

*City of*  
**WAUWATOSA**  
**HEALTH**  
**DEPARTMENT**



**Annual Report to  
the Community  
2014**

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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 Hospital, Milwaukee County Behavioral Health Complex, Milwaukee County Research Park, and the Blood Center of Southeastern Wisconsin. The city is home to an expanding technology and research park and a premier regional mall – Mayfair Mall. Its convenience to the Milwaukee metropolitan area offers easy access to major league sports, a nationally recognized zoo, and abundant cultural and social activities.



According to the U.S. Census Bureau's American Community Survey, the demographics for the City of Wauwatosa are similar to that of the United States (US) in most cases with the exception of race, ethnicity, and socio-economic status (SES) indicators<sup>1</sup>. Approximately half of the population is female (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%)<sup>2</sup>.

## Wauwatosa Health Department

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

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

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

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 2014. 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 20<sup>th</sup> and early 21<sup>st</sup> century due to reduced public health interventions.

CD prevention and control is a statutory requirement of LHDs (WI § ch. 252, WI Administrative Codes DHS 140 and 145). The CD program is grounded in the essential services of monitoring population health status and understanding issues, protecting people from health problems and health hazards, and enforcing public health laws and regulations. The WHD investigates all potential and actual CD reports, including vaccine and non-vaccine preventable CDs, food-water-vector-borne diseases, sexually transmitted diseases/ infections (STD/STI), outbreaks, and epidemics. When the WHD is notified of a possible CD, the Public Health Nurse (PHN) interviews the affected individual, and identifies and interviews others who may have been exposed. The PHN also coordinates laboratory testing and treatments with health care providers, implements prevention and infection control strategies in the community, and coordinates CD interventions among other affected entities, such as 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 for 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, lost productivity, and death. In *Healthy People 2020* [a comprehensive set of public health goals and objectives developed every decade by the US Department of Health and Human Services (DHHS)], immunization is described as one of the greatest public health achievements of the 20<sup>th</sup> century. It is one of the most cost-effective

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

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

Due to its effectiveness, immunization programs are a service that 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](http://www.cdc.gov/vaccines) (June 2008)



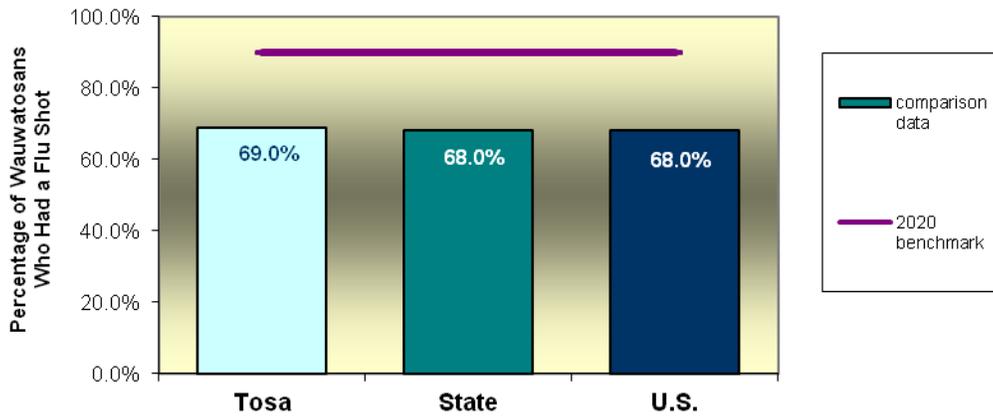
### How does Wauwatosa Compare?

The immunization rate for all children attending Wauwatosa schools was 93.4% in 2014, reaching the national goal of 90%. This included a 92.5% compliance rate for public schools and 96.6% for private schools. Of the 3.6% of the students who had immunization waivers, 85.6% (n=279) were “personal conviction” waivers; slightly up from 84.6% in 2013. In addition, the immunization completion rate of all two-year-olds was 78% in 2014, above the national and state levels of 73.0% and 75.1%, respectively.<sup>1</sup> 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 82%. At 69%, slightly more Wauwatosa adults aged 65 years or older receive a flu shot than the national and state average of 68%.<sup>2</sup>

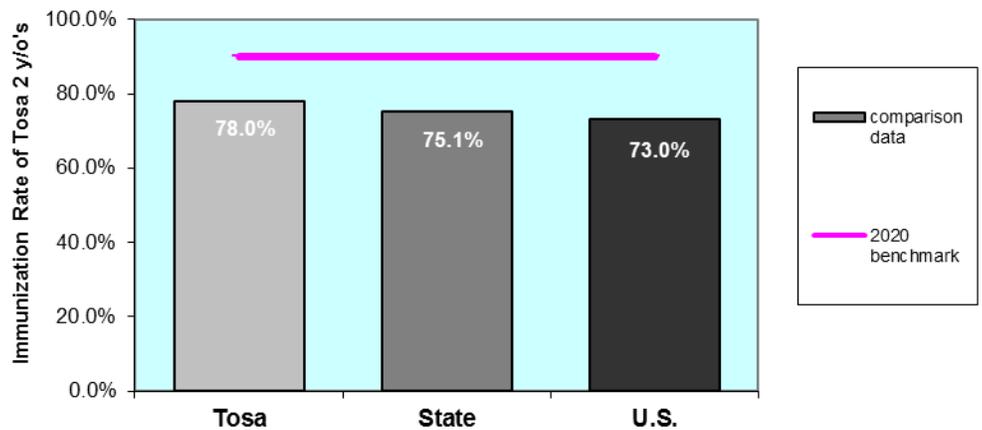
<sup>1</sup> Source: National Center for Immunization and Respiratory Diseases, 2013 National Immunization Survey, released September 2014.

