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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) indicators¹. Approximately half of the population is female (52.7%/ 23,838). The majority of the population is between the ages of 18-64 (62.2% or 28,180 people) and almost fifteen percent of the population is over the age of 65 (6,747). Wauwatosa residents are predominately White (91.1%) and maintain a high SES. Nationally, 74.5% of citizens are White, and 12.4% are African American while 15.1% are Hispanic. The median household income of Wauwatosans is \$64,401 compared to \$51,425 at the national level (in 2009 inflation-adjusted dollars). In terms of educational attainment for adults 25 years of age and older, a great majority of Wauwatosans earned a high school degree or higher (94.1% compared to 84.6% at the national level) while approximately half of those earned a bachelor's degree or higher (51.9% versus 27.5% at the national level). The number of individuals aged 5 years and older who speak a language other than English at home is 2,649 or 6.3% of all Wauwatosans. Lastly, the percentage of Wauwatosa families below the federal poverty level is 2.0 compared to 9.9 at the national level. Unfortunately, the recent economic downturn has led to increased unemployment nationwide which traditionally increases the utilization of direct social services (e.g. immunization clinics). In 2010, Wauwatosa maintained a low unemployment (5.5%) compared to the City of Milwaukee (9.7%), Milwaukee County (8.1%), the State of Wisconsin (7.5%), and the national (9.4%)².

Wauwatosa Health Department

The Wauwatosa Health Department (WHD) exists to protect the health and safety of the entire Wauwatosa community by promoting health, preventing disease, and reducing or eliminating health risk factors. Although some Wauwatosans have not had direct contact with their health department, many of the improvements that prolong life and protect health and safety are directly related to public health measures. Examples include safe food, clean air, pure drinking water, clean pools, childhood vaccines, and chronic disease risk reduction through the promotion of healthy behaviors. According to Wisconsin Statute ch. 251.02(2), counties with a population of 500,000 or more must establish a

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

² 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

local health department. Since there is no county health department in Milwaukee County, health departments are maintained at the municipal level.

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

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

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

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

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

In addition to reporting to local elected officials and the Wisconsin Department of Health Services (DHS), the WHD is statutorily required to be governed by a mayor-appointed Board of Health. As required by Wisconsin law (WI § ch. 251.05, WI administrative code DHS 140.04), all local health departments (LHD) shall provide at least the following programs or services: 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 LHD designation. WHD is a Level 3 health department.



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 “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 2012. Comparison data for the City of Wauwatosa, the State of Wisconsin, the US, and the national health goals (Healthy People 2010) is provided (see *Appendix 2*).

Communicable Diseases

What is a Communicable Disease?

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

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

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

Vaccine Preventable Diseases and Immunizations

What is a Vaccine Preventable Disease?

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

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

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

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

Why is this important?

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

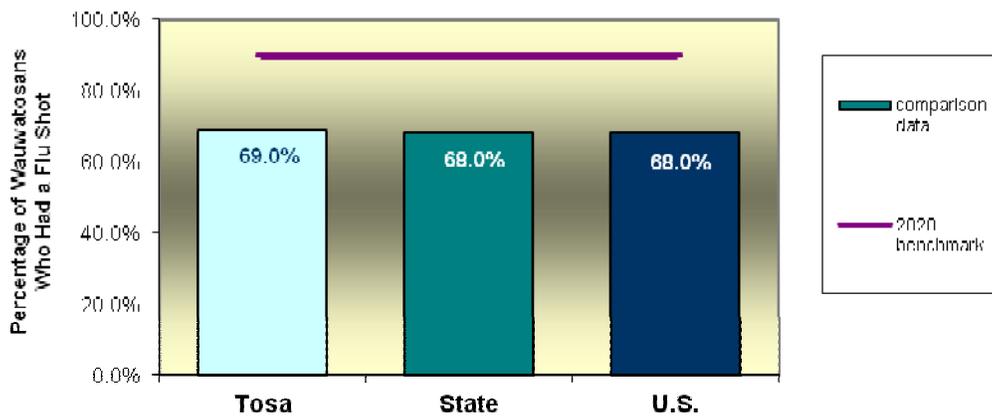
Centers for Disease Control & Prevention
www.cdc.gov/vaccines (June 2008)



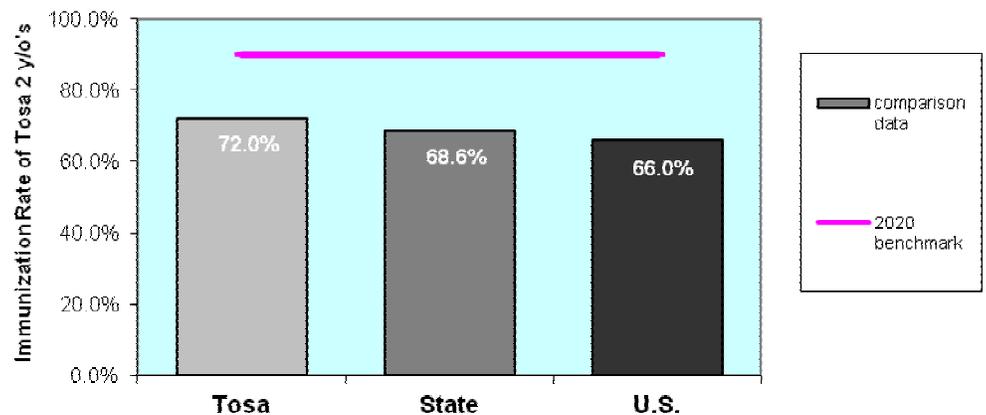
How does Wauwatosa Compare?

The immunization rate for all children attending Wauwatosa schools was 93.6% in 2012, reaching the national goal of 90%. This included a 92.7% compliance rate for public schools and 95.7% for private schools. Of the 3.3% of the students who had immunization waivers, 85.6% (n=298) were “personal conviction” waivers; slightly down from 86% in 2011. In addition, the immunization completion rate of all two-year-olds was 72% in 2012, above the national and state levels of 66.0% and 68.6%, respectively. The 2-year olds immunization completion rate encompasses the 4:3:1:3:3:1 vaccine requirements. This means that children must be immunized with 4 diphtheria-tetanus-pertussis (DTaP), 3 polio, 1 Measles-Mumps-Rubella (MMR), 3 Haemophilus type B (HiB), 3 Hepatitis B, and 1 varicella (chickenpox) vaccines by their second birthday to be considered “complete”. When “late up-to-date” children were included the rate rose to 77%. At 69%, slightly more Wauwatosa adults aged 65 years or older receive a flu shot than the national and state average of 68%.

Percentage of Wauwatosans Aged 65 Years and Older Who Had a Flu Shot in the Past 12 Months



Up-to-Date Immunization Rate of Wauwatosia 2 Year Olds



What is the Wauwatosia Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of CDs within Wauwatosia by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosia data to national and state statistics. WHD conducted the following VPD and immunization program services during 2012:

- Processed 637 calls regarding immunizations through the WHD I&R (I&R). Immunization inquiries accounted for 40.6% of all calls processed through I&R.
- Investigated 166 vaccine-preventable diseases, including 134 involving Pertussis.
- Administered 1767 vaccines to 1549 clients at immunization clinics.
- Administered 980 seasonal flu vaccines at mass clinics at City Hall and off-site locations including schools, child care centers, businesses, adult living facilities, and the homes of homebound citizens.
- Provided technical expertise to businesses and residents about the increased immunization requirements for the 2012 – 2013 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 621 newborn packets. Cocooning involves vaccinating everyone who comes in contact with an individual who cannot be vaccinated, thereby “cocooning” or protecting the unvaccinated individual from the disease. An example is when all family members receive a Pertussis vaccine to protect the newborn who is too young to be vaccinated.
- Mailed immunization schedule and requirements to all families with three-year-olds in partnership with the Wauwatosa School District (WSD).
- Advertised free vaccines and new school immunization requirements in the June and September City e-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 e-Newsletters.
- Promoted immunization clinics in the WSD yearly calendar.
- Promoted and educated family members about the importance of immunizations at community events, such as Tosa Night Out.
- 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.
- Implemented the changes in the federal 317 funding for immunization clinics in October which no longer provided free vaccines to children who are insured.
- Passed bi-annual vaccine management and storage audit by the WI Division of Public Health
- Wauwatosa and the public health system strive to have 90% of all 2 year olds up-to-date with their immunizations by the time children reach their second birthday. The two-year olds must be up-to-date with the 4-3-1-3-3-1-4 immunizations. WHD tracked the cohort of children closely through progressive case management utilizing monthly reminder/recall letters, telephone calls, and in challenging cases, certified letters. WHD finished the year with a 72% compliance rate. The rate rose to 77% when “late up-to-date” children were included. Of the children attending the WHD immunization clinics, 78% met the benchmark with an 87% rate when “late up-to-date children were included. Barriers identified to the timely completion of the child’s immunization series included:
 - ✦ Healthcare organizations serving several Wauwatosa residents frequently failed to enter newly administered immunizations into the Wisconsin Immunization Registry (WIR) system, a database of the immunization status of Wisconsin children
 - ✦ WIR often and repeatedly classified Wauwatosa addresses as “City of Milwaukee”
 - ✦ It is unknown if healthcare providers or their organizations consistently use the WIR to check immunization status or to use the reminder/recall function
 - ✦ Some healthcare providers fail to give immunizations at some follow-up visits (“missed opportunities”)
 - ✦ 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
 - ✦ WIR often and repeatedly classified Wauwatosa addresses as “City of Milwaukee”

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 2012, the WHD investigated and tracked the following VPD-related sentinel events or outbreaks:

- On December 9, 2011, the WHD was notified of a Pertussis case who worked at two Wauwatosa schools. 13 students, 7 staff, and one parent were identified as close contacts; close contacts were notified and counseled by phone. Letters were distributed to staff and students who may have had a slight exposure. The outbreak was resolved on January 3, 2012.
- On December 19, 2011, the WHD was notified of a Wauwatosa student with Pertussis. Thirty contacts were identified as “close” contacts of which 20 were Tosa residents, 5 were Milwaukee residents, and 5 were Waukesha County residents. Close contacts were notified and counseled by phone. Additionally, 4 sports teams were investigated by Waukesha County, Greenfield, St. Francis, and North Shore Health Departments. Letters were distributed to staff and students who may have had a slight exposure. On January 9, the WHD was alerted to another individual with Pertussis who had contacts to the index (original) case. Seventeen close contacts were notified and many letters sent to exposed students and staff at a Wauwatosa school. The outbreak resolved on January 17, 2012.
- On January 30, the WHD was notified of a non-resident attending a Wauwatosa school 5K class with Pertussis. Subsequently, a second case was identified in the same class. Nineteen students and 7 staff were identified as close contacts. On February 10, the WHD was notified of a 4th grader with Pertussis. Twenty-three classmates and 8 staff were identified as close contacts. On February 20, the WHD was notified of a 7th grader with Pertussis. One close contact was identified for further investigation. The remaining 7th grade classes, including 48 students and 6 teachers received letters explaining the exposure. The biggest challenge was symptomatic close contacts returning to school pending test results which prolonged and intensified the exposure to others. The student population of the school is over 400. Therefore, all staff and students in the school received a letter explaining that Pertussis was identified in the school and to monitor for symptoms. The outbreak was declared resolved on March 9.
- On February 10, the WHD was notified of a Wauwatosa student with Pertussis who began having symptoms on January 16. The student had several encounters with the health care system beginning on January 20th before receiving testing and treatment on February 5. On February 13, WHD was alerted to 2 additional Pertussis cases which were close contacts to the first case. Over 290 students and teachers were identified as exposed in the classroom. Another 45 close contacts were identified. First Pertussis cluster ended on March 11. On April 2, the WHD was notified of a student who lived in Milwaukee who had Pertussis beginning on March 24. By April 11, three more students were identified with this second wave. The investigation by the WHD nurses identified a non-school baseball team as the source of this second wave. The WSD distributed a WHD-developed electronic letter and a voice message describing the continued Pertussis outbreak.
- On February 9, the WHD was notified of a non-resident attending a Wauwatosa day cares 2 year-old classroom with Pertussis. Thirty-six close contacts were identified as close contacts of which 14 were Tosa residents, 14 were Milwaukee residents, 2 were Franklin residents, 2 were Greenfield residents, 2 were Waukesha County residents, and Washington County and Sheboygan each had one resident exposed. Another non-resident from the same classroom tested positive for Pertussis a few days later. The outbreak was resolved on March 1.
- On March 1, the WHD was notified of a Wauwatosa student with a reported case of Pertussis. By March 9, four additional cases were identified within the school. Over 260 students and 100 teachers were identified as being exposed in the classroom. Nine individuals plus a pom-pom squad were identified as close contacts. The outbreak was resolved on March 30.
- On September 13, the WHD was notified of a Pertussis outbreak at a healthcare facility. 7 healthcare workers and one ancillary staff worker became cases; 7 tested PCR +. The

investigation revealed that the first case's onset was symptomatic beginning on August 1; infectious period began on July 25. The facility tested staff and provided prophylaxis medication. The healthcare facility and WHD monitored the situation through October 29 until it resolved.

- On September 10, the WHD was notified of a non-Wauwatosa resident with suspect mumps at a healthcare facility. The individual may have exposed 15 people from 3 jurisdictions through the emergency room. The initial testing was inconclusive. Serum samples from 9/12 and 9/19 along with the original serum sample from 9/1/2012 were collected and sent to the CDC for confirmation. WHD was notified of the negative mumps results on October 8.

Other Communicable Diseases (Non-Vaccine Preventable)

What are 'Other Communicable Diseases'?

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

How does Wauwatosa compare?

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

What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of non-vaccine preventable CDs within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. WHD conducted the following CD program services during 2012:

- Conducted 246 non-VPD CD investigations, including 148 STDs
- Processed 308 CD inquiries including 150 regarding Tuberculosis (TB) through WHD I&R
- Provided TB services and prevention including:
 - ✦ TB skin testing for school admission, occupational requirements, admission into communal living facilities, immigration requirements, and exposure to an active case of TB. In 2012, 325 TB skin tests were given.
 - ✦ Case Management – The PHNs provide statutory required case management and directly observed medication therapy (DOT). Individuals may need medicines to treat the active (infectious) disease or to prevent the disease from becoming infectious. People with latent (non-infectious) or active TB need to take medicines either daily or several times a week. The PHN visits an active TB case to witness the individual take the physician prescribed TB

medication; this is known as DOT. PHNs are required to manage and monitor TB cases for 9 months. The PHNs case managed 14 individuals for suspect or confirmed TB infection or disease in 2012.

