments
- Processed 18 food-borne illness inquiries through WHD's Information and Referral Nurse Line
- Conducted 618 inspections for licensed establishments including 164 retail food establishments, 41 city food, 79 vending machines, 298 restaurants, and 36 temporary restaurant inspections. Every licensed food establishment in Wauwatosa is inspected at least once and additionally on credible complaint.
- Conducted 32 kitchen inspections for 18 public and private schools
- Processed 24 restaurant-related inquiries through the WHD Information and Referral Nurse Line
- Outreached to coordinators and operators of temporary events, such as Tosafest and the Tosa tonight concert series, to educate them on the proper licensing and set up procedures to ensure a safe and efficient temporary event

In 2010, the WHD continued to monitor and evaluate the burden of disease via the following activities:

- Investigated all 4 food-borne illness complaints regarding restaurants; none of the events were found to have originated from Wauwatosa restaurants
- Investigated and abated 38 general complaints related to food establishments
- Processed 30 food-borne illness inquiries through WHD's Information and Referral Nurse Line
- Conducted 613 inspections for licensed establishments including 152 retail food establishments, 51 city food, 72 vending machines, 303 restaurants, and 35 temporary restaurant inspections. Every licensed food establishment in Wauwatosa is inspected at least once and additionally on credible complaint.
- Conducted 29 kitchen inspections for 18 public and private schools
- Processed 45 restaurant-related inquiries through the WHD Information and Referral Nurse Line
- Work closely with the coordinators of the Tosa Farmers Market to launch the inaugural year of the new farmer's market in the Wauwatosa village.

## Emergency Preparedness

### What is Emergency Preparedness?

In the wake of recent hurricanes, tsunamis, acts of terrorism, and the threat of pandemic influenza, the possibility of public health emergencies arising in the United States is of great concern to many Americans.

Federal Emergency Management Agency (FEMA) defines preparedness as those activities, programs, and systems that exist before an emergency and that are used to support and enhance responses to an emergency or disaster.

Public health threats are inevitable. Being prepared can save lives and protect the health and safety of the public and emergency responders during disasters. A prepared public health system involves continual improvement of the system's ability to prevent, protect against, respond to, and recover from the consequences of emergencies. Since 2002, all states including Wisconsin received federal funds from the CDC for the purpose of upgrading state and local public jurisdictions' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

#### Why is this important?

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

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



### How does Wauwatosa compare?

The WHD is a member of the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness (MWCCEPHP). This consortium is the largest of twelve across the state and has 14 health departments as members. From 2003 to 2008, the WHD was the fiscal agent for the consortium 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. In 2009, the WHD conducted the following activities:

- Participated in city, county and state preparedness exercises and activities
- Worked over the past 2 years with identifying and engaging at risk populations, or populations that may be acutely effected in the case of an emergency. WHD engaged child and adult care facilities and developmentally and physically disabled populations to better understand their needs in an emergency.
- Conducted active surveillance activities (*See Communicable Disease section*)
- Collaborated in multijurisdictional response to the H1N1 pandemic (*See Communicable Disease section*)
- Assessed over 132 individuals for emergency preparedness plans through the department's Adult Health Clinic program
- 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.

In 2010, the WHD conducted the following activities:

- Participated in city, county and state preparedness exercises and activities
- Conducted active surveillance activities (*See Communicable Disease section*)
- Assessed over 146 individuals for emergency preparedness plans through the department's Adult Health Clinic program
- Outreached to all Wauwatosa adult living facilities and community-based residential facilities (CBRFs) on CD reporting requirements, CD resources, WHD services and resources, and emergency preparedness planning.
- Collaborated with Wauwatosa Police, Fire, Public Works and Water departments regarding the following sentinel events:
  - On July 22, 2010, Wauwatosa received 5.4 inches of rain within a few hours. Several Wauwatosa homes and neighborhoods experienced flooding, especially in their basements. The WHD responded by posting flood information on the department's website and providing the public with handouts the following day. WHD fielded 28 flood-related calls and secured and distributed 6 pallets (1 pallet = 144) of flood kits.
  - In November 2010, WHD assisted the Milwaukee County grounds with a boil water notification. A routine test of water quality failed and, until confirmatory tests were conducted the WI DNR, issued a precautionary boil water advisory. WHD staff assisted Milwaukee County by notifying companies on the county grounds including hospitals, restaurants, and day care centers. The after action report noted that 155 Wauwatosa parcels receive water from the Milwaukee County main and were not notified. WHD staff worked with the Wauwatosa Water Department and Milwaukee County Grounds to write and mail an inforamatory letter to those residents to ensure that in the case of another advisory those residents and businesses would be properly notified.

# Environmental Health

## Sanitation and Environmental Hazards

### What are Sanitation and Environmental Hazards?

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

### How does Wauwatosa Compare?

Nuisance complaints are not uniformly tracked throughout the state or nation resulting in a lack of comparison data. WHD tracks and follows up on all complaints that are submitted concerning a wide array of nuisances and HHHs. See *Appendix 3* for a listing of all complaints registered with the city in 2009 and 2010.

### 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. In 2009, WHD conducted the following activities:

- Documented 131 nuisance complaints, resulting in 98 on-site inspections, 5 warning letters, and 4 abatement orders.
- Inspected 11 HHH complaints with three verified hazard; verified complaints were issued orders for clean-up.
- Met and collaborated with other city departments, businesses, and residents to ensure that complaints were handled in an efficient collaborative manner.
- Processed 197 nuisance and HHH inquiries through the WHD Information and Referral Nurse Line
- Provided community education through written materials, media communication, and community presentations.
- Conducted a Radon Awareness Campaign to encourage residents to test their homes for the presence of radon. Radon is a cancer-causing, radioactive gas that cannot be seen, smelled, or tasted. It comes from the natural (radioactive) breakdown of uranium in soil, rock, and water and gets into the air. The U.S. Surgeon General determined radon to be the second leading cause of lung cancer in the United States today. Radon has been found in all Wauwatosa zip

codes. WHD purchased 150 short term carbon kits from the Southeast Wisconsin Radon Information Center (SERIC). Each packet sold by WHD contained one Alpha Energy short term carbon kit, instructions on proper use of the test kit, an example of how to complete the radon test information card, the SERIC results interpretation flowchart and a copy of the EPA's *A Citizen's Guide to Radon* booklet. In the March 2009 edition of the Wauwatosa city newsletter, WHD inserted a general awareness advertisement that was sent to every residential building in the city limits. The spring 2009 Radon Awareness Campaign distributed 149 of the 150 kits (99.3%) purchased for the program. As of January 4<sup>th</sup>, 2010, eighty-three (83) of the 150 test kits (55.3%) distributed had been tested. The average radon result was 4.21pCi/l with a highest total of 41.9 pCi/l; four (4) kits were not tested because of over or under exposure issues. During the radon campaign, WHD processed 144 radon inquiries through the WHD information and Referral Nurse Phone Line.

In 2010, WHD conducted the following activities:

- Documented 135 nuisance complaints, resulting in 76 on-site inspections, 2 warning letters, and 5 abatement orders.
- Inspected 14 HHH complaints with five verified hazard; all complaints were investigated and either cleared, did not rise to the level of a human health hazard or were verified which resulted in issuing orders for clean-up. All Human health hazards were abated before the close of 2010.
- Met and collaborated with other city departments, businesses, and residents to ensure that complaints were handled in an efficient collaborative manner.
- Processed 315 nuisance and HHH inquiries through the WHD Information and Referral Nurse Line.
- Processed 95 radon inquiries through the WHD Information and Referral Nurse Line.
- Provided community education through written materials, media communication, and community presentations.

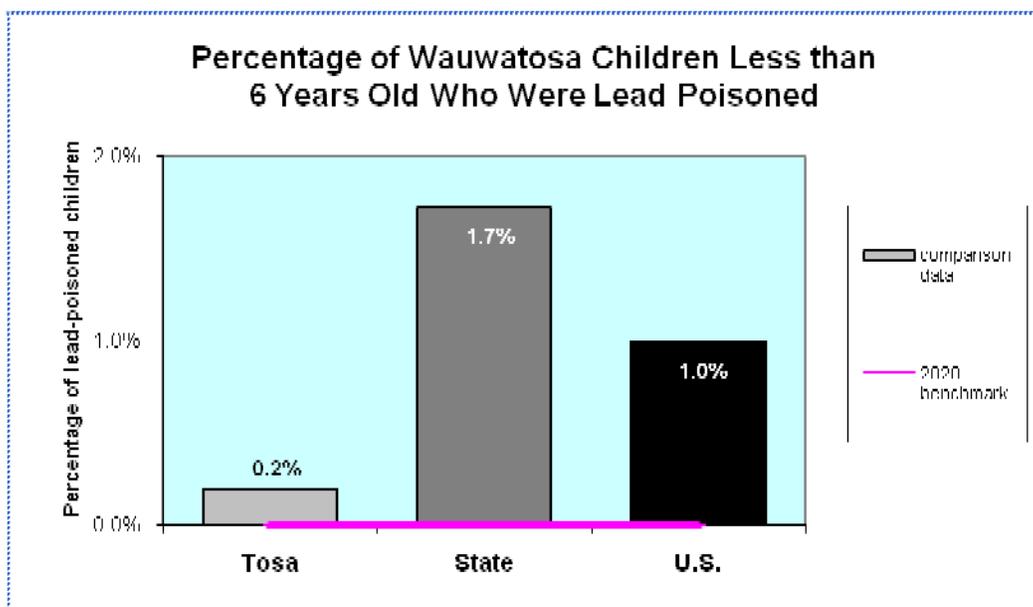
## **Lead Poisoning Prevention**

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

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

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

Approximately, 0.2% of all Wauwatosa children less than 6 years of age were found to be lead-poisoned, compared with 1.72% within Wisconsin and 1.0% across the United States. The rate of lead-poisoned children in Wauwatosa is lower than that of Wisconsin and 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. Children aged less than six years are tested for lead in their blood, usually around age one year. By law, all children aged less than six years who have a blood lead level  $\geq 10 \mu\text{g/dL}$  must be reported to the local health department for case management services. Case management services include the coordination of diagnosis verification, treatment, and periodic lab testing with the families and health care providers of lead-poisoned children. Since eliminating lead from one's body is a prolonged process, case management services may span for many months or years. In addition, the WHD staff investigates the environmental source of the lead poisoning and may enforce specific remedies to remove the lead. In 2009, the WHD conducted the following lead programming activities:

- Identified and followed 16 Wauwatosa children for having blood lead levels over  $10 \mu\text{g/dL}$ . Of the 16 children, four were tracked for case management services from previous years with 12 new cases in 2009. The health department closed 13 cases as having successfully completed treatment and follow-up. Two additional cases were transferred to the City of Milwaukee due to a change in residency. At the end of 2009, only one case remained active as needing continued case management services into 2010.
- Educated the community via the spring city newsletter on safe remodeling practices in a home with lead-based paint.
- Processed 26 environmental lead inquiries through the WHD Information and Referral Nurse Line
- Processed 19 lead poisoning inquiries through the WHD Information and Referral Nurse Line
- Conducted educational outreach on lead poisoning prevention practices at community events, such as Tosa Night Out
- Maintained and rented HEPA-filter equipped vacuum cleaners to residents performing home improvements to prevent lead contamination.
- Continued discussions with the Wauwatosa Community Development Department on a lead poisoning prevention mini-grant program for eligible child-centered businesses and homes to contain or abate potential lead exposures.

In 2010, the WHD conducted the following lead programming activities:

- Identified and followed 9 Wauwatosa children for having blood lead levels over 10 µg/dL. Of the 9 children, one was tracked for case management services from 2009 with 8 new cases in 2010. The health department closed 6 cases as having successfully completed treatment and follow-up. At the end of 2010, 3 cases remained active as needing continued case management services into 2011.
- Provided age appropriate blood lead testing of all children enrolled in WIC: 66% (55 of 84) of 1 year olds tested; 38% (13 of 34) of 2 year olds tested; 31% (11 of 35) of 3-4 year olds with no previous test were tested.
- Conducted 2 home visits to provide information about lead poisoning prevention and treatment for families with a child having a venous blood lead levels of 10 µg/dl; another two families refused a home visit.
- Completed one environmental lead hazard investigations on a residence with a child whose venous blood lead level was greater than 15 µg/dl. Another investigation was completed on a residence with a child whose venous blood lead level was between 11 and 14 µg/dl. Two families whose child's venous blood lead level was 10 µg/dl declined an environmental hazard investigation.
- Collaborated with Wauwatosa Community Development Department staff and with federal HUD representatives to develop and finalize a weatherization grant protocol to prevent homes with children aged less than six years from developing a lead hazard. The mini-grant to homeowners was designed to replace original windows and doors on properties built before 1978; several criteria needed to be met to qualify for the program. Forms and documents were drafted. WHD decided to pilot 5 properties to determine program resources on staff time and program costs. WHD advertised program in December 2010 and more than 5 properties qualified. Program implementation continued into 2011.

## 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. The main illness of concern regarding animal bites is rabies. The WHD utilizes regulatory authority to quarantine animals, require veterinary observations, and order laboratory testing for rabies. Wauwatosa municipal codes also 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?

Fifty dog bites were reported to WHD in 2009 and 41 in 2010. 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.

#### Why is this important?

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

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



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

The control of animals program is an important and integral means to ensuring the safety and health of the Wauwatosa residents. For domesticated animals such as dogs and cats, animal bite reports are received via hospitals, police, or concerned citizens. Each report is investigated to determine the nature of the incident and the risk to the person involved. When the animal 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. In addition to the family pet, the WHD investigates contacts with wild animals for possible rabies exposures, including contacts with bats. Bats are a known carrier of rabies in Wisconsin, with approximately 3.2% of all bats submitted test positive for rabies. Implementation of the WHD bat/ rabies exposure protocol and robust client follow-up enabled the exposed person(s) to initiate post-exposure prophylaxis and avoid this potentially fatal disease. WHD also provides testing to ensure that any bats that have contact with humans and pets are not infected with rabies. In 2009, WHD conducted the following animal bite activities:

- Investigated 50 animal bite reports (all bites including wildlife, domestic and strays)
- Issued 20 domestic animal quarantine orders
- Processed 28 specimens for rabies testing
- Declared 1 animal as vicious
- Processed 23 animal bite and exposure inquiries through the WHD Information and Referral Nurse Line

In 2010, WHD conducted the following animal bite activities:

- Investigated 41 animal bite reports (all bites including wildlife, domestic and strays)
- Issued 17 domestic animal quarantine orders
- Processed 17 specimens for rabies testing
- Declared 1 animal as vicious
- Processed 38 animal bite and exposure inquiries through the WHD Information and Referral Nurse Line

## ***Water Sources***

### **What are Water Sources?**

Water sources include drinking water and recreational water (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. This threat was evident in the 1993 Milwaukee metropolitan area *Cryptosporidium* outbreak. Drinking water is not only municipal tap water, but includes bottled water as well. In addition, swimming pools, spas, lakes, and rivers are sources of recreational water illnesses (RWI). RWIs are illnesses that are spread by swallowing, breathing, or having contact with contaminated water. Symptoms may vary widely, including diarrheal, skin, ear, eye, respiratory, and neurological infections.