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

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



### Up-to-Date Immunization Rate of Wauwatosa 2 Year Olds



### 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	2014
2 y/o immunization rates	90%	72.0%	70.0%	53.0%	67.0%	68.0%	72.0%	75.0%	78.0%
Pertussis in residents, annual	≤ 3	1	1	2	17	3	62	41	41
Pertussis in facilities, annual	≤ 5		4	0	14	4	7	4	4
Pediatric flu deaths, annual	0	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 2014:

- Processed 365 calls regarding immunizations through the WHD Information & Referral Nurse line (I&R). Immunization inquiries accounted for 25.0% of all calls processed through I&R.
- Investigated 160 vaccine-preventable diseases, including 80 involving Pertussis.
- Administered 1127 vaccines to 1207 clients at immunization clinics.
- Administered 931 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 2014 – 2015 academic year for all school-aged and day care-aged children. Vaccine affected was the Tdap (tetanus-diphtheria-Pertussis) booster.
- Promoted immunization and influenza awareness as well as Tdap “cocooning” with WHD clinic schedules included in all 627 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 fall City e-Newsletter.
- Promoted back-to-school vaccines in the summer and fall City Newsletters.
- Provided education and promoted flu vaccinations in the fall City e-Newsletters along with email and fax blasts to all Wauwatosa private and public schools and day cares.
- Promoted immunization clinics in the Wauwatosa School District yearly calendar.
- Promoted and educated family members about the importance of immunizations at community events, such as Tosa Night Out.
- Conducted a pilot to provide limited programming and outreach to individuals accessing the Tosa Cares program out of Mt. Zion Church. The first outreach session which included flu shots was in January.
- Passed with no deficiencies the Division of Public Health’s (DPH) Immunization Program’s unannounced visit to audit WHD’s vaccine management practices.
- 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).
- Created and administered a School Immunization Survey to gain insight on how each public and private school in the Wauwatosa School District obtains and processes immunization records.
- Met several times with a group facility to discuss adolescent immunizations and sanitation needs. WHD staff spent much time educating the facility’s staff on immunization requirements and challenges. The facility organized 3 onsite immunization clinics by local pharmacies to provide catch-up immunizations to the residents. WHD staff continued to meet with facility administration to review short term and long term plans regarding health issues for their cares into 2015.
- Audited a sampling of Pertussis cases from 2013 for adherence to *EpiNet Manual* protocols.

- Surveyed all of the Wauwatosa schools on who reviews students' immunizations, what training the reviewer receives, school's process to ensure compliance with the school immunization law, and satisfaction with the health department.
- 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 78% compliance rate. The rate rose to 82% (n=490) when "late up-to-date" children were included. A "late up-to-date child" is defined as a child receiving all recommended immunizations within one month of their second birthday. Barriers identified to the timely completion of the child's immunization series included:
  - Wisconsin Immunization Registry (WIR) often and repeatedly classified Wauwatosa addresses as "City of Milwaukee".
  - Some healthcare providers do not enter their immunizations in the WIR in a timely manner or ever.
  - Some healthcare providers do not give the immunizations at the recommended time intervals; some are given too early, too late, or too close together thereby rendering the immunization invalid.
  - Some healthcare providers fail to give immunizations at some follow-up visits ("missed opportunities").
  - It is unknown if healthcare providers or their organizations consistently use the WIR to check immunization status or to use the reminder/recall function.

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 2014, the WHD investigated and tracked the following VPD-related sentinel events or outbreaks:

- 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. Five 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.

