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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 47,000 residents who enjoy friendly, tree-lined neighborhoods; a respected school system and local government; and many fine restaurants, hotels, and thriving businesses that serve people from throughout the metropolitan area. It encompasses the Milwaukee County Regional Medical Center which includes the Medical College of Wisconsin, Children's Hospital of Wisconsin, Froedert Memorial Hospital, Milwaukee County Behavioral Health Complex, Milwaukee County Research Park, and the Blood Center of Southeastern Wisconsin. The city is home to an expanding technology and research park and a premier regional mall – Mayfair Mall. Its convenience to the Milwaukee metropolitan area offers easy access to major league sports, a nationally recognized zoo, and abundant cultural and social activities.



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 (53.4%/ 25,134). The majority of the population is between the ages of 18-64 (61.5% or 28,547 people) and 16.6% of the population is aged 65 years and older (7,813). Wauwatosa residents are predominately White (89.6%) and maintain a high SES. Nationally, 77.9% of citizens are White, and 13.1% are African American while 16.9% are Hispanic. The median household income of Wauwatosans is \$68,674 compared to \$53,046 at the national level. 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 (96.6% compared to 85.7% at the national level) while approximately half of those earned a bachelor's degree or higher (52.6% versus 28.5% at the national level). The number of individuals aged 5 years and older who speak a language other than English at home is 3,012 or 6.4% of all Wauwatosans. Lastly, the percentage of Wauwatosa families below the federal poverty level is 4.8 compared to 14.9 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

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

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

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

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

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

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

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

In addition to reporting to local elected officials and the Wisconsin Department of Health Services (DHS), the WHD is statutorily required to be governed by a mayor-appointed Board of Health. As required by Wisconsin law (WI § ch. 251.05, WI administrative code DHS 140.04), all local health departments (LHD) shall provide 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 2013. Comparison data for the City of Wauwatosa, the State of Wisconsin, the US, and the national health goals (Healthy People 2020) 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, environmental surface or the air. 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; the Middle East respiratory syndrome coronavirus (MERS-CoV) emerged in 2012. 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 late 20th and early 21st 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 LHDs 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 10 private and 15 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)

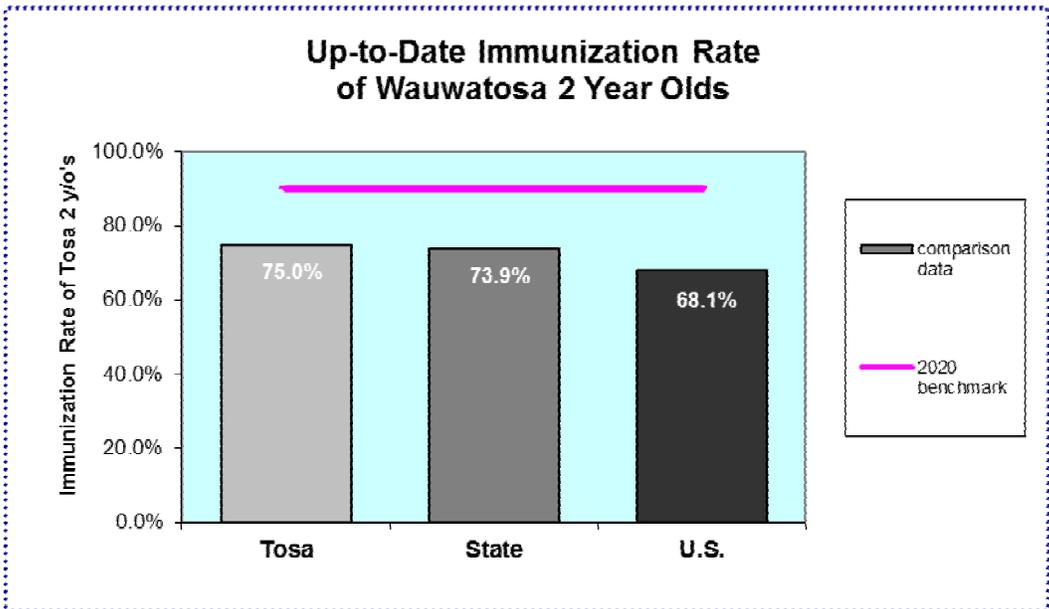
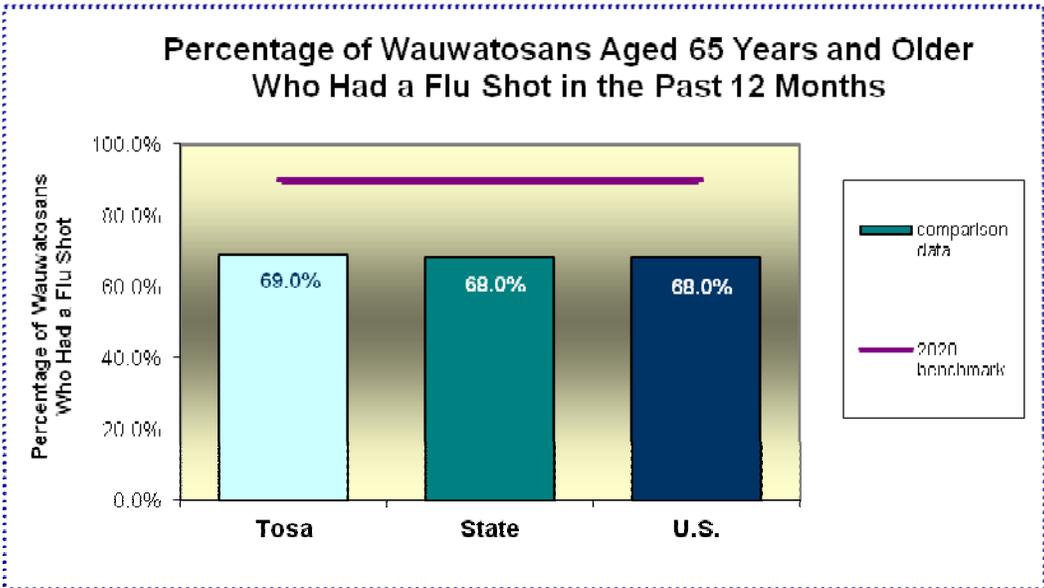


How does Wauwatosa Compare?

The immunization rate for all children attending Wauwatosa schools was 93.2% in 2013, reaching the national goal of 90%. This included a 92.5% compliance rate for public schools and 95.8% for private schools. Of the 3.4% of the students who had immunization waivers, 84.6% (n=269) were “personal conviction” waivers; slightly down from 85.6% in 2012 and 86% in 2011. In addition, the immunization completion rate of all two-year-olds was 75% in 2013, above the national and state levels of 68.1% and 73.9%, respectively.¹ 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 81%. At 69%, slightly more Wauwatosa adults aged 65 years or older receive a flu shot than the national and state average of 68%.²

¹ Source: National Center for Immunization and Respiratory Diseases, 2012 National Immunization Survey, released September 2013.

² Source: 2012 Wauwatosa Community Health Survey Report, Aurora Health Care, et al, released November 2012.



What is the Wauwatosa Health Department doing?

The WHD continued to monitor and evaluate the burden and impact of 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. For vaccine-preventable diseases, the WHD annually benchmarks immunization rates, pertussis incidence among Tosa residents and facilities, and pediatric flu deaths. The goals and trends of the benchmarks are detailed below:

GOAL	2007	2008	2009	2010	2011	2012	2013	
2 y/o immie rates	90%	72.0%	70.0%	53.0%	67.0%	68.0%	72.0%	75.0%
Pertussis in residents, annual	≤ 3	1	1	2	17	3	62	41
Pertussis in facilities, annual	≤ 5		4	0	14	4	7	4
Pediatric flu deaths, annual	0	0	0	0	0	0	0	0

The WHD is in process of developing valid data collection and analysis methods along with comparable benchmarks for varicella (chickenpox), influenza among all ages, and perinatal Hepatitis B incidence rates. To achieve departmental and community goals and objectives, the WHD conducted the following VPD and immunization program services and activities during 2013:

- Processed 554 calls regarding immunizations through the WHD I&R (I&R). Immunization inquiries accounted for 32.8% of all calls processed through I&R.
- Investigated 104 vaccine-preventable diseases, including 64 involving Pertussis.
- Administered 1263 vaccines to 1180 clients at immunization clinics.
- Administered 928 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 2013 – 2014 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 599 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-containing vaccine to protect the newborn who is too young to be vaccinated.
- Advertised free vaccines and new school immunization requirements in the September City e-Newsletter.
- Promoted back-to-school vaccines in the September City Newsletters.
- Provided education and promoted flu vaccinations in the September and December City e-Newsletters along with email and fax blasts to all Wauwatosa private and public schools and day cares.
- 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.
- Tracked monthly and annually the incidence of VPD.
- Case managed all reportable VPD to minimize secondary transmissions (additional people becoming ill with the disease).
- Standardized and formalized notifications and case management of Pertussis cases into a departmental policy.
- 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 75% compliance rate. The rate rose to 81% when “late up-to-date” children were included. Of the children attending the WHD immunization clinics, 81% met the benchmark with an 88% 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.

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 2013, the WHD investigated and tracked the following VPD-related sentinel events or outbreaks:

- On December 26, 2012, the WHD was notified of an influenza outbreak at an adult skilled care and assisted living facility beginning on December 24, 2012. 95 out of 565 (16.8%) of the skilled care unit’s residents became ill; 63 tested positive for influenza. There were 10 deaths on the unit, a higher incidence than what normally occurs during that time period. 21 out of 98 (21.4%) of the assisted living unit’s residents became ill; 14 tested positive for influenza. Infection control measures including unit quarantine were implemented. The outbreak was resolved on January 14, 2013.
- On December 28, 2012, the WHD was notified of an influenza outbreak at an adult skilled and assisted living facility beginning on December 23, 2012. 19 out of 114 (16.7%) of the assisted care unit’s residents became ill; 11 tested positive for influenza. 4 residents in the skilled care/rehab unit’s residents became ill; 3 tested positive for influenza and one for para-influenza. Infection control measures including unit quarantine were implemented. The outbreak was resolved on January 15, 2013.
- On December 26, 2012, the WHD was notified of a Pertussis exposure at a healthcare institution. Exposure occurred on December 14. The investigation revealed that 4 employees had close contact to the individual with pertussis; all of the employees were asymptomatic. The case was resolved on January 4, 2013, with no secondary cases.
- On December 27, 2012, the WHD was notified of an influenza outbreak at an adult living facility on 4 skilled nursing units beginning on December 11th. 37 residents and 5 employees became ill; 8 tested positive for influenza. There was one death. Infection control measures including unit quarantine were implemented. The outbreak was considered resolved on February 7, 2013.
- On February 5, 2013, the WHD was notified of a Waukesha County resident with hepatitis A who teaches at a school within Wauwatosa. The teacher became symptomatic on February 2nd or 4th. Subsequently, WHD excluded her from work until February 15. The teacher did not serve any food or snacks to the students, and there wasn’t any shared food or potlucks among the school’s staff. The classrooms were self-contained – not much movement among the classes. Out of the 21 kids in the classroom, 15 had 2 doses of Hep A vaccine, 1 had a single dose, and 5 did not have any doses per WIR. Hepatitis A is not a required vaccine for school entry. Since the investigation revealed no risk to the students, WHD did not recommend any treatment or exclusions for the students. A letter was drafted for the school to distribute to the parents of the students explaining that their child may have been exposed to hepatitis A, but the risk was very minimal.

- On February 6, 2013, the WHD was notified of a second case of Pertussis in a Wauwatosa school classroom. Letters were distributed to the parents of the students in the classroom stating that their child was exposed to pertussis. WHD monitored the situation through February 27; there were no more additional cases.
- On September 9, 2013, the WHD was notified of a 3 year-old, non-resident hospitalized in Wauwatosa with possible diphtheria. The individual was symptomatic on August 27th, sought emergency room care on August 31st, and was transported directly to a Wauwatosa hospital. The individual was fully immunized but had an underlying medical condition which provided an opportunity for the diphtheria to take hold. Working with two local health institutions, line lists of close contacts were established and illness surveillance began along with a review of immunization status. On September 12, the CDC identified the specimen as a non-toxin, meaning that the close contacts did not need additional treatment or prophylaxis.
- On October 17, 2013, the WHD was notified of a student in a Wauwatosa school with pertussis. The case was investigated and contacts were notified. On October 29, the WHD linked at least 4 cases of Pertussis within a single school, therefore it was determined that an outbreak existed. Additional contacts were identified. All school notices were disseminated on October 21, November 15, and December 20. Dozens of notifications were distributed to a sports team and music team. 14 cases were linked to the school. The investigation was resolved on January 28, 2014.
- On December 3, 2013, the WHD was notified of 2 students in a Wauwatosa school with pertussis. The trace back investigation revealed a staff member with symptoms consistent with Pertussis as early as November 15. The cases were investigated and contacts were notified. School notices were disseminated on December 3. 5 cases were linked to this outbreak. The investigation was resolved on January 30.
- On November 26, 2013, the WHD declared an outbreak of pertussis in a Wauwatosa school. The WHD was notified of the initial case on November 11 and linked a second case to the initial case on November 26. The cases were investigated and contacts were notified. Various school notices were disseminated intermittently between November 26 and December 16. 4 cases were linked to this outbreak. The investigation was resolved on January 27.
- On December 23, the WHD was notified of a Varicella exposure at a healthcare institution. Exposure occurred on December 20 in the pre- and post- surgery units and the surgical suite. 20 patients from 12 jurisdictions including 4 from out-of-state were exposed and notified. All exposed staff were already immune. No secondary exposures were identified. The investigation was resolved on January 10.

Other Communicable Diseases (Non-Vaccine Preventable)

What are ‘Other Communicable Diseases’?