- Partnered with the WSD to address school absenteeism rates greater than 10% daily, cluster of illnesses, or unexplained death
- Conducted a CD presentation to the staff, residents, and residents' family members of an adult living facility on September 20. The presentation was videotaped to provide training to additional staff. WHD had been working closely with the adult living facility to update their CD policies and procedures.
- 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
- Referred callers reporting dead birds for WNV surveillance to state resources
- Conducted a WNV educational awareness campaign

In 2012, the WHD investigated and tracked the following CD sentinel events or outbreaks:

- On December 6, the WHD was notified of a possible TB exposure at a medical regional complex facility. An individual was in the facility for several hours and then transported to a hospital for a respiratory illness. During the hospitalization, tests taken back in October revealed that TB was a possibility. Final testing resolved that the illness was not TB.
- On December 12, the WHD was notified of an enteric outbreak at an adult skilled nursing facility beginning on December 10. Twenty-six residents became ill. Norovirus and *Clostridium difficile* were the identified organisms. The outbreak was resolved on January 9.
- On December 14, the WHD was notified of an enteric outbreak at an adult independent, assisted, and skilled nursing living facility beginning on November 29 with a staff member. 209 individuals became ill including 71 staff, 34 independent living residents, 51 assisted living residents, and 53 skilled nursing ("nursing home") residents. There is a common kitchen facility which was inspected on December 20. Norovirus was the identified organism. The outbreak was resolved on January 10.
- On December 27, the WHD was notified of an enteric outbreak at an adult independent living facility beginning on December 26. 9 residents became ill. Norovirus was the identified organism. The outbreak was resolved on January 3.
- On January 6, the WHD was notified of an enteric outbreak at an adult independent living facility beginning on January 2. Ten residents and 1 staff member became ill. Norovirus was the identified organism. The outbreak was resolved on January 1.
- On January 23, the WHD was notified of an enteric outbreak at an adult living facility. Twenty-six people were ill with symptom onset beginning on January 18. To date, 31 staff, 19 assisted living residents, and 61 independent living residents became ill. Norovirus was identified as the organism. The facility's dining room is closed pending resolution of the outbreak. The outbreak was resolved on February 23. On February 22, WHD met with living facility's administration and human resource manager to discuss infection control policies and practices. Facility's infection control practitioners and administrators have been meeting weekly to revise policies. Administrators emailed meeting minutes to WHD to keep us informed of their progress.
- On June 21, the WHD was notified of an enteric outbreak at an adult independent living facility. Six people were ill with symptom onset beginning on June 18, including 3 hospitalizations.

Clostridium difficile (C. diff) was identified as an organism in one individual; another individual had a negative stool specimen. The outbreak was resolved on July 9.

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. Inspections are conducted to protect the public from food-borne illness caused by disease.

How does Wauwatosa compare?

The WHD has a proactive food inspection program. The WHD conducted 270 restaurant inspections, 116 retail food inspections (groceries, gas stations) and 56 city food establishments in 2012. Licensed facilities are required to receive at least one inspection per year by State Agent Contract, but may be subjected to other inspections depending upon complaint or suspect outbreak. On average, a Wauwatosa licensed food establishment received 1.4 inspections per year, either due to violations found during annual inspections or in response to citizen complaint. An inspected establishment will average 0.72 violations per annual inspection. 34% of all violations noted in Wauwatosa were CDC critical risk factors compared with 45% statewide. On average, 0.25 CDC critical risk factor violations were observed per inspection of a Wauwatosa restaurant compared with ~1.8 violations observed of statewide restaurants. WHD sanitarians observed 0.47 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 2012, the WHD continued to monitor and evaluate the burden of disease via the following activities:

- Investigated 13 food-borne illness complaints regarding restaurants.
- Processed 27 food-borne illness inquiries through WHD I&R.
- Investigated and abated 30 general complaints related to food establishments.
- Conducted 562 inspections for licensed establishments including, 270 restaurants, 116 retail food establishments, 56 city food establishments, 45 vending machines and 75 temporary restaurants.
- Conducted 51 kitchen inspections for 18 public and private schools.

- Processed 18 restaurant-related inquiries through the WHD I&R.
- Processed 4 retail food-related inquiries through the WHD I&R.

Emergency Preparedness

What is Emergency Preparedness?

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

How does Wauwatosa compare?

The WHD is a member of the Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness (MWCCEPHP). This consortium is one of six across the state of Wisconsin and has 13 LHDS as members. In 2006, MWCCEPHP was one of four regions nationally to receive Project Public Health Ready (PPHR) accreditation for outstanding preparedness efforts by the National Association of County and City Health Officials. In 2012, MWCCEPHP received PPHR re-certification recognition for our continued preparedness efforts.

What Is the Wauwatosa Health Department doing?

Emergency preparedness is an ongoing community effort. WHD staff collaborates with state, regional and local partners to continually plan and train for emergency incidents with a focus on all-hazard planning. In 2012, the WHD conducted the following activities:

- Participated in a regional preparedness exercise involving distribution of emergency medicine and screening algorithms (May 2012).
- Conducted active surveillance activities (See *Communicable Disease section*)
- Assessed over 114 individuals for emergency preparedness plans through the department's Adult Health Clinic program
- Collaborated with the WSD to review their preparedness plans and develop new plans for utilizing a High School as a mass clinic site. WHD provided a mass clinic map to WSD.

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>

- Represented member of the South East Wisconsin Incident Management Team (SEWIMT). SEWIMT is a team of trained professionals that can assist local governments in SE Wisconsin during an emergency incident by advising and assisting with logistical, planning financial and operational aspects of an incident.

Environmental Health

Sanitation and Environmental Hazards

What are Sanitation and Environmental Hazards?

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

How does Wauwatosa Compare?

Nuisance complaints are not uniformly tracked throughout the state or nation, resulting in a lack of comparison data. WHD tracks and follows up on all complaints that are submitted concerning a wide array of nuisances and HHHs. See *Appendix 3* for a breakdown of all complaints registered with the city in 2012.

What is the Wauwatosa Health Department doing?

The WHD continues to monitor and evaluate all reported complaints. Each complaint received by the department is reviewed and investigated. If 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 2012, WHD conducted the following activities:

- Documented 124 nuisance complaints, resulting in 68 on-site inspections, 7 warning letters and/or abatement orders.
- Conducted 47 HHH inspections for 10 HHH complaints; 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 47 nuisance and 102 HHH inquiries through the WHD I&R
- Provided community education through written materials, media communication, and community presentations.

- Continued to provide radon awareness education and encourage residents to test their homes for the presence of radon. Radon is a cancer-causing, radioactive gas that cannot be seen, smelled, or tasted. It comes from the natural (radioactive) breakdown of uranium in soil, rock, and water and gets into the air. The U.S. Surgeon General determined radon to be the second leading cause of lung cancer in the United States today. Radon has been found in all Wauwatosa zip codes. The WHD was able to purchase 125 short-term carbon kits from the Southeast Wisconsin Radon Information Center (SERIC) in 2012. 88 short term radon kits that were used in 2012. The average radon result was 4.9 pCi/l with a highest total of 25.9 pCi/l. Three (3) kits were not tested because of over or under exposure issues. During the radon campaign, WHD processed 44 radon inquiries through WHD I&R.

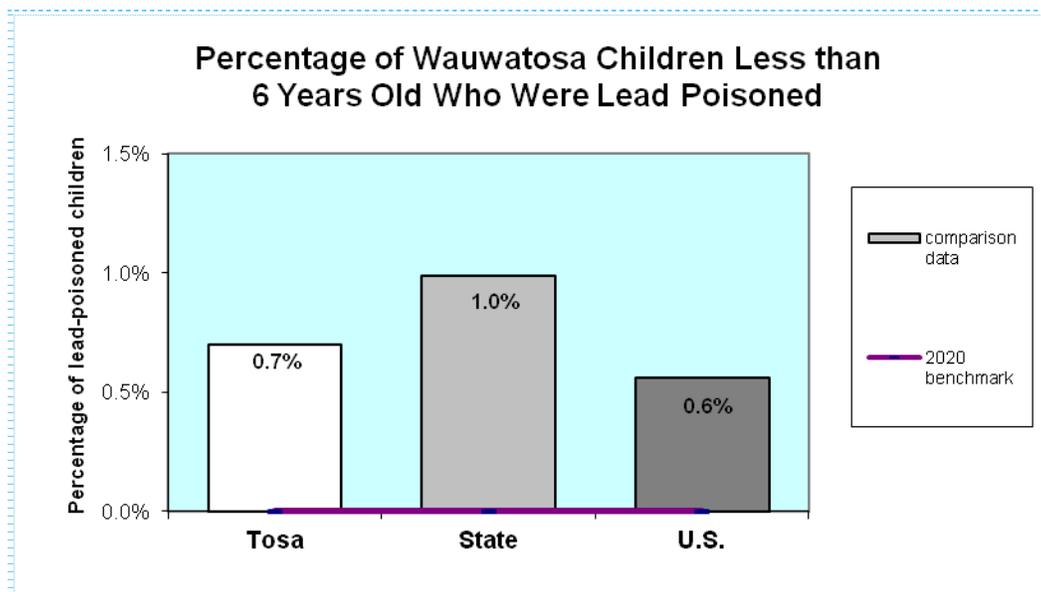
Lead Poisoning Prevention

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. In 2012, lead poisoning was 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, 0.7% of all Wauwatosa children less than 6 years of age were found to be lead-poisoned, compared with 1.72% within Wisconsin and 1.0% across the US. The rate of lead-poisoned children in Wauwatosa is lower than that of Wisconsin and the US rate. The ultimate goal is to completely remove lead as a public health threat and reach a level of 0% lead poisoned children.



What is the Wauwatosa Health Department doing?

Considerable progress has occurred since lead was identified as a public health threat, but lead poisoning still remains a preventable environmental health problem. Children less than six years old 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 $\geq 10 \mu\text{g}/\text{dL}$ must be reported to the LHD for case management services. In 2013, the reporting level will change to blood lead levels $\geq 5 \mu\text{g}/\text{dL}$. 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 2012, the WHD conducted the following lead programming activities:

- Identified and followed 5 Wauwatosa children for having blood lead levels $\geq 10 \mu\text{g}/\text{dL}$. Of the children, 2 were tracked for case management services from 2011 with 3 new cases in 2012. The WHD closed 2 cases as having successfully completed treatment and follow-up. At the end of 2012, 3 cases remained active as needing continued case management services into 2013.
- 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 $10 \mu\text{g}/\text{dL}$.
- Continued collaborating with Wauwatosa Community Development Department staff and with federal HUD representatives to operate a weatherization grant program to prevent homes with children aged less than six years from developing a lead hazard. The mini-grant to homeowners is designed to replace original windows and exterior doors on properties built before 1978; several criteria need to be met to qualify for the program. Three families participated in the program in 2012 with excellent results. The WHD wrote and received HUD grant monies to continue the program for 10 properties in 2013.

Animal Bite Exposures

What is an Animal Bite Exposure?

The City of Wauwatosa Regulation of Animals program aims to protect residents from injury and illness associated with animal bites. The main illness of concern regarding animal bites is Rabies which is 100% fatal if untreated. The WHD utilizes regulatory authority to quarantine animals, require veterinary observations, and order laboratory testing for Rabies. Wauwatosa municipal codes also contain regulations for dangerous and vicious animals that allow the WHD to effectively contain or remove animals that have been declared too aggressive to safely remain uncontrolled. Though human Rabies is rare in the US, the estimated public health costs associated with the disease detection, prevention and control have risen, exceeding \$300 million annually.

How does Wauwatosa Compare?

Thirty-two dog bites were reported to WHD in 2012. This is far below the CDC's estimate of 1.4% of the population experiencing a dog bite annually. Given the likelihood of underreporting, the exact number of dog bites that occurred in Wauwatosa is unknown.

Why is this important?

Each year, 4.5 million people are bitten by dogs. About 1/5 of those bitten (about 900,000) 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*
2012, www.cdc.gov



What is the Wauwatosa Health Department doing?

The Regulation of Animals program is an important and integral means to ensuring the safety and health of the Wauwatosa residents. For domesticated animals such as dogs and cats, animal bite reports are received via hospitals, police, or concerned citizens. Each report is investigated to determine the nature of the incident, circumstances, and the risk to the person involved. When the animal acted unprovoked or has a history of issues, the animal may be declared dangerous or vicious by a court. These declarations carry steep enforcement measures to ensure that the animal will no longer pose a threat to the community. In addition to family pets, the WHD investigates contacts with wild animals for possible Rabies exposures, including bats. Bats are a known carrier of Rabies. In Wisconsin, approximately 4% 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 2012, WHD conducted the following animal bite activities:

- Investigated 48 animal bite reports (all bites including wildlife, domestic and strays)
- Issued 24 domestic animal quarantine orders
- Processed 9 specimens for Rabies testing
- Processed 25 animal bite and exposure inquiries through the WHD I&R

Water Sources

What are Water Sources?

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

How does Wauwatosa Compare?

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

What is the Wauwatosa Health Department doing?

The WHD, in collaboration with other public and private partners, 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

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.



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 2012, the WHD conducted the following water-related activities:

- Collaborated with Wauwatosa Water Department and WSD when a preliminary water sample test resulted in an elevated level of total coliforms. Enhanced secondary sampling resulted in safe water levels and all advisories were rescinded.
- WHD serves in a support role to assist in media messaging and notifying restaurants and other licensed establishments.
- Inspected all 28 licensed pools annually.
- Monitored monthly pool operational logs of all licensed pools to ensure proper disinfectant and pH levels.
- Processed 4 water-related inquiries through the WHD I&R.