- On January 7, 2014, the WHD was notified of a Pertussis exposure at a healthcare institution by an employee. Exposure occurred between December 25 and January 6. The index case tested negative for Pertussis on January 1 but was declared an epi-linked confirmed case on January 7. The employee floated between 2 units, exposing 20 staff. 25 patients from 12 jurisdictions including 3 from out-of-state were exposed; none from Tosa. Many of the exposed were infants. One secondary Pertussis case emerged from the index case. The investigation was resolved on January 28.
- A number of mumps cases appeared in the metropolitan area in the spring of 2014. On May 19, orders were issued on a Wauwatosa health care business to quarantine an employee; the employee was occupationally exposed to a confirmed mumps case and did not have documented immunity. On May 30, orders were issued to release the employee from quarantine effective May 31 since the communicability period had passed. On July 11, PHNs conducted the first round of immunizing the health care business' employees to selected vaccine-preventable diseases; the second round of immunizations were conducted on August 12.
- On October 13, the WHD was notified of a Varicella (chickenpox) exposure at a child care facility. Two siblings who attended the day care were ill with Varicella. Infection control measures were implemented. Letters informing parents of the exposure were distributed. An outbreak was declared when 2 more children were diagnosed with Varicella during the incubation period. The investigation was resolved on October 29.
- On November 5, the WHD was notified of a pertussis exposure at a school beginning on October 22. On November 10, the WHD declared an outbreak when more children connected with the school were diagnosed with Pertussis; exposures may have started with a sports team. Letters informing staff and parents of the exposure were distributed to the 9<sup>th</sup> grade and 2 sports teams on November 13. More cases were identified, therefore the letters informing parents of the exposure were distributed throughout the school. Last known case exposure was December 16. After 2 incubation periods (21 days per incubation period or 42 days total) of no new cases, the investigation was resolved on January 28, 2015. A total of 15 cases were linked to the outbreak.
- On November 12, the WHD was notified of a pertussis exposure at an elementary school. Letters informing staff and parents of the exposure were distributed to the 4<sup>th</sup> grade. On November 17, the WHD declared an outbreak when 3 more children connected with the school were diagnosed with Pertussis. Letters informing parents of the exposure were distributed throughout the entire school. After 2 incubation periods of no new cases, the investigation was resolved on December 26.
- On November 12, the WHD was notified of a pertussis exposure at an elementary school. Letters informing parents of the exposure were distributed to the 5<sup>th</sup> grade and an extracurricular group on November 13. On November 17, the WHD declared an outbreak when 2 more children connected with the school were diagnosed with Pertussis. Letters informing parents of the exposure were distributed throughout the entire school. Two additional cases were linked to the school for a total of 5 cases. After 2 incubation periods of no new cases, the investigation was resolved on January 6, 2015.
- On December 12, the WHD was notified of a respiratory outbreak at a healthcare facility. 4 of 14 residents (28.6%) and 3 of 43 employees (7.0%) were ill with respiratory symptoms. A resident tested positive for influenza. Enhanced infection control measures were implemented at the facility. The investigation was resolved on December 26.
- On December 16, the WHD was notified of an influenza outbreak at an adult skilled nursing living facility. Onset of symptoms ranged from December 12, 2014 through February 2, 2015. Eight residents tested positive for influenza out of 13 suspect cases from 4 units; 4 additional residents were admitted with a flu diagnosis. The investigation was resolved on February 10.

- On December 19, the WHD was notified of an influenza outbreak at an adult multi-level living facility. Onset of symptoms at the skilled and assisted living units ranged from December 12, 2014 through January 27, 2015; 36 of 193 residents (18.7%) were ill with 16 testing positive for influenza. Over the Christmas holiday, the WHD staff coordinated with the State for the facility to receive Tamiflu from the state's stockpile. The investigation was resolved on February 4. Onset of symptoms at the independent living units ranged from December 14, 2014 through January 11, 2015; 18 were ill with 4 hospitalizations including one death. This investigation was resolved on January 19. The facility's adult day care reported influenza-like illnesses among attendees who were subsequently sent home per facility's protocol. The number of ill was not tracked; however, 6 individuals on the line list were reported in the State electronic reporting system as hospitalized for influenza A. This investigation was resolved on January 13. On March 9, the WHD was notified of an influenza B outbreak starting on March 5. Eight of 55 residents (14.5%) were ill with 4 testing positive for influenza B including one hospitalization. The facility lifted quarantine on March 19. The investigations were solved on March 19.
- On December 22, the WHD was notified of a respiratory outbreak at an adult assisted living facility after a second resident became ill. The index case was symptomatic and hospitalized on December 17. 39 of 461 residents (8.5%) and 27 of 550 employees (4.9%) were ill with respiratory symptoms. Several residents tested positive for influenza; 13 were hospitalized. Enhanced infection control measures were implemented at the facility. The investigation was resolved on January 21, 2015.
- On December 23, the WHD was notified of a respiratory outbreak at an adult assisted living facility beginning on December 22. 20 of 66 residents (30.3%) and 4 of 17 employees (23.5%) were ill with respiratory symptoms. Three residents tested positive for influenza. Enhanced infection control measures were implemented at the facility. The investigation was resolved on January 16, 2015.

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

### **What are 'Other Communicable Diseases'?**

Infectious diseases that do not have a preventive vaccine are categorized under 'Other Communicable Diseases.' This category encompasses a wide array of diseases that can be transmitted through many different pathways. The most common of these are sexually transmitted, particularly Chlamydia and Gonorrhea. The second most common are *enteric diseases* (also known as diarrheal illnesses) which include Salmonella, Shigella, Giardiasis, E. coli O157:H7, Norovirus, and Campylobacter. Other diseases include those transmitted through the air (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, E. Coli O157:H7 and Listeria enteric (diarrheal) infections than the national average, exceeding or meeting the Healthy People 2020 goals. Wauwatosa's 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 Campylobacter and 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 2014:

- Conducted 183 non-VPD CD investigations, including 102 STDs.
- Processed 224 CD inquiries including 127 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 2014, 99 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 4 individuals for suspect or confirmed TB infection or disease in 2014.
- Partnered with the WSD to address school absenteeism rates greater than 10% daily, cluster of illnesses, or unexplained death.
- Conducted two “Staying Healthy this Winter” presentations at two group living facilities in the fall. The presentations included information on local health departments’ requirements for communicable disease investigation and control, facilities’ requirements to report outbreaks, measures to contain outbreaks, and interventions that individuals can do to stay healthy.
- Educated the community on sufficient and proper hand washing techniques with the glow germ demo. One demo was conducted at the Briggs & Stratton Employee Wellness Fair and another through the library program. Six training sessions were conducted for Curative employees in December.
- 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).
- Conducted a summer food safety awareness campaign through the summer City Newsletter.
- 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.
- Offered CD toolkits to all Wauwatosa public and private schools. The toolkits consisted of a cover letter; hand hygiene poster; ‘Cover Your Cough’ poster; head lice fact sheet from the American Academy of Pediatrics (AAP); a norovirus clean up poster; a 4-page fecal incident pool clean-up instructional from the CDC; and a wall-mounted, laminated listing of reportable diseases.
- Audited a sampling of Chlamydia cases from 2013 for adherence to *EpiNet Manual* protocols.
- 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.
- Reviewed and revised respiratory outbreaks and enteric outbreaks policies and procedure.