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

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. The WHD is in process of developing valid data collection and analysis methods along with comparable benchmarks for selected respiratory and enteric individual case and outbreak incidence rates. To achieve departmental and community goals and objectives, WHD conducted the following CD program services during 2013:

- Conducted 230 non-VPD CD investigations, including 121 STDs.
- Processed 249 CD inquiries including 137 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 2013, 153 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 6 months. The PHNs case managed 9 individuals for suspect or confirmed TB infection or disease in 2013.
- 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 October 2. 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 and analyzed enteric case management data monthly and annually.
- Monitored and analyzed respiratory case management data monthly and annually.
- Monitored mass communication outlets, including the Internet, for CD alerts as well as other public health incidents.
- Maintained active partnership with the Wisconsin Southeast Region Association for Professionals in Infection Control and Prevention (WI SE APIC).
- 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 2013, the WHD investigated and tracked the following CD sentinel events or outbreaks:

- On December 19, 2012, the WHD was notified of a possible food-borne outbreak from a holiday party held at a Wauwatosa restaurant on December 14, 2012. The caller reported that at least 20-25 people had become ill with gastrointestinal symptoms on the afternoons of December 15 and December 16. Total attendance at the event was 225. A buffet style meal was served through four different lines; ill persons were reported to have been served through one line. Working with the WI Bureau of Communicable Diseases (BCD), a questionnaire and line list was developed. WHD conducted 34 patron and 17 staff investigations while also conducting a restaurant inspection; BCD conducted 26 out-of-jurisdiction interviews. The tossed salad and water/ice were statistically associated with illness. Lab results from 2 symptomatic staff revealed norovirus as the suspected agent; however, the labs were obtained long after the event occurred. Also, one lab was positive despite the individual denying any symptoms. The investigation continued into 2013. BCD concluded that the causative agent of the outbreak was possibly norovirus, but it was not confirmed.
- On January 4, 2013, the WHD was notified of an enteric outbreak at an adult assisted living facility beginning on January 2. 14 out of 67 (20.9%) of the unit's residents became ill. Infection control measures including unit quarantine were implemented. Norovirus was the identified organism in 4 samples. The outbreak was resolved on January 23, 2013.
- On April 1, 2013, the WHD was notified of a respiratory outbreak at an adult living facility on 3 units. The trace back investigation identified symptoms in an individual beginning on March 20th. 29 residents became ill; 13 tested positive for RSV. Infection control measures including unit quarantine were implemented. The outbreak was resolved on May 15, 2013.
- On April 1, 2013, the WHD was notified of a healthcare provider (index case) working in Wauwatosa with active tuberculosis (TB). Trace-back investigation determined that the index case was infectious beginning on December 28, 2012. Four Wauwatosa health institutions plus a health-related subcontractor were exposed. WHD identified 669 staff, patients, and family members who were exposed to the index case. The first round of testing was completed in May. The second round of testing began the last week of June. 645 out of the 669 individuals (96.4%) completed follow-up testing, thus closing those investigations. Twenty-four cases remain open due to the individual no longer working/attending the facility, complex medical situation, or have expired. Letters were sent to the local health departments to follow-up on the remaining open cases. No facility staff member, patient, or patient family member became infected; no additional case of active TB was identified. Six medical staff were positive for latent tuberculosis infection (LTBI) and received prophylactic treatment; two or three cases were directly linked to this exposure. This extensive exposure prompted one organization to modify their employment policy and procedure regarding TB status. The last round of follow-up will be completed in 2014.
- On July 5, 2013, the WHD was notified of a positive tuberculosis sputum culture in an almost 99 year-old foreign-born male. The individual was hospitalized in May for respiratory distress when the cultures were obtained; initial smear tests were negative. On July 15th, the WHD issued orders to place the individual in isolation; the orders were lifted on August 5 when the individual completed the necessary treatment to be considered non-infectious. The initial Daily Observed Therapy (DOT) continued until September 15; the second phase of treatment included bi-weekly observed therapy until the end of January, 2014. Since the final testing revealed that the individual remained disease-free, then the WHD released the individual from any further treatment as of February 7, 2014.
- On December 12, 2013, the WHD was notified of an enteric outbreak at an adult day care facility beginning on December 10. 4 of the facility's cares 5 staff became ill. Infection control measures were implemented. Due to the limited nature of the illness, no lab specimens were

submitted. However, Norovirus was the suspected organism based on symptomatology. The outbreak was resolved on December 18, 2013.

- On December 13, 2013, the WHD was notified of an enteric outbreak at a child care facility beginning on November 25. 14 out of 67 (37.3%) of the facility's cares and 7 of the 20 staff (35.0%) became ill. Infection control measures were implemented based on licensed day care guidelines. Due to the limited nature of the illness, no lab specimens were submitted. However, Norovirus was the suspected organism based on symptomatology. When the outbreak continued, WHD recommended extending the cares' exclusion criteria of needing to be asymptomatic for 24 hours to 48 hours; this modification quickly resolved the outbreak. The outbreak was resolved on January 6, 2014.
- On December 26, 2013, the WHD was notified of a respiratory outbreak at a child care facility beginning on December 13. 15 out of 75 (20.0%) of the facility's cares became ill; no staff were ill. Infection control measures were implemented. One individual tested negative for flu. The outbreak was resolved on January 10, 2014.
- On December 18, 2013, the WHD was notified of a pneumonia cluster at an adult skilled living facility beginning on November 22. 3 out of the 4 cases had aspiration pneumonia. The WHD inquired if there was a common link with the aspiration pneumonia cases. The investigation was resolved on January 8, 2014, without an identified common source.
- On December 30, 2013, the WHD was notified of an enteric outbreak at an adult skilled living facility beginning on December 27. 14 residents became ill. Infection control measures including unit quarantine were implemented. Norovirus was the identified organism in 4 samples. The investigation was resolved on January 14, 2014.
- On December 30, 2013, the WHD was notified of an enteric outbreak at an adult assisted living facility beginning on December 28. 11 residents and 9 staff became ill; 6 out of the 9 staff were food workers. Infection control measures including unit quarantine were implemented. Norovirus was the identified organism in one of the samples. The investigation was resolved on January 30, 2014.

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 conducted 259 restaurant inspections, 108 retail food inspections (groceries, gas stations) and 43 city food establishments in 2013. 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. 39% of all violations noted in Wauwatosa were CDC critical risk factors compared with ~42% statewide. On average, 0.28 CDC critical risk factor violations were observed per inspection of a Wauwatosa restaurant compared with 1.15 violations observed of statewide restaurants. WHD sanitarians observed 0.44 good retail practice violations per inspection compared to ~3.16 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 \$16.3 billion annually in health care and other losses.

*The United States
Department of
Agriculture, Economic
Research Services
(September, 2013)*



What is the Wauwatosa Health Department doing?

In 2013, the WHD continued to monitor and evaluate the burden of disease via the following activities:

- Investigated 11 food-borne illness complaints regarding restaurants.
- Processed 9 food-borne illness inquiries through WHD I&R.
- Investigated and abated 27 general complaints related to food establishments.
- Conducted 517 inspections for licensed establishments including 252 restaurants, 108 retail food establishments, 43 city food establishments, 19 vending machines and 95 temporary restaurants.
- Conducted 38 kitchen inspections for 18 public and private schools.
- Processed 94 restaurant-related inquiries through the WHD I&R.
- Processed 64 retail food-related inquiries through the WHD I&R.
- Issued 5 citations for violations of the Wisconsin Food Code.
- Issued 1 excess inspection fee for requiring additional inspections.

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. The 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 2013, the WHD conducted the following activities:

- Participated in a regional preparedness exercise involving rapid dissemination of public information and incident management (May 15, 2013).
- Conducted active surveillance activities (See *Communicable Disease section*)
- Assessed over 110 individuals for emergency preparedness plans through the department's Adult Health Clinic program
- Became an active member of the Tosa Area Preparedness Partners, a public/private collaboration of preparedness efforts throughout Wauwatosa.
- Continues as an active 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.

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>

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 2013.

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 2013, WHD conducted the following activities:

- Documented 106 nuisance complaints, resulting in 75 on-site inspections, 33 telephone contacts, 5 warning letters and 7 abatement orders.
- Issued 1 citation for failure of abate a rodent harborage.
- Conducted 45 HHH inspections for 29 HHH complaints; some properties required multiple inspections and contacts with the owners to gain compliance but no written orders were needed in 2013.
- Met and collaborated with other city departments, businesses, and residents to ensure that complaints were handled in an efficient collaborative manner.
- Processed 55 nuisance and 105 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. 38 short term kits were sold and 35 radon kits were submitted for testing used in 2013. The average radon result was 3.62 pCi/l with a highest total of 17.1 pCi/l. One (1) kits were not tested because of over or under exposure issues. During the radon campaign, WHD processed 24 radon inquiries through WHD I&R.

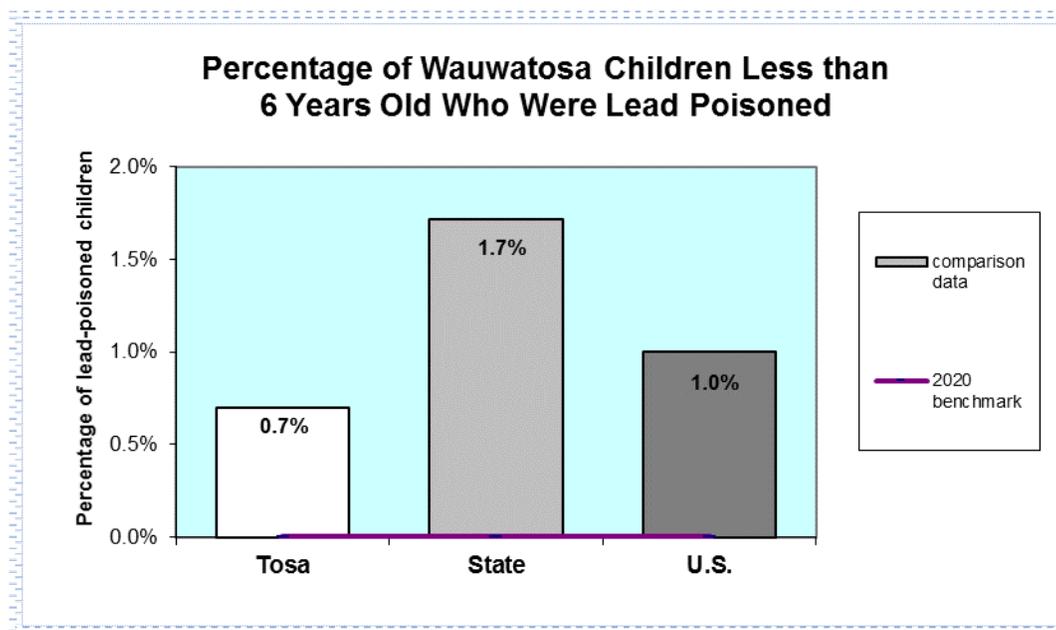
Lead Poisoning Prevention

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. Prior to 2013, lead poisoning was defined as having a blood lead level greater than or equal to 10 µg/dL. In 2013, the definition of lead poisoning was lowered to greater than or equal to 5 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. In 2013, 97.8% of Wauwatosa homes were built 1978 according to the Wauwatosa Assessor's Office. 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 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 one year of age. By law, all children aged less than six years who have a blood lead level ≥ 10 µg/dL must be reported to the LHD for case management services; in 2013, the reporting level changed to blood lead levels ≥ 5 µg/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. The WHD continued to monitor and evaluate the burden and impact of lead poisonings within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For lead poisoning cases, the WHD annually benchmarks number of children with an elevated blood lead level and the percentage who receive case management services. The goals and trends of the benchmarks are detailed below:

	GOAL	2007	2008	2009	2010	2011	2012	2013
Wauwatosa children with a BLL greater than or equal to 10 mg/dL will receive case management	100%	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Wauwatosa children with an elevated BLL	0	9	22	12	8	7	3	34

To achieve the departmental and community goals and objectives, the WHD conducted the following lead programming activities in 2013:

- Identified and followed 37 Wauwatosa children for having blood lead levels $\geq 5 \mu\text{g/dL}$. Of the 37 children, 3 were tracked for case management services from 2012 with 34 new cases in 2013. The WHD closed 31 cases as having successfully completed treatment and follow-up. At the end of 2013, 6 cases remained active as needing continued case management services into 2014.
- The Wauwatosa Health Department has two High Efficiency Particulate Air (HEPA) filter vacuum cleaners that can be rented out to residents looking to do home improvement projects. The HEPA filters prevent lead particles from old paint and dust from being aerosolized during cleanup. In 2013, the HEPA-vacs were rented out 4 times.
- 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. Two families participated in the program in 2013 with excellent results. The WHD wrote and received HUD grant monies to continue the program for 2014.
- Finalized a revised lead hazard investigation and case management policy for the department
- Disseminated lead prevention education through various community events, health education letters to parents, and in the city newsletter.

Animal Bite Exposures

What is an Animal Bite Exposure?

The City of Wauwatosa Regulation of Animals program aims to protect residents from injury and illness associated with animal bites. The main illness of concern regarding animal bites is Rabies

which is almost 100% fatal if untreated. The WHD utilizes regulatory authority to quarantine animals, require veterinary observations, and order laboratory testing for Rabies. In addition, WHD ensures that individuals who may have been exposed to Rabies receive the appropriate treatment. 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?

Twenty-four dog bites were reported to WHD in 2013. This is 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.

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. The WHD continued to monitor and evaluate the burden and impact of animal bite exposures within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For animal bite exposures, the WHD annually benchmarks the percentage of residents receiving the required treatment and the number of rabies exposures. The goals and trends of the benchmarks are detailed below:

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



	GOAL	2007	2008	2009	2010	2011	2012	2013
Tosans with a rabies exposure to unknown rabies immunization source will receive post-exposure prophylaxis	100%							100%
Number of rabies exposure to humans in Tosa annually	≤ 40 annually	40.0	50.0	50.0	41.0	53.0	48.0	39.0

In 2013, WHD conducted the following animal bite activities:

- Investigated 39 animal bite reports (all bites including wildlife, domestic and strays).
- Issued 17 domestic animal quarantine orders.
- Issued 2 vicious dog declarations.
- Processed 8 specimens for Rabies testing.
- Processed 32 animal bite and exposure inquiries through the WHD I&R.
- Wauwatosa Police Department issued 5 citations related to the keeping of animals.

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 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 2013, the WHD conducted the following water-related activities:

- WHD serves in a support role to assist in media messaging and notifying restaurants and other licensed establishments.
- Inspected all 28 licensed pools annually.

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.



- Monitored monthly pool operational logs of all licensed pools to ensure proper disinfectant and pH levels.
- Processed 10 water-related inquiries through the WHD I&R.

Nutrition and Physical Activity

What is Nutrition and Physical Activity?