## How does Wauwatosa Compare?

Drinking water for the City of Wauwatosa comes from Milwaukee Water Works (MWW). Stringent water testing performed by MWW meets or exceeds safe drinking water standards established by the Environmental Protection Agency (EPA). At no time in 2009 or 2010 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.city.milwaukee.gov/water](http://www.city.milwaukee.gov/water).

## 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.

Besides having safe recreational water, the City of Wauwatosa has some of the safest and highest quality drinking water in the nation. But even with the highest quality water available, mechanical failures, such as water main breaks, can jeopardize the health of the residents of Wauwatosa. Through collaborative partnerships with other city departments, state partners, and private industry, the WHD protects the municipal water supply by monitoring water quality and issuing boil or bottled water orders as needed. In 2009, the WHD conducted the following water-related activities:

- Inspected all 27 licensed pools annually
- Monitored monthly pool operational logs to ensure proper disinfectant and pH levels

In 2010, the WHD conducted the following water-related activities:

- Inspected all 27 licensed pools annually
- Monitored monthly pool operational logs to ensure proper chlorine and pH levels
- Issued boil water advisory on county grounds (See 'Emergency Preparedness' section)

### Why is this important?

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

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



## Nutrition and Physical Activity

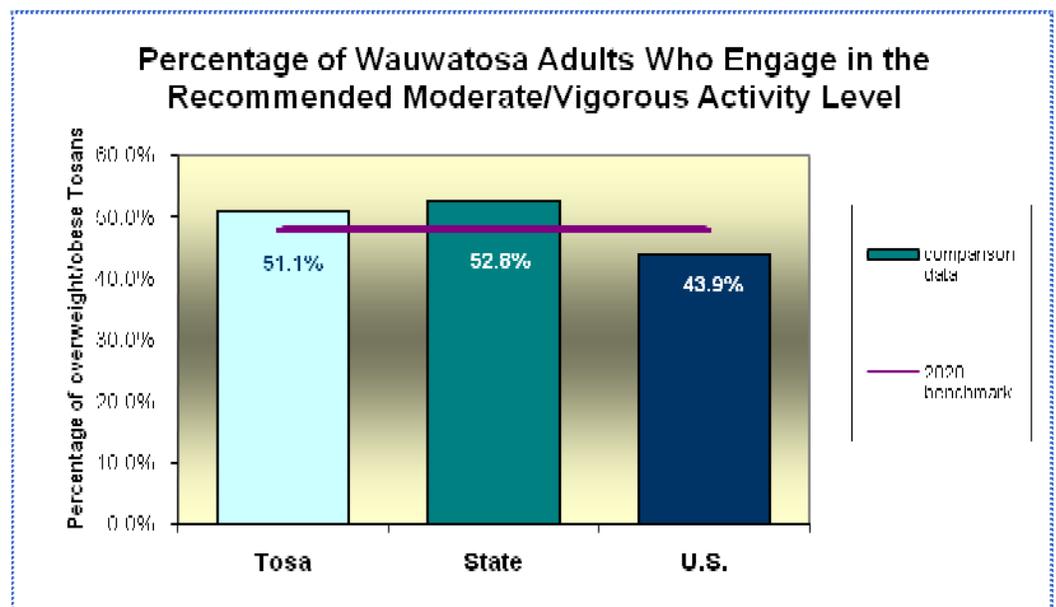
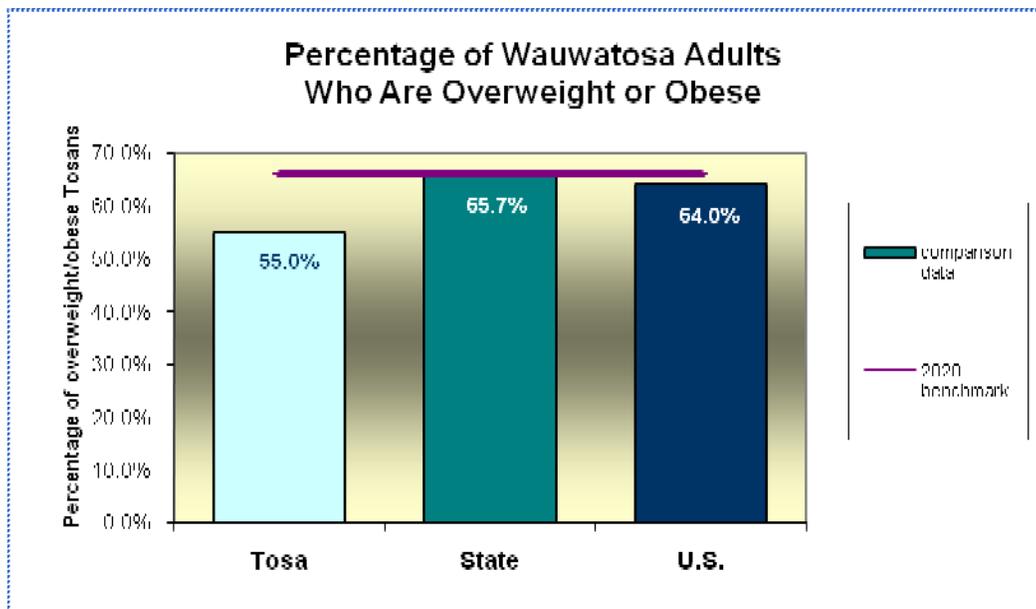
### What is Nutrition and Physical Activity?

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

body mass index (BMI) greater or equal to 25.0 while obese is defined as having a BMI of 30.0 or greater.

### How does Wauwatosa compare?

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



## What is the Wauwatosa Health Department doing?

The WHD will continue to combat chronic disease caused by inadequate healthy eating and exercise through allocating resources based on best practices. In selecting which national and state health priorities to focus on through 2020, the WHD will consider statutory requirements, health needs voiced during the community health assessment process, as well as recommendations for best practices by the CDC, the WI DHS, and US Census Data. In 2009, the WHD performed the following activities addressing appropriate and adequate nutrition and physical activity, otherwise known as healthy eating and healthy activity:

- Coordinated two *Cooking Healthy Soups* programs in partnership with the Froedtert and Medical College dieticians in January and February. Both classes were well attended and well received. Wauwatosans' high demand for cooking classes prompted a third cooking class.
- Partnered and provided technical assistance in Wellness in Tosa Schools (WITS) Committee initiatives.
- Assessed over 132 individuals on healthy eating and physical activity level through the department's Adult Health Clinic program.
- Processed 295 inquiries on nutrition topics including WIC, food security, and oral health via WHD's Information and Referral Nurse Line
- Processed 4 physical activity related inquiries on WHD's Information and Referral Nurse Line
- Provided over 100 Wauwatosa families with the Women, Infants, and Children (WIC) nutrition supplement program for individuals who are nutritionally at-risk
- Continued work on the Healthy Options in Tosa (HOT) initiative aimed to partner with restaurants in identifying healthy food choices on their menus. The three restaurant owners who participated in the pilot HOT program were surveyed on what worked well and what could be improved with the program. The WHD improved the HOT program based on feedback from the restaurant owners and the program's Advisory Board of Registered Dieticians.
- Hosted a community forum to discuss strategies to increase physical activity and healthy eating in Wauwatosa in October. Most of the discussion centered on the addressing the nutrition habits of children while they are in school.
- Purchased two 'Color Me Healthy' kits for child care centers to "check out" and return. The WHD staff developed a follow-up survey tool to evaluate program. WHD sent letters to all 29 day cares announcing program. Additional outreach was accomplished through personal phone calls describing the program to the child care facilities. Four child care facilities with seven teachers utilized the program to reach over 30 children; post-program evaluations indicated that the program was well received and resulted in children's increased physical activity and healthy food choices.
- Revised the WHD nutrition and physical activities strategic plans in the summer and fall due to the almost complete suspension of activities during the H1N1 pandemic.

In 2010, the WHD performed the following activities addressing healthy eating and healthy activity:

- Partnered and provided technical assistance in Wellness in Tosa Schools (WITS) Committee initiatives.
- Assessed over 146 individuals on healthy eating and physical activity level through the department's Adult Health Clinic program.
- Processed 265 inquiries on nutrition topics including WIC, food security, and oral health via WHD's Information and Referral Nurse Line
- Processed 3 physical activity related inquiries on WHD's Information and Referral Nurse Line
- Provided over 115 Wauwatosa families with the Women, Infants, and Children (WIC) nutrition supplement program for individuals who are nutritionally at-risk

- Collaborated with the Wauwatosa School District for International Walk to School Day.
- Assisted the school district with its September 28<sup>th</sup> nutrition program for parents of elementary students
- Participated in the September 25 Green Fair located in the Village by providing program information and veggie puppets.
- Analyzed effectiveness and efficiency of continuing the Wauwatosa Physical Activity and Nutrition (PAN) Coalition. Since the coalition accomplished most of its initial goals, the decision was to sunset the coalition.
- Continued outreaching to local restaurants about the HOT program. All Wauwatosa restaurants received information about the program with their license renewal and invited to participate in the program. Four more restaurants were added to the program in 2010. The WHD proceeded to contact all grocery store deli's that serve readymade foods and Sodexo, the school district's food service provider, to discuss participation in the program.
- Promoted the use of Color Me Healthy, a moving and eating healthy toolkit aimed for preschoolers, to local child care providers. The WHD staff conducted brief training sessions for the child care providers. The toolkit components impacted preschoolers, their families through newsletters, and the staff participating in the program. Eight child cares/preschools expressed interest in the program and received a brief training from a PHN. Five child care centers, one family daycare, and one preschool implemented the program. Two centers had used the kit previously and have incorporated it into their yearly education planning. One large center postponed participation. All participants were positive and enthusiastic about the toolkit. The staff who completed surveys felt that the children increased their physical activity level and knowledge of healthy eating. One child care center purchased its own kit.
- Developed, implemented, and analyzed a randomized telephone breastfeeding survey to assess the breastfeeding and infant feeding practices of Wauwatosa families. The survey utilized question from the CDC's National Immunization Survey. The survey asked for minimal demographic information on mothers, breastfeeding practices, barriers to breastfeeding, and infant feeding practices.

## Tobacco Use and Exposure

### What is Tobacco Use and Exposure?

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

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

#### Why is this important?

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

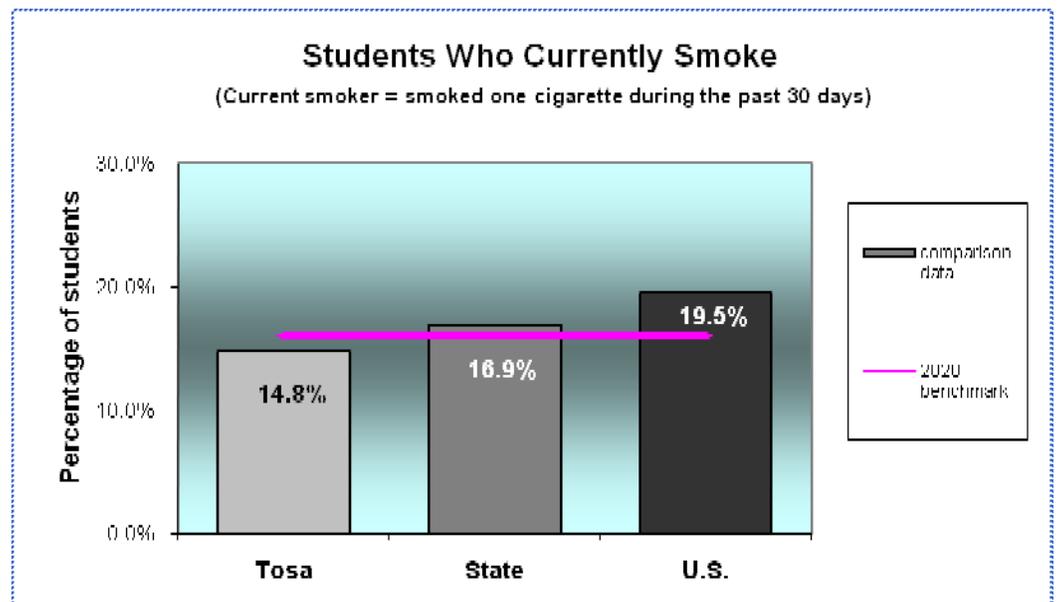
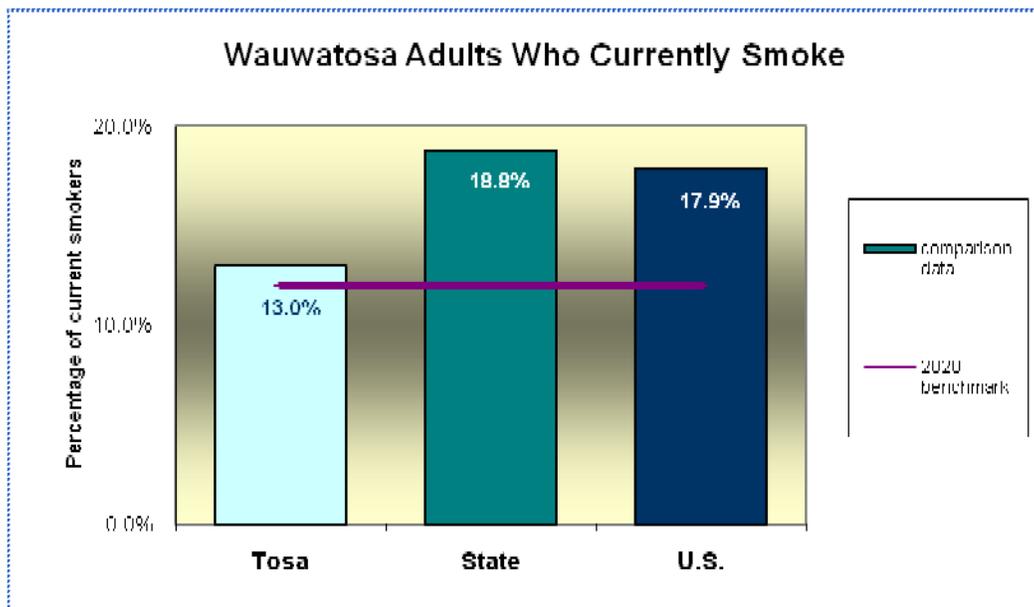
*The Burden of Tobacco  
in Wisconsin; 2010 Edition*