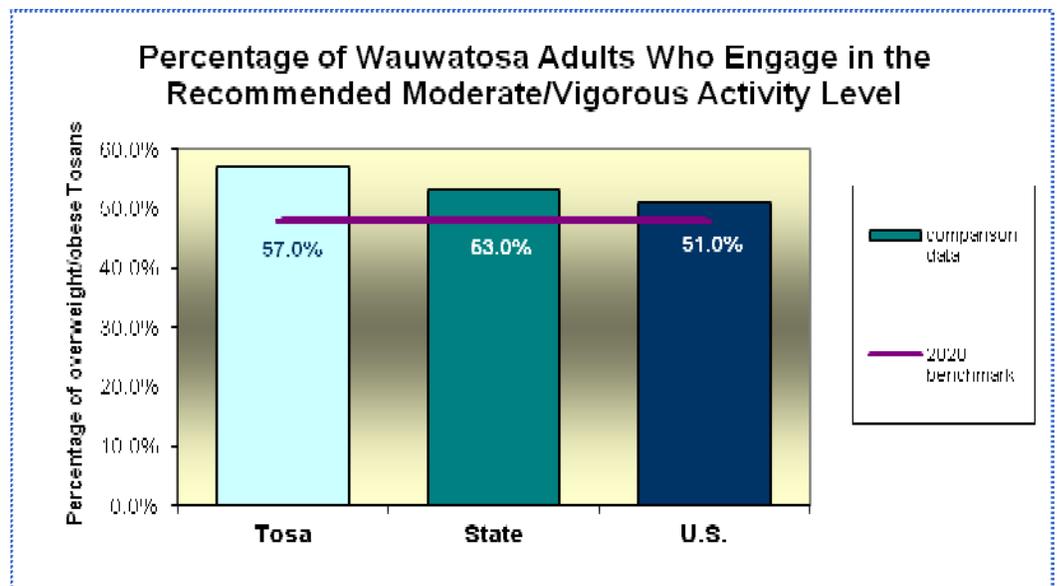
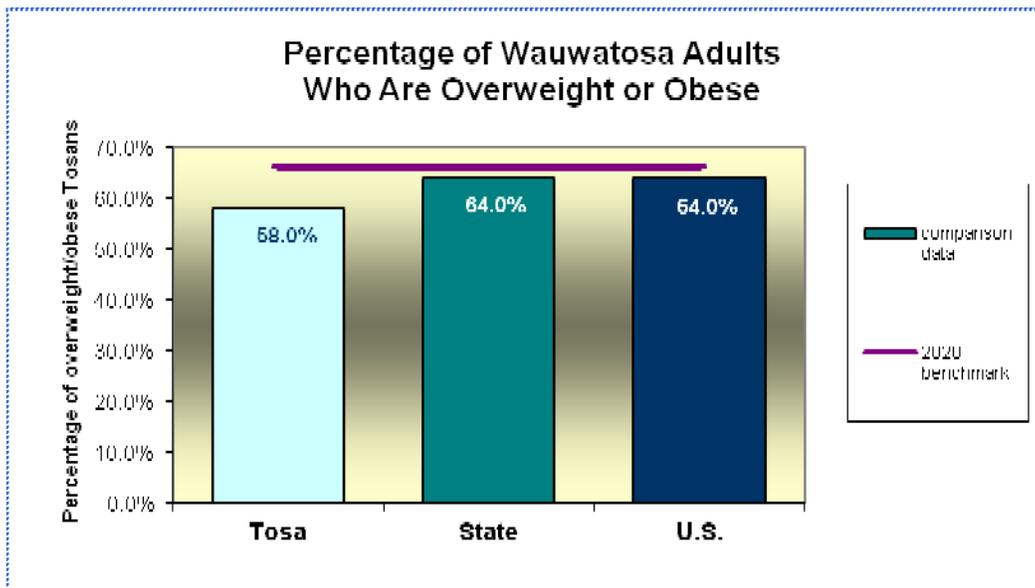
Nutrition and Physical Activity

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, 6% consider themselves to be in 'fair' or 'poor' health compared to 14% statewide and 15% nationally. Despite the subjective health status of the Wauwatosa community, over half of its population is overweight or obese. The 2012 City of Wauwatosa Community Health Aurora Survey found that 58% of the respondents were overweight or obese. 57% of all Wauwatosa adults engage in the recommended moderate and/or vigorous activity levels, which is higher than the Wisconsin (53%) and national (51%) rate. For Wauwatosa adolescents, 51.5% engage in the recommended moderate activity, which is slightly lower than the state average (51.6%), but exceeded the national average of 49.5%.



What is the Wauwatosa Health Department doing?

The WHD continued to combat chronic disease caused by inadequate healthy eating and exercise through allocating resources based on best practices. In 2012, the WHD performed the following activities addressing appropriate and adequate nutrition and physical activity, otherwise known as healthy eating and healthy activity:

- Partnered and provided technical assistance in WSD Wellness in Tosa Schools (WITS) Committee initiatives.
- Assessed over 114 individuals on healthy eating and physical activity level through the WHD's Adult Health Clinic program.
- Processed 121 inquiries on nutrition topics including WIC, food security, and oral health via WHD I&R
- Provided over 62 participants with the Women, Infants, and Children (WIC) nutrition supplement program for individuals who are nutritionally at-risk
- Submitted a Letter of Intent (LOI) to MCW's Healthier Wisconsin Partnership Program's (HWPP) development grant in partnership with Froedtert & Medical College. The grant was for

continued development of the Healthy Options in Tosa (HOT) healthy dining initiative for 2 years.

- Participated in a Bike to School event in May
- Conducted a nutrition and physical activity presentation for day care providers called “The Weight of the Nation” on Thursday, November 29. Video clips and discussion from the HBO documentary, “Weight of the Nation” was presented, with the goal of raising awareness about childhood obesity and empowering childcare providers with information and tools to improve the health of the children in their care. Attendees were provided written information on physical activity and nutrition to share with families of the children they care for. In addition, community resources were compiled and distributed that relate to physical activity and nutrition. Employees from 34 Wauwatosa based child care facilities were invited to the program. Twenty-five child care providers representing 15 facilities attended

Tobacco Use and Exposure

What is Tobacco Use and Exposure?

Tobacco use and exposure, by which the toxins found in tobacco products are introduced into the human body, is the single most preventable cause of death and disease. Tobacco use is known to be influenced by social factors, physiological addiction, and the marketing and promotion of tobacco products. The Wauwatosa Tobacco Prevention and Control Program aims to prevent and reduce tobacco use and exposure through education, advocacy, and treatment efforts aimed at reducing youth initiation, promoting cessation, and eliminating environmental tobacco smoke.

How does Wauwatosa Compare?

Both youth and adult smoking rates fall below those reported at the state and national levels. However, Wauwatosa falls short of meeting national goals for adult smoking. Many Wauwatosa youth and adults report having made at least one serious quit attempt in the past 12 months (58% of adult smokers and 64.7% of youth smokers). The adult rates are above 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 and just barely met the national goal of 64%.

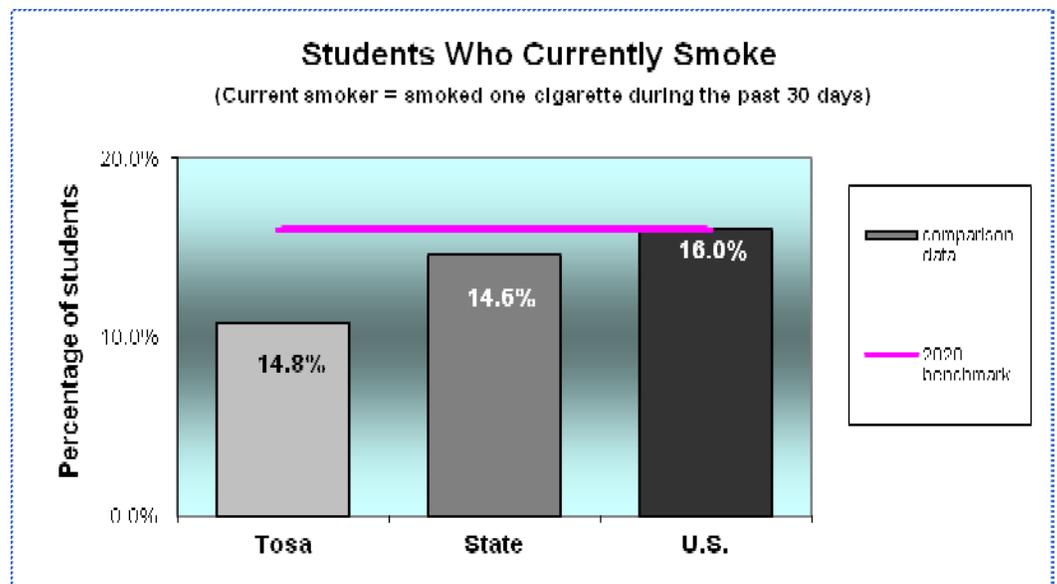
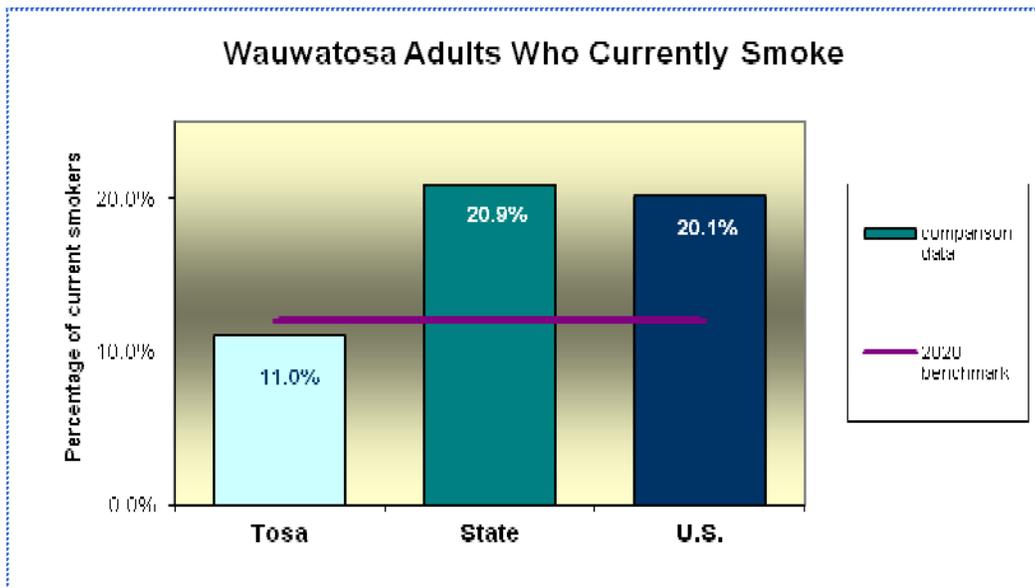
1.6% of Wauwatosa youth reported use of smokeless tobacco products. This rate falls below those seen at the state and national levels (8.3% and 4.8% respectively) and met the national goal of 6.9%.

Why is this important?

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

*The Burden of Tobacco
in Wisconsin; 2010 Edition*





What is the Wauwatosa Health Department doing?

The WHD continued its efforts to prevent morbidity (illness) and mortality (death) related to tobacco use and exposure. Major activities centered on collaboration and partnerships, community education, youth prevention, and adult cessation. In 2012, the WHD performed the following activities addressing tobacco use and exposure:

- Completed 35 tobacco compliance investigations in March; 1 check was not completed because the retailer did not sell tobacco products. The WHD secures the funding and processes reporting requirements to pay for the police overtime and other program expenses. 91.2% of retailers did not sell to minors; 3 out of 34 tobacco retail establishments sold to minors and received citations.
- Completed 33 tobacco compliance investigations in October. 97.0% did not sell to minors; 1 out of 33 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. After a steady yearly decline in program participation, WHD developed and implemented a survey to assess community partners' participation in the program and barriers to implementing the program. After analyzing and discussing the survey results and identifying other available alternative programs, the community partners unanimously decided to cease the program in December.
- Processed 4 tobacco and second-hand smoke related inquiries on WHD I&R.
- Assessed and evaluated 2 referrals for tobacco cessation and prevention nursing case management.
- 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 621 newborns on tobacco use and smoke-free home environments.
- Assessed, counseled, and referred 114 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 counseling³.

How does Wauwatosa Compare?

The results trended negatively regarding the Wauwatosa adults' use of alcohol. 28% of Wauwatosa adults reported binge drinking at least once in a 30 day period, which is higher than the state (22%) and national average (15%); this is a statistically significant increase since 2003 (15%). 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 (15.3%) is lower than the state (23.8%) and national average (21.9%) but well above the 2020 national goal of 8.5%.

Why is this important?

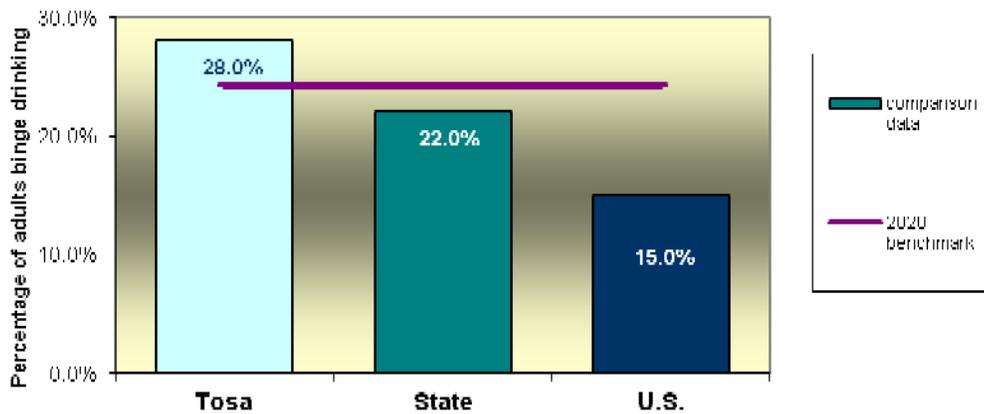
Alcohol use is the third leading lifestyle-related cause of death. In the US, 79,000 deaths are attributable to excessive alcohol use each year. In 2005, there were more than 1.6 million hospitalizations and more than 4 million ER visits for alcohol-related conditions.