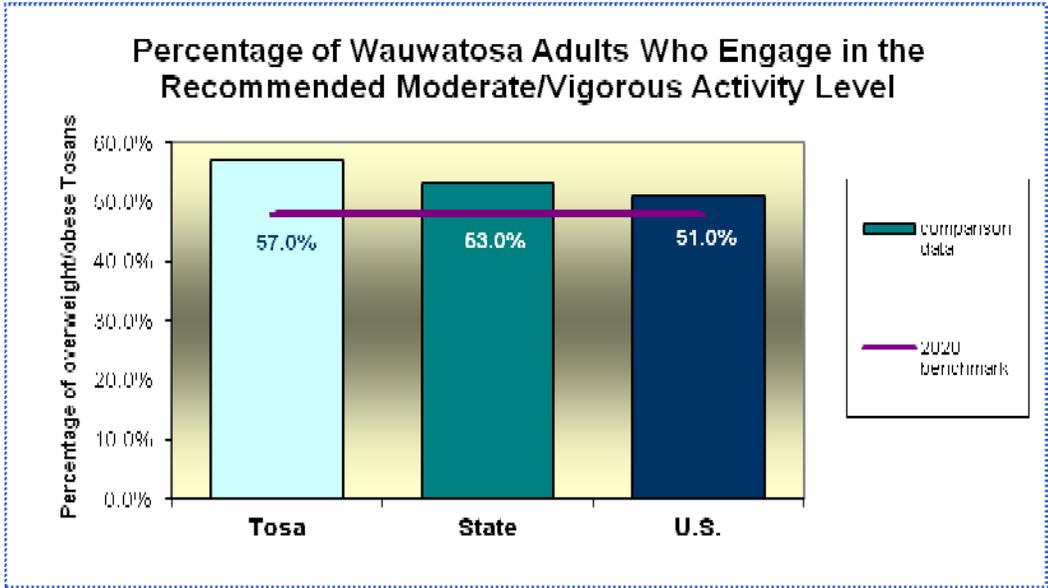
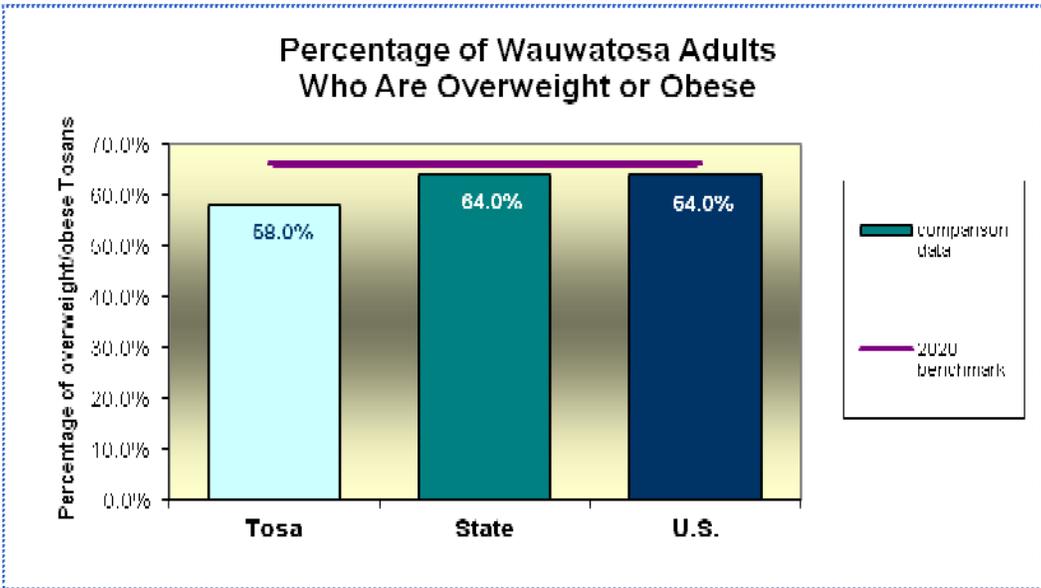
Nutrition refers to the overall eating habits that promote good growth and health. Physical activity consists of athletic, recreational, or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion, or agility. The CDC recommends 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.¹ 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.¹ 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.¹ 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%.²

¹ Source: *2012 Wauwatosa Community Health Survey Report*, Aurora Health Care, et al, released November 2012.

² Source: *2012 Wauwatosa Youth Risk Behavior Survey Report*, Wauwatosa Health Department and Wauwatosa School District, released February 2014.



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. The WHD continued to monitor and evaluate the burden and impact of nutrition and physical activity within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For nutrition and physical activity, the WHD annually benchmarks selected infant feeding rates, adult and teen dietary habits, adult and teen levels of activity, and self-identification of levels of health among adults and adolescents. The goals and trends of the benchmarks are detailed below:

	GOAL	2007	2008	2009	2010	2011	2012	2013
Initiate breastfeeding	≥ 88.9%				88.9			97.7
Exclusively breastfeeding until 3 mos old	≥ 46.2%				37.0			
Breastfed until 6 mos old	≥ 60.6%				51.9			34.5
Adults report health as fair/poor	≥ 2.7%			7.0			6.0	
Adults report themselves as overweight / obese	≤ 50.0%			55.0			58.0	
Adults eat ≥ 3 servings/day of vegetables	34.1%/37.5%			31.0			36.0	
Adults engage in recommended moderate/vigorous activity per week	≥ 51.0%			51.0			57.0	
Teens report health as good or excellent	≥ 82.0%				67.5		68.2	
Youths eat ≥ 3 servings/day of vegetables	Survey question changed; established new goal 7/17/14				4.9		3.7	
Youths eat ≥ 3 servings/week of vegetables	Establish baseline Fall 2014							
Youths report themselves as overweight / obese	≤ 20.0%				21.0		21.2	
Youth engaged in ≥ 60 mins mod exercise ≥ 5 times per week	≥ 53.0%				52.7		48.5	

To achieve the departmental and community goals and objectives, the WHD performed the following activities addressing appropriate and adequate nutrition and physical activity, otherwise known as healthy eating and healthy activity, in 2013:

- Partnered and provided technical assistance in WSD Wellness in Tosa Schools (WITS) Committee initiatives.
- Assessed over 110 individuals on healthy eating and physical activity level through the WHD's Adult Health Clinic program.
- Processed 82 inquiries on nutrition topics including WIC, food security, and oral health via WHD I&R.
- Assessed and evaluated 2 referrals for nutritional needs and nursing case management.
- Provided over 219 participants with the Women, Infants, and Children (WIC) nutrition supplement program for individuals who are nutritionally at-risk.
- Participated in Wauwatosa Bicycle & Pedestrian Facilities Plan Steering Committee, advocating for walkable neighborhoods.

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. Wauwatosa met the national goals for adult smoking of below 12%.¹ Many Wauwatosa youth and adults report having made at least one serious quit attempt in the past 12 months (58% of adult smokers¹ and 64.7% of youth smokers²). 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%.²

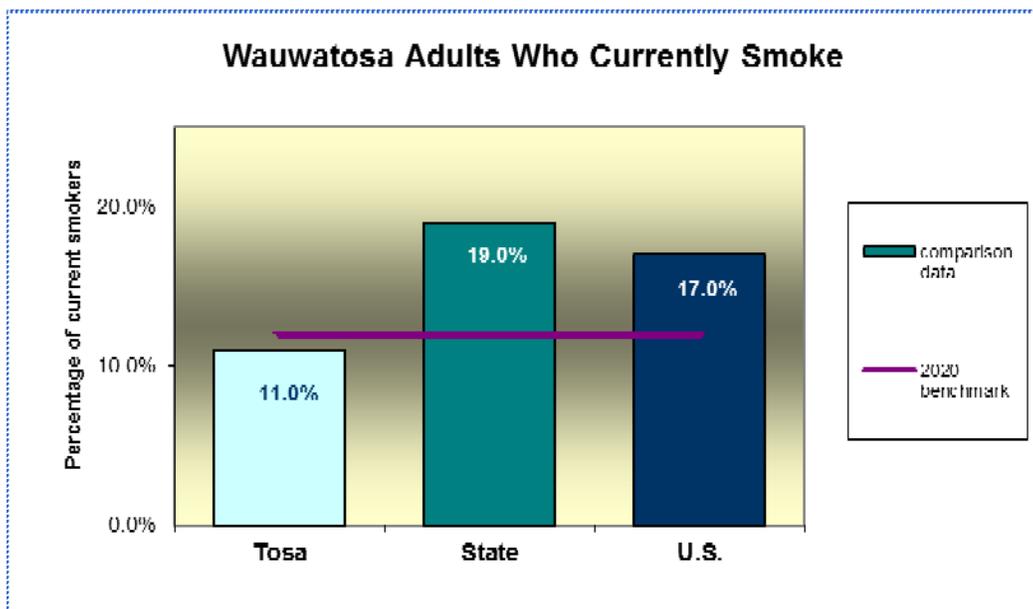
Why is this important?

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

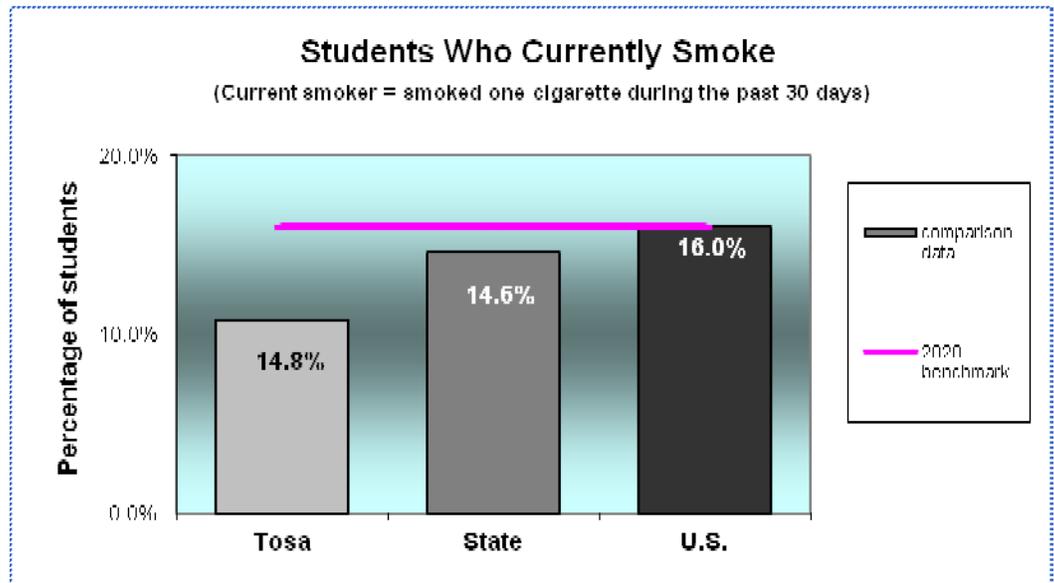


1.6% of Wauwatosa youth reported use of smokeless tobacco products. This rate falls below those seen at the state and national levels (8.3% and 4.8% respectively) and met the national goal of 6.9%.²



¹ Source: 2012 Wauwatosa Community Health Survey Report, Aurora Health Care, et al, released November 2012.

² Source: 2012 Wauwatosa Youth Risk Behavior Survey Report, Wauwatosa Health Department and Wauwatosa School District, released February 2014.



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. The WHD continued to monitor and evaluate the burden and impact of tobacco use within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For tobacco exposures, the WHD annually benchmarks the percentage of adolescent residents who use tobacco products. The goals and trends of the benchmarks are detailed below:

	GOAL	2007	2008	2009	2010	2011	2012	2013
Teen cigarette use, current	≤ 8%	16.1			14.8		10.8	
Teen cigar/cigarillos use, current	≤ 15%	13.4			13.0		7.8	

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing tobacco use and exposure in 2013:

- Completed 35 tobacco compliance checks on May 3. WHD secured grant monies to pay for the police overtime and student training. One establishment did not have any tobacco products. 91.2% of the tobacco retailers did not sell to underage volunteers. 3 out of 34 tobacco retailers did sell to an underage volunteer, even after checking identification; all received a citation.
- Completed 32 tobacco compliance investigations in November. 87.5% did not sell to minors; 4 out of 32 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.
- Processed 3 tobacco and second-hand smoke related inquiries on WHD I&R.
- Educated the community about the health impact of smoking and second hand smoke at several community events such as flu clinics, employee wellness fairs, and Tosa Night Out.

- Assessed, counseled, and referred parents of 599 newborns on tobacco use and smoke-free home environments.
- Assessed, counseled, and referred 110 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 counseling¹.

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%)²; 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%³.

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 10 million ER visits for alcohol-related conditions.



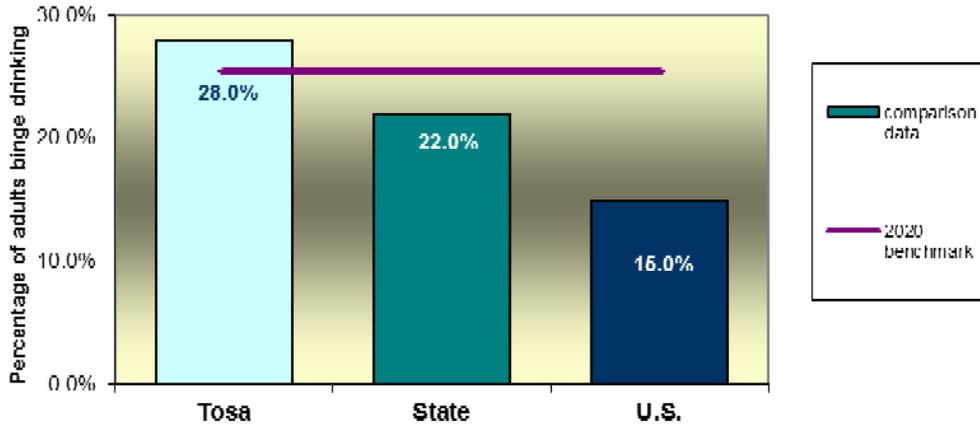
CDC, *Alcohol Use and Health*,
www.cdc.gov 2010

¹ Source: <http://www.drugabuse.gov/infofacts/lessons.html> accessed 3/16/2009

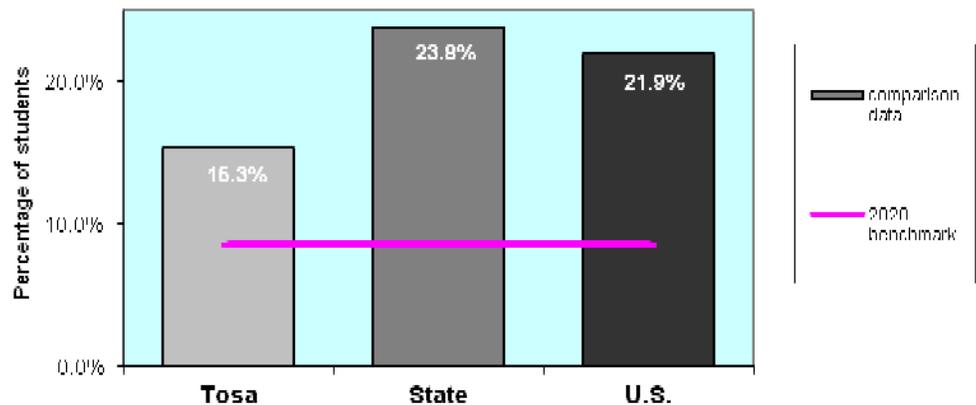
² Source: *2012 Wauwatosa Community Health Survey Report*, Aurora Health Care, et al, released November 2012.