## How does Wauwatosa Compare?

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

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



## What is the Wauwatosa Health Department doing?

The WHD continued its efforts to prevent morbidity and mortality related to tobacco use and exposure. Major activities centered on collaboration and partnerships, community education, youth prevention, and adult cessation. In 2009, the WHD performed the following activities addressing tobacco use and exposure:

- Conducted two *Freedom From Smoking* tobacco cessation classes for adults, one in March and the other in September. This evidence-based program continued its success with a quit rate consistently exceeding 50%.
- Completed 34 tobacco compliance investigations in May. The WHD secures the funding and reporting requirements to pay for the police overtime and other program expenses. 88.2% did not sell to minors; 4 out of 34 tobacco retail establishments sold to minors and received citations. One vendor received a 2<sup>nd</sup> citation and another received their 3<sup>rd</sup> citation.
- Completed 11 tobacco compliance investigations in December. 81.8% did not sell to minors; 2 out of 11 tobacco retail establishments sold to minors and received citations.
- Maintained active partnership with Tosa United, a community cooperative that seeks to promote positive tobacco, drug, and alcohol-free behaviors among adolescents.
- Administered the *Alternative to Citation* program in partnership with the Greendale Health Department, Greenfield Health Department, and West Allis Health Department, the American Lung Association, the Wisconsin Division of Public Health, Wisconsin Tobacco Control Program (TCP), municipal courts, and the police departments of Wauwatosa, Greendale, Greenfield, and West Allis. Youth who received a first time citation for use or possession of a tobacco product are referred to this diversion class by the municipal judge. Classes are held every January, May, and September. The WHD partners with the Wauwatosa municipal court to track Wauwatosa youth through the diversion program. The health departments jointly conduct the classes on Saturday mornings. The WHD collects and analyzes program data. In 2009, 43 youth participated in the diversion program, 11 from Tosa. 91% of the participants would recommend the program to their peers. Pre and post tests indicated 28.7% of the participants either gained knowledge or planned to change their tobacco-related behavior.
- Processed 17 tobacco cessation and 3 second-hand smoke related inquiries on WHD's Information and Referral Nurse Line.
- Educated the community about the health impact of smoking and second hand smoke at several community events such as flu clinics, employee wellness fairs, and Tosa Night Out.
- Assessed, counseled, and referred parents of over 600 newborns on tobacco use and smoke-free home environments.
- Assessed, counseled, and referred 132 adults and seniors on tobacco use and smoke-free home environments through the Adult Health Clinic.
- Revised the WHD tobacco strategic plans in the summer and fall due to suspending most tobacco-related activities during the H1N1 pandemic.

In 2010, the WHD performed the following activities addressing tobacco use and exposure:

- Educated and counseled the community and city departments on the provisions and implementation of the state-wide smoke free workplace law that took effect on July 5.
- Conducted a *Freedom From Smoking* tobacco cessation classes for adults in June, prior to the implementation of the state-wide smoke free workplace law.
- Completed 28 tobacco compliance investigations in April. The WHD secures the funding and reporting requirements to pay for the police overtime and other program expenses. 89.3% did not sell to minors; 3 out of 28 tobacco retail establishments sold to minors and received citations.

- Completed 23 tobacco compliance investigations in November. 91.3% did not sell to minors; 2 out of 23 tobacco retail establishments sold to minors and received citations.
- Maintained active partnership with Tosa United, a community cooperative that seeks to promote positive tobacco, drug, and alcohol-free behaviors among adolescents.
- Administered the *Alternative to Citation* program in January, May, and September. The WHD revised the diversion class curriculum to include the use of interactive clickers for quiz questions and data collection as well as updated the cessation, secondhand smoke, and cigarette substitute modules. In 2010, 36 youth participated in the diversion program, 11 from Tosa. 77% of the participants would recommend the program to their peers. Pre and post tests indicated 16.2% of the participants either gained knowledge or planned to change their tobacco-related behavior.
- Processed 6 tobacco cessation and 4 second-hand smoke related inquiries on WHD's Information and Referral Nurse Line.
- Educated the community about the health impact of smoking and second hand smoke at several community events such as flu clinics, employee wellness fairs, and Tosa Night Out.
- Assessed, counseled, and referred parents of over 600 newborns on tobacco use and smoke-free home environments.
- Assessed, counseled, and referred 146 adults and seniors on tobacco use and smoke-free home environments through the Adult Health Clinic.

## Alcohol and Other Substance Use and Addiction

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

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

### How does Wauwatosa Compare?

The results are mixed regarding the Wauwatosa adults' use of alcohol. There are fewer heavy alcohol drinkers among Wauwatosa males in comparison to the State of Wisconsin and the nation. However, more

#### Why is this important?

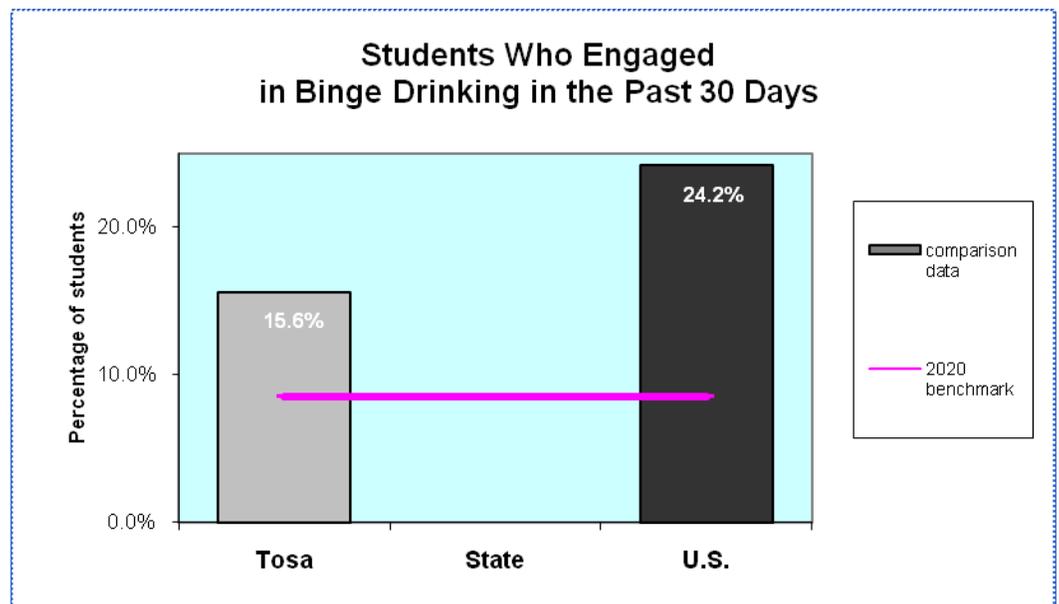
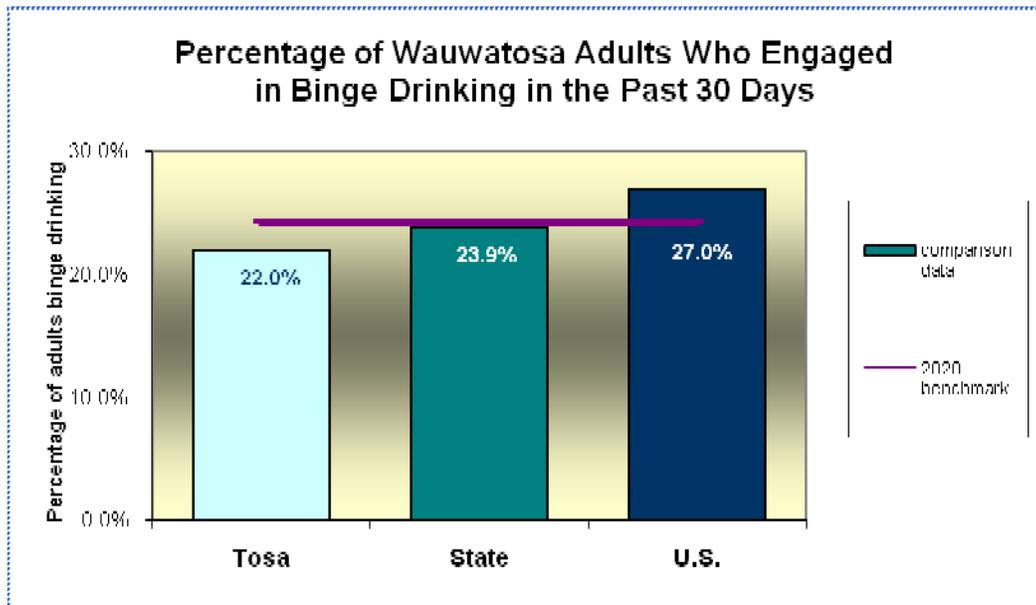
Alcohol use is the third leading lifestyle-related cause of death. In the US, 79,000 deaths are attributable to excessive alcohol use each year. In 2005, there were more than 1.6 million hospitalizations and more than 4 million ER visits for alcohol-related conditions.



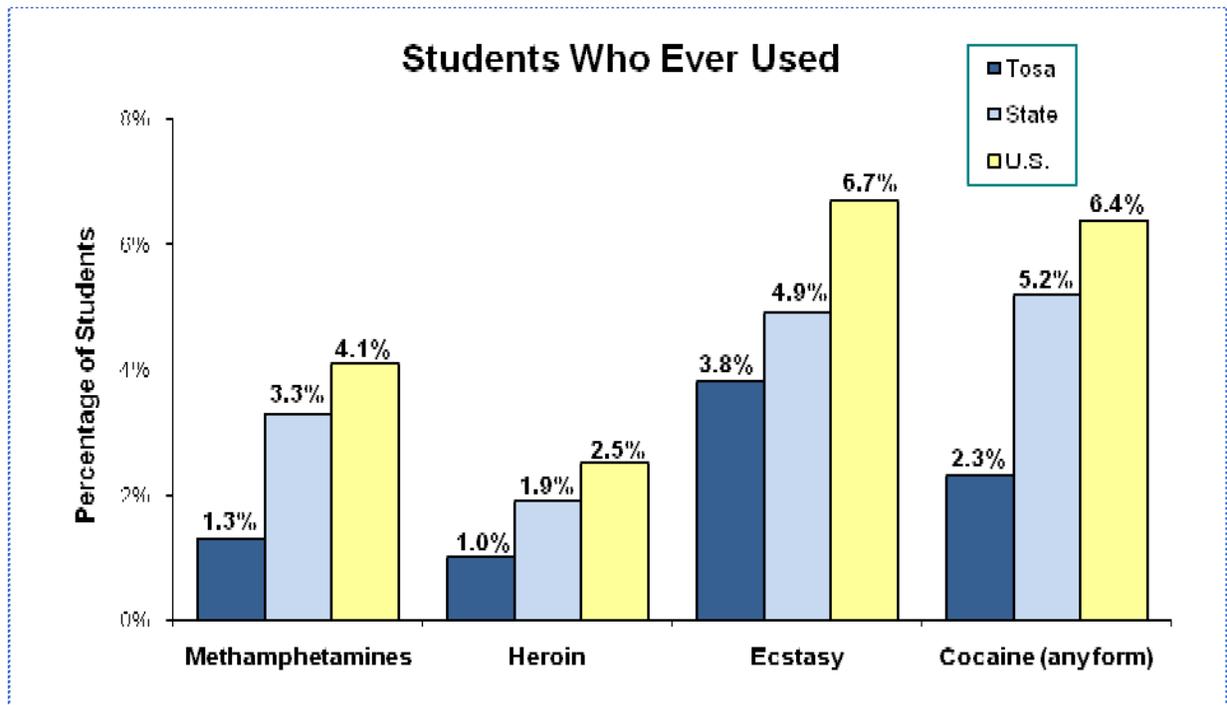
CDC, *Alcohol Use and Health*,  
[www.cdc.gov](http://www.cdc.gov) 2010

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

Wauwatosa females are heavy drinkers than either the state or nation. Heavy drinking is defined as averaging more than two drinks per day for males and more than one drink per day for females. On the other hand, 22% of Wauwatosa adults' binge drinking at least once in a 30 day period, which is lower than the state (23.9%) and national average (27.0%); it meets the CDC goal of 24.3%. Binge drinking is defined as consuming five or more drinks at one time for males or 4 or more drinks at one time for females. Wauwatosa youth binge drinking rate (15.6%) is lower than national average (24.2%) but well above the 2020 national goal of 8.5%.



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



### What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of alcohol and other drug use in Wauwatosa. In 2009, the WHD performed the following activities addressing alcohol and substance use and abuse:

- Maintained active partnership with and provided technical assistance to Tosa United
- Processed a handful of alcohol and substance use-related inquiries on WHD's Information and Referral Nurse Line.
- Assessed and evaluated an alcohol addiction referral for nursing case management.
- Assessed 132 individuals on alcohol use and illegal/inappropriate drug use through the department's Adult Health Clinic program.
- Completed over 19 alcohol compliance investigations in May. The WHD secured the funding and reporting requirements to pay for the police overtime and other program expenses.
- Developed advertisements and participated in Tosa United's prescription drug collection seminar for parents in March.
- Developed advertisements and participated in Tosa United's prescription drug collection days held at Wauwatosa East High School, Wauwatosa West High School, Longfellow Middle School, and Whitman Middle School during the month of March. Minimizing unusable prescription drugs in the community is a research based, "best practices" program aimed to reduce prescription drug abuse by youth. The program collected 501 pounds of non-controlled substances and over 11,970 controlled/narcotic pills.
- Assisted with Tosa United's "Conversation with the Mayor: Parents Who Host, Lose the Most; Don't Be a Party to Teenage Drinking" forum held on April 30 at the Muellner Building at Hart Park.
- Revised the WHD alcohol and substance use strategic plans in the summer and fall due to suspending most alcohol/substance use-related activities during the H1N1 pandemic.

In 2010, the WHD performed the following activities addressing alcohol and substance use and abuse:

- Maintained active partnership with and provided technical assistance to Tosa United
- Updated alcohol and substance information for the WHD's Information and Referral Nurse Line.
- Researched and updated continuous prescription pill drop-off sites and sharps disposal sites.
- Assessed and evaluated a couple of illegal substance use referrals for nursing case management.
- Assessed 146 individuals on alcohol use and illegal/inappropriate drug use through the department's Adult Health Clinic program.
- Advertised Tosa United's *Milton Creagh's* community and parental presentations which focused on the dangers tied to drug and alcohol abuse.
- Completed 20 alcohol compliance investigations in April. The WHD secured the funding and reporting requirements to pay for the police overtime and other program expenses.
- Participated and advertised "Parents Who Host, Lose the Most" program to discourage parents from hosting illegal underage drinking parties.
- Advertised, participated, and secured funding for Tosa United's prescription drug collection day held in September at the city hall parking lot. The program collected 290 pounds of non-controlled substances, 9 pounds of controlled/narcotic pills, and 18 pounds of sharps.
- Developed and implemented a Youth Risk Behavior Survey (YRBS) in the Wauwatosa high schools in October. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence. The WHD conducted a preliminary analysis of the survey results in December 2010.