CDC, *Alcohol Use and Health*,
www.cdc.gov 2010

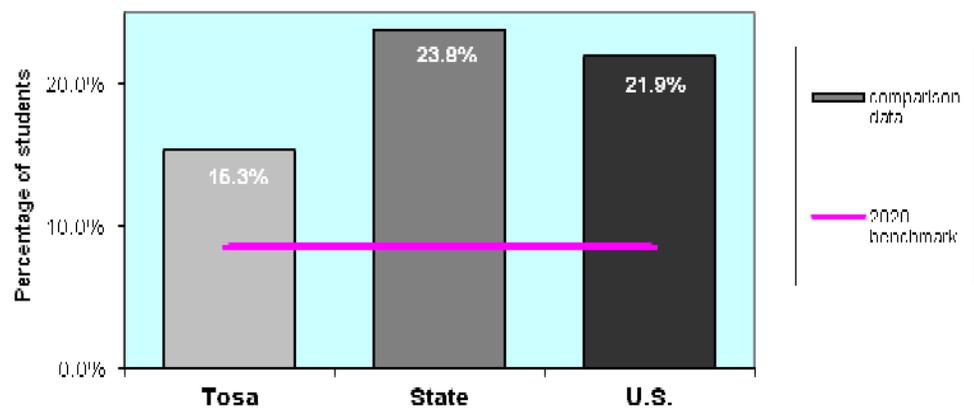


³ Source: <http://www.drugabuse.gov/infofacts/lessons.html> accessed 3/16/2009

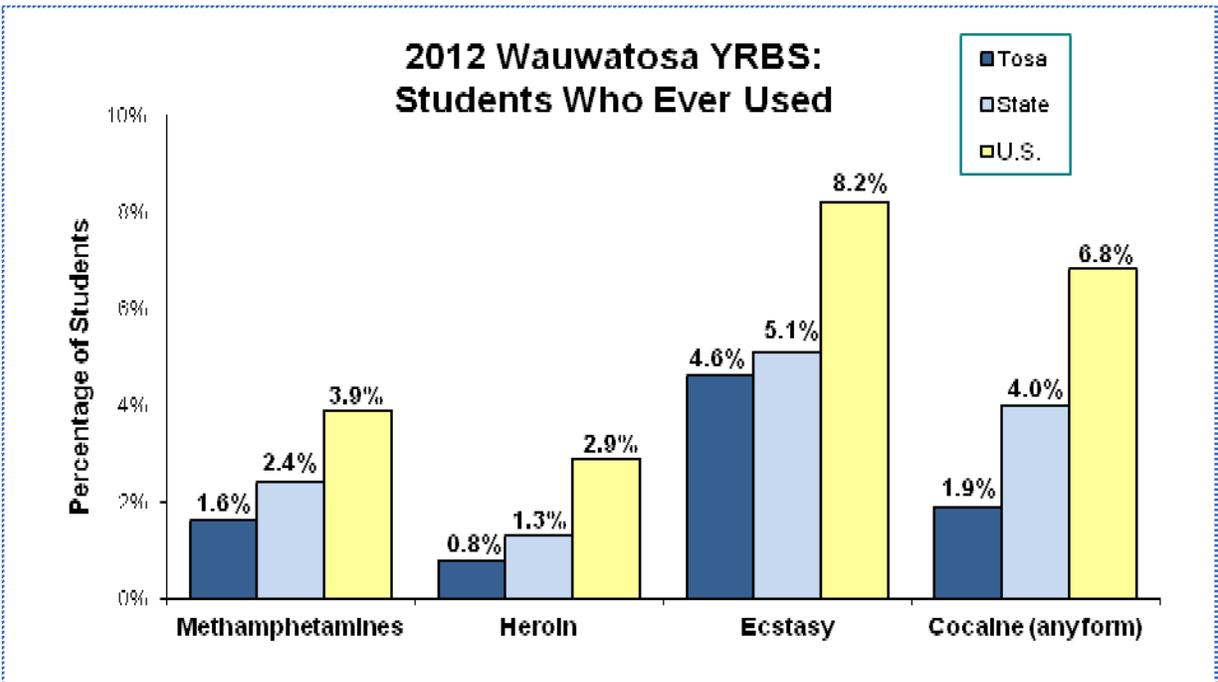
Percentage of Wauwatosa Adults Who Engaged in Binge Drinking in the Past 30 Days



Students Who Engaged in Binge Drinking in the Past 30 Days



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 (20.0%) than 2020 Healthiest People goal of 6.0%.



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 2012, 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 12 alcohol and substance information on the WHD I&R.
- Researched and updated continuous prescription pill drop-off sites and sharps disposal sites.
- Assessed 114 individuals on alcohol use and illegal/inappropriate drug use through the department’s Adult Health Clinic program.
- Completed 21 alcohol compliance investigations in May. 90.5% (n=19) of the Wauwatosa establishments did not sell alcohol to an under-aged individual; two establishments sold to an under-aged volunteer. The WHD secured the grant funding and reporting requirements to pay for the police overtime and other program expenses
- Facilitated the school district’s Tosa United program while the coordinator role was temporarily vacant
- Planned, advertised, and implemented Tosa United’s prescription drug collection day held on September 22 at the city hall parking lot. The program collected over 6 boxes of non-controlled substances and controlled/narcotic pills.
- Developed, implemented and analyzed data for the 2012 Wauwatosa Youth Risk Behavior Survey (YRBS) in partnership with the WSD. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence.

Injury and Violence

What is Injury and Violence Prevention?

An injury is “any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical or chemical energy or from the absence of such essentials as heat or oxygen” (National Committee for Injury Prevention and Control, 1989). In other words, it is harm caused to one’s body and encompasses unintentional injuries, such as falls, motor vehicle accidents, drowning, and poisonings, as well as intentional infliction including assaults, homicides, suicides, abuse, and neglect. 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?

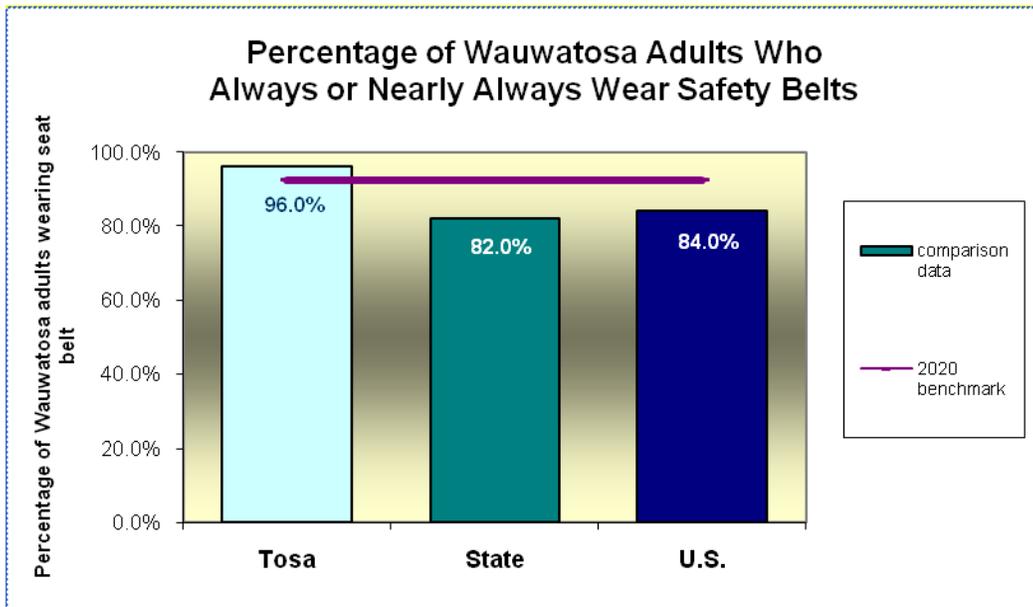
In the year 2005, total medical and lost productivity costs of motor vehicle-related fatal and nonfatal injuries totaled \$99 billion of which \$58 billion was attributable to fatalities.

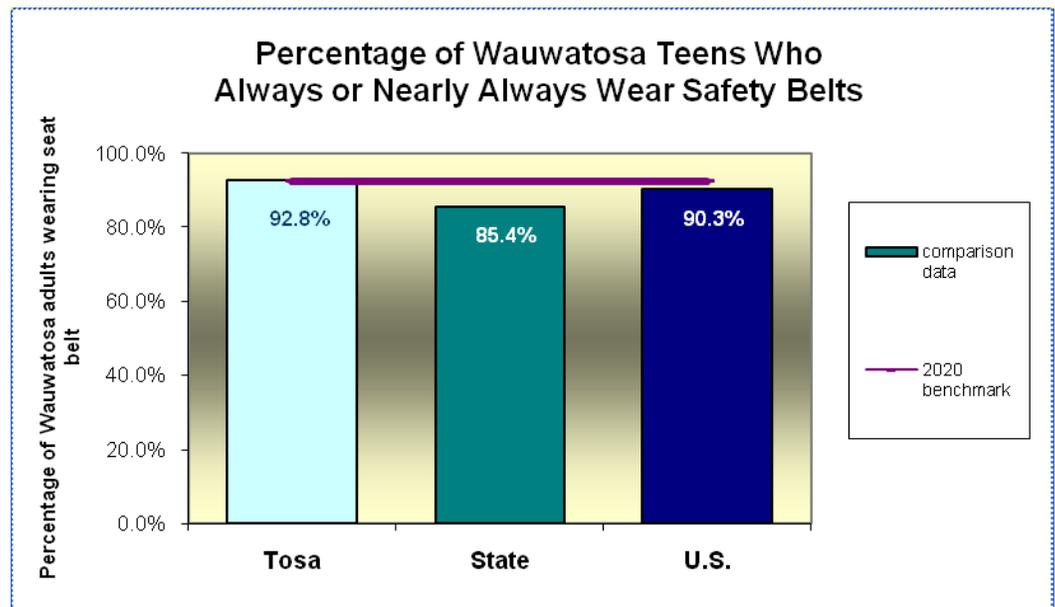
Naumann, Rebecca, B. et al. “Incidence and Total Lifetime Costs of Motor Vehicle-Related Fatal and Nonfatal Injury by Road User Type, US 2005.”



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, 93.8% of Wauwatosa teens reported always or nearly always wearing their safety belts, which also exceeds the Wisconsin and national teen level as well as the Healthiest People 2020 goal of 92.4%.





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 2012, 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 22 injury and violence-related inquiries on WHD I&R.
- Assessed and evaluated 10 referrals for injury and violence nursing case management. As in 2011, most case management services were for home safety assessments and lead paint exposure.
- Assessed 114 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.
- Participated in local pedestrian and railroad safety meetings
- Continued its partnership with the Safe Kids Coalition, providing input into policy and program development.
- Conducted 14 home safety visits for families
- Participated in the regional Child Death Review process
- Assisted Tosa United in promoting and distributing cyberbullying programming
- Participated in the Little Obie Train Safety program in September
- Developed, implemented and analyzed data for the 2012 Wauwatosa YRBS in partnership with the WSD. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence.

Reproductive and Sexual Health

What is Reproductive and Sexual Health?

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

How does Wauwatosa Compare?

Wauwatosa's known rates of reportable STDs such as Chlamydia and Gonorrhea fall well below known state and national levels. Wauwatosa's Chlamydia rate is 243.5 per 100,000 people versus 410.9 and 426.0 per 100,000 people for Wisconsin and the nation respectively. Wauwatosa's Gonorrhea rate is 56.1 per 100,000 people versus 90.0 per 100,000 for Wisconsin and 94.1 (males)/ 106.5 (females) per 100,000 in the nation respectively. Wauwatosa's Chlamydia and Gonorrhea rates met the Healthiest People 2020 benchmark. In 2012, 80.6% of Wauwatosa women received their initial prenatal care within the first trimester of pregnancy in contrast to 70.8% nationally; this exceeds the Healthiest People 2020 goal of 77.9%. Lastly, 6 adolescent females from Wauwatosa (19 years of age and under) gave birth during 2012. (SPHERE, 2012)

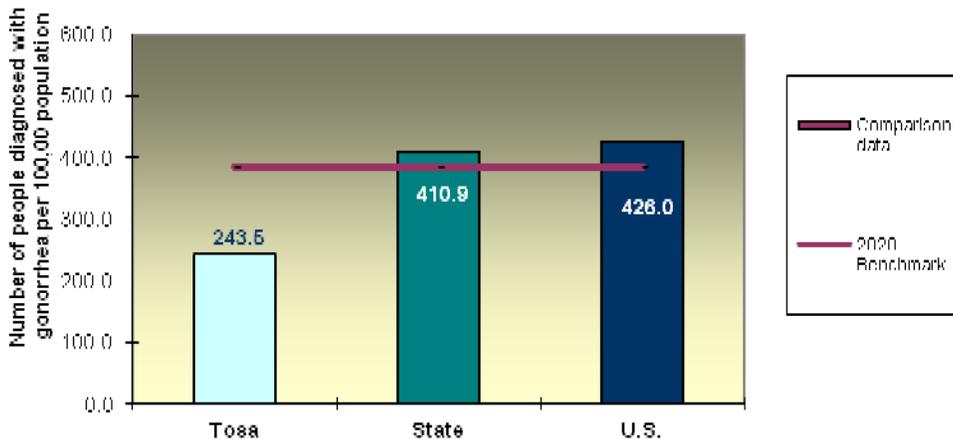
Why is this important?

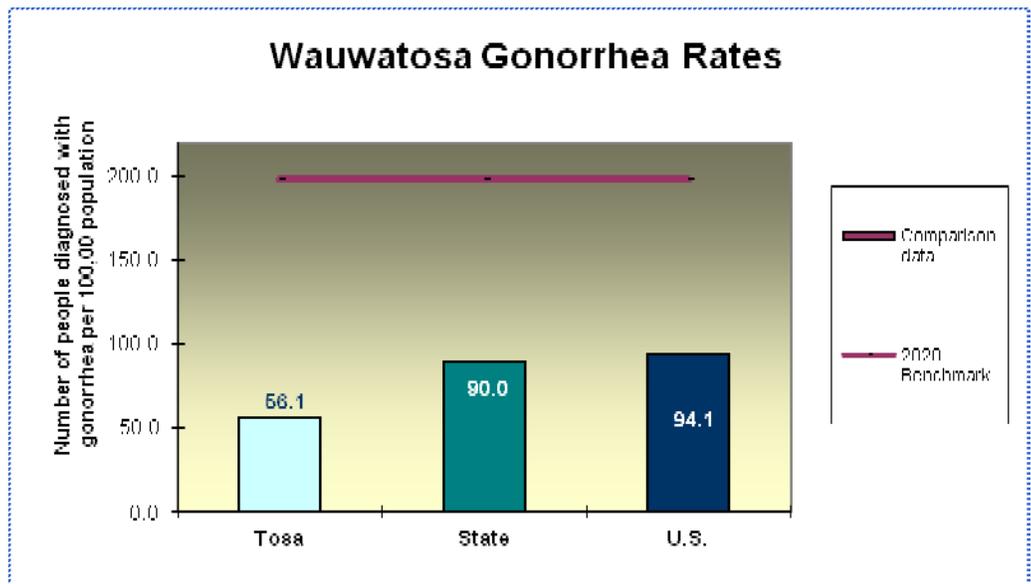
In Wisconsin, the rate of STDs has increased 33% from 1999–2008, and over 30,000 cases of STDs were reported in Wisconsin last year alone. Wisconsin had the 23rd highest Chlamydia rate and the 18th highest Gonorrhea rate in 2007 when compared to other states,

State of Wisconsin Department
of Health Services 2010
www.dhs.wisconsin.gov



Wauwatosa Chlamydia Rates





What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of outcomes associated with high-risk births and high-risk sexual behaviors, including STDs and teenage pregnancies, in Wauwatosa by identifying data for continuous monitoring and analysis while comparing the Wauwatosa data to national and state statistics. In 2012, the WHD performed the following activities addressing RSH issues:

- Processed 9 RSH-related inquiries on WHD I&R.
- Assessed and evaluated 4 RSH-related referrals, mostly high-risk pregnant women, for nursing case management services.
- Assessed 114 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:
 - 117 cases of Chlamydia
 - 22 cases of Gonorrhea
 - 6 cases of Chlamydia and Gonorrhea co-infections
 - 3 cases of syphilis
- Assessed 621 birth records for high-risk maternal health issues

Mental Health

What is Mental Health?

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

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

How does Wauwatosa Compare?

Wauwatosa’s adult suicide rate (4.3 per 100,000) is below the state (13.9) and national levels (12.4); it meets the 2020 national goal of 10.2 per 100,000 individuals. Likewise, the number of Wauwatosa teenagers who had attempted suicide (5.4%) was below the state and national levels (6.7% and 7.8%, respectively) but exceeded the Healthy People 2020 national goal of 1.7%.