³ Source: *2012 Wauwatosa Youth Risk Behavior Survey Report*, Wauwatosa Health Department and Wauwatosa School District, released February 2014.

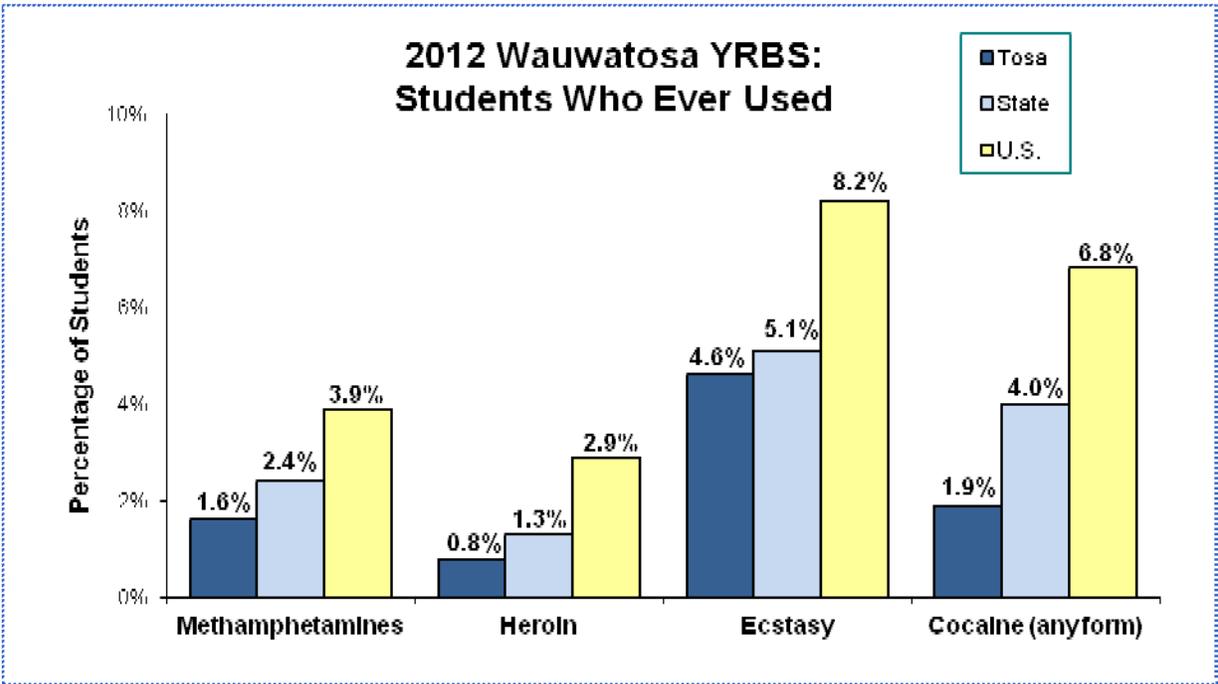
Percentage of Wauwatosa Adults Who Engaged in Binge Drinking in the Past 30 Days



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 substance use within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For alcohol and substance use, the WHD periodically benchmarks the percentage of residents who use alcohol and other substances as well as motor vehicle usage while under the influence. The goals and trends of the benchmarks are detailed below:

	GOAL	2007	2008	2009	2010	2011	2012	2013
Adult binge drinking, current	≤ 15%			22.0			28.0	
Adult heavy drinking, current	≤ 6%			8.0				
Adult driving/riding when drinking, current	≤ 4%			5.0			4.0	
Youth binge drinking, current	≤ 8.5%	23.9			15.6		29.6	
Youth riding when someone driving had been drinking, current	≤ 20%	29.5			24.6		16.4	
Teen OTC use, current	≤ 1.7%				4.6		3.0	
Teen OTC use, ever	≤ 5.3%				7.2		5.4	

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing alcohol and substance use and abuse in 2013:

- Maintained active partnership with and provided technical assistance to Tosa United
- Processed 8 alcohol and substance information on the WHD I&R.
- Researched and updated continuous prescription pill drop-off sites and sharps disposal sites.
- Assessed 110 individuals on alcohol use and illegal/inappropriate drug use through the department’s Adult Health Clinic program.

- Assessed and evaluated a referral for alcohol and other drugs nursing case management.
- Completed 21 alcohol compliance investigations in August. 95.2% (n=20) of the Wauwatosa establishments did not sell alcohol to an under-aged individual; one 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 28 at the city hall parking lot. The program collected over 6, 40-pound boxes of non-controlled substances and controlled/narcotic pills.
- 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. Environmental factors, such as the built community, and behavioral factors, such as alcohol consumption, contribute to preventable injuries.

Why is this important?

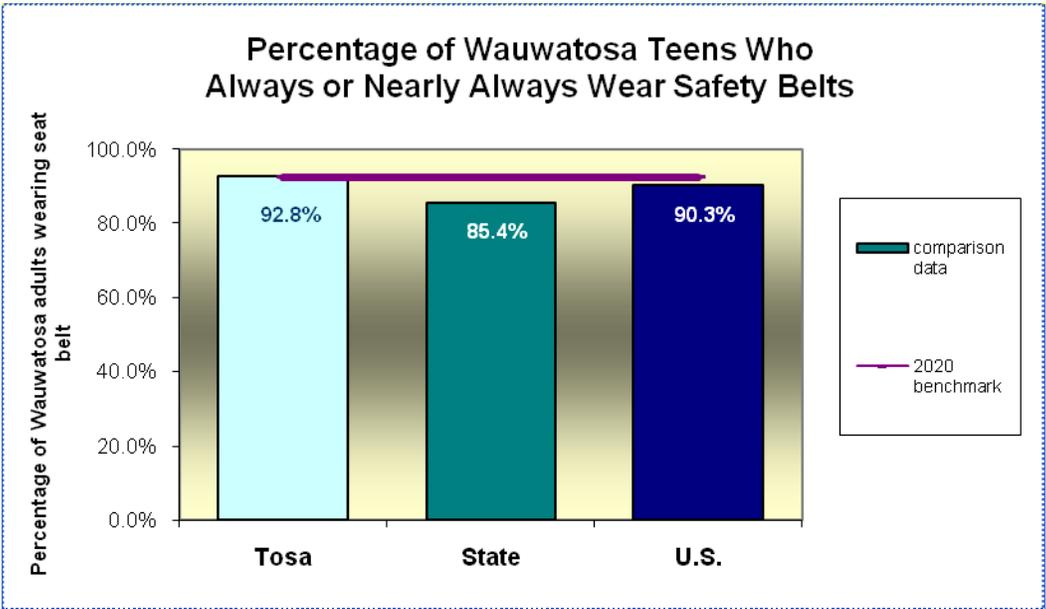
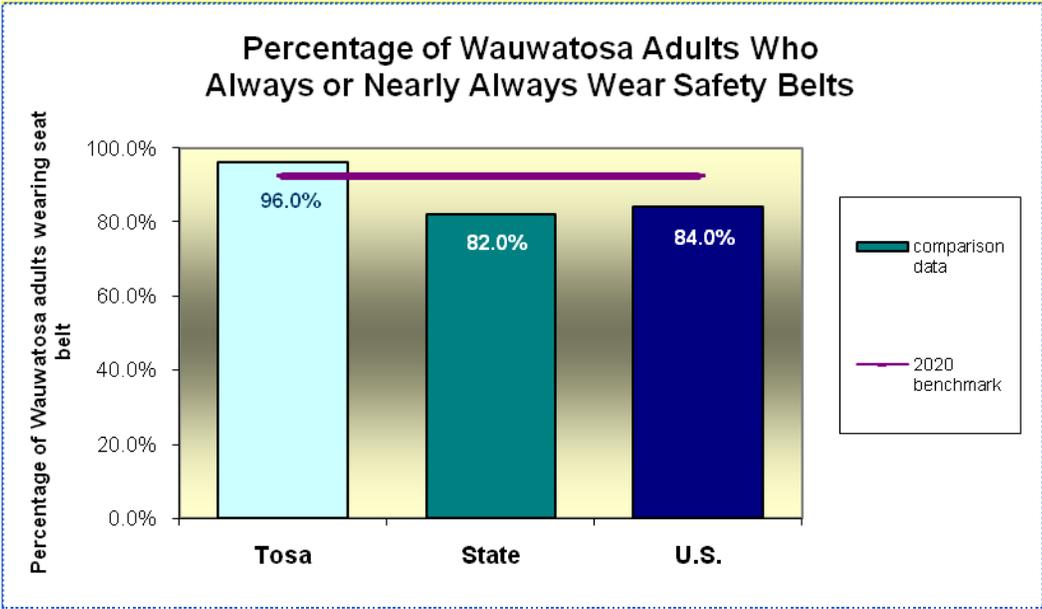
In the year 2005, total medical and lost productivity costs of motor vehicle-related fatal and nonfatal injuries totaled \$99 billion of which \$58 billion was attributable to fatalities.

*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 injuries and violence within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For injuries and violence, the WHD periodically benchmarks the rates of injury-related emergency room visits among Wauwatosa residents, motor vehicle-related pedestrian injuries, school zone speeding violations, teen perceptions on selected safety issues, pediatric deaths due to non-medical causes, rates of Tosa teens carrying a gun, and unintentional poisoning rates. The goals and trends of the benchmarks are detailed below:

	GOAL	2007	2008	2009	2010	2011	2012	2013
ER visits from falls, adults	795.9 per 100k					884.3 per 100k		
ER visits from falls, youth	396.3 per 100k					440.3 per 100k		
Motor vehicle-related pedestrian injuries	0						11.0	22.0
School zone speeding violations, annual	≤ 117					130.0	125.0	25.0
Teens feel violence is a school problem	≤ 25%	45.1			27.4		43.5	
Teens, someone tried to hurt them on school property	≤ 18%	24.5			21.0		15.0	
Teens strongly agree/agree harassment/bullying is a school problem	≤ 42%	48.5			45.0		24.5	
Pediatric deaths due to non-medical or preventive causes	0				1.0	0.0	1.0	0.0
Teens carrying a gun, current	≤ 10.0%	3.6			4.3		3.5	
Unintentional poisonings, adults & youth - ER visits	35.5 per 100k	52.3 per 100 k				39.4 per 100k		
Unintentional poisonings, adults & youth - Hospitalization	32.3 per 100k	31.1 per 100k				35.9 per 100k		

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing injury and violence prevention in 2013:

- Maintained active partnership with and provided technical assistance to Tosa United on issues surrounding injuries and violence.
- Processed 24 injury and violence-related inquiries on WHD I&R.
- Assessed and evaluated 42 referrals for injury and violence nursing case management. As in 2012, most case management services were for home safety assessments and lead paint exposure.
- Assessed 110 individuals on injury prevention behaviors including personal safety, risk for falls, abuse/neglect by others, self neglect, motor vehicle safety, use of sun screen, and installation of home smoke/carbon monoxide detectors through the department's Adult Health Clinic program.
- Continued its active partnership with the Safe Kids Coalition, providing input into policy and program development.
- Conducted 10 home safety visits for families.
- Continued participation in the regional Child Death Review process with the Infant Death Center.
- Maintained active partnership with the Children's Health Alliance Prevention team.
- Assisted Tosa United in promoting and distributing cyberbullying programming

- 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.
- Conducted a “Hot Cars” community awareness campaign on the dangers of leaving children and pets alone in cars during the warm days. The campaign included the following:
 - Displayed posters at City Hall with information regarding the dangers of leaving children alone in cars in warm months.
 - Partnered with the Wauwatosa Fire Department to distribute SafeKids’ brochures about the dangers of hot cars during car seat checks.
 - Promoted awareness about the dangers of hot cars and children/pets in the summer City Newsletter and WHD website.
- Conducted a “Furniture Strap” community awareness campaign on preventing the dangers of heavy furniture tipping over and injuring children through the use of furniture straps. The campaign included the following:
 - Educated and marketed the furniture strap program through the events below:
 - Tosa Night out display (August 6, 2013)
 - Wauwatosa Health Department website
 - Wauwatosa Cable Access Channel
 - Wauwatosa City Hall advertisement
 - Wauwatosa Farmers Market (June 15, 2013)
 - JC Penney Health Fair (September 25, 2013)
 - Women Infant and Children (WIC) clinics
 - Distributed free furniture straps to Wauwatosa families in the manner described below:
 - 26 furniture straps given out at Tosa Night Out
 - 2 furniture straps given out due to advertisement on website
 - 2 furniture straps given out at WIC clinics
 - 1 furniture strap given out during a home safety visit