## Injury and Violence

### What is Injury and Violence Prevention?

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

#### Why is this important?

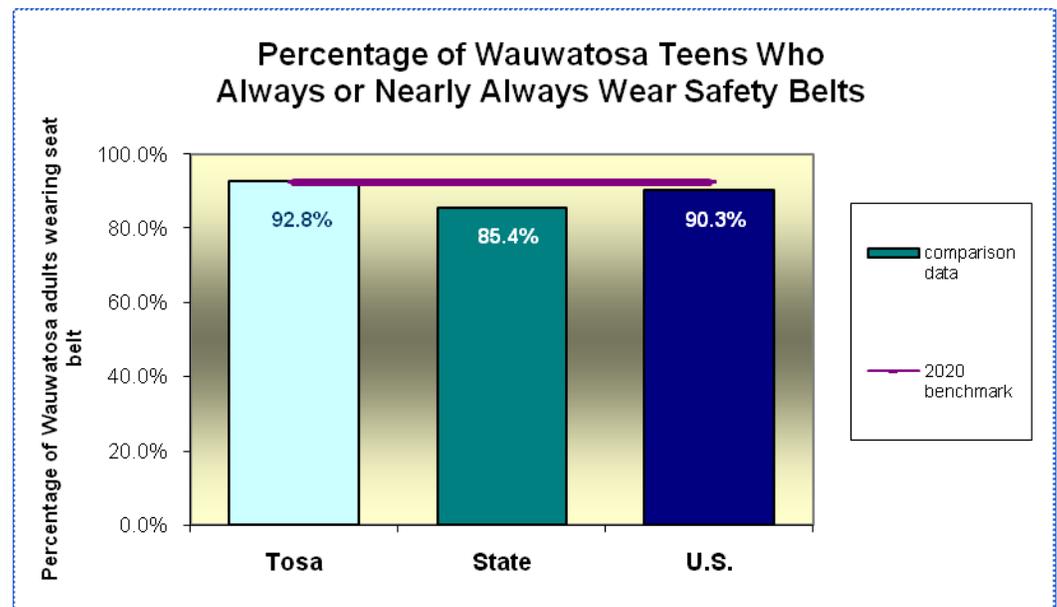
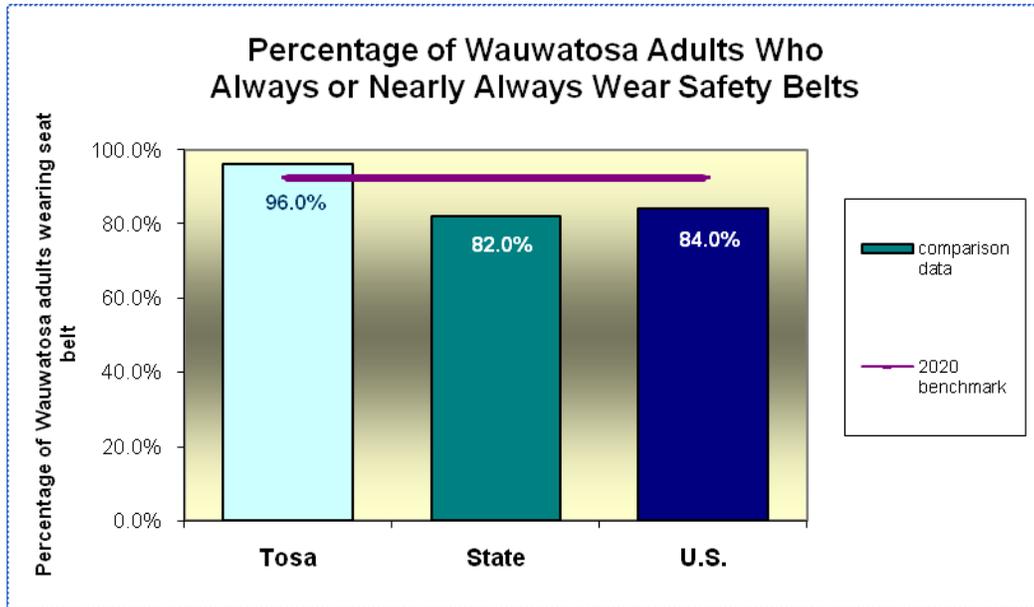
In the year 2005, total medical and lost productivity costs of motor vehicle-related fatal and nonfatal injuries totaled \$99 billion of which \$58 billion was attributable to fatalities.

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



## How does Wauwatosa Compare?

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



## What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of intentional and unintentional injuries including violence issues in Wauwatosa by identifying data for continuous monitoring and analysis while comparing the Wauwatosa data to national and state statistics. In 2009, the WHD performed the following activities addressing injury and violence prevention:

- Maintained active partnership with and provided technical assistance to Tosa United on issues surrounding injuries and violence
- Processed 48 injury and violence-related inquiries on WHD's Information and Referral Nurse Line.
- Assessed and evaluated 27 referrals for injury and violence nursing case management. Most case management services were for home safety assessments and lead paint exposure (see 'Environmental Health – Lead Section for additional information).
- Assessed 132 individuals on injury prevention behaviors including personal safety, risk for falls, abuse/neglect by others, self neglect, motor vehicle safety, use of sun screen, and installation of home smoke/carbon monoxide detectors through the department's Adult Health Clinic program.
- Continued its partnership with the Safe Kids Coalition, providing input into policy and program development.
- Conducted 6 home safety visits for families with newborns.
- Advertised, hosted, and presented at the March 31 *Safe Passages* program in partnership with Tosa United. This program was for 8<sup>th</sup> grade females and their moms to learn and discuss safe dating practices. This prevention strategy educated teenage females and their mothers on environmental and social factors that may place them at risk for sexual victimization. An additional outcome from this strategy was to foster continued communication between adolescent females and their maternal parent. Discussion centered on situations of abuse and how they could have possibly been prevented, making a plan for escaping from vulnerable situations, and how to start and continue communications with parents or other trustworthy adults. Additional topics covered included staying safe on social networking sites, cell phone usage, and how to protect your identity online. Twenty-four mother and daughter pairs attended the evening program.
- Revised the WHD injury and violence strategic plans in the summer and fall due to suspending most injury and violence-related activities during the H1N1 pandemic.

In 2010, the WHD performed the following activities addressing injury and violence prevention:

- Maintained active partnership with and provided technical assistance to Tosa United on issues surrounding injuries and violence.
- Processed 28 injury and violence-related inquiries on WHD's Information and Referral Nurse Line.
- Assessed and evaluated 17 referrals for injury and violence nursing case management. As in 2009, most case management services were for home safety assessments and lead paint exposure.
- Assessed 146 individuals on injury prevention behaviors including personal safety, risk for falls, abuse/neglect by others, self neglect, motor vehicle safety, use of sun screen, and installation of home smoke/carbon monoxide detectors through the department's Adult Health Clinic program.
- Continued its partnership with the Safe Kids Coalition, providing input into policy and program development.
- Advertised, hosted, and presented at the March 16 *Safe Passages* program in partnership with Tosa United. Twenty-three mother and daughter pairs attended the evening program.
- Conducted 7 home safety visits for families with newborns.
- Advertised and assisted with the January 5<sup>th</sup> Jodee Blanco presentation "*Please Stop Laughing at Me*" in partnership with Tosa United. This presentation on anti-bullying behavior was hosted at the Tosa middle schools.

- Completed gathering hospitalization and emergency room visits data for the years 2005 through 2007, the most recent years in which the data was available, using the Wisconsin Interactive Statistics on Health (WISH) database. WISH data may be extrapolated utilizing zip codes to obtain jurisdictional data. Since Wauwatosa does not have any pure zip codes, two zip codes (53213 and 53226) were chosen as a proxy for Wauwatosa. The WHD staff used the raw data and calculated age-adjusted rates for Wauwatosa baseline data. The Tosa baseline data was then compared to the US Healthy People 2010 targets. WHD staff identified selected ICD-9 diagnosis codes to determine injury incidence, including the areas of:
  - Non-fatal head injuries hospitalizations
  - Non-fatal spinal cord injuries hospitalizations
  - Non-fatal poisonings
  - Emergency room visits for motor vehicle accidents
  - Emergency room visits for accidental poisonings
  - Emergency room visits for accidental falls
  - Emergency room visits for accidents caused by submersion, suffocation, and foreign bodies
  - Emergency room visits for other miscellaneous injuries
  - Hip fractures among females aged  $\geq 65$  years
  - Hip fractures among males aged  $\geq 65$  years
  - Emergency room visits for non-fatal dog bite injuries
- Developed and implemented a Youth Risk Behavior Survey (YRBS) in the Wauwatosa high schools in October. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as bullying and violence. The WHD conducted a preliminary analysis of the survey results in December 2010.

## Reproductive and Sexual Health

### What is Reproductive and Sexual Health?

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

#### Why is this important?

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

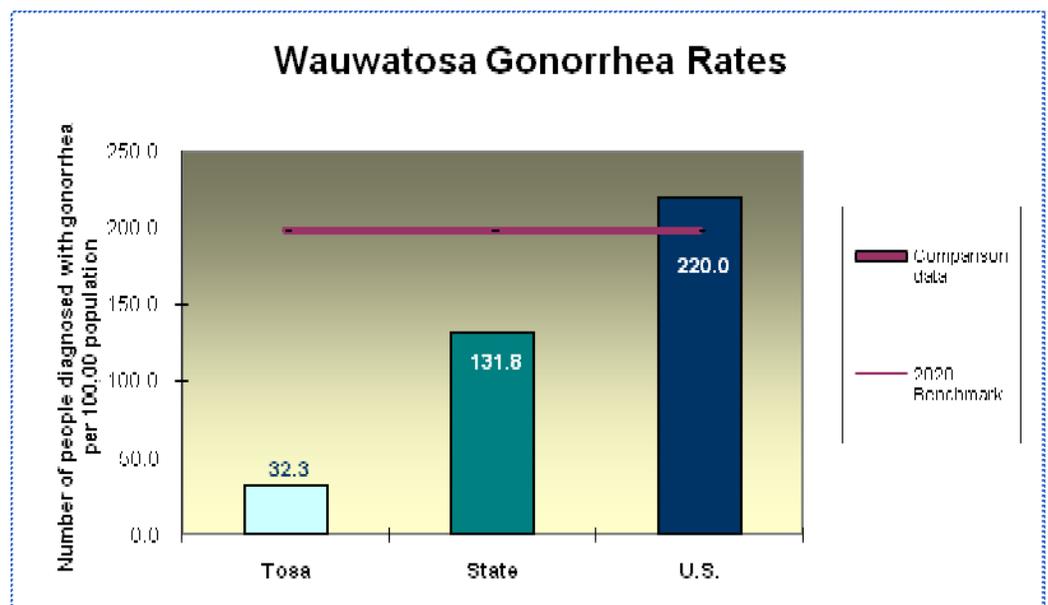
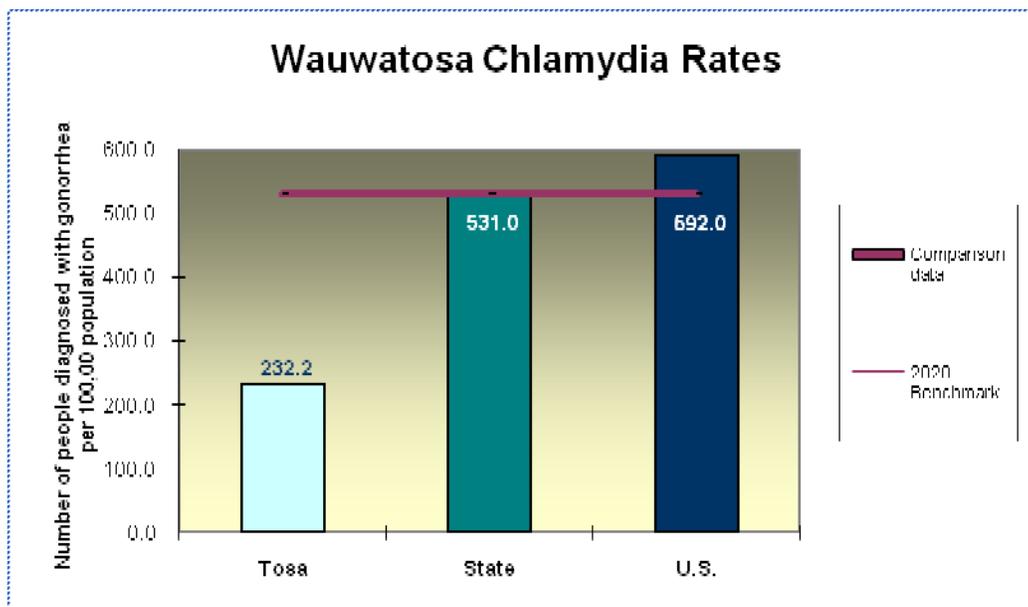
State of Wisconsin Department  
of Health Services 2010  
[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



### 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 232.2 per 100,000 people versus 531.0 and 592.0 per 100,000 people for Wisconsin and the nation respectively. Wauwatosa's

Gonorrhea rate is 32.3 per 100,000 people versus 131.8 and 220.0 per 100,000 for Wisconsin and the nation respectively. Wauwatosa's Chlamydia and Gonorrhea rates met the Healthy People 2020 benchmark. Lastly, 11 adolescent females from Wauwatosa (19 years of age and under) gave birth during the most recent year reported (SPHERE, 2009).



## What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of outcomes associated with high-risk births and high-risk sexual behaviors, including STDs and teenage pregnancies, in Wauwatosa by identifying data for continuous monitoring and analysis while comparing the Wauwatosa data to national and state statistics. In 2009, the WHD performed the following activities addressing RSH issues:

- Processed 16 RSH-related inquiries on WHD's Information and Referral Nurse Line.

- Assessed and evaluated 16 RSH-related referrals, mostly high-risk post partum women, for nursing case management services.
- Assessed 132 individuals on RSH-related issues through the department's Adult Health Clinic program.
- Investigated 91 sexually transmitted diseases or infections (STDs/STIs) for source identification, treatment, and prevention including the following:
  - 72 cases of Chlamydia
  - 13 cases of Gonorrhea
  - 5 cases of Chlamydia and Gonorrhea co-infections
  - 1 case of herpes
- Advertised, hosted, and presented at the March 31 *Safe Passages* program in partnership with Tosa United. (See *Injury and Violence Section*.)
- Assessed 647 birth records for high-risk maternal health issues
- Revised the WHD RSH strategic plans in the summer and fall due to suspending most RSH-related activities during the H1N1 pandemic.