Two percent of Wauwatosa adults reported that they always or nearly always felt sad, blue, or depressed in the past 30 days. 20.2% 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 (22.7) and the national level of 28.5%.

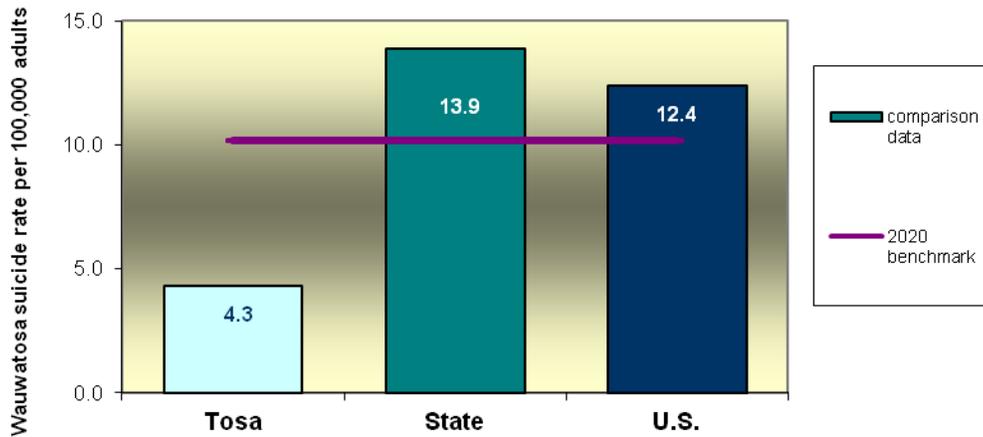
Why is this important?

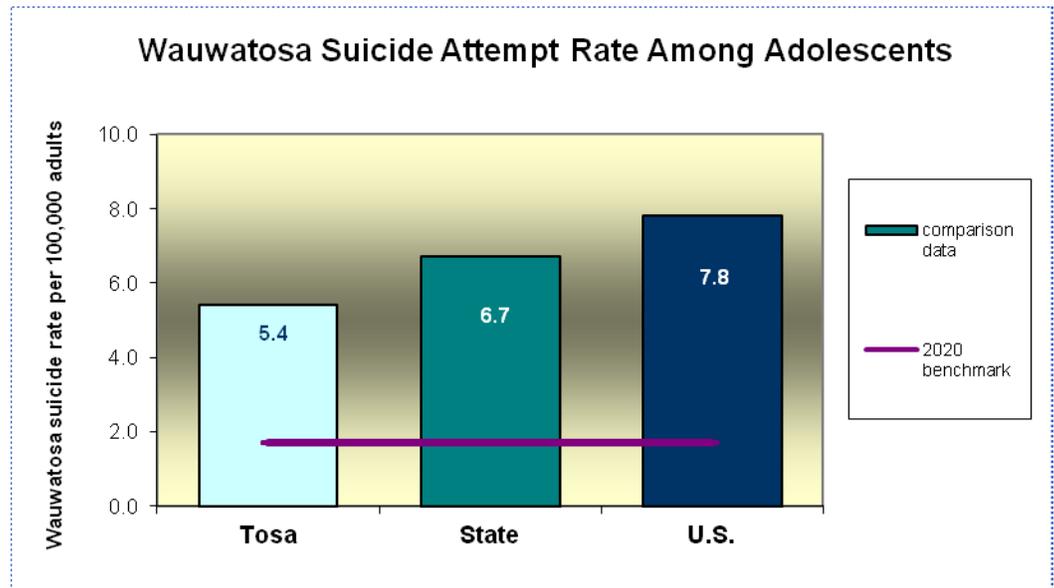
The number of lost work days for workers with anxiety, stress, and neurotic disorders was more than four times greater than the number of workdays lost for all nonfatal injuries or illnesses together (25 days vs. 6 days).

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



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 2012, the WHD performed the following activities addressing mental health issues:

- Processed 4 mental health-related inquiries on WHD I&R.
- Assessed and evaluated 3 mental health-related referrals for nursing case management services.
- Assessed 114 individuals on mental health-related issues through the department's Adult Health Clinic program.
- Developed, implemented and analyzed data for the 2012 Wauwatosa YRBS in partnership with the WSD. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence.

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

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/>

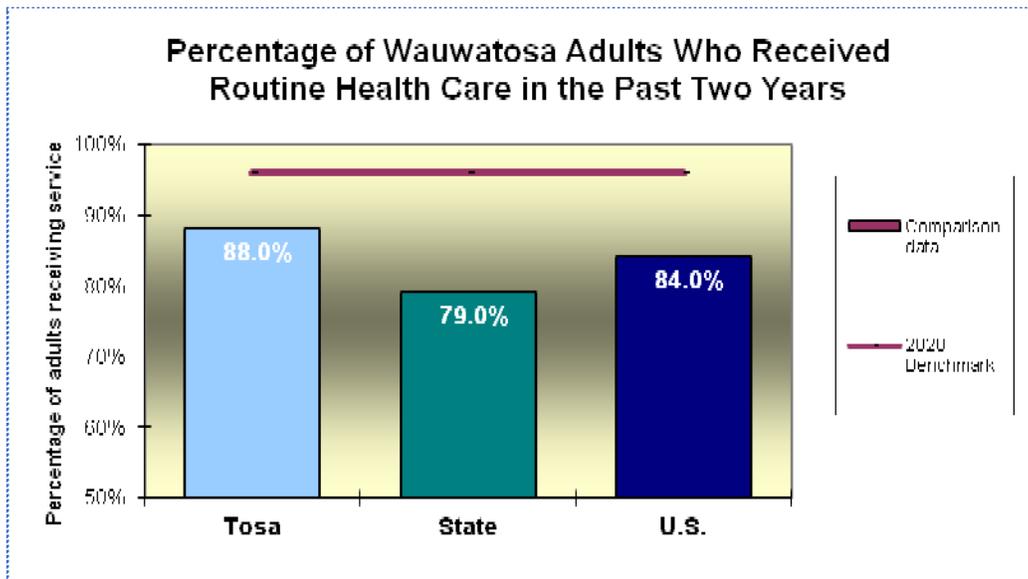


- Older Adults and Seniors
- Family/parents

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 96% of the population currently insured. In addition, Wauwatosa exceeds 2020 expectations in obtaining preventive services such as pap smears and cholesterol screenings. However, Wauwatosa residents fall behind in obtaining mammography, colonoscopy, vision care 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, high blood pressure and stroke-related conditions. On the other hand, the percentage of Wauwatosa adults with high blood cholesterol (25%) is higher than the 2020 national target goals of 13.5% respectively.

What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of healthy growth and development and access to primary and preventive care by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. In 2012, the WHD performed the following activities addressing healthy growth and development for all life stages:

- Processed 1591 inquiries on WHD I&R, including the following for healthy growth and development:
 - 12 calls on newborn and infant wellness
 - 24 calls on at-risk child growth and development issues
 - 1 calls on parenting issues
 - 62 calls on various chronic health conditions
 - 12 calls on resources for uninsured or underinsured
 - 27 calls regarding socio-economic factors such as shelter, transportation, and other social services
- Assessed and evaluated 1169 referrals for nursing case management services, including the following for healthy growth and development:
 - 484 assessments for newborn wellness
 - 135 assessments for at-risk child growth and development issues
 - no assessments for parenting issues
 - 22 assessments for various chronic health conditions
 - one assessment for resources for uninsured or underinsured
 - 2 assessments for the Wisconsin Well Women Program (WWWP)
 - one assessment for the Refugee program
 - 6 assessments for regarding socio-economic factors
- Assessed 114 individuals on access to health care and chronic health conditions through the department's Adult Health Clinic program.
- Identified and tracked barriers to receiving health care, such as limited English proficiency (LEP) and low socioeconomic status within the community.
- Maintained active partnership with and provided technical assistance to the Wauwatosa Senior Commission (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.
- Developed, implemented and analyzed data for the 2012 Wauwatosa YRBS in partnership with the WSD. The YRBS is questionnaire that assesses the behaviors and perceptions of youth in areas such as alcohol, marijuana, cocaine, inhalants, sexual activity, nutrition, physical activity, bullying, and violence.
- Revised and developed several pages of health information and resources on the WHD's website www.wauwatosa.net/health .

Other Programs, Services, and Activities

Data Collection and Analysis: City of Wauwatosa Community Health Assessment and Improvement Plans and Strategic Plans

The WHD spent significant time and effort identifying Wauwatosa-specific data sources, comparing and analyzing the data for benchmarking, and developing a unified collection system for continued trending and analysis. In 2010, the WHD began its statutorily-required community health assessment (CHA). A complete CHA is required of all local health departments every 5 years as interpreted by the Wisconsin DPH. Using NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) framework, the WHD focused on collecting and analyzing quantitative data and accumulated qualitative data into 2011; the CHA was finalized in 2012. The YRBS is an example of quantitative data needed to assess the health status of Wauwatosa's youth. In partnership with the WSD, the

WHD completed a YRBS in the public high schools in 2012. The analysis for the YRBS survey will be completed in 2013. The CHA was used to begin developing a community health improvement plan (CHIP), a listing of goals, objectives, and strategies that all Wauwatosa partners may use to improve the health of the community. In 2012, the WHD performed the following activities addressing data collection and analysis:

- Conducted interviews with selected city departments, alderpersons and identified community business and organizations for the CHA
- Drafted a grant applications to support the CHA/CHIP process, and Wauwatosa was awarded a Public Health Infrastructure grant
- Conducted a public vetting discussion for the CHA and CHIP on May 14

Accreditation and Quality Improvement

The WHD continued its efforts in moving toward national accreditation through the Public Health Accreditation Board (PHAB). PHAB standardized expectations of local and state health departments on a national level, similar to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and hospitals. LHDs must meet and provide evidence for over 90 standards. The WHD plans to submit a Letter of Intent for accreditation in December 2013.

Accreditation and Quality Improvement

- WHD quality improvement (QI) committees continued to review and analyze available data for the City of Wauwatosa CHIP, which is based on the 2011 City of Wauwatosa CHA. <http://www.wauwatosa.net/DocumentCenter/Home/View/2140>
- The QI committees developed goals, objectives, and activities for the CHIP which will be finalized and implemented in 2013 with community partners over the next 5 years.
- The WHD staff was trained on PHAB accreditation through meetings and trainings. A meeting that focuses on the status of CHIP training and next steps is scheduled for April 2013.

Workforce Development

In addition to providing continuing education for its own staff, the WHD maintained partnerships with several colleges and universities, including Carroll University, Marquette University, WI Lutheran College, Mount Mary College, Alverno College, and the University of Wisconsin-Milwaukee, in providing multidisciplinary students “real world” public health experiences. Student experiences range from a few hours of observing health inspections to interviewing and shadowing public health staff to completing semester-long projects and research papers. In 2012, the WHD provided offsite clinical and thesis opportunities to 3 college students through the Medical College of Wisconsin’s (MCW) Masters of Public Health program. Areas of focus included accreditation, health perceptions of the Amish, and a youth tobacco policy for decreased access to tobacco products.

Ongoing programmatic and PHAB training opportunities continued for WHD staff. The WI Department of Health Services offers many training opportunities through webinars. PHAB training was available through a number of venues. In addition to in-house training, staff attended selected offerings by CVMIC, the City’s insurance carrier. Staff was trained on Project Manager Software to track program timelines and outcomes for greater efficiency.

The WHD continued work on the critical relational, electronic databases in an effort to collect and analyze local health information on which to build programming and satisfy required reporting. A

public health database was designed by WHD personnel within the last 5 years. Additional modules were built by a data programmer, piloted, and implemented by the WHD. All public inquiries are recorded and coded by the 10 public health essential services, providing insight into the nature of the calls received. Additional modules were designed to document client and group-specific activities. This helps in the collection of local data. Most of the state's health data is reported at a county level. The Health Officer was a member of a state-local Core Data Elements committee to identify common, standard data elements to assist in the CHIP process. The Health Officer is also a member of a southeast regional committee to explore the need for local data collection, analysis, access, and reporting at a jurisdictional level instead of the county-level data.

The WHD upgraded its Environmental Health Electronic Database by adding a licensing module with the health of a City of Wauwatosa internal grant. The database program assists the WHD in licensing and tracking establishments, their history, violations, and provides general inspection information for greater efficiency. In 2012, the licensing module was piloted and implemented for the first time. The process went smoothly. An evaluation process by participating departments identified areas that could be further streamlined for 2013. The database interacts with the City's accounting and financial systems for greater efficiency moving forward.

The Health Officer participated with a small group of City staff on a project related to the Lean Six Sigma Yellow Belt training. The project involves streamlining multiple revenue collection systems for greater efficiency. Managers and staff attended multiple offerings (webcast, courses, conferences) through the state and other organizations to retain knowledge on the public health competencies.