Reproductive and Sexual Health

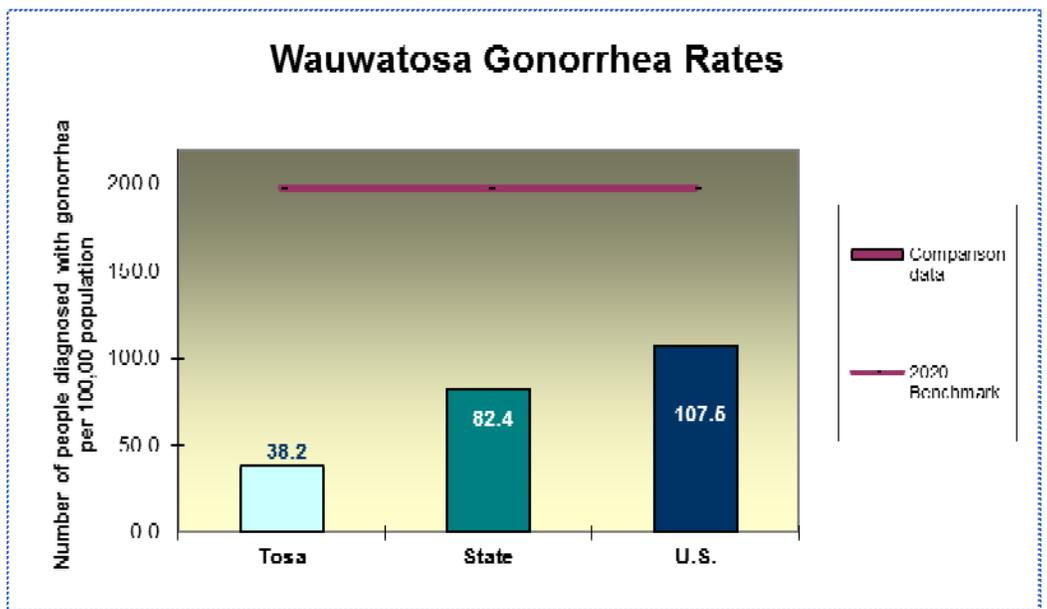
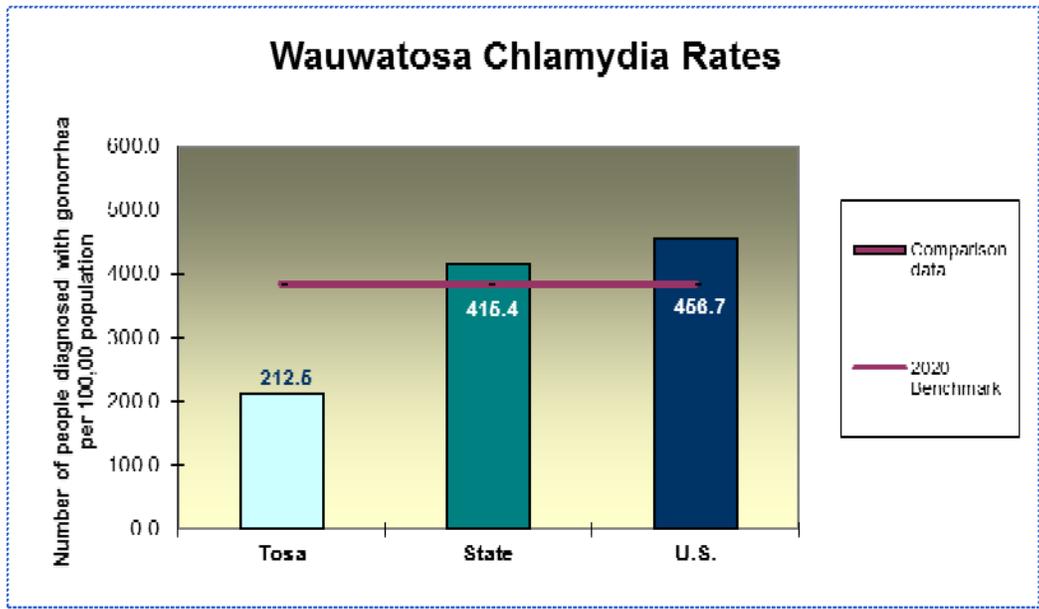
What is Reproductive and Sexual Health?

Reproductive and sexual health (RSH) addresses family planning issues as well as high-risk sexual behavior. High-risk sexual behavior refers to 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 212.5 per 100,000 people versus 415.4 and 456.7 per 100,000 people for Wisconsin and the nation respectively. Wauwatosa’s Gonorrhea rate is 38.2 per 100,000 people versus 82.4 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 2013, 78.2% 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, 5 adolescent females from Wauwatosa (19 years of age and under) gave birth during 2013. (SPHERE, 2013)



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, within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For reproductive and sexual

health, the WHD annually benchmarks the percentage of full-term babies, prenatal care received within the first trimester of pregnancy, and the Chlamydia and gonorrhea rates among Wauwatosans. The goals and trends of the benchmarks are detailed below:

	GOAL	2007	2008	2009	2010	2011	2012	2013
Babies gestational age ≥ 37 weeks	≥ 94%	91.9	93.1	92.5	93.2	94.4	91.1	92.2
Initial prenatal care in 1st trimester	≥ 77.9%	92.3	91.5	94.9	92.4	74.1	80.5	78.2
Chlamydia rates, annual	≤ 200 cases/100K pop		211.2	217.7	237.1	198.3	240.3	214.3
Gonorrhea rates, annual	≤ 37 cases/100K pop		41.0	56.0	34.5	36.6	55.3	44.6

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing RSH issues in 2013:

- Processed 12 RSH-related inquiries on WHD I&R.
- Assessed and evaluated 2 RSH-related referrals, a high-risk pregnant woman and a high-risk postpartum woman, for nursing case management services.
- Assessed 110 individuals on RSH-related issues through the department’s Adult Health Clinic program.
- Investigated 121 sexually transmitted diseases or infections (STDs/STIs) for source identification, treatment, and prevention including the following:
 - 100 cases of Chlamydia
 - 18 cases of Gonorrhea
 - 3 cases of Chlamydia and Gonorrhea co-infections
 - No cases of syphilis
- Analyzed and assessed barriers to women not receiving prenatal care in the first trimester of pregnancy
- Reviewed nurse case management referral and protocol from the WIC program
- Assessed 599 birth records for high-risk maternal health issues

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



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 inclination 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%.

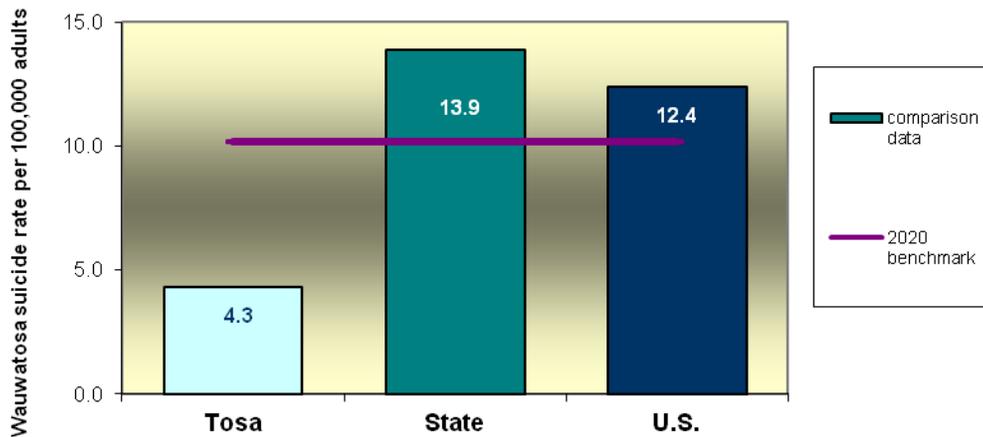
Why is this important?

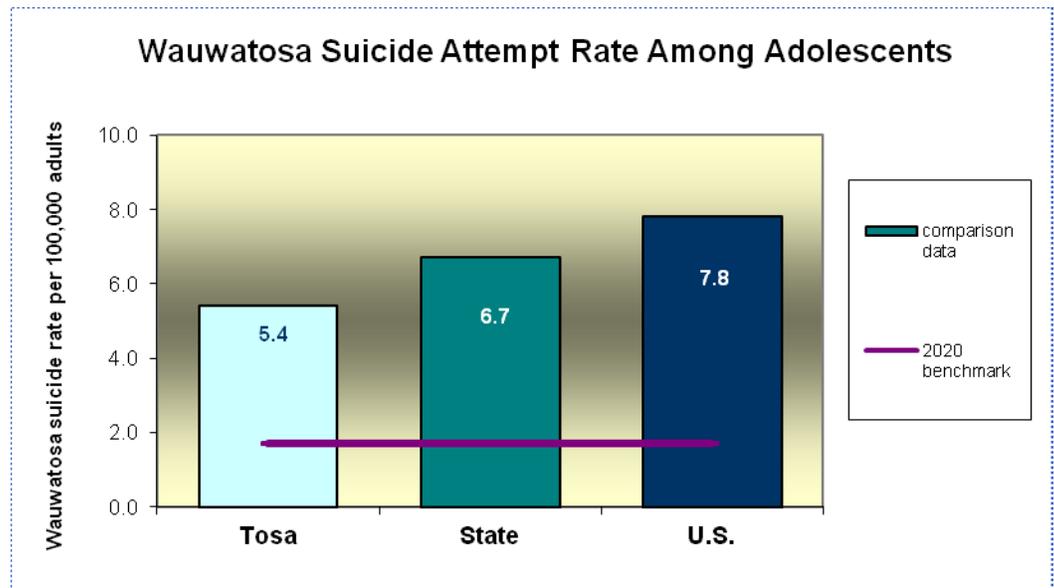
The number of lost work days for workers with anxiety, stress, and neurotic disorders was more than four times greater than the number of workdays lost for all nonfatal injuries or illnesses together (25 days vs. 6 days).

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 within Wauwatosa by identifying data for continuous monitoring, obtaining and analyzing the identified data, and comparing the Wauwatosa data to national and state statistics. For mental health, the WHD periodically benchmarks the percentage of residents who commit suicide and progress through the stages of suicide attempts. The goals and trends of the benchmarks are detailed below.

	GOAL	2007	2008	2009	2010	2011	2012	2013
Suicide rate, annual	≤ 10 cases/100K pop	6.5	17.2	4.3	10.8	4.3	2.2	10.6
Adults always felt sad/ blue/ depressed, current	≤ 4.0%			4.0			2.0	
Adults considered suicide	≤ 2.7%			3.0			< 1.0	
Youth attempted suicide	≤ 1.7%	4.9			3.8		5.4	
Youth considered suicide	≤ 8.0%	11.0			8.2		12.9	
Youth felt so sad/ hopeless every day stopped doing activities	≤ 12.5%	22.3			18.2		20.2	
Youth purposely hurt themselves	≤ 18.0%				12.5		15.1	

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing mental health issues in 2013:

- Processed 5 mental health-related inquiries on WHD I&R.
- Assessed and evaluated 3 mental health-related referrals for nursing case management services.
- Assessed 110 individuals on mental health-related issues through the department’s Adult Health Clinic program.
- Researched and revised listing of available mental health resources in the community; disseminated resources throughout the community.

- 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
- Older Adults and Seniors
- Family/parents

Why is this important?

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

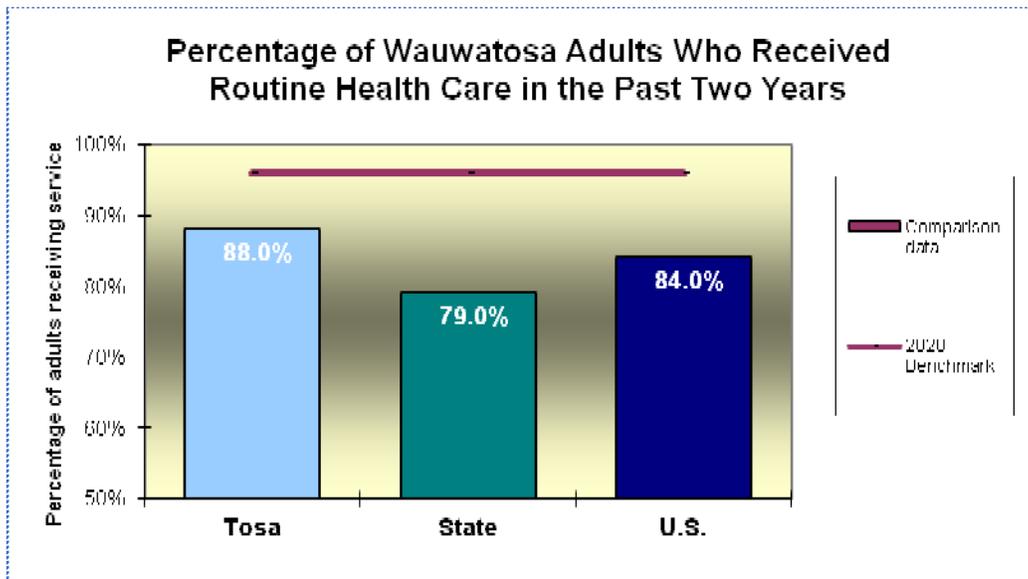
CDC, Division for Heart
Disease and Stroke
Prevention (2010)
<http://www.cdc.gov/nccdphp/>



Access to primary and preventive health care services is vital to achieving the 2020 healthy growth and development goals. All individuals should have access to services needed to maintain their health, meaning that barriers to obtaining health care are minimized, whether financially or by addressing health disparities. Other healthy growth and development issues include: socioeconomic factors related to education, housing, and employment status; insurance coverage; having a consistent provider for ongoing medical and dental care; obtaining age-appropriate preventive health services such as cholesterol and vision screenings for seniors, developmental screenings for children 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 2013, the WHD performed the following activities addressing healthy growth and development for all life stages:

- Processed 1687 inquiries on WHD I&R, including the following for healthy growth and development:
 - 7 calls on newborn and infant wellness
 - 8 calls on at-risk child growth and development issues
 - 4 calls on parenting issues
 - 51 calls on various chronic health conditions
 - 31 calls on resources for uninsured or underinsured
 - 30 calls regarding socio-economic factors such as shelter, transportation, and other social services
- Assessed and evaluated 1059 referrals for nursing case management services, including the following for healthy growth and development:
 - 458 assessments for newborn wellness
 - 144 assessments for at-risk child growth and development issues, including developmental screenings
 - no assessments for parenting issues
 - 11 assessments for various chronic health conditions
 - no assessment for resources for uninsured or underinsured

- 2 assessments for the Wisconsin Well Women Program (WWWP)
 - 4 assessments for the Refugee program
 - 4 assessments for regarding socio-economic factors
- Assessed 110 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.
- Participated with the Wisconsin Division of Public Health's (WI DPH) Maternal Child Health (MCH) advisory committee.
- Conducted growth and development presentations for 'kindergarten round-up' informational sessions.
- Provided health promotion and education on various topics at the following community events:
 - Wisconsin Lutheran College Fair – March
 - Luther Manor Health Fair – May
 - Farmer's Market – June
 - Wauwatosa Library Summer Kick Off – June
 - Wauwatosa Night Out – August
 - JC Penney Health Fair – September
 - Kmart Safety Fair - October
- Partnered with the Milwaukee Enrollment Network and Froedtert & Medical College of Wisconsin to sponsor an Affordable Care Act Health Insurance Enrollment event in December.
- 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 .