In 2010, the WHD performed the following activities addressing RSH issues:

- Processed 13 RSH-related inquiries on WHD's Information and Referral Nurse Line.
- Assessed and evaluated 8 RSH-related referrals, mostly high-risk post partum women, for nursing case management services.
- Assessed 148 individuals on RSH-related issues through the department's Adult Health Clinic program.
- Investigated 148 sexually transmitted diseases or infections (STDs/STIs) for source identification, treatment, and prevention including the following:
  - 122 cases of Chlamydia
  - 19 cases of Gonorrhea
  - 5 cases of Chlamydia and Gonorrhea co-infections
  - 2 cases of syphilis
- Advertised, hosted, and presented at the March 16 *Safe Passages* program in partnership with Tosa United. (See *Injury and Violence Section*.)
- Assessed 602 birth records for high-risk maternal health issues
- Developed, implemented, and analyzed a RSH survey to assess the community's knowledge and perceptions on reproductive and sexual health issues. The survey asked for individuals' minimal demographic information, knowledge and use of RSH services, RSH adolescent education, and perceptions of the reproductive health issues and needs in the community.

## Mental Health

### What is Mental Health?

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

made to monitor, evaluate, and mediate the impact and burden of mental health issues in Wauwatosa, which include access to mental health services, diagnosed mental health disorders, harassment and bullying in the schools, stress, depression, and proneness for suicide.

### How does Wauwatosa Compare?

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

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

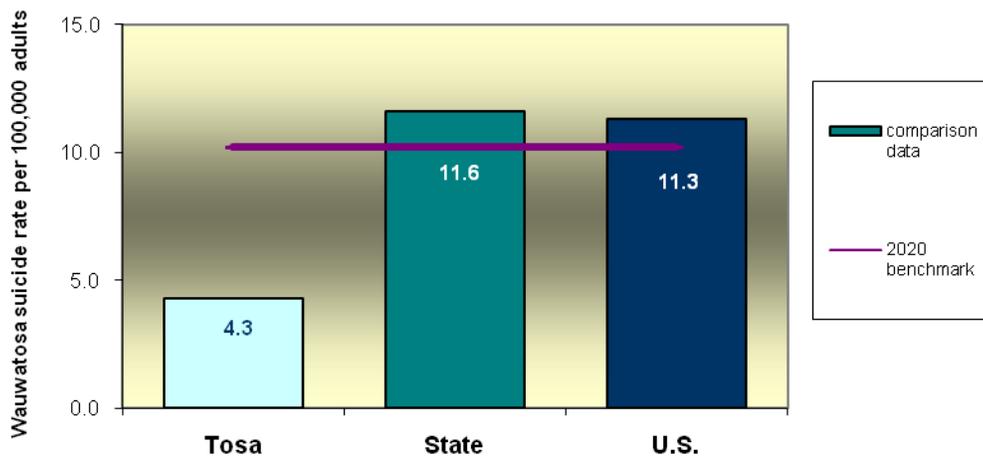
### Why is this important?

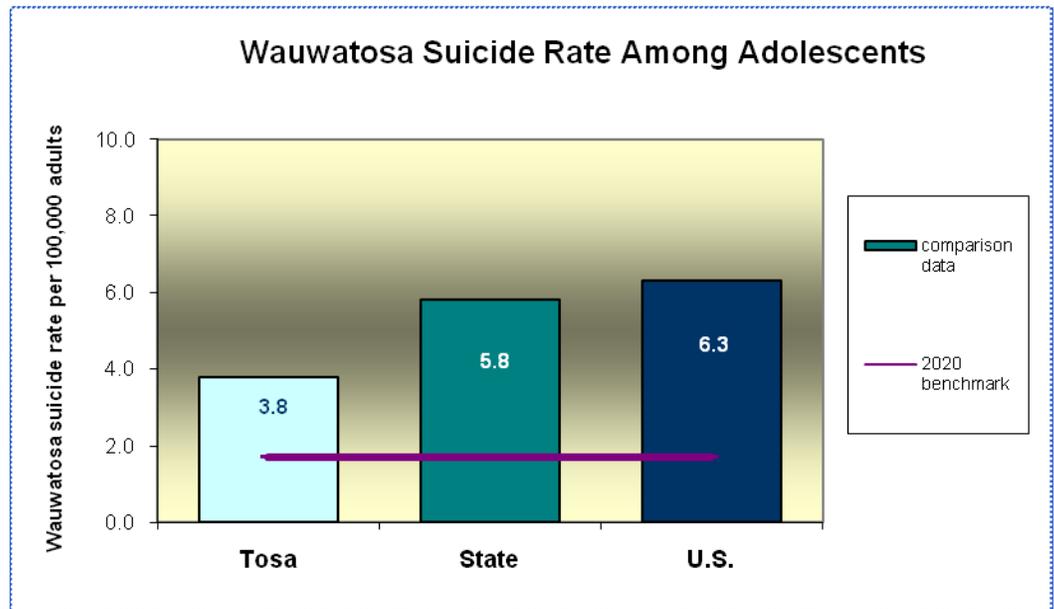
The number of lost work days for workers with anxiety, stress, and neurotic disorders was more than four times greater than the number of workdays lost for all nonfatal injuries or illnesses together (25 days vs. 6 days).

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



Wauwatosa Suicide Rate Among Adults





### What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of mental health issues in Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the local data to national and state statistics. In 2009, the WHD performed the following activities addressing mental health issues:

- Processed 28 mental health-related inquiries on WHD’s Information and Referral Nurse Line.
- Assessed and evaluated 13 mental health-related referrals for nursing case management services.
- Assessed 132 individuals on mental health-related issues through the department’s Adult Health Clinic program.
- Conducted two *Love & Logic* six-week parenting programs in partnership with the Parenting Network and Lutheran Living Services.
- Revised the WHD mental health strategic plans in the summer and fall due to suspending most mental health-related activities during the H1N1 pandemic.
- Assisted the Wauwatosa Senior Commission with the Alzheimer’s Association’s presentation *Basics of Dementia* on May 11. Almost 60 people listened to Diane Baughn present “Understanding Alzheimer’s Disease and Related Dementia”.

In 2010, the WHD performed the following activities addressing mental health issues:

- Processed 6 mental health-related inquiries on WHD’s Information and Referral Nurse Line.
- Assessed and evaluated 17 mental health-related referrals for nursing case management services.
- Assessed 146 individuals on mental health-related issues through the department’s Adult Health Clinic program.
- Conducted two *Love & Logic* six-week parenting programs in partnership with the Parenting Network and Lutheran Living Services.
- Developed, implemented, and analyzed a mental health survey to assess the community’s knowledge and perceptions on mental health issues. The survey asked for individuals’ minimal demographic information, level of stress, feelings of safety, knowledge of mental health, and perceptions of the mental health issues and needs in the community.

# Healthy Growth and Development

## What is Healthy Growth and Development?

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

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

### Why is this important?

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

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

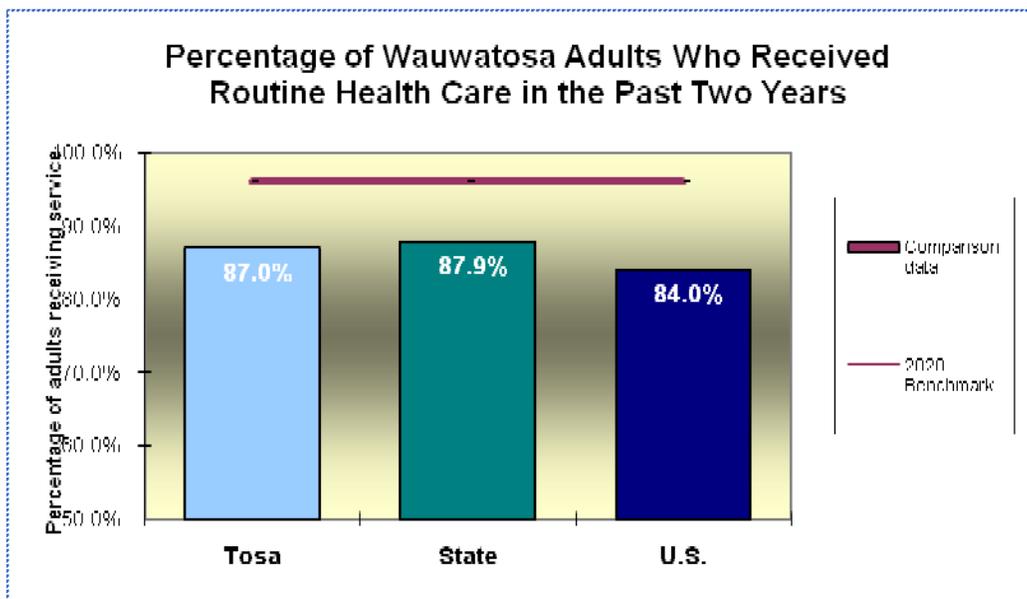


Access to primary and preventive health care services is vital to achieving the 2020 healthy growth and development goals. All individuals should have access to services needed to maintain their health, meaning that barriers to obtaining health care are minimized, whether financially or by addressing health

disparities. Other healthy growth and development issues include: socioeconomic factors related to education, housing, and employment status; insurance coverage; having a consistent provider for ongoing medical and dental care; obtaining age-appropriate preventive health services such as cholesterol and vision screenings as well as Pap smears and mammograms for women.

## How does Wauwatosa compare?

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



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

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

The WHD continued to monitor and evaluate the burden and impact of healthy growth & development and access to primary and preventive care by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. In 2009, the WHD performed the following activities addressing healthy growth and development for all life stages:

- Processed 3512 inquiries on WHD's Information and Referral Nurse Line, including the following for healthy growth and development:
  - 101 calls on newborn and infant wellness
  - 9 calls on at-risk child growth and development issues
  - 6 calls on parenting issues
  - 56 calls on various chronic health conditions
  - 71 calls on resources for uninsured or underinsured
  - 11 calls on the Wisconsin Well Women Program (WWWP)
  - 51 calls regarding socio-economic factors such as shelter, transportation, and other social services
- Assessed and evaluated 1397 referrals for nursing case management services, including the following for healthy growth and development:
  - 545 assessments for newborn wellness
  - 98 assessments for at-risk child growth and development issues
  - 4 assessments for parenting issues
  - 33 assessments for various chronic health conditions
  - 4 assessments for resources for uninsured or underinsured
  - 1 assessments for the Wisconsin Well Women Program (WWWP)
  - 5 1 assessments for regarding socio-economic factors
- Assessed 132 individuals on access to health care and chronic health conditions through the department's Adult Health Clinic program.
- Conducted two *Love & Logic* six-week parenting programs in partnership with the Parenting Network and Lutheran Living Services. (See 'Mental Health' section).
- Identified and tracked barriers to receiving health care, such as limited English proficiency (LEP) and low socioeconomic status within the community. Several refugees with chronic health conditions from Iraq and Burma arrived in Wauwatosa in 2009.
- Maintained active partnership with and provided technical assistance to the Wauwatosa Senior Commission (WSC) on issues affecting the older adults in Wauwatosa.
- Assisted the Wauwatosa Senior Transportation Ad Hoc Subcommittee in researching transportation options.
- Revised the WHD healthy growth and development strategic plans in the summer and fall due to suspending most healthy growth and development activities during the H1N1 pandemic.

In 2010, the WHD performed the following activities addressing healthy growth and development for all life stages:

- Processed 2719 inquiries on WHD's Information and Referral Nurse Line, including the following for healthy growth and development:
  - 13 calls on newborn and infant wellness
  - 7 calls on at-risk child growth and development issues
  - 2 calls on parenting issues
  - 63 calls on various chronic health conditions
  - 50 calls on resources for uninsured or underinsured
  - 19 calls on the Wisconsin Well Women Program (WWWP)
  - 49 calls regarding socio-economic factors such as shelter, transportation, and other social services
- Assessed and evaluated 1122 referrals for nursing case management services, including the following for healthy growth and development:
  - 473 assessments for newborn wellness
  - 130 assessments for at-risk child growth and development issues
  - 10 assessments for parenting issues
  - 34 assessments for various chronic health conditions
  - 7 assessments for resources for uninsured or underinsured
  - 12 assessments for the Wisconsin Well Women Program (WWWP)
  - 5 assessments for regarding socio-economic factors
- Assessed 146 individuals on access to health care and chronic health conditions through the department's Adult Health Clinic program.
- Conducted two *Love & Logic* six-week parenting programs in partnership with the Parenting Network and Lutheran Living Services. (See 'Mental Health' section).
- Identified and tracked barriers to receiving health care, such as limited English proficiency (LEP) and low socioeconomic status within the community. The WHD experienced a sudden increase in the number of refugee journalists from Burma in 2010.
- Maintained active partnership with and provided technical assistance to the WSC on issues affecting the older adults in Wauwatosa.
- Advertised and distributed WSC's *File of Life* packets
- Conducted growth and development presentations for several 'kindergarten round-up' informational sessions.
- Reviewed and analyzed data from the 2009 Aurora Community Health Survey on Wauwatosa adults.
- Revised and developed over 50 pages of health information and resources on the WHD's website [www.wauwatosa.net/health](http://www.wauwatosa.net/health).

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

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

The WHD spent significant time and effort identifying Wauwatosa-specific data sources, comparing and analyzing the data for benchmarking, and developing a unified collection system for continued trending and analysis. In 2010, the WHD began its statutorily-required community health assessment (CHA). A complete CHA is required of all local health departments "periodically", usually interpreted

by the Wisconsin Division of Public Health as every five years. Using NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) framework, the WHD focused on collecting and analyzing quantitative data and began accumulating qualitative data in 2010. The Youth Risk Behavior Survey (YRBS) is an example of quantitative data needed to assess the health status of Wauwatosa's youth. In partnership with the Wauwatosa School District, the WHD completed a YRBS survey in the public high schools in 2010. The WHD will continue to acquire focus group qualitative data as well as other information into 2011. The CHA will be used to develop a community health improvement plan (CHIPs), a listing of goals, objectives, and strategies that all Wauwatosa partners may use to improve the health of the community. In addition, the WHD developed a five-year strategic plan in 2010. A strategic plan is an internal document detailing the specific activities and strategies that the WHD undertakes to address the Wauwatosa CHIPs.