In 2014, the WHD investigated and tracked the following CD sentinel events or outbreaks:

- 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, the WHD released the individual from any further treatment as of February 7, 2014.
- 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.
- On January 11, the WHD was notified of an enteric outbreak at an adult skilled living facility beginning on January 9. 21 residents and 17 employees became ill. Infection control measures including unit quarantine were implemented. Norovirus was the identified organism in 2 samples. The investigation was resolved on March 7.
- On February 12, the WHD was notified of an enteric outbreak at an adult skilled living facility beginning on February 8. 5 residents became ill. Infection control measures including unit quarantine were implemented. Norovirus was the identified organism in 2 samples. The investigation was resolved on February 24.
- 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, 2013. To date, 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 are receiving 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 was completed at the end of April, 2014. WHD conducted a debriefing meeting and after action report with the involved organizations in November, 2014.

- On March 7, the WHD was notified of an enteric outbreak at an adult skilled living facility beginning on March 1. 71 residents and 44 employees became ill. Infection control measures including unit quarantine were implemented. Norovirus was the identified organism in 10 samples, C-diff was identified in 2 samples, and one sample identified both Norovirus and C-Diff. The investigation was resolved on March 26 and the quarantine was lifted.
- On April 7, the WHD was notified of an enteric outbreak at an adult skilled nursing and rehab living facility beginning on April 4. 18 residents and 29 employees became ill. Infection control measures including event cancelations were implemented. Norovirus was the identified organism in 2 samples. The last resident was ill on April 10; the last employee was ill on April 29. The investigation was resolved on May 5.
- On April 24, the WHD was notified of an enteric outbreak at a public school. Initially, 30 of 297 students were ill with vomiting and diarrhea on April 24. WHD was notified due to the school exceeding the 10% absenteeism threshold for specific symptoms. Diligent infection control measures were implemented at the onset. WHD instituted a 48-hour exclusion protocol – students/staff must be symptom-free for 48 hours before returning to the school. Number of ill subsided a week later, but then increased in a previously unaffected area. On May 6, WHD advised a second round of intensive disinfection of the school; letters with information and instructions were distributed to parents and staff. The outbreak was resolved on May 13. No organism was identified, but Norovirus was suspected. In the end, 84 students (28.3%) and 6 employees became ill.
- On August 28, the WHD was notified of an enteric outbreak at an adult assisted living facility beginning on August 25. 12 residents and 4 employees became ill. Infection control measures were implemented. No stool samples were tested due to the limited duration of symptoms; Norovirus was the suspected organism but not confirmed. The investigation was resolved on September 3.
- On November 14, the WHD was notified of an enteric outbreak at an adult assisted living facility. 4 residents were ill. Infection control measures were implemented. No stool samples were tested due to the limited duration of symptoms; Norovirus was the suspected organism but not confirmed. The investigation was resolved on November 17.
- **Global Ebola Outbreak:** In the fall of 2014, the Centers for Disease Control began issuing guidance for the nation on how to conduct surveillance, treat, and control for suspect and confirmed cases of Ebola. On November 24, 2014, the WHD was notified of a CDC-employed Michigan resident who was under Ebola monitoring for “low but not zero risk” with plans to visit their Wauwatosha family over the Thanksgiving holiday. The State of Michigan provided the daily monitoring, but WHD was on-call should the individual become ill. The case was resolved without incident. On January 12, 2015, the WHD was notified of a parent and child returning from a trip from an Ebola-affected country via O’Hare airport. Initial screening

revealed both individuals to be asymptomatic and categorized as “low but not zero risk” per CDC protocol. Orders were issued to the individuals to participate in twice daily symptom monitoring and daily monitoring by the WHD for 21 days. A WHD PHN monitored the family daily. EMS and local healthcare facilities were notified of the monitoring situation. Communications and interventions were modified due to the adult’s cultural influences and low literacy level. The monitoring ceased when the situation was resolved on February 2 without incident. In addition, WHD staff participated in a statewide Ebola tabletop exercise on January 28, 2015.

- On December 10, the WHD was notified of an enteric outbreak at a group residential facility. The first case had symptoms beginning on December 6. 11 residents reported enteric symptoms. Enhanced infection control measures were implemented at the facility. The investigation was resolved on December 17.

## Food Inspection Program

### What is the Food Inspection Program?

The Wisconsin Department of Health Services (DHS) and Department of Agriculture, Trade, and Consumer Protection (DATCP) inspection programs aim to prevent the transmission of infectious diseases via food and food service operations from licensed establishments. During inspections, violations that are identified are ordered to be corrected and education is provided to ensure the violation is not repeated. The CDC estimates that 48 million people get sick, 128,000 are hospitalized and 3,000 die of food borne diseases. Inspections are conducted to protect the public from food-borne illness caused by disease.