Administrative Strategic Initiatives

National Accreditation

What is National Accreditation?

The Public Health Accreditation Board (PHAB) accreditation process seeks to advance quality and performance within public health departments. Accreditation through PHAB provides a means for a health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The WHD is seeking accreditation to certify agency expertise and high quality services we provide to the public, to attract future funding and grants, and to recruit/retain high quality staff.

What does Wauwatosa plan to accomplish?

The WHD is preparing to achieve accreditation through PHAB by December, 2015. To accomplish this, the WHD needs to revise and implement its Quality Improvement Plan and its Performance Management System.

What is the Wauwatosa Health Department doing?

In 2013, the WHD performed the following activities addressing national accreditation:

- Finalized the City of Wauwatosa Community Health Improvement Plan (CHIP).
- Updated WHD's quality improvement committees' roles and responsibilities.
- Oriented staff on PHAB accreditation process and expectations in April.
- Oriented and updated Board of Health on WHD's accreditation process.
- Submitted a Letter of Intent (LOI) to PHAB for accreditation in September.
- Conducted a LEAN process for reducing the time it took at established points during the license renewal process.

Workforce Development

What is Workforce Development?

Effective public health practice requires a well prepared and sufficient workforce. The WHD seeks to establish a workforce development plan that allows staff opportunities to increase their skill and knowledge set so that they can continuously improve the quality of public health services and programs that are offered to the residents of Wauwatosa.

What does Wauwatosa plan to accomplish?

The WHD plans to revise and formalize its workforce development initiatives. WHD will revise its baseline competency levels, orientation, and trainings to institute the newly released "Core Competencies for Public Health Professionals" as developed by the Council on Linkages Between Academia and Public Health Practice. This will target WHD staff as well as the external community workforce. In addition, the WHD will address departmental retention and succession for staff.

What is the Wauwatosa Health Department doing?

In 2013, the WHD performed the following activities addressing workforce development:

- Updated and conducted baseline competency levels on selected competencies.
- Provided education, development and training to external partners, including:
 - Wisconsin Lutheran College Health Marketing class 9/27 and 12/4
 - AHEC intern
 - Wauwatosa West Policy Fair in June
- Provided education, development and training to external partners, including:
 - Lead Hazard Investigator Certification – April
 - DATCP Roadshow
 - Hepatitis Conference
 - FSRL
 - Tuberculosis Summit in November
 - Wisconsin STD Summit in November
 - WEHA and NEHA conference
 - Affordable Care Act conference in July
 - Red Cross shelter training in July
 - PHN Conference in August
 - Aging Well summit
- Participated in the City-sponsored Lean Six Sigma Green Belt and Yellow Belt course.
- Provided an opportunity for a Medical College of Wisconsin (MCW) Masters of Public Health student which focused on a gap analysis of a PHAB domain.

Community Partnerships

What are Community Partnerships?

Community partners are important in helping to identify and define public health issues, develop solutions or improvements, develop policies, communicate important information, and implement public health initiatives. The WHD seeks to strengthen and develop community partnerships that will facilitate public health programming and help the WHD achieve its goals.

What does Wauwatosa plan to accomplish?

Through 2017, the WHD plans to increase the number of community partners collaborating on community initiatives by maintaining and enhancing existing partnerships and identifying new individuals, organizations, businesses, and entities for potential partnerships. In addition, the WHD will increase the number of collaborative strategies and initiatives by engaging community partners to promote evidence-based public health policies and strategies.

What is the Wauwatosa Health Department doing?

In 2013, the WHD performed the following activities addressing community partnerships:

- Continued to define partnership with Froedtert & Medical College.
- 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.
- Provided leadership and continuity for Tosa United during the coordinator vacancies.
- Verified existing partners commitment to selected initiatives as detailed in the *Wauwatosa Community Health Improvement Plan (CHIP)*.

Community Programs and Services

What are Community Programs and Services?

All Wisconsin local health departments are required by state law to provide the following programs or services: generalized nursing program, health promotion, chronic disease prevention, communicable disease program, and human health hazard program. In addition to required programming, the WHD oversees the implementation of the CHIP, planning, implementing and evaluating programs as needed for improving the health of all Wauwatosans.

What does Wauwatosa plan to accomplish?

Through 2017, the WHD will plan, implement, and evaluate initiatives as outlined in the Wauwatosa CHIP as well as implement statutory requirements for communicable disease, environmental health, emergency preparedness, health promotion and chronic disease prevention services and programs. Topic specific programs and services are detailed in other sections of the annual report.

What is the Wauwatosa Health Department doing?

In 2013, the WHD performed the following activities addressing programs and services:

- Completed analysis on the *2012 Wauwatosa Youth Risk Behavior Survey*; prepared and disseminated *Wauwatosa Youth Risk Behavior Survey* report to the community.
- Identified 'access to healthcare' as an emerging community need; initiated research on drafting a quality improvement plan focusing on accessing health care.
- Upgraded the Environmental Health Electronic Database by adding a licensing module for lodging and pools; the new databases interacts with the City's accounting and financial systems for greater efficiency.
- Continued beta testing for the Program tracker module.

- Formalized and revised selected policies and procedures.
- See topic specific areas for details and accomplishments.

Public Health Advocacy and Visibility

What is Public Health Advocacy and Visibility?

Public health advocacy involves education and action related to health issues. Local health departments are responsible for educating the public about health conditions and risks, supporting research on health issues, and alerting the public to situations in the community that may increase the spread of a health problem. Along with education, local public health departments may inform policy makers and implement laws and standards that will pave the way for improved health conditions for all people in the community. Health departments can make themselves more visible and recognizable to policymakers, the media and the public through strong communications and marketing. The WHD seeks to increase visibility of the department and participation in advocacy efforts to ensure a healthy Wauwatosa community.

What does Wauwatosa plan to accomplish?

Through 2017, the WHD will work with the Board of Health to increase advocacy activities and visibility of the WHD through marketing. In addition, the WHD will engage and involve the community in public health advocacy.

What is the Wauwatosa Health Department doing?

In 2013, the WHD performed the following activities addressing public health advocacy and visibility:

- Updated WHD website to educate the community about services offered and strategic initiatives.
- Began discussions on increasing community volunteerism.
- Began discussions on developing “Friends of Wauwatosa Health Department” group.

APPENDIX 1: Wisconsin State Statutes and City of Wauwatosa Ordinances

Wisconsin State Statutes **Health (chapters)**

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

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

252. Communicable diseases. [PDF](#)

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

254. Environmental health. [PDF](#)

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

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

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

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

DHS 144 Immunization of students [PDF](#)

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

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

DHS 160 Registration of sanitarians [PDF](#)

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

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

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

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

DHS 196 Restaurants [PDF](#)

DHS 199 Tobacco control activities [PDF](#)

City of Wauwatosa Ordinances

Title 8 HEALTH AND SANITATION (chapters)

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

8.02.005 State statutes adopted.

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

TABLE INSET:

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

(Ord. O-06-8 § 2, 2006)

8.02.010 Administrative Codes adopted.

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

TABLE INSET:

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

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

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

- 8.60 Food, Drink and Medicine Receptacles
- 8.64 Rooming houses
- 8.70 Clean Indoor Air
- 8.80 Dangerous Use of Fumigants
- 8.90 Public Swimming Pools

Title 9 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 triangle (▲) is shown under "Tosa's Status". Conversely, if Wauwatosa falls below the 2020 goal, then a red circle (●) 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 population	13 ⁹	0 ⁶	0.3 ⁶	1	0.2	●
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 intercourse (past 3 months)	69.6 ³	64.4 ³	60.2 ³	ID	▲
<input type="checkbox"/> Had sexual intercourse with ≥ 4 people during their life	6.0 ³	9.9 ³	15.3 ³	n/a	▲
<input type="checkbox"/> 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						
<input type="checkbox"/> Current smokers	11% ¹	20.9 ²	20.1 ²	12.0	12.0	▲
<input type="checkbox"/> Current smokers who made ≥ 1 quit attempt in the past 12 months	58 ¹	61.6 ²	59.6 ²	75	80.0	●
<input type="checkbox"/> Secondhand smoke exposure in home or in vehicles	13 ¹	25	20.9	n/a	13.0	▲
Youth						
<input type="checkbox"/> Current smokers	10.8 ³	14.6 ³	16.0 ³	16	16.0	▲
<input type="checkbox"/> Current smokers who made ≥ 1 quit attempt in the past 12 months	64.7 ³	51.7 ³	50.1 ³	84	64.0	▲
<input type="checkbox"/> Current smokeless tobacco use	1.6 ³	8.3 ³	4.8 ³	1	6.9	▲

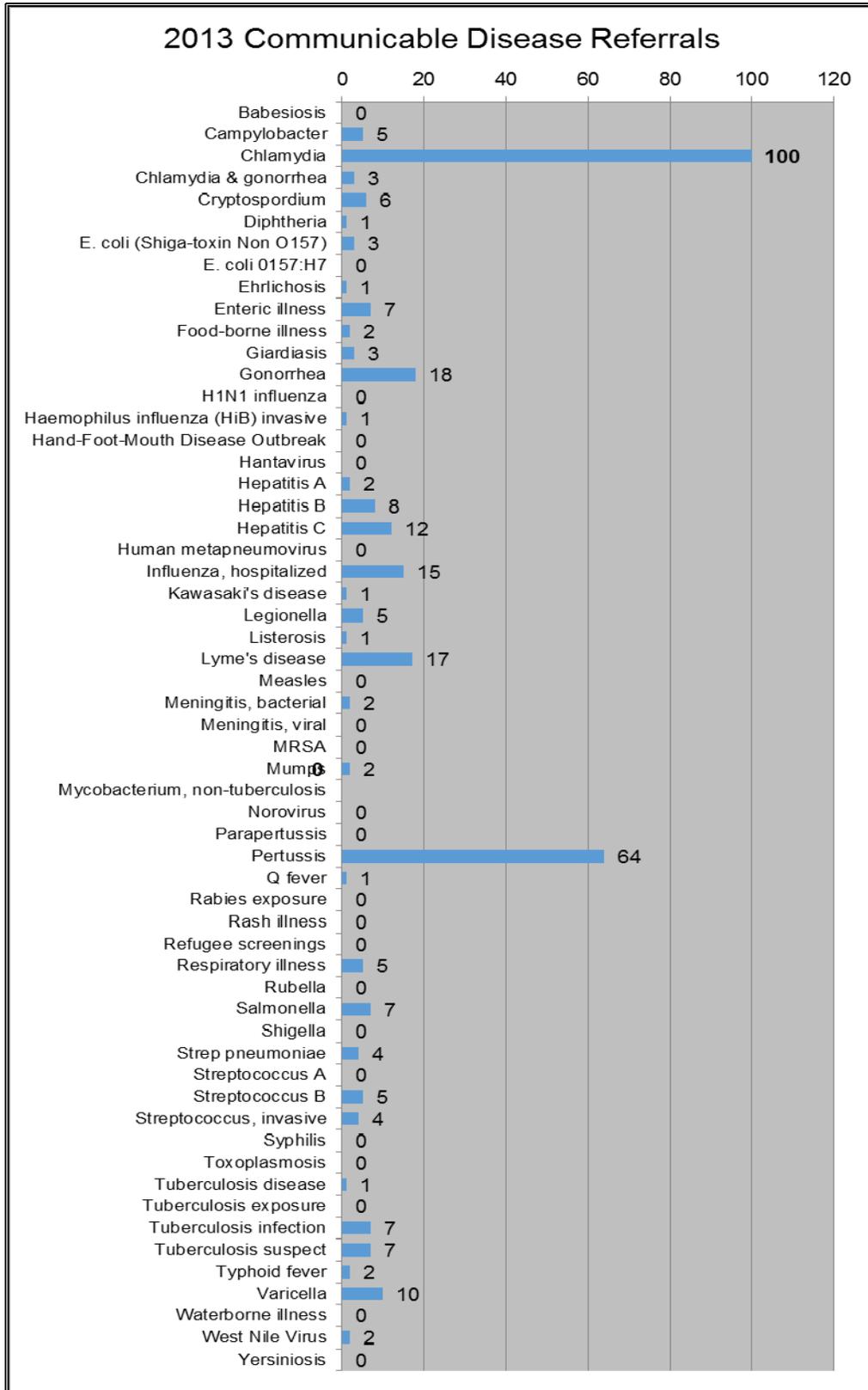
¹ 2012 Aurora Community Health Survey, Wauwatosa, <http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2012-wauwatosa-report.pdf>