### ***Accreditation***

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

### ***Workforce Development***

In addition to providing continuing education for its own staff, the WHD maintained partnerships with several colleges and universities in providing students "real world" public health experiences. Student experiences range from a few hours of observing and interviewing public health staff to completing semester long projects and research papers. In 2009 and 2010, the WHD provided internships to several college students through the Milwaukee Area Health Education Center (AHEC). Also, the WHD continued its partnership with the Linking Education and Practice (LEAP) project, a collaboration between health departments and academic institutions to improve curriculum instructions within nursing schools.



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

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

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

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

252. Communicable diseases. [PDF](#)

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

254. Environmental health. [PDF](#)

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

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

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

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

DHS 144 Immunization of students [PDF](#)

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

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

DHS 160 Registration of sanitarians [PDF](#)

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

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

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

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

DHS 196 Restaurants [PDF](#)

DHS 199 Tobacco control activities [PDF](#)

City of Wauwatosa Ordinances

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

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

8.02.005 State statutes adopted.

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

TABLE INSET:

1. Wisconsin Statutes Chapter 97	Food Regulation
----------------------------------	-----------------

(Ord. O-06-8 § 2, 2006)

8.02.010 Administrative Codes adopted.

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

TABLE INSET:

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

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

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

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

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

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

## APPENDIX 2: Comparison Data

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

### Access to Primary and Preventive Health Services

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

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

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

## Alcohol and Other Substance Use and Addiction

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

## Communicable Diseases and Immunizations

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Influenza vaccination rate – adults aged ≥ 65 years	72%	72%	69.8%	90%	90	↓
Immunization completion rate of all 2 year olds	67	82.2 <sup>1</sup>	73.1 <sup>1</sup>	90	90	↓
Immunization completion rate of 2 year olds in Wauwatosa day cares	72	86.3 <sup>2</sup>	n/a	95	90	↓
Immunization rate of Wauwatosa schools	90.7	93.1 <sup>2</sup>	95.63 <sup>2</sup>	90	95	↓
Active tuberculosis (TB) cases newly diagnosed per 100,000 population	2.2	1.2 <sup>3</sup>	3.8 <sup>3</sup>	1.0	1.0	↓
Latent TB cases completing medication therapy (percentage)	ID	86.9 <sup>4</sup>	81.4 <sup>4</sup>	85 <sup>3</sup>	79.0	↔
Hepatitis C newly diagnosed cases per 100,000	21.6	0 <sup>5</sup>	0.3 <sup>5</sup>	1	0.2	↓

population						
Campylobacter incidence per 100,00 population	6.5	n/a	15 <sup>6</sup>	12.3	8.5	↑
E. coli 0157:H7 incidence per 100,00 population	0	n/a	1.06 <sup>7</sup>	1	0.6	↑
Listeria incidence per 100,00 population	0	n/a	0.31 <sup>7</sup>	0.25	0.2	↑
Salmonella incidence per 100,00 population	12.9	n/a	14.81 <sup>7</sup>	6.8	11.4	↓
Pneumonia vaccination rate – adults aged ≥ 65 years	71	70	68.1	90%	90%	

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

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

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

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

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

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

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

## Environmental Health

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Emergency department visit due to nonfatal dog bite (per 100,000 population)	67.8	n/a	111.8	151.4		↑
Children aged < 6 years who were lead poisoned	0.2%	1.72% <sup>1</sup>	1.00% <sup>1</sup>	0	0	↓

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

## Injury and Violence Prevention

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

100,000 population)						
ED visits due to poisonings (per 100,000 population)	60	171	299.5	292	304.4	↑
Always or nearly always wear safety belts – adults (percentage)	96%	82%	84.0%	92%	92.4	↑
Always or nearly always wear safety belts/restraints – children (percentage)	94	n/a	n/a	100		↓

## Mental Health

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

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

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

## Nutrition and Healthy Eating

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

## Physical Activity

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

## Reproductive and Sexual Health

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Births to female teens aged 13 – 19 years per 1,000 female teenagers	9.8	31.3 <sup>1</sup>	41.5 <sup>2</sup>	n/a		↑
Chlamydia rate (per 100,000 people)	232.2	531 <sup>3</sup>	592 <sup>3</sup>	ID	ID	↑
Gonorrhea rate (per 100,000 people)	32.3	131.8 <sup>4</sup>	220M <sup>4</sup> 285F <sup>4</sup>	19	198 M 257 F	↑
HIV rate – newly diagnosed per 100,000 people	0	7.9 <sup>5</sup>	17.4 <sup>6</sup>	n/a		↑
<b>Youth</b>						
<input type="checkbox"/> Ever had sexual intercourse	27.6	40.9	46.0	ID		↑
<input type="checkbox"/> Had sexual intercourse before 13 years old	2.8	3.4	5.9	ID		↑
<input type="checkbox"/> Used condom during last sexual intercourse (past 3 months)	66.0	63.7	61.1	ID		↑
<input type="checkbox"/> Had sexual intercourse with ≥ 4 people during their life	4.6	9.9	13.8	n/a		↑
<input type="checkbox"/> Currently sexually active	21.0	29.3	34.2			↑

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

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

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

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

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

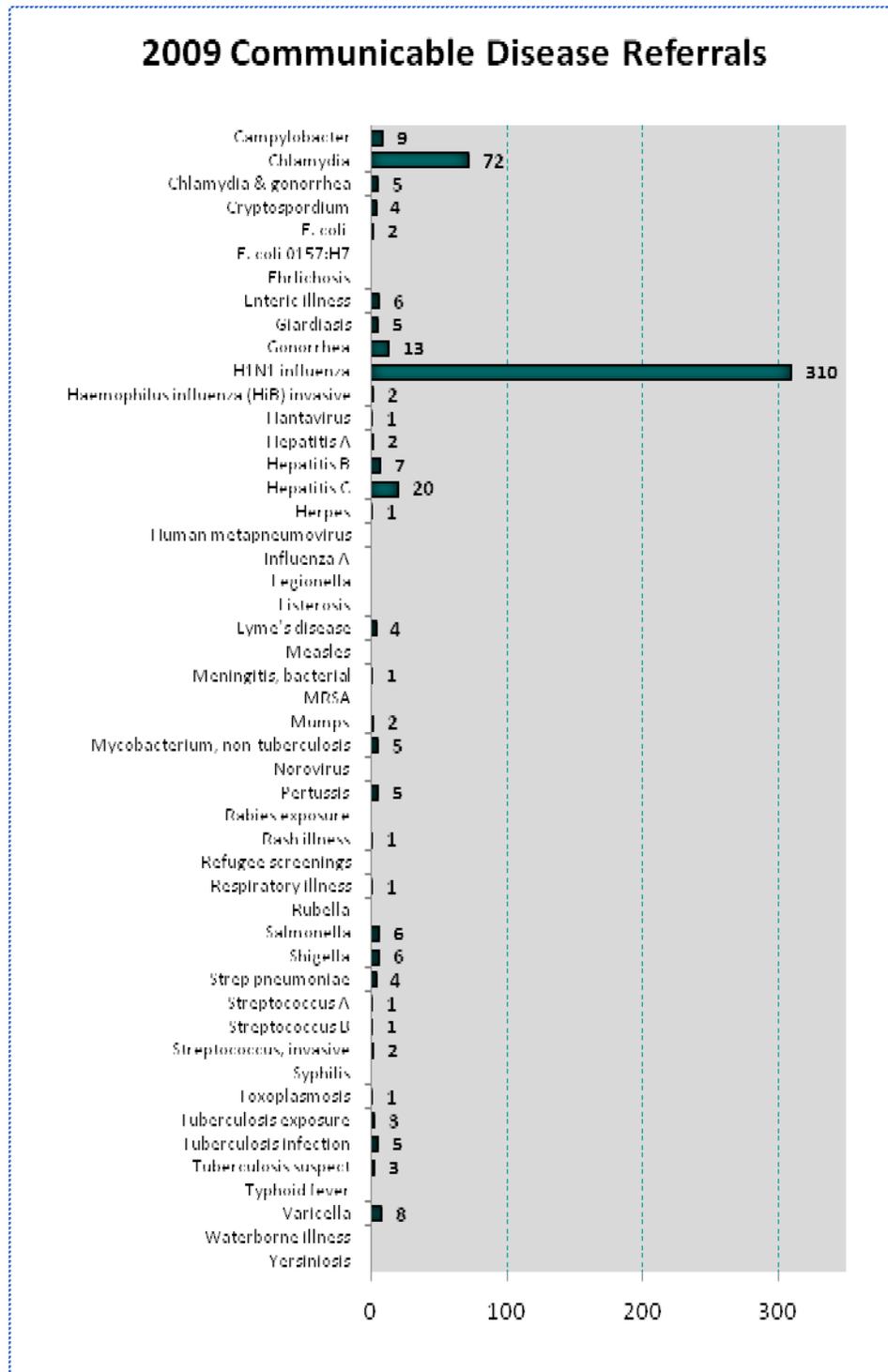
<sup>6</sup> Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009

## Tobacco Use and Exposure

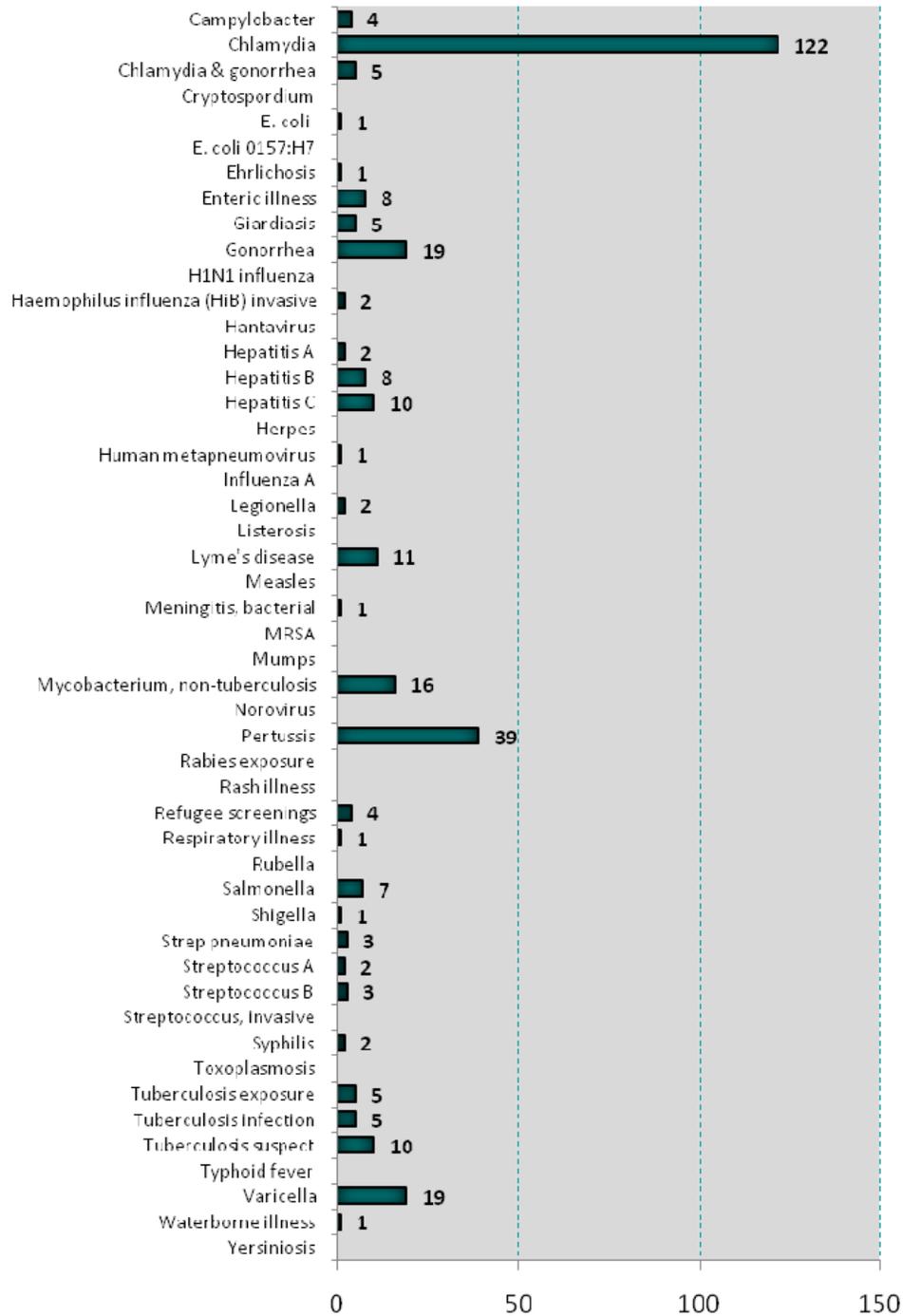
	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
<b>Adults</b>						
□ Current smokers	13%	18.8%	17.9%	12%	12.0	↓
□ Current smokers who made ≥ 1 quit attempt in the past 12 months	46	58.5	48.3	75	80.0	↓
□ Secondhand smoke exposure in home or in vehicles	20	25	20.9	n/a	13.0	↓
<b>Youth</b>						
□ Current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

## APPENDIX 3: Other Data & Statistics

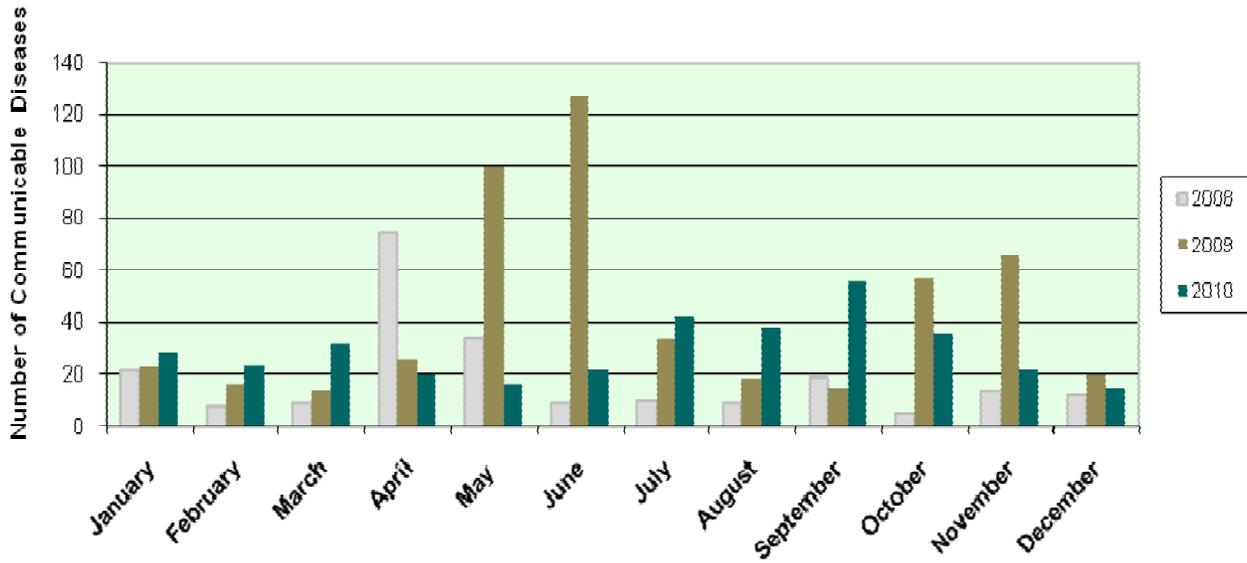
### Communicable Diseases and Immunizations