### How does Wauwatosa compare?

The WHD conducted 248 restaurant inspections, 135 retail food inspections (groceries, gas stations) and 43 city food establishments in 2014. 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.

#### 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 2014, the WHD continued to monitor and evaluate the burden of disease via the following activities:

- Investigated 11 food-borne illness complaints regarding restaurants.
- Processed 10 food-borne illness inquiries through WHD I&R.
- Investigated and abated 18 general complaints related to food establishments.
- Conducted 551 inspections for licensed establishments including 248 restaurants, 135 retail food establishments, 43 city food establishments, 47 vending machines and 78 temporary restaurants.
- Conducted 49 kitchen inspections for 18 public and private schools.
- Processed 109 restaurant-related inquiries through the WHD I&R.

- Processed 55 retail food-related inquiries through the WHD I&R.
- Issued 3 citations for violations of the Wisconsin Food Code.

## Emergency Preparedness

### What is Emergency Preparedness?

In the wake of recent events such as Ebola, hurricanes, 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, detect, 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 2014, the WHD conducted the following activities:

- Participated in numerous planning and educational sessions concerning the Ebola outbreak in Western Africa and its impact on the US health system.
- Revised WHD communicable disease, isolation and quarantine policies to directly address the unique aspects of Ebola.
- Participated in regional and state exercises about Ebola response.
- Presented to public and private preparedness partners on the status of Ebola outbreak in Western Africa and the Local, State and Federal responses.

#### 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>

- Participated in a regional preparedness exercise involving internal and partner information sharing, responder health and safety and fatality management (May 7, 2014).
- Actively participated with the Milwaukee County Excessive Heat Task Force.
- Participated with local and regional partners to review and revise the Milwaukee County Mass Fatality Plan.
- Conducted active surveillance activities (*See Communicable Disease section*).
- Assessed over 109 individuals for emergency preparedness plans through the department's Adult Health Clinic program.
- Continues to be 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.

## 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 2014.

#### **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 2014, WHD conducted the following activities:

- Documented 99 nuisance complaints, resulting in 72 on-site inspections, 22 telephone contacts, 11 warning letters and 9 abatement orders.
- Conducted 20 HHH inspections and 34 follow-up inspections for HHH complaints; some properties required multiple inspections and contacts with the owners to gain compliance.
- Met and collaborated with other city departments, businesses, and residents to ensure that complaints were handled in an efficient collaborative manner.
- Processed 49 nuisance and 103 HHH inquiries through the WHD I&R.
- Provided community education through the WHD website, written materials, media communication, City Newsletters, and community presentations.
- Provided radon awareness education through the winter City Newsletter to encourage residents to test their homes for the presence of radon. Radon is a cancer-causing, radioactive gas that cannot be seen, smelled, or tasted. It comes from the natural (radioactive) breakdown of uranium in soil, rock, and water and gets into the air. The U.S. Surgeon General determined radon to be the second leading cause of lung cancer in the United States today. Radon has been found in all Wauwatosa zip codes. 21 short-term kits were sold and 23 radon kits were submitted for testing used in 2014. The average radon result was 5.96 pCi/l with a highest total of 17.8 pCi/l. Two (2) kits were not tested because of over or under exposure issues. During the radon campaign, WHD processed 23 radon inquiries through WHD I&R.
- Reviewed and revised human health hazards policy and procedure.