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](#)

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 REGULATIONS OF 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 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%	90% ³	84% ³	100%	100%	↓
Provider coverage						
<input type="checkbox"/> Routine care (2 years or less)	88	79 ¹	84 ¹	96		↓
<input type="checkbox"/> Dental care	77	75 ¹	70 ¹	56		↑
<input type="checkbox"/> Vision care	50 ¹	n/a*	55	ID*	60.5	↓
Preventive Services						
<input type="checkbox"/> Pap smears (within 3 years)	85	84.8 ³	80.9 ³	90	93.0	↑
<input type="checkbox"/> Mammography (40+ years old, within 2 years)	80	78.7 ³	75.4 ³	70	81.1	↓
<input type="checkbox"/> Cholesterol screenings	84	78.6 ³	78.5 ³	80	82.1	↑
<input type="checkbox"/> Colonoscopy	63	69.1 ³	66.5 ³	n/a		↓
Health Conditions – number of adults with a history of the following conditions:						
<input type="checkbox"/> Asthma	8	9.4	8.5	ID		↑
<input type="checkbox"/> Heart disease	5	4.0	3.8	r/t [§]	n/a	↓
<input type="checkbox"/> High blood pressure	24	27.7	28.7	16	26.9	↑
<input type="checkbox"/> High blood cholesterol	26	36.4	37.4	17	13.5	↓
<input type="checkbox"/> Diabetes	6	8.4	8.3	r/t		↑
<input type="checkbox"/> Cancer	4	10	n/a	r/t		↔
<input type="checkbox"/> Stroke	1	2.5	2.6	2		↔

¹ 2012 Aurora Community Health Survey, Wauwatosa, <http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2012-wauwatosa-report.pdf>

² Wisconsin Interactive Statistics on Health (WISH), <http://www.dhs.wisconsin.gov/wish/index.htm>, 2010

³ State Health Facts, 2010-2011 <http://www.statehealthfacts.org/profileglance.jsp?rgn=51>

Alcohol and Other Substance Use and Addiction

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Adults						
□ Binge drinking [≥ 5 (male)/ ≥ 4 drinks (female) at one time in the past month]	28 ¹	22 ¹	15 ¹	6	24.3	↓
□ Driving or riding with someone who'd been drinking (past 30 days)	4 ¹	n/a	n/a	n/a		↔
Youth						
□ Never had one drink of alcohol	43.7 ²	28.8 ²	29.2 ²	29	30.5	↓
□ Binge drinking	15.3 ²	23.8 ²	21.9 ²	2	8.5	↓
□ Riding with someone who'd been drinking (past 30 days)	16.4 ²	22.9 ²	24.1 ²	n/a	25.5	↑
□ Driving after drinking (past 30 days)	5.1 ²	8.7 ²	8.2 ²	n/a		↑
□ Ever used marijuana	35.0 ²	37.3 ²	39.9 ²	n/a		↑
□ Used marijuana in the past 30 days	20.0 ²	21.6 ²	23.1 ²	0.7	6.0	↓
□ Ever used methamphetamines	1.6 ²	2.4 ²	3.9 ²	n/a		↑
□ Ever used heroin	0.8 ²	1.3 ²	2.9 ²	n/a		↑
□ Ever used ecstasy	4.6 ²	5.1 ²	8.2 ²	n/a		↑
□ Ever used a medicine without a doctor's prescription (ex: OxyContin, Percocet, Vicodin, Ritalin, Adderall, or Xanax)	11.7 ²	18.1 ²	14.8 ²	n/a		↑
□ Ever used any form of cocaine	1.9 ²	4.0 ²	6.8 ²	n/a		↑
□ Used cocaine in the past 30 days	1.1 ²	1.4 ²	3.0 ²	n/a		↑
□ Ever used any inhalants or sniffed glue	4.9 ²	8.4 ²	11.4 ²	n/a		↑
□ Offered, sold, or given an illegal drug on school property in the past 12 months	13.7 ²	20.9 ²	25.6 ²	n/a	20.4	↑

¹ 2012 Aurora Community Health Survey, Wauwatosa, <http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2012-wauwatosa-report.pdf>

² 2012 Wauwatosa Youth Risk Behavior Survey

Communicable Diseases and Immunizations

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Influenza vaccination rate – adults aged ≥ 65 years	69%	56.5% ¹	61.0% ¹	90%	90	↓
Immunization completion rate of all 2 year olds	72.0	68.6 ²	66.0 ²	90	90	↓
Immunization completion rate of 2 year olds in Wauwatosa day cares	72	86.3 ³	n/a	95	90	↓
Immunization rate of Wauwatosa schools	93.6	93.1 ³	95.63 ³	90	95	↓
Active tuberculosis (TB) cases newly diagnosed per 100,000 population	0 ⁹	1.2 ⁴	3.4 ³	1.0	1.0	↑
Latent TB cases completing medication therapy (percentage)	ID	86.9 ⁵	81.4 ⁵	85 ³	79.0	↔
Hepatitis C newly diagnosed cases per 100,000	13 ⁹	0 ⁶	0.3 ⁶	1	0.2	↓

population						
Campylobacter incidence per 100,000 population	13.0 ⁹	n/a	15 ⁷	12.3	8.5	↓
E. coli 0157:H7 incidence per 100,000 population	0 ⁹	n/a	1.06 ⁸	1	0.6	↑
Listeria incidence per 100,000 population	0 ⁹	n/a	0.31 ⁸	0.25	0.2	↑
Salmonella incidence per 100,000 population	10.8 ⁹	n/a	14.81 ⁸	6.8	11.4	↑
Pneumonia vaccination rate – adults aged ≥ 65 years	75	73	69	90%	90%	↓

¹ State Health Facts, 2010-2011 <http://www.statehealthfacts.org/profileglance.jsp?rgn=51>

² National Immunization Survey, 2011 http://www.cdc.gov/vaccines/stats-surv/nis/tables/11/tab02_antigen_iap_2011.pdf

³ CDC National Center for Immunizations and Respiratory Diseases, Immunization Service Division, School and Day Care Immunization Assessment Survey, 2006 – 2007

⁴ CDC, Division of Tuberculosis Elimination (DTBE), 2011 Surveillance Report, <http://www.cdc.gov/tb/surv/surv2009/default.htm>

⁵ CDC, Division of Tuberculosis Elimination (DTBE), 2005 Surveillance Report, <http://www.cdc.gov/tb/surv/surv2005/default.htm>

⁶ CDC, MMWR, Surveillance for Acute Viral Hepatitis – United States 2007, Vol 58(SS03);1-27, May 22, 2009

⁷ CDC, Division of Bacterial and Mycotic Disease, <http://www.cdc.gov/ncidod/dbmd/diseaseinfo/default.htm>

⁸ Food Net, surveillance data, 2006

⁹ WEDSS Cumulative Data Report, Wauwatosa, 2012

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	0.7%	0.99% ¹	0.56% ¹	0	0	↓

¹ CDC National Center of Environmental Health, Lead Poisoning Prevention Branch, 2011, <http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear1997-2011.htm>

Injury and Violence Prevention

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

ED visits due to motorcycle accidents (per 100,000 population)	ID	36	82.1	n/a		↔
ED visits due to pedestrian accidents (per 100,000 population)	ID	23	61.6	26		↔
ED visits due to poisonings (per 100,000 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 – teens (percentage)	94.8 ²	89.7 ²	92.3 ²		92.4	↑
Always or nearly always wear safety belts/restraints – children (percentage)	94	n/a	n/a	100		↓

² 2012 Wauwatosa Youth Risk Behavior Survey

Mental Health

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Adults who always or nearly always felt sad, blue, or depressed in the past 30 days	2%	n/a	n/a	n/a		↔
Adults who considered suicide	1%	n/a	n/a	n/a		↔
Adults who committed suicide (per 100,000)	4.3 ¹	13.9 ²	12.4 ²	5	10.2	↑
Teens who considered suicide	12.9 ³	13.5 ³	15.8 ³	n/a		↓
Teens who attempted suicide	5.4 ³	6.7 ³	7.8 ³	1	1.7	↓
Teens who reported feeling so sad or hopeless that they stopped activities	20.2 ³	22.7 ³	28.5 ³	n/a		↑

¹ Wauwatosa Police Department Annual Report, 2011

² American Association of Suicidology, 2010

http://www.suicidology.org/c/document_library/get_file?folderId=262&name=DLFE-629.pdf

³ 2012 Wauwatosa Youth Risk Behavior Survey

Nutrition and Healthy Eating

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Adults						
□ Eat ≥ 2 fruit servings per day	77% ³	34.9 ²	32.5 ²	75%		↑
□ Eat ≥ 3 vegetable servings per day	36 ³	23.2 ²	26.3 ²	50		↓
Youth (high schoolers)						
□ Eat ≥ 3 vegetable servings per day	3.7 ⁴	12.7 ⁴	15.3 ⁴	50		↓
□ Drank ≥ 1 can/bottle/glass of soda/pop daily	17.0 ⁴	23.1 ⁴	27.8 ⁴	n/a		↑

¹ State Indicator Report on Fruits and Vegetables, 2009

<http://www.cdc.gov/nutrition/downloads/StateIndicatorReport2009.pdf>

² State Health Facts, 2009 <http://www.statehealthfacts.org/profileglance.jsp?rgn=51>

³ 2012 Aurora Community Health Survey, Wauwatosa, <http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2012-wauwatosa-report.pdf>

⁴ 2012 Wauwatosa Youth Risk Behavior Survey

Physical Activity

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Adults						
<input type="checkbox"/> Overweight or obese	58% ¹	64% ¹	64% ¹	15%	66.1	↑
<input type="checkbox"/> Engage in ≥ 30 minutes moderate physical activity at least 5 times/week	37 ¹	n/a	n/a	50		↓
<input type="checkbox"/> Engage in ≥ 20 minutes vigorous physical activity at least 3 times/week	36	n/a	n/a	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	57 ¹	53 ¹	51 ¹	n/a	47.9	↑
Youth						
<input type="checkbox"/> Describes self as slightly or very overweight	21.2 ²	n/a	29.2 ²	5		↓
<input type="checkbox"/> Engage in ≥ 60 minutes moderate physical activity at least 5 times/week	51.5 ²	51.6 ²	49.5 ²	n/a		↑

¹ 2012 Aurora Community Health Survey, Wauwatosa, <http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2012-wauwatosa-report.pdf>

² 2012 Wauwatosa Youth Risk Behavior Survey

Reproductive and Sexual Health

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Births to female teens aged 13 – 19 years per 1,000 female teenagers	5.1 ⁷	26.5 ¹	39.1 ¹	n/a		↑
Chlamydia rate (per 100,000 people)	243.5 ⁵	410.9 ²	426.0 ²	ID	ID	↑
Gonorrhea rate (per 100,000 people)	56.1 ⁵	90.0 ²	94.1M ² 106.5F ²	19	198 M 257 F	↑
Receive prenatal care beginning in 1 st trimester	80.6 ⁶	n/a	70.8 ⁷		77.9	↑
Youth						
<input type="checkbox"/> Ever had sexual intercourse	29.0 ³	41.6 ³	47.4 ³	ID		↑
<input type="checkbox"/> Had sexual intercourse before 13 years old	5.2 ³	4.4 ³	6.2 ³	ID		↑
<input type="checkbox"/> Used condom during last sexual	69.6 ³	64.4 ³	60.2 ³	ID		↑

intercourse (past 3 months)					
□ Had sexual intercourse with ≥ 4 people during their life	6.0 ³	9.9 ³	15.3 ³	n/a	↑
□ Currently sexually active	19.0 ³	30.8 ³	33.7 ³		↑

¹ Wisconsin Dept of Health Services, http://www.dhs.wisconsin.gov/wish/main/Teen_preg/teen_preg_home.htm, 2012

² State Health Facts, 2011 <http://www.statehealthfacts.org/compare.jsp>

³ 2012 Wauwatosa Youth Risk Behavior Survey

⁵ WEDSS, 2012

⁶ SPHERE data, 2012

⁷ Healthiest People 2020

Tobacco Use and Exposure

	Tosa	State	U.S.	2010 Goals	2020 Goals	Tosa's Status
Adults						
□ Current smokers	11% ¹	20.9 ²	20.1 ²	12.0	12.0	↑
□ Current smokers who made ≥ 1 quit attempt in the past 12 months	58 ¹	61.6 ²	59.6 ²	75	80.0	↓
□ Secondhand smoke exposure in home or in vehicles	13 ¹	25	20.9	n/a	13.0	↑
Youth						
□ Current smokers	10.8 ³	14.6 ³	16.0 ³	16	16.0	↑
□ Current smokers who made ≥ 1 quit attempt in the past 12 months	64.7 ³	51.7 ³	50.1 ³	84	64.0	↑
□ Current smokeless tobacco use	1.6 ³	8.3 ³	4.8 ³	1	6.9	↑

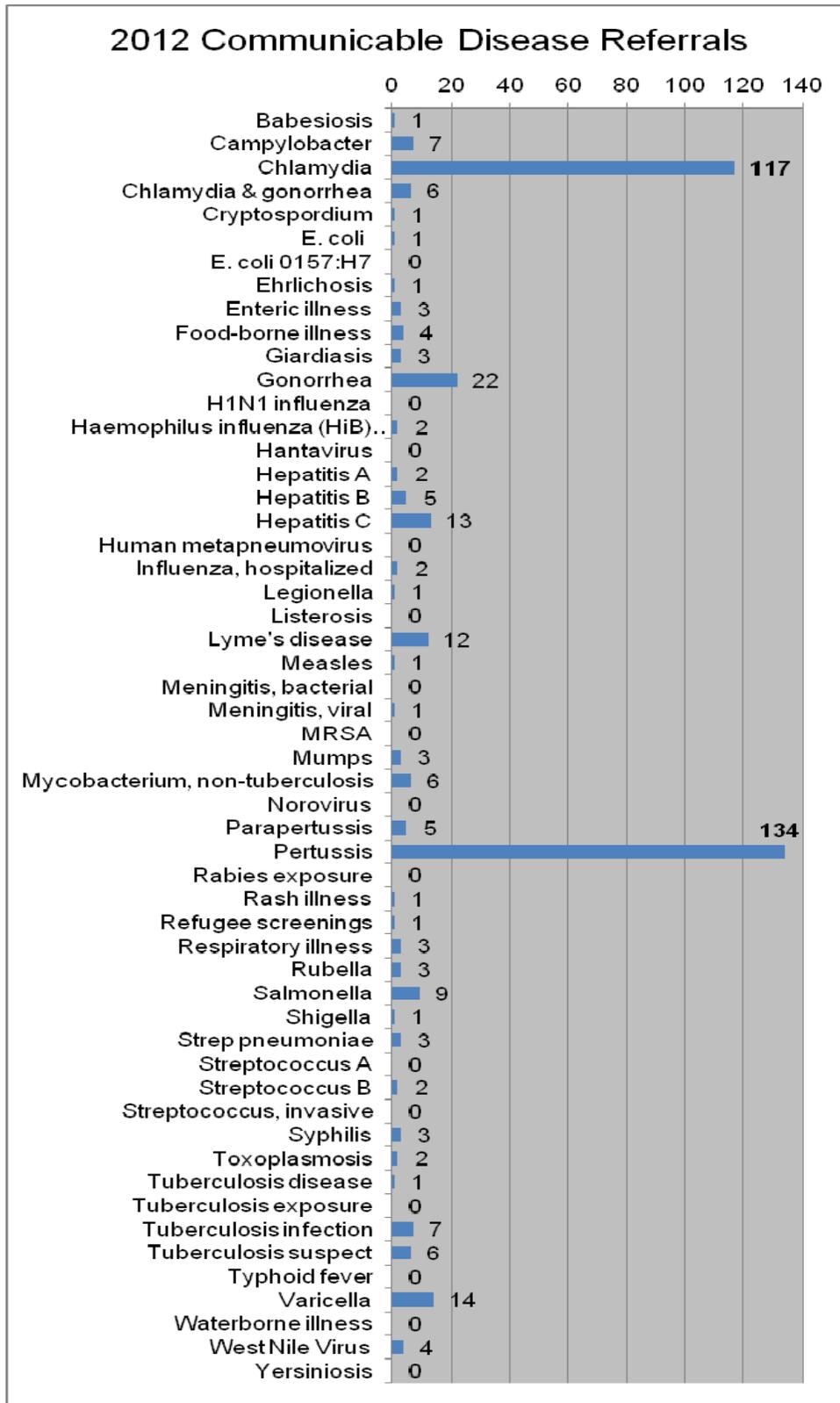
¹ 2012 Aurora Community Health Survey, Wauwatosa, <http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2012-wauwatosa-report.pdf>