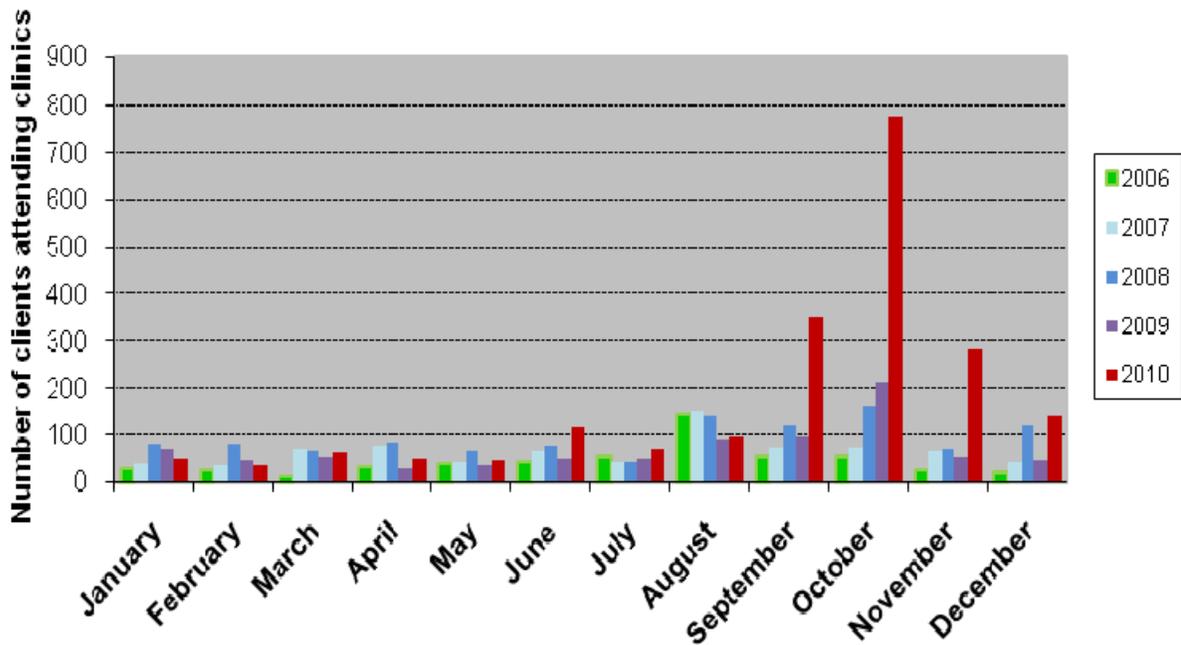
## 2010 Communicable Disease Referrals



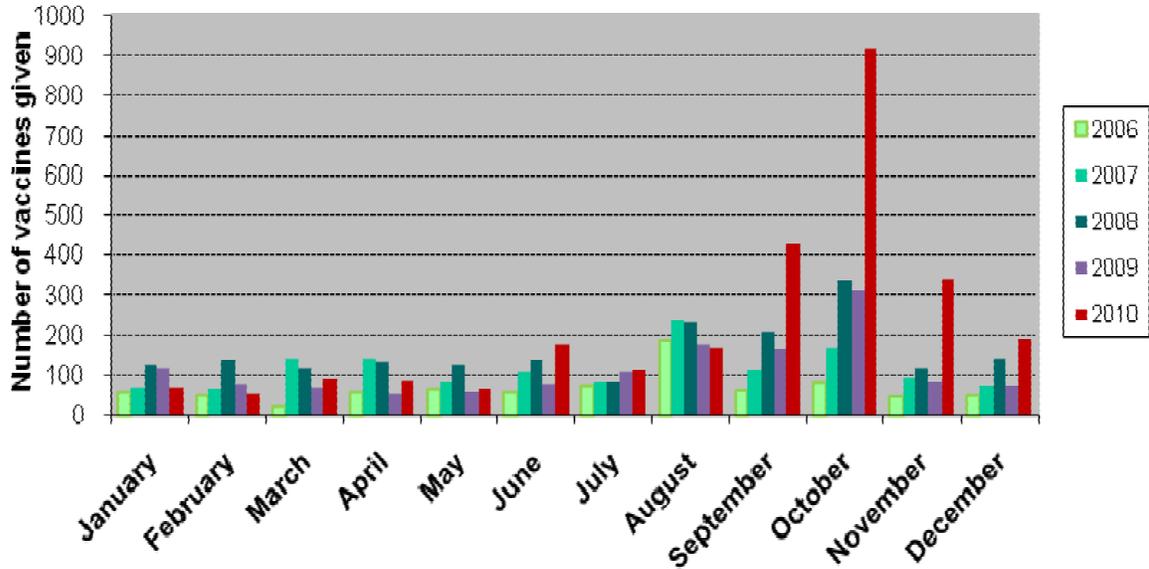
### Communicable Disease Referrals to Wauwatosa Public Health Nurses



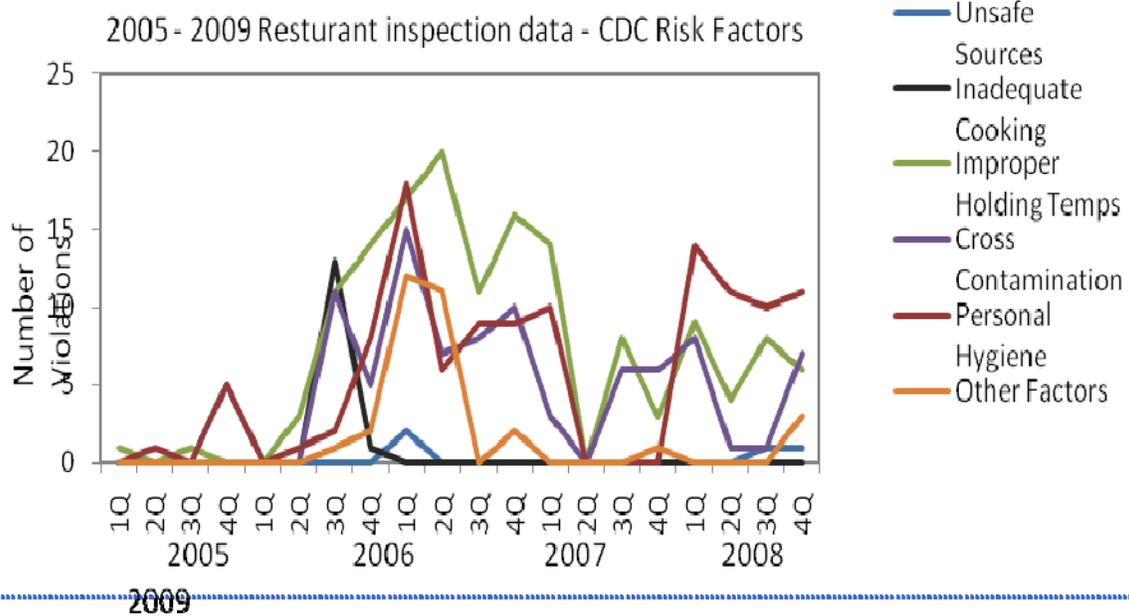
### Immunization Clinic Clients

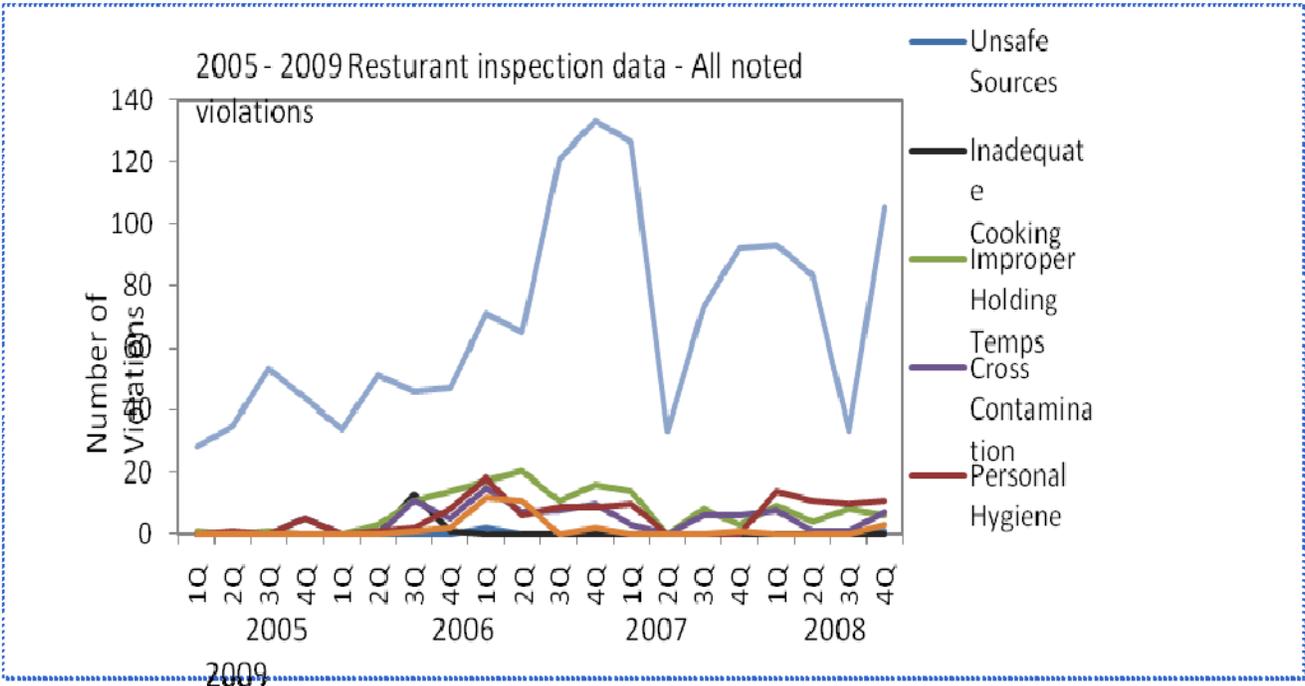


## Vaccines Administered at Immunization Clinics

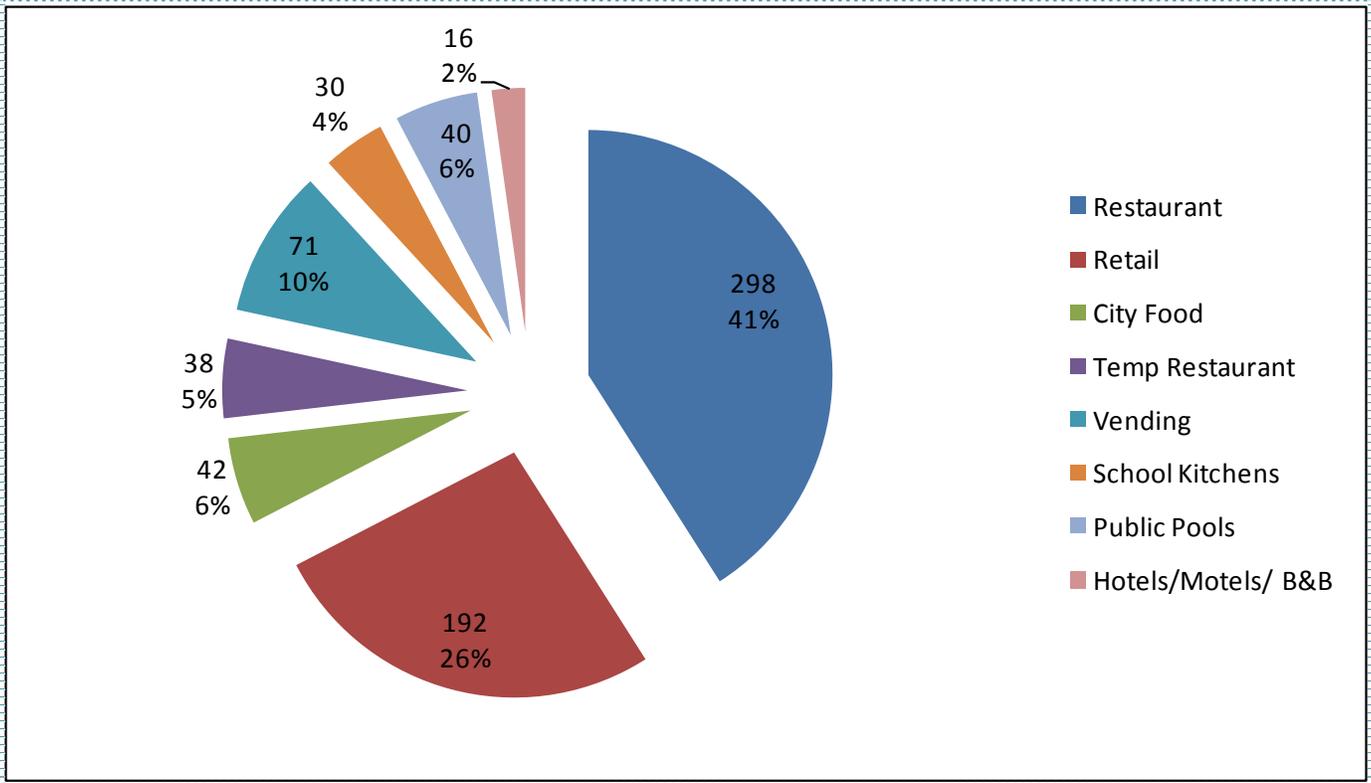


## Restaurant Inspections Violations





### WHD Licensed Inspection Activities



## Breakdown of Complaints

### Breakdown of complaints 2009

Complaint	Count	Percentage
Wildlife/Rodent	24	19%
Garbage/Litter	30	24%
Building (heat, cool, ventilation)	21	17%
Care/Maintenance of animals	11	9%
Insect	14	11%
Air/Water Quality	4	3%
Other	23	18%
Total	127	100%

### Breakdown of corrective actions 2009

Actions Taken	Count	Percentage
Site Visit	98	45%
Follow up Inspections	30	14%
Phone Call	49	22%
Emailed Contact	6	3%
Photographs Taken	26	12%
Written warning/Order to abate	10	5%
Citation issued	1	0%
Total	220	100%