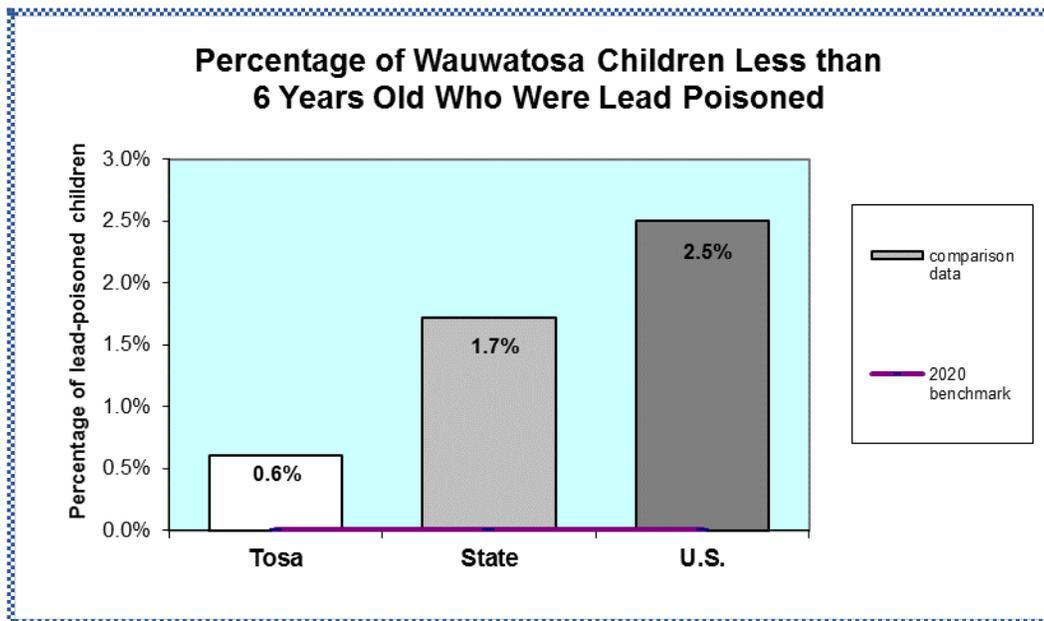
## ***Lead Poisoning Prevention***

### **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, 0.6% of all Wauwatosa children less than 6 years of age were found to be lead-poisoned, compared with 1.7% within Wisconsin and 2.5% 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  $\geq 10 \mu\text{g}/\text{dL}$  must be reported to the LHD for case management services; in 2013, the reporting level changed to blood lead levels  $\geq 5 \mu\text{g}/\text{dL}$ . Case management services include the coordination of diagnosis verification, treatment, and periodic lab testing with the families and health care providers of lead-poisoned children. Since eliminating lead from one's body is a prolonged process, case management services may span for many months or years. In addition, the WHD staff investigates the environmental source of the lead poisoning and may enforce specific remedies to remove the lead. 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	2014
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	100.0
Wauwatosa children with an elevated BLL	0	9	22	12	8	7	3	34*	37*

\*Criteria for an elevated blood lead level was lowered from  $\geq 10 \mu\text{g}/\text{dL}$  to  $\geq 5 \mu\text{g}/\text{dL}$ .

To achieve the departmental and community goals and objectives, the WHD conducted the following lead programming activities in 2014:

- 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.
- Processed 23 lead-related inquiries through the WHD I&R.
- Rented out the HEPA-vacs 1 times. The WHD 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.
- 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. Unfortunately, no families qualified for participation in the program in 2014. The funds are still available to continue the program.
- Disseminated lead prevention education through various community events, health education letters to parents, and in the spring 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 assessment, counselling and treatment. Wauwatosa municipal codes also contain regulations prohibiting or limiting dangerous and vicious animals that allow the WHD to effectively contain or remove animals that have been declared too aggressive to safely remain uncontrolled. Though human Rabies is rare in the US, the estimated public health costs associated with the disease detection, prevention and control have risen, exceeding \$300 million annually.

### How does Wauwatosa Compare?

Thirty two (32) dog bites were reported to WHD in 2014. 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.

#### 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](http://www.cdc.gov)



## What is the Wauwatosa Health Department doing?

The Regulation of Animals program is an important and integral means to ensuring the safety and health of the Wauwatosa residents. For domesticated animals such as dogs and cats, animal bite reports are received via hospitals, police, or concerned citizens. Each report is investigated to determine the nature of the incident, circumstances, and the risk to the person involved. When the animal acted unprovoked or has a history of issues, the animal may be declared dangerous or vicious by a court. These declarations carry steep enforcement measures to ensure that the animal will no longer pose a threat to the community. In addition to family pets, the WHD investigates contacts with wild animals for possible Rabies exposures, including bats. Bats are a known carrier of Rabies. In Wisconsin, approximately 4% of all bats submitted test positive for Rabies. Implementation of the WHD bat/Rabies exposure protocol and robust client follow-up enabled the exposed person(s) to initiate post-exposure prophylaxis and avoid this potentially fatal disease. WHD also provides testing to ensure that any bats that have contact with humans and pets are not infected with rabies. 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 available 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:

GOAL	2007	2008	2009	2010	2011	2012	2013	2014
Tosans with a rabies exposure to unknown rabies immunization source will receive post-exposure prophylaxis	100%						100%	100%
Number of rabies exposure to humans in Tosa annually	≤ 40 annually	40	50	50	41	53	48	39

In 2014, WHD conducted the following animal bite activities:

- Investigated 43 animal bite reports (all bites including wildlife, domestic and strays).
- Issued 28 domestic animal quarantine orders.
- Issued 2 vicious dog declarations and 2 dangerous dog declarations as defined by Wauwatosa Municipal Ordinance 9.04.
- Processed 7 specimens for Rabies testing.
- Processed 54 animal bite and exposure inquiries through the WHD I&R.
- Issued 1 citation for restrictions on dangerous dogs. The Wauwatosa Police Department issued 2 citations related to the keeping of animals, 2 citations for dog bites and 1 for failure to quarantine an animal.
- Provided community education on pet ownership responsibilities and wildlife control through the spring City Newsletter.

## Water Sources

### What are Water Sources?

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

### How does Wauwatosa Compare?

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

### What is the Wauwatosa Health Department doing?

The WHD, in collaboration with 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 2014, 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.
- Monitored monthly pool operational logs of all licensed pools to ensure proper disinfectant and pH levels.
- Processed 4 water-related inquiries through the WHD I&R.
- Provided community education on how to winterize your backyard pool in the fall City Newsletter.