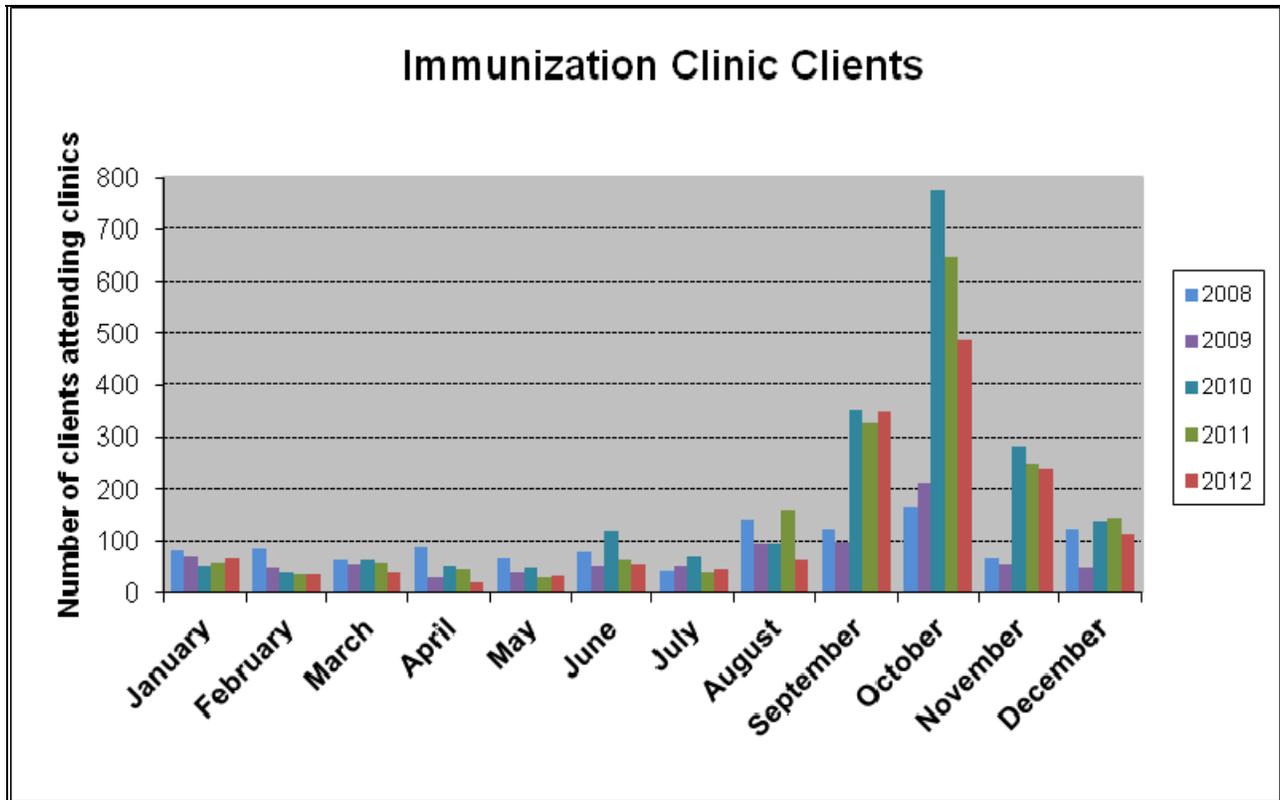
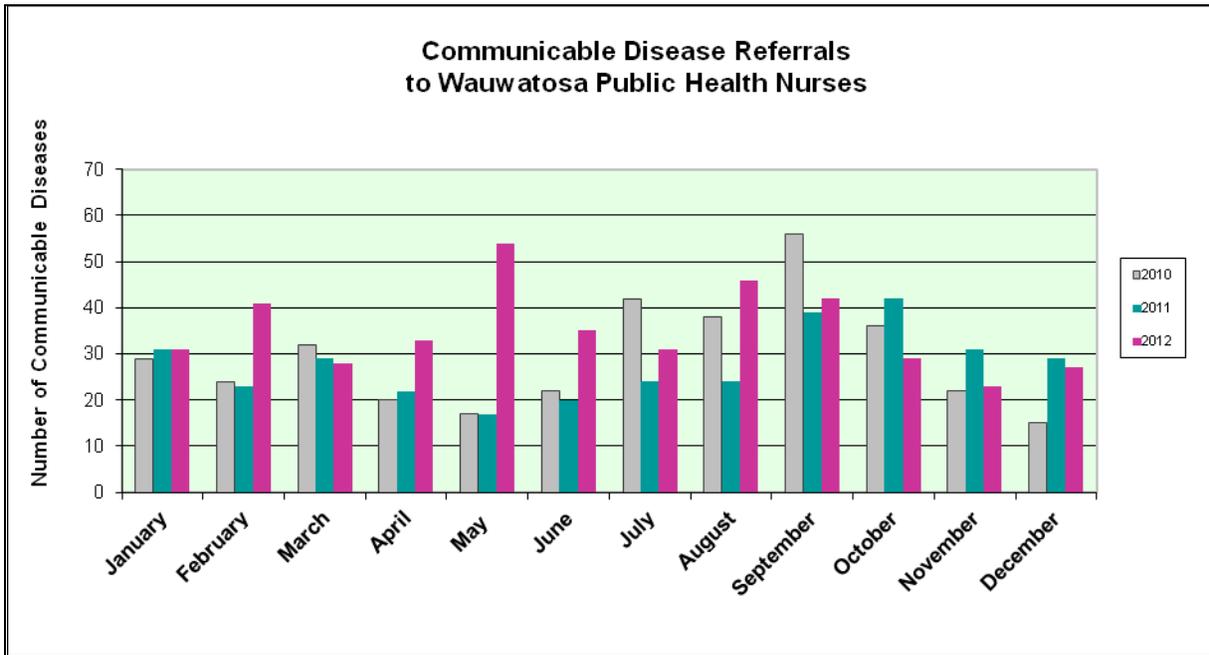
² State Health Facts, 2011 <http://www.statehealthfacts.org/profileind.jsp?ind=80&cat=2&rqn=51>