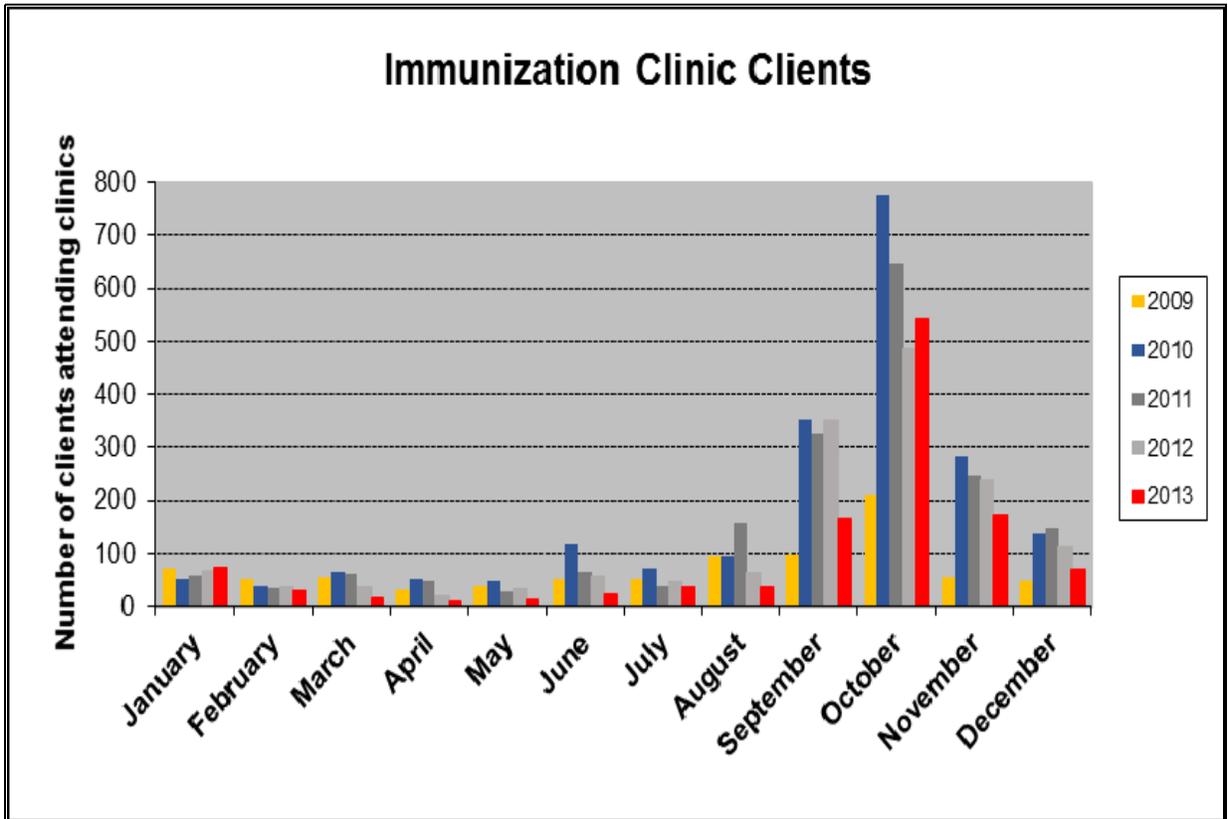
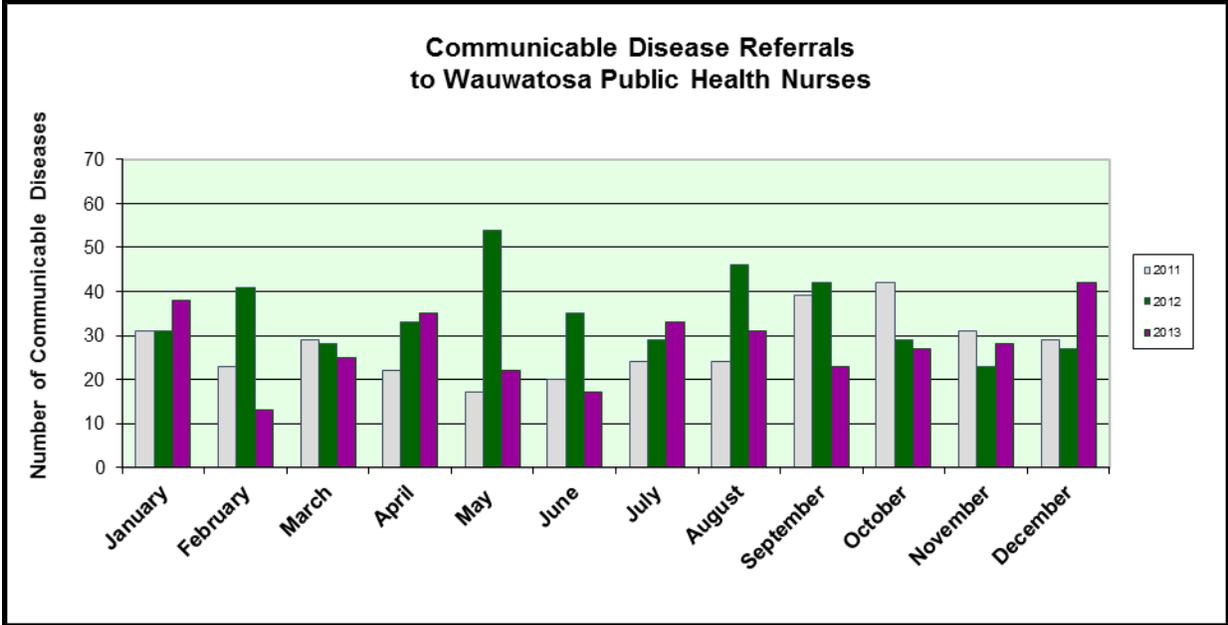
² State Health Facts, 2011 <http://www.statehealthfacts.org/profileind.jsp?ind=80&cat=2&rgn=51>

³ 2012 Wauwatosa Youth Risk Behavior Survey

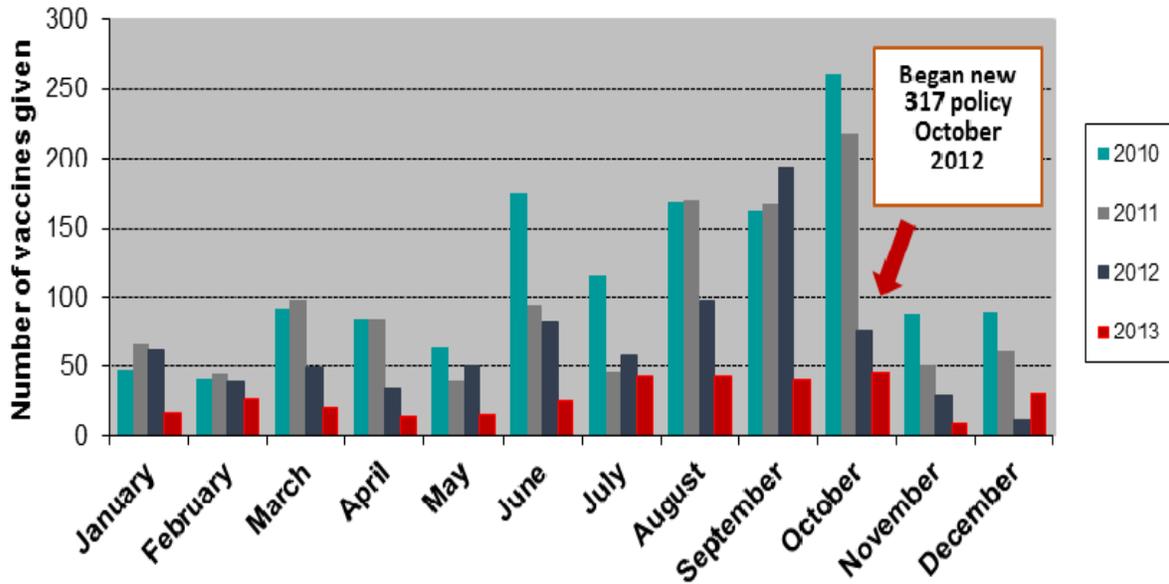
APPENDIX 3: Other Data & Statistics

Communicable Diseases and Immunizations

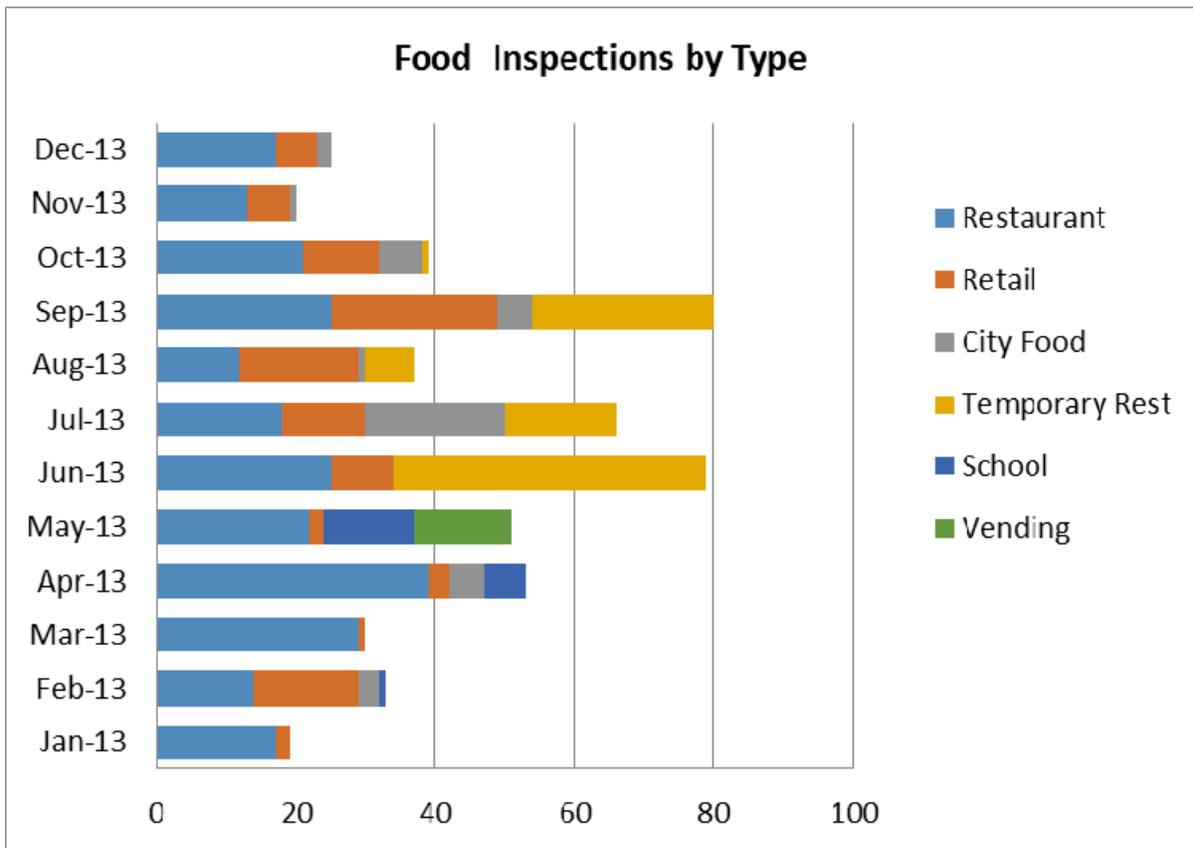




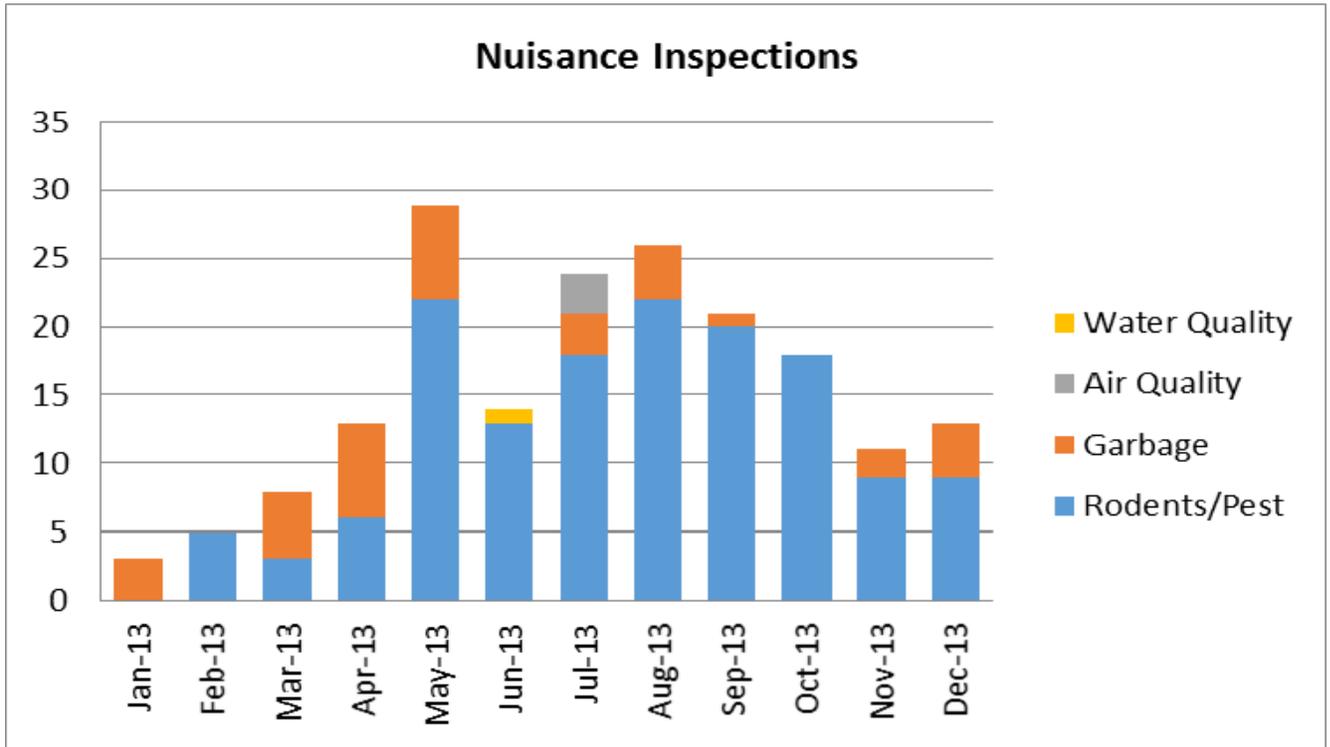
Vaccines Administered Except Influenza at WHD Immunization Clinics