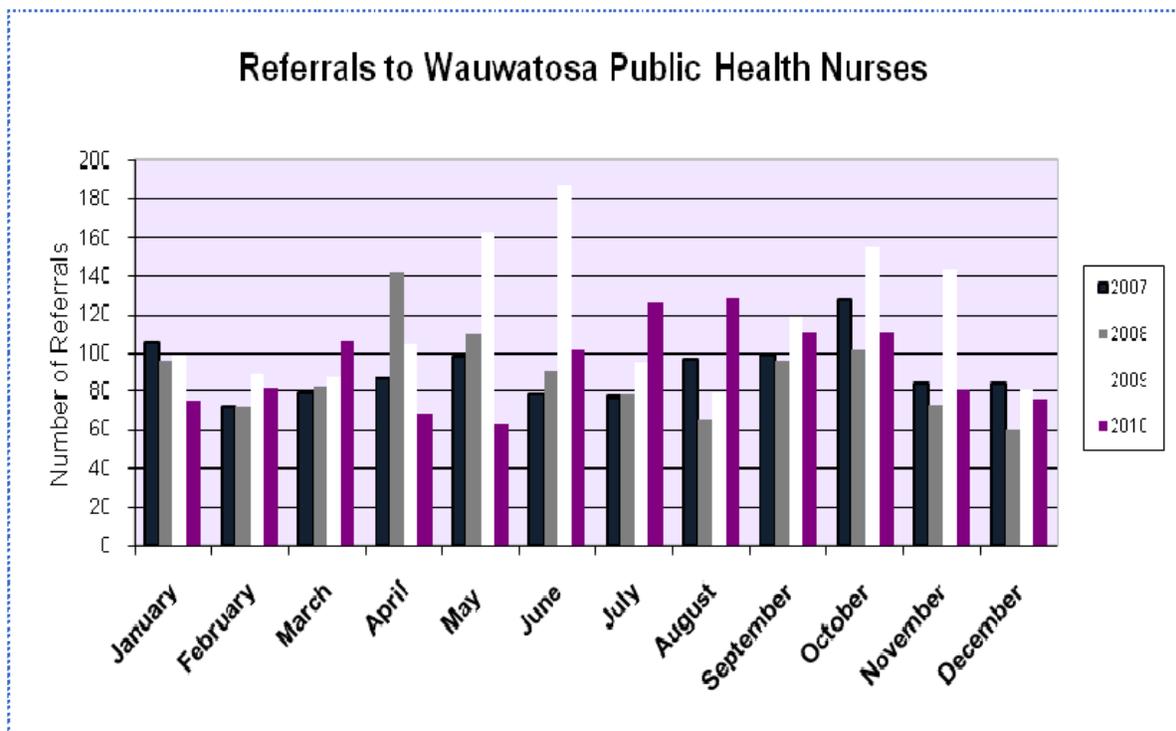
### Breakdown of complaints 2010

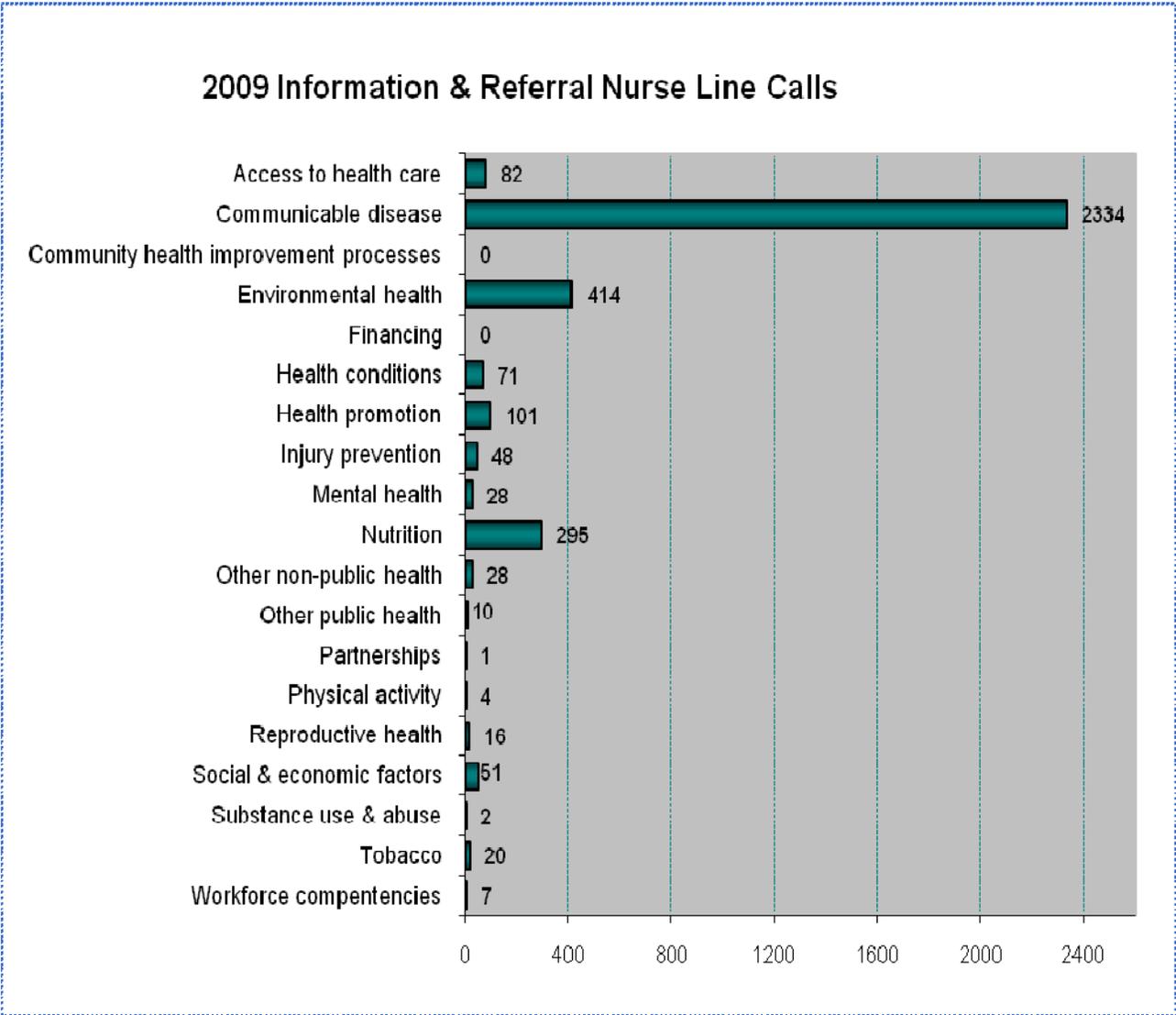
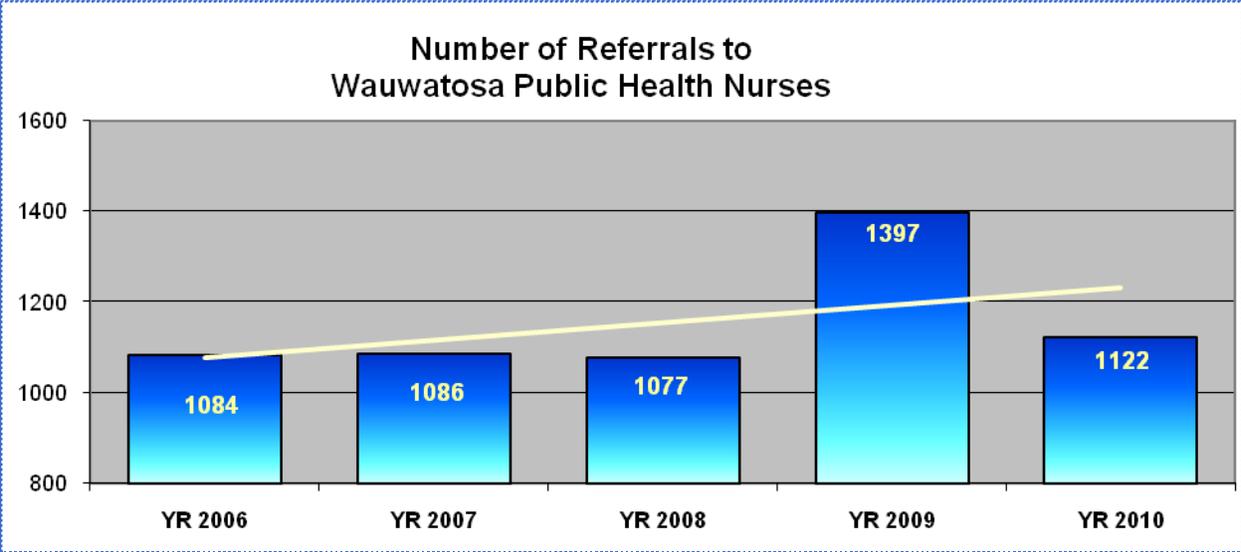
Complaint	Count	Percentage
Wildlife/Rodent	29	22%
Garbage/Litter	29	22%
Building (heat, cool, ventilation)	17	13%
Care/Maintenance of animals	9	7%
Insect	19	14%
Air/Water Quality	12	9%
Other	17	13%
Total	132	100%

### Breakdown of corrective actions 2010

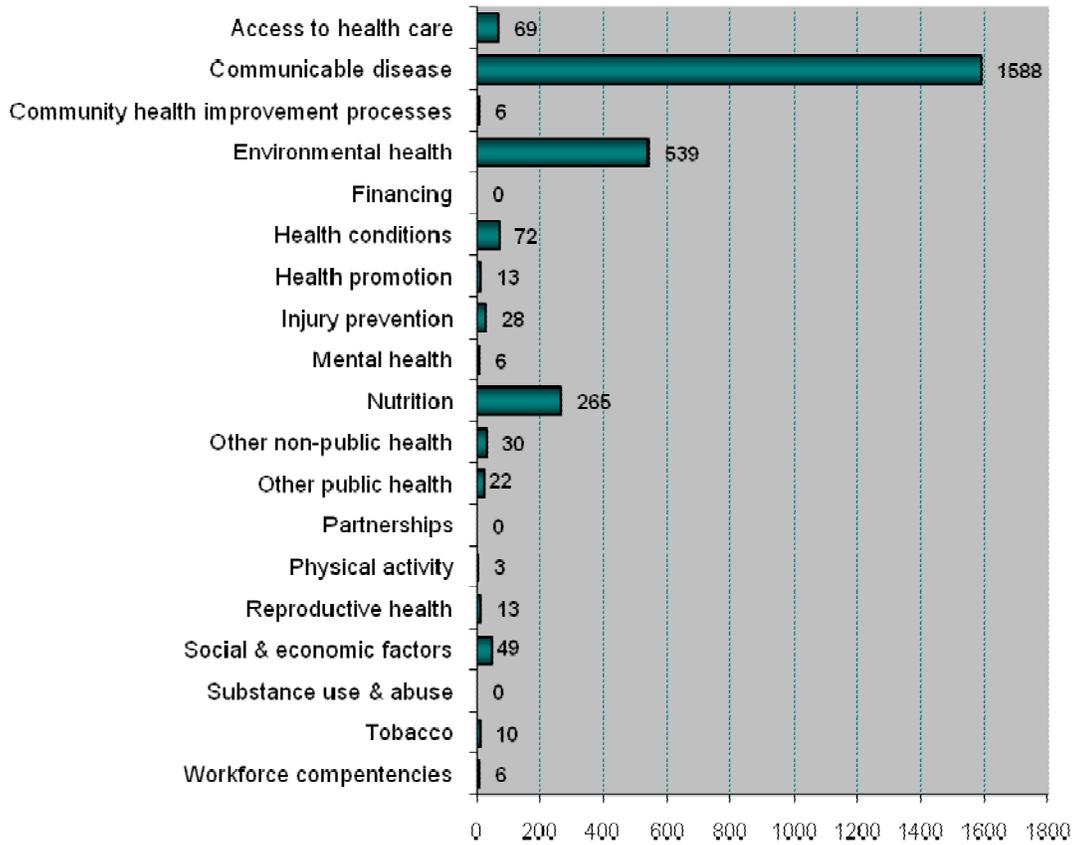
Actions Taken	Count	Percentage
Site Visit	76	49%
Follow up Inspections	23	15%
Phone Call	29	19%
Emailed Contact	5	3%
Photographs Taken	14	9%
Written warning/Order to abate	7	5%
Citation issued	0	0%
Total	154	100%

### Access to Primary and Preventive Health Services



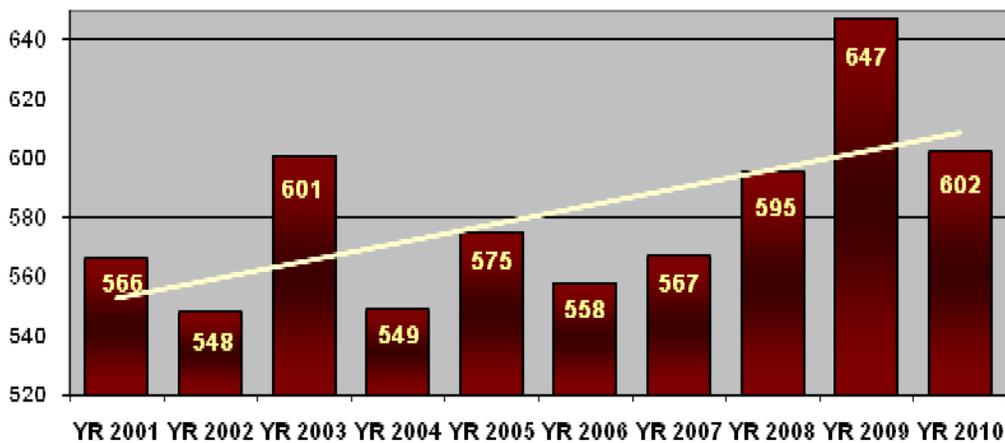


## 2010 Information & Referral Nurse Line Calls



## Reproductive and Sexual Health

### Number of Births to Wauwatosa Families



# GLOSSARY

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

**CD** – acronym for a communicable disease

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

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

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

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

**ED** – Emergency department

**EMS** – Emergency Medical Services

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

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

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

**HHH** – Human health hazard: Any substance, activity, or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity, or condition is not abated.

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

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

**LEP** – limited English proficiency

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

**MVA** – motor vehicle accident

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

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

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

**PHN** – Public Health Nurse

**RS** – Registered Sanitarian

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

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

**TB** – acronym for tuberculosis

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

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

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

**WSD** – Wauwatosa School District

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