³ 2012 Wauwatosa Youth Risk Behavior Survey

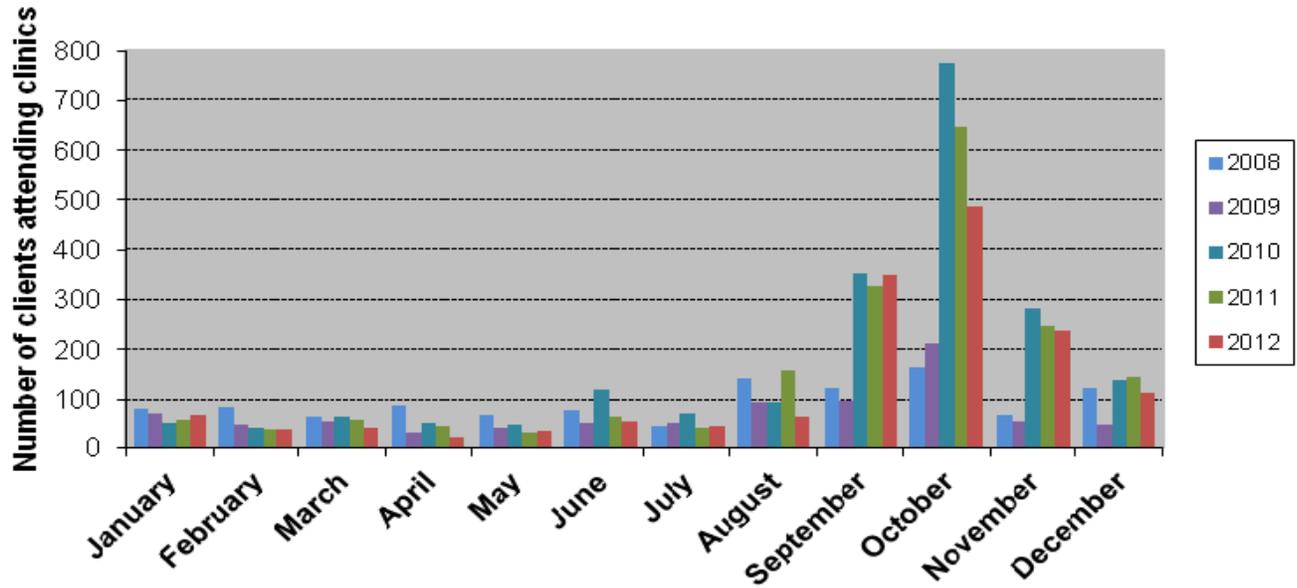
APPENDIX 3: Other Data & Statistics

Communicable Diseases and Immunizations

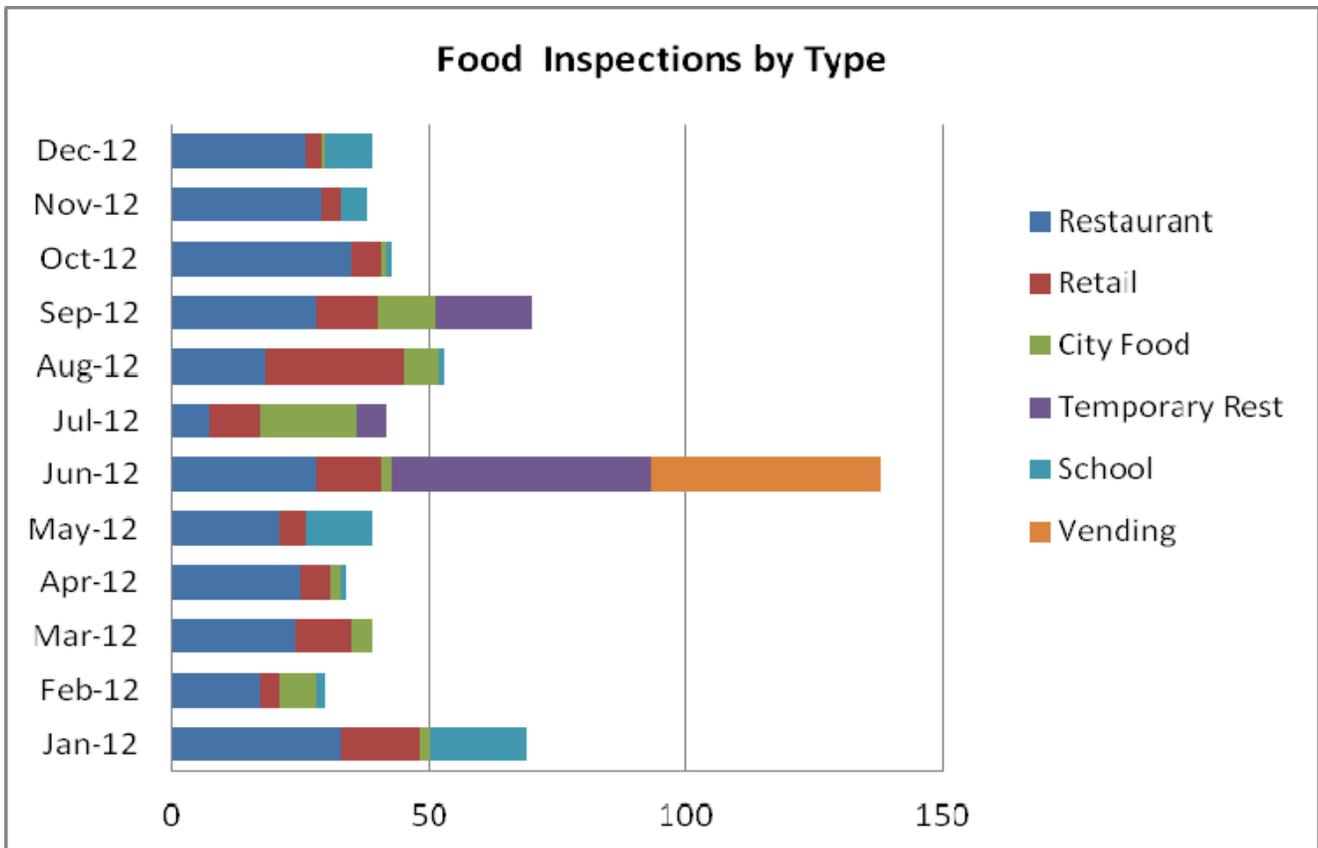




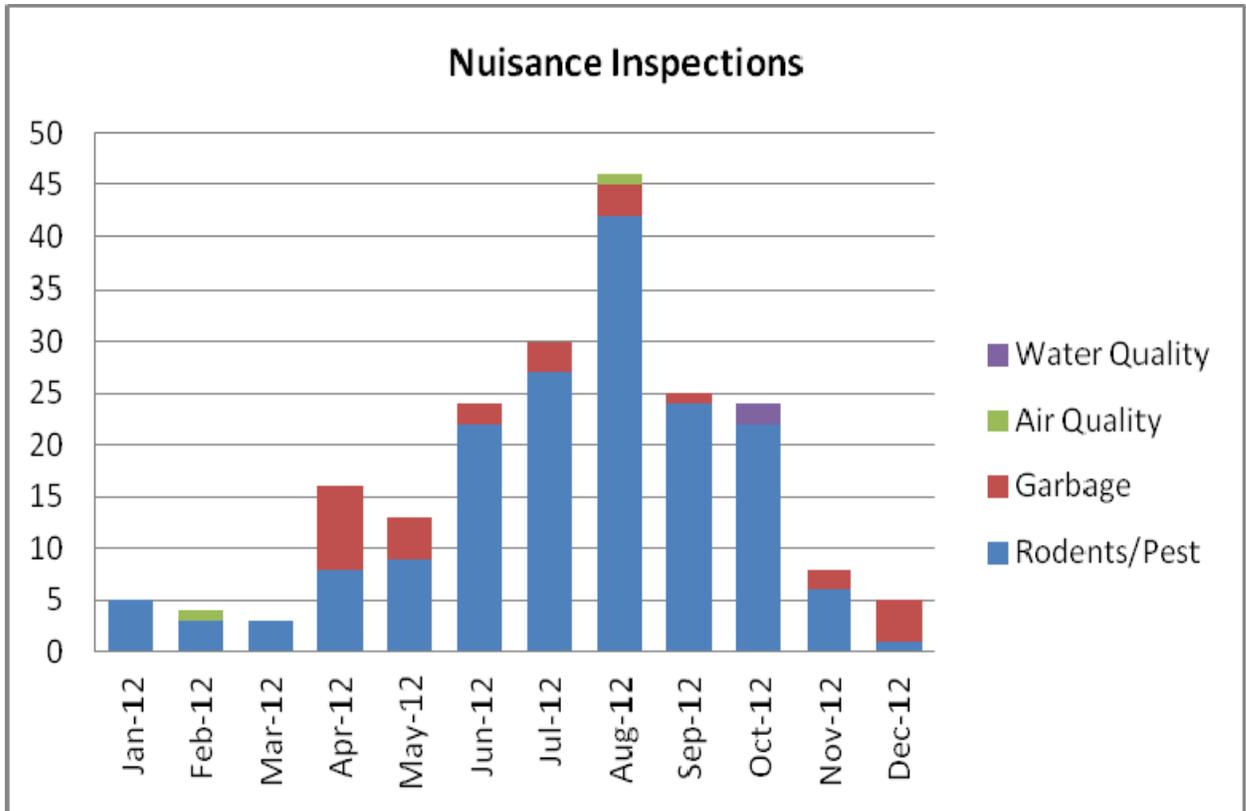
Immunization Clinic Clients



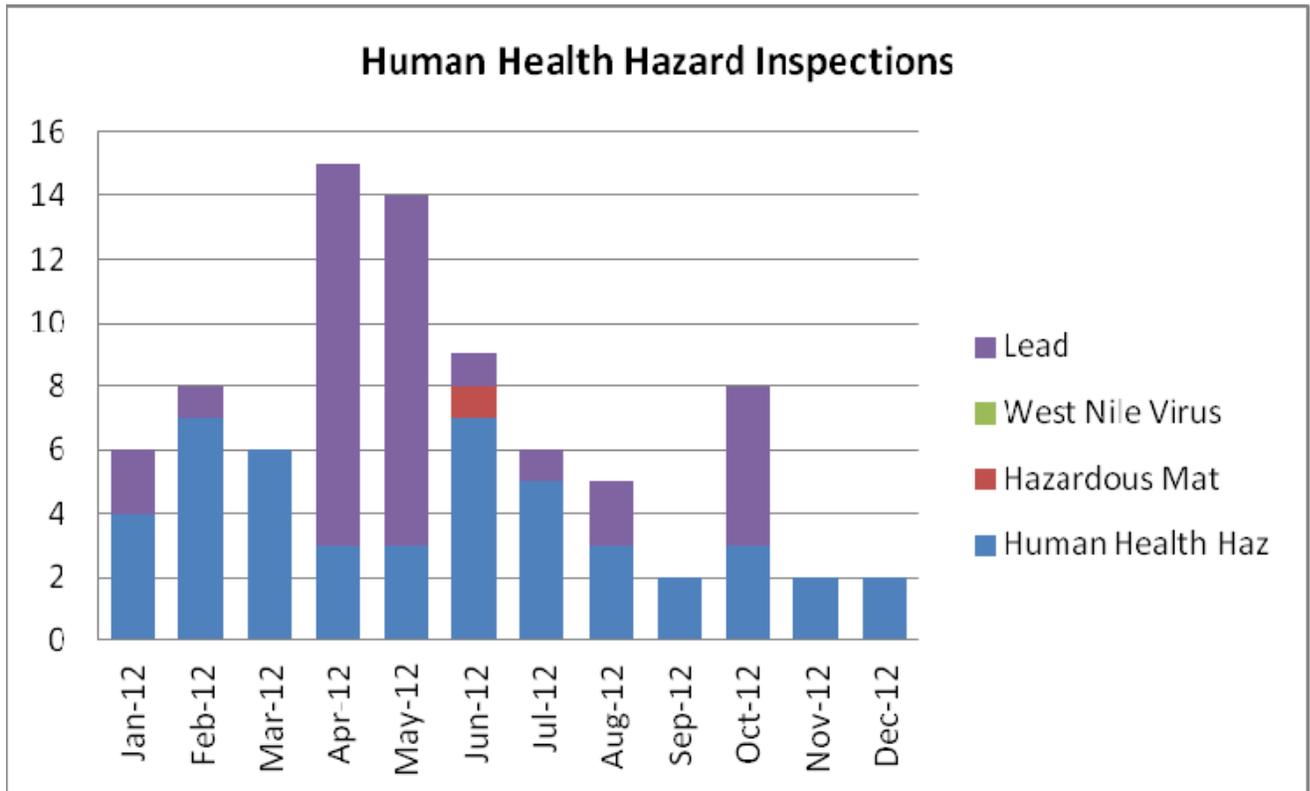
2012 WHD Licensed Food Inspection Activities



2012 Nuisance Inspections by Chief Complaint



2012 Human Health Hazard Inspections by Chief Complaint



Breakdown of Complaints

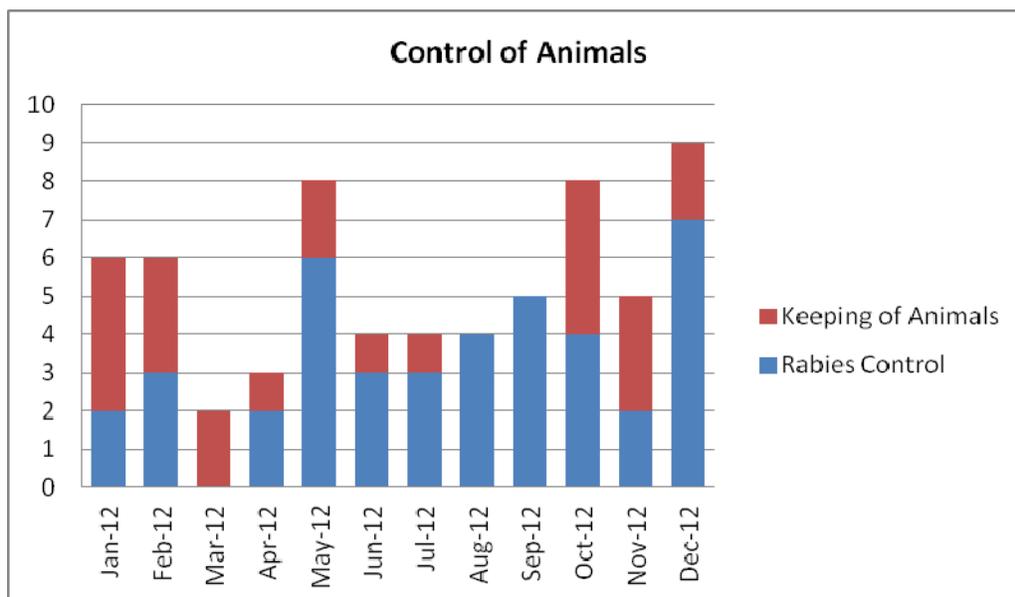
Breakdown of complaints 2012

Complaint	Count	Percentage
Wildlife/Rodent	54	45%
Garbage/Litter	13	11%
Building (heat, cool, ventilation)	14	12%
Care/Maintenance of animals	8	7%
Air/Water Quality	2	2%
Restaurants/Food Establishments	24	20%
Other	5	4%
Total	120	100%

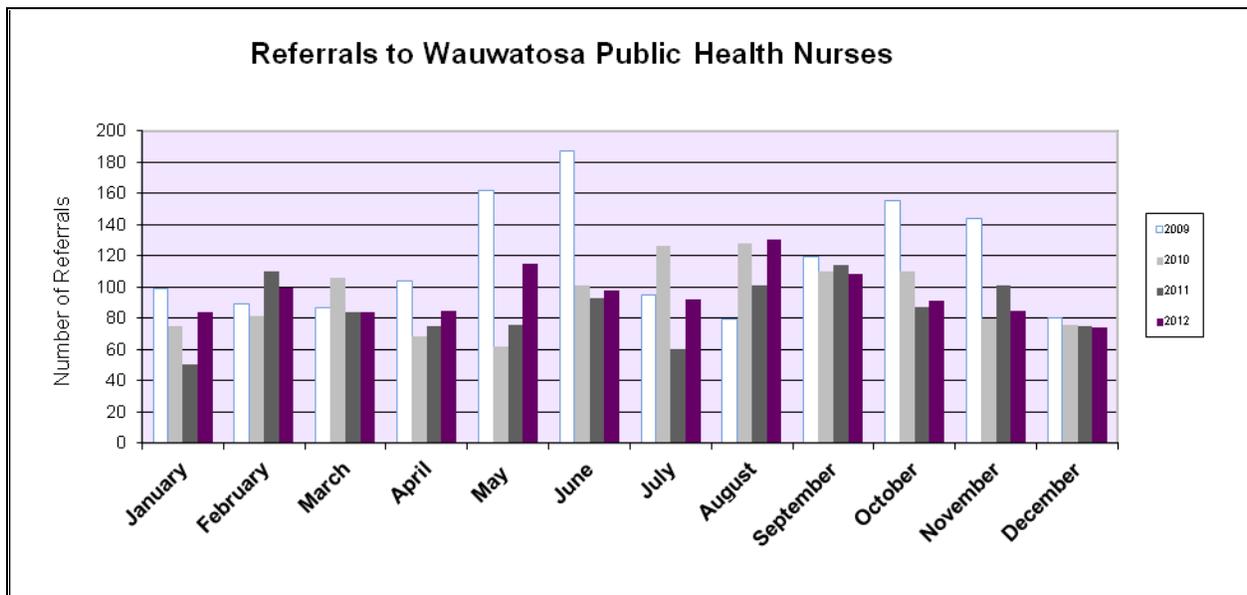
Breakdown of corrective actions 2012

Actions Taken	Count	Percentage
Site Visit	69	49%
Follow up Inspections	8	6%
Phone Call	31	22%
Emailed Contact	4	3%
Photographs Taken	22	16%
Written warning/Order to abate	7	5%
Citation issued	0	0%
Total	141	100%

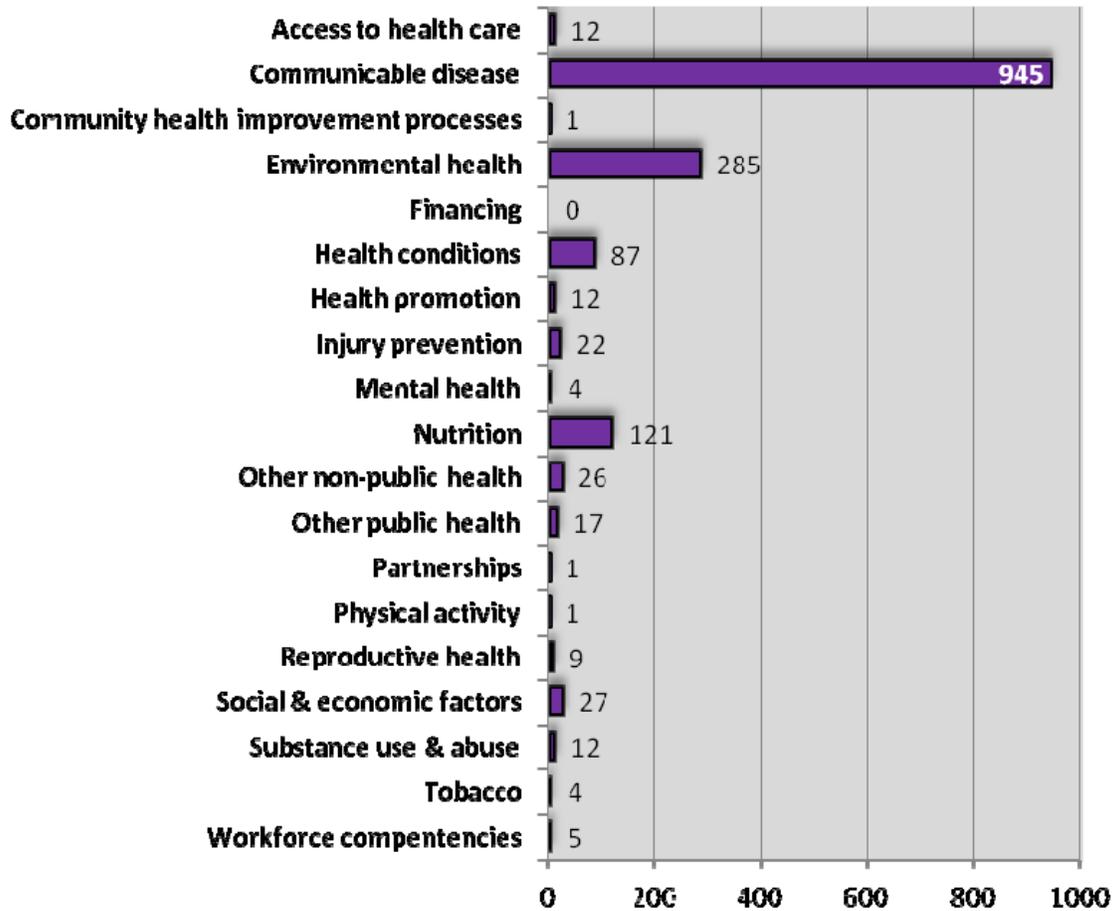
2012 Control of Animals Inspection by chief complaint



Access to Primary and Preventive Health Services

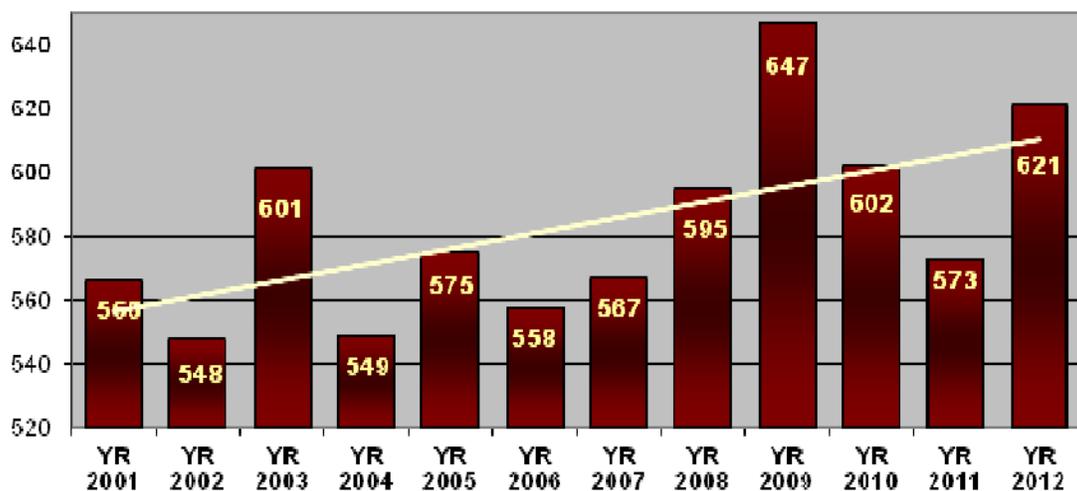


2012 Information & Referral Nurse Line Calls



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

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

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

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

ED – Emergency department

EMS – Emergency Medical Services

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

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

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

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

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

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

LEP – limited English proficiency

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

MVA – motor vehicle accident

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

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

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

PHN – Public Health Nurse

RS – Registered Sanitarian

STD/STI – sexually transmitted diseases/infections

SurvNet – Surveillance Network: Funded in part by the Wisconsin Department of Health Services, this “one call” site receives communicable disease reports within Milwaukee County;

reports are then disseminated to one of the 13 health departments within Milwaukee County for communicable disease investigation and follow-up.

TB – acronym for tuberculosis

WHD – Wauwatosa Health Department. www.wauwatosa.net

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

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

WSD – Wauwatosa School District

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