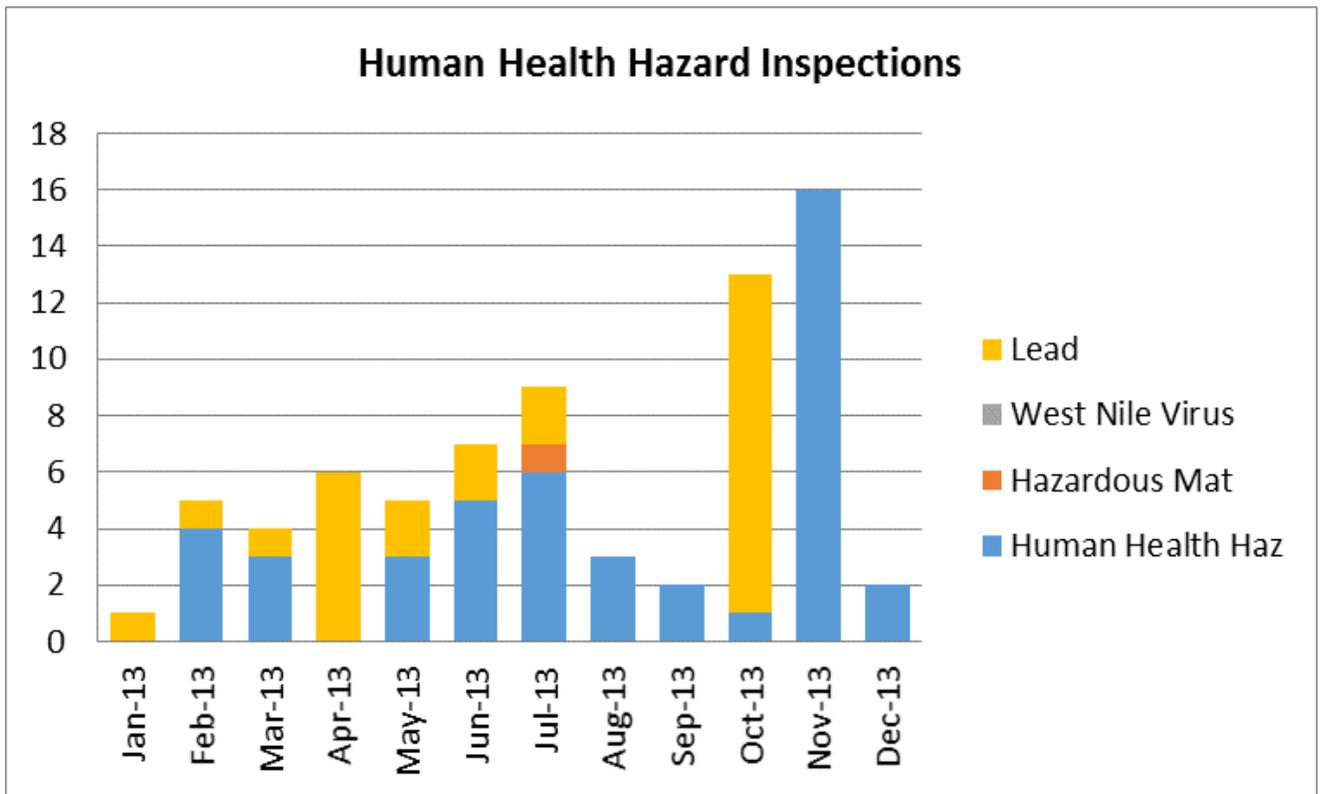
2013 WHD Licensed Food Inspection Activities



2013 Nuisance Inspections by Chief Complaint



2013 Human Health Hazard Inspections by Chief Complaint



Breakdown of Complaints

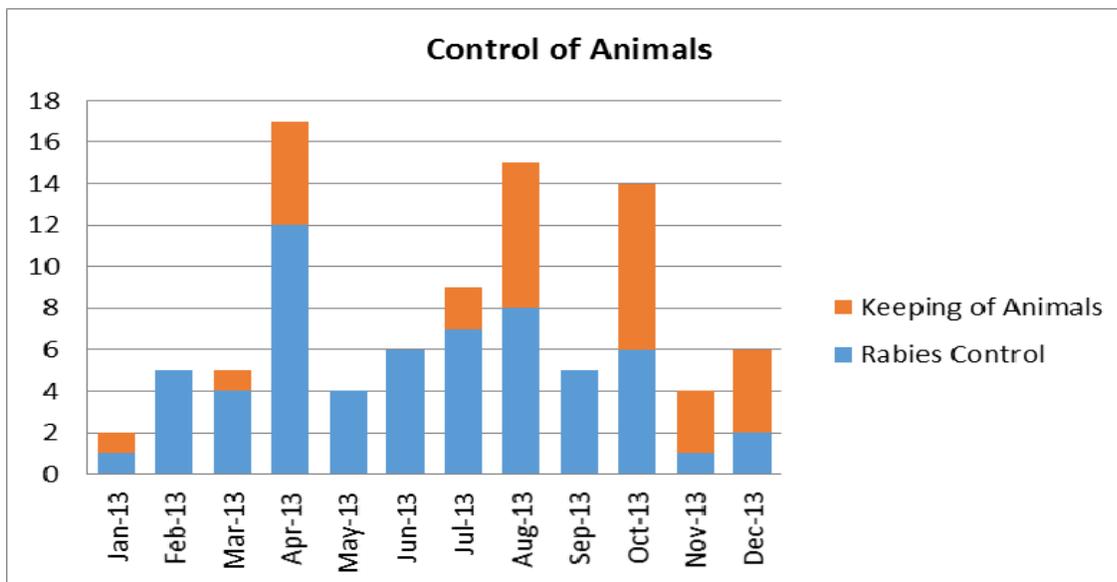
Breakdown of complaints 2013

Complaint	Count	Percentage
Wildlife/Rodent	34	33%
Garbage/Litter	17	17%
Building (heat, cool, ventilation)	21	20%
Care/Maintenance of animals	4	4%
Air/Water Quality	1	1%
Restaurants/Food Establishments	17	17%
Other	9	9%
Total	103	

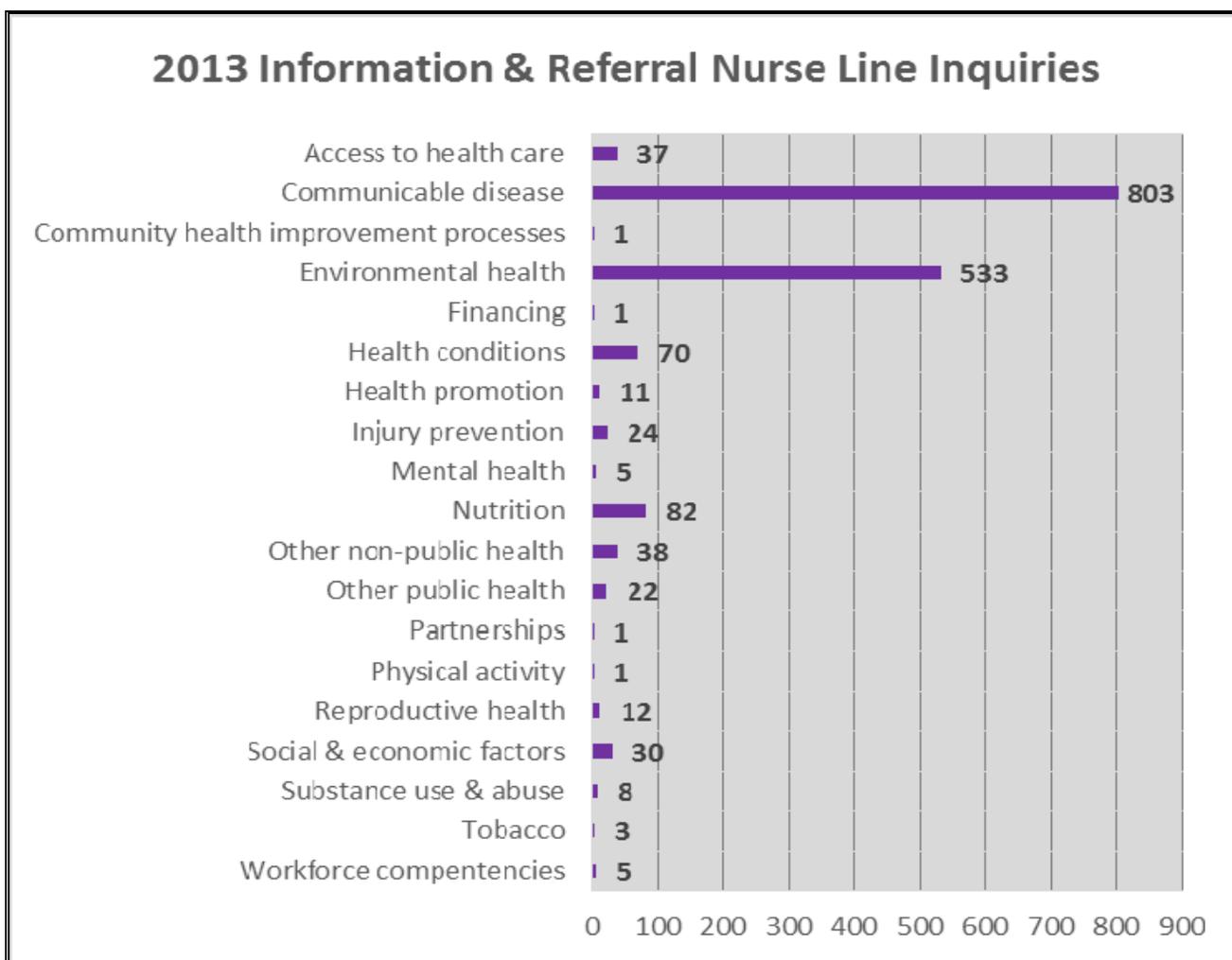
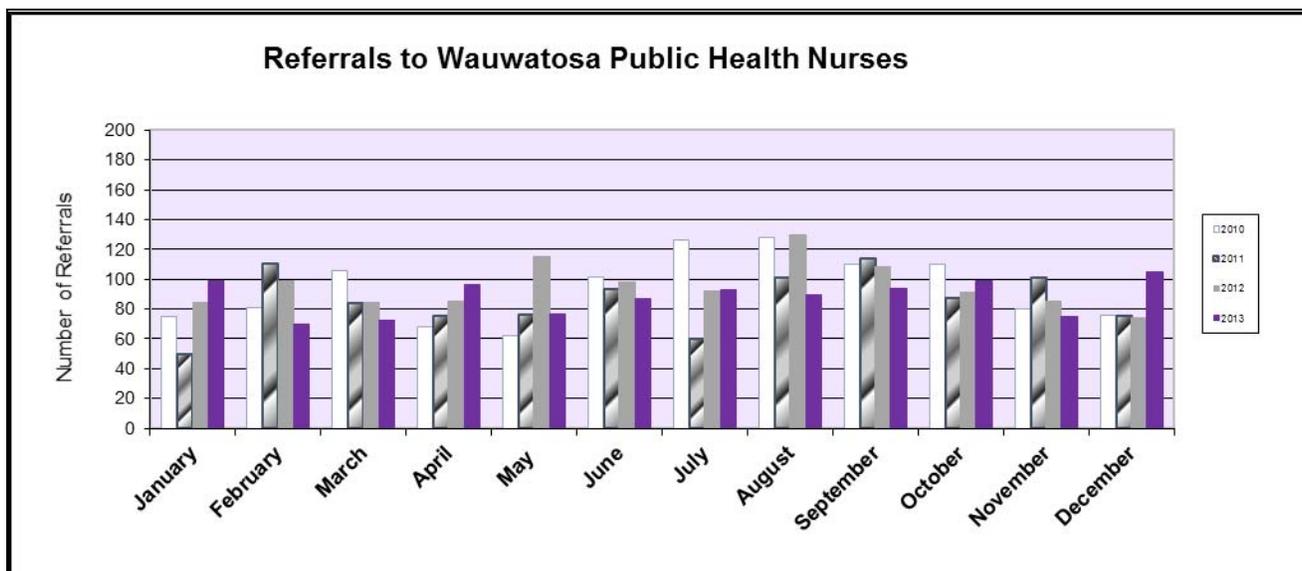
Breakdown of corrective actions 2013

Actions Taken	Count	Percentage
Site Visit	78	44%
Follow up Inspections	26	15%
Phone Call	36	20%
Emailed Contact	9	5%
Photographs Taken	17	10%
Written warning/Order to abate	11	6%
Citation issued	0	0%
Total	177	

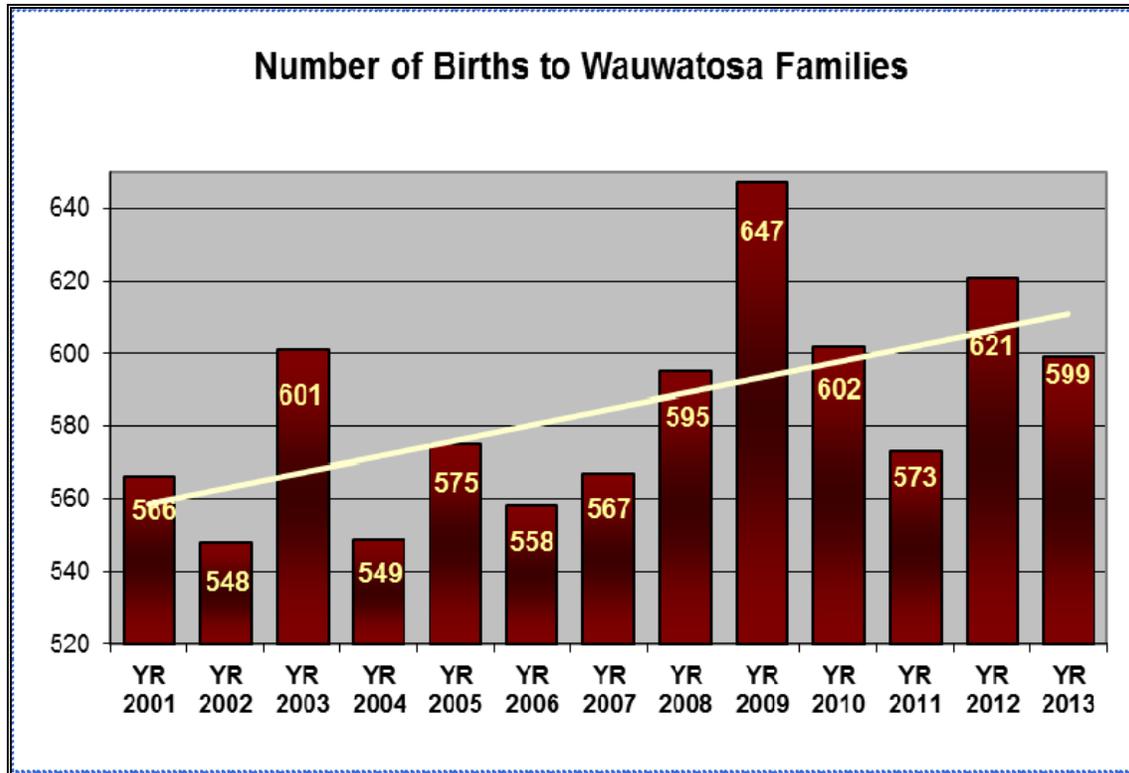
2013 Control of Animals Inspection by chief complaint



Access to Primary and Preventive Health Services



Reproductive and Sexual Health



GLOSSARY

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

CD – acronym for a communicable disease

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

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

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

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

ED – Emergency department

EMS – Emergency Medical Services

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

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

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

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

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

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

LEP – limited English proficiency

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

MVA – motor vehicle accident

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

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

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

PHN – Public Health Nurse

RS – Registered Sanitarian

STD/STI – sexually transmitted diseases/infections

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

TB – acronym for tuberculosis

WHD – Wauwatosa Health Department. www.wauwatosa.net

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

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

WSD – Wauwatosa School District

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