#### Why is this important?

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

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



# Nutrition and Physical Activity

## What is Nutrition and Physical Activity?

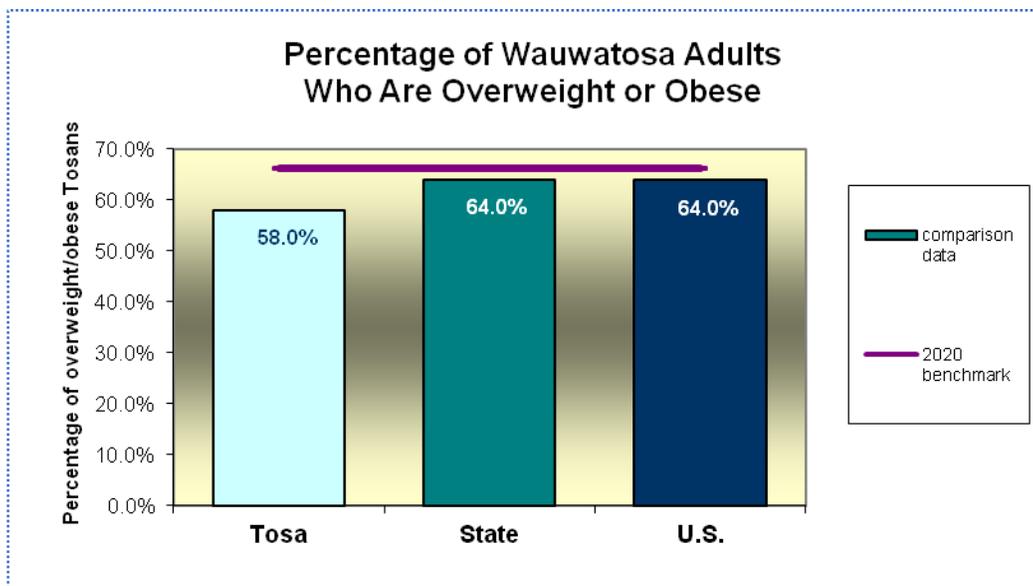
Nutrition refers to the overall eating habits that promote good growth and health. Physical activity consists of athletic, recreational, or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion, or agility. The CDC recommends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

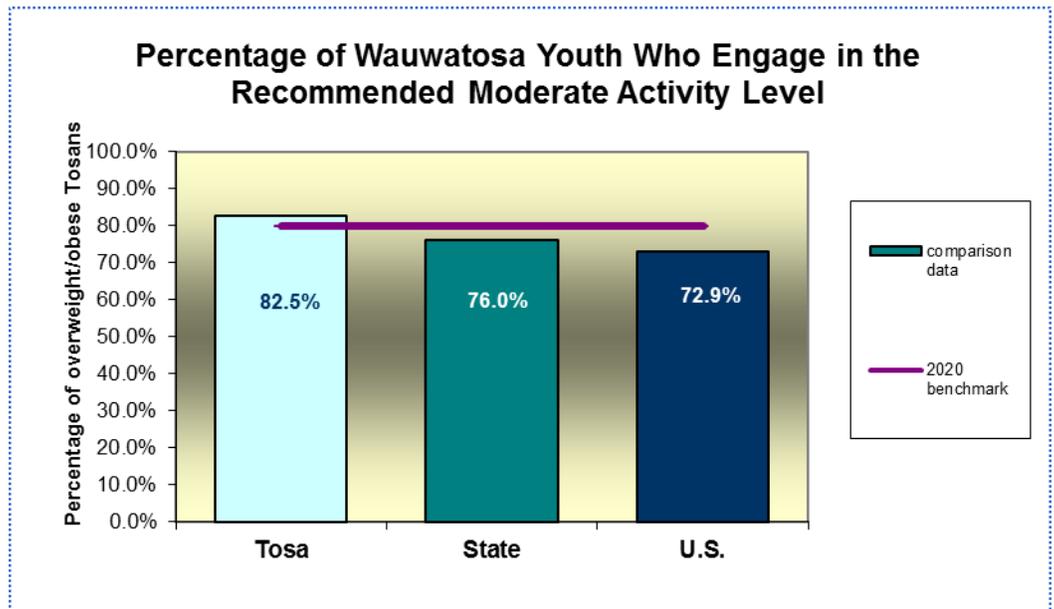
## How does Wauwatosa compare?

When compared to other communities in Wisconsin, Wauwatosa adult residents experience better health. Of the approximately 36,000 adult residents, 6% consider themselves to be in 'fair' or 'poor' health compared to 14% statewide and 15% nationally.<sup>1</sup> 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.<sup>1</sup> 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.<sup>1</sup> For Wauwatosa adolescents, 82.5% engage in the recommended moderate activity which exceeds the national average of 72.9%.<sup>2</sup>

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

<sup>2</sup> Source: *2015 Wauwatosa Youth Risk Behavior Survey Report*, Wauwatosa Health Department and Wauwatosa School District, released June 2015.





## 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	2014	2015
Initiate breastfeeding ≥ 88.9%				88.9			97.7	92.0	
Exclusively breastfeeding until 3 mos old ≥ 46.2%				37.0				88.6	
Breastfed until 6 mos old ≥ 60.6%				51.9			34.5	81.8	
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			54.9
Youths report themselves as overweight / obese ≤ 20.0%				21.0		21.2			27.6
Youth engaged in ≥ 60 mins mod exercise ≥ 5 times per week ≥ 53.0%				52.7		48.5			43.4

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 2014:

- Partnered and provided technical assistance in WSD Wellness in Tosa Schools (WITS) Committee initiatives.
- Assessed over 109 individuals on healthy eating and physical activity level through the WHD's Adult Health Clinic program.
- Processed 75 inquiries on nutrition topics including WIC, food security, and oral health via WHD I&R.
- Conducted a breastfeeding survey of moms who gave birth in 2011. The results were compiled, analyzed, and distributed to stakeholders and published as the 2013 Wauwatosa Breast Feeding Survey results through the summer City Newsletter and WHD website. WHD was selected for a poster presentation on the breastfeeding survey at the 2014 Wisconsin Public Health Association conference.
- Began conducting interviews for the 2014 Wauwatosa Infant Feeding Survey.
- Assessed and evaluated a referral for nutritional needs and nursing case management.
- Provided over 162 participants with the Women, Infants, and Children (WIC) nutrition supplement program for individuals who are nutritionally at-risk.
- Provided community education on healthy eating and nutrition in early childhood through the summer City Newsletter.
- Assisted the school district in revising the Wauwatosa School District Wellness Policy, including its "healthier snack" educational materials.
- Met with the Wauwatosa Safe Routes to School Coalition to discuss providing technical assistance with data collection and selected activities. PHNs participated in the October 8<sup>th</sup> National "Walk to School Day" at six local schools.
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. The YRBS is a 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 pilot to provide limited programming and outreach to individuals accessing the Tosa Cares program out of Mt. Zion Church. The March outreach session included healthy, low-cost food prep demos in partnership with Mt. Mary University dietetic students.
- Monitored progress and implementation of the Wauwatosa Bicycle & Pedestrian Facilities Plan.

## **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%.<sup>1</sup> Many Wauwatosa youth and adults report having made at least one serious quit attempt in the past 12 months (58% of adult smokers<sup>1</sup> and 64.7% of youth smokers<sup>2</sup>). The adult rates are above those seen at the state and national level but 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%.<sup>2</sup>

2.1% of Wauwatosa youth reported use of smokeless tobacco products. This rate falls below those seen at the state and national levels (8.0% and 8.8% respectively) and met the national goal of 6.9%.<sup>2</sup>

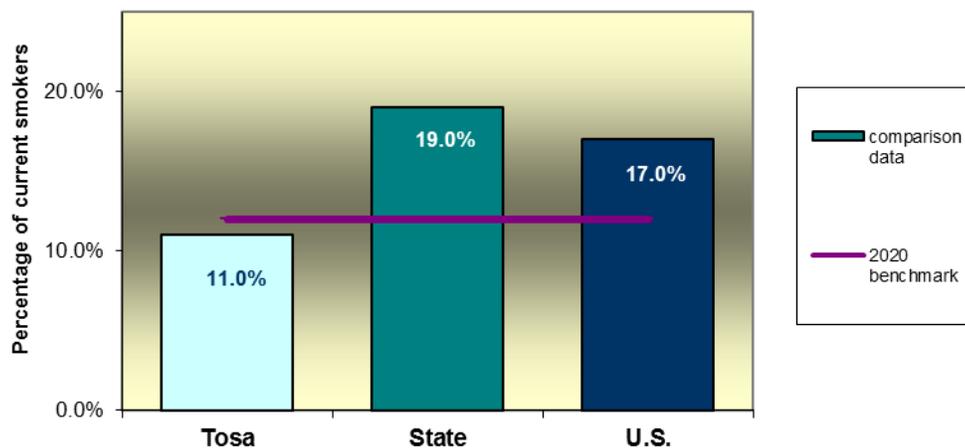
### Why is this important?

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*

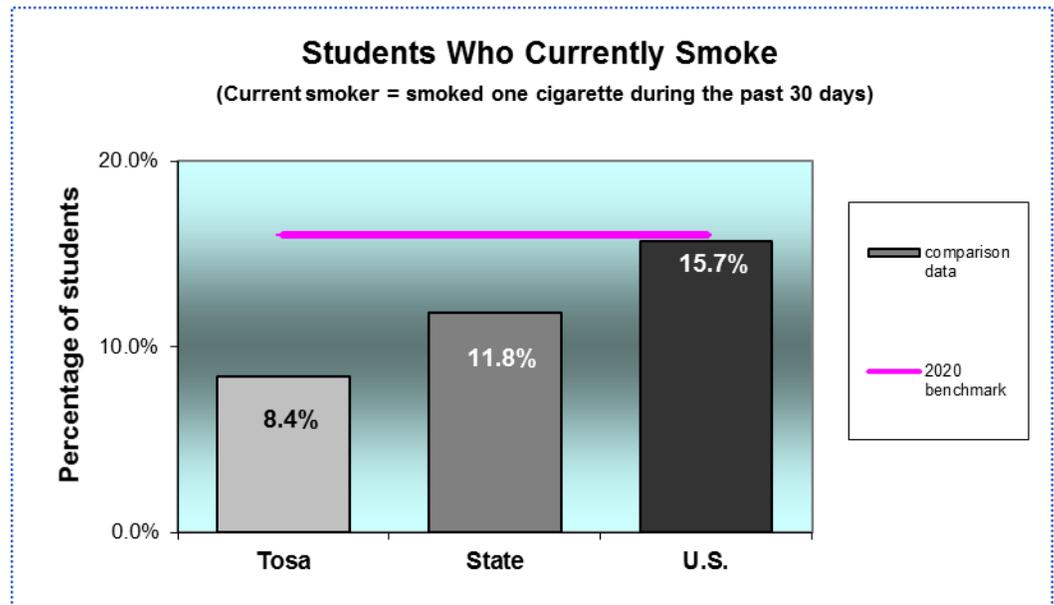


### Wauwatosa Adults Who Currently Smoke



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

<sup>2</sup> Source: 2015 Wauwatosa Youth Risk Behavior Survey Report, Wauwatosa Health Department and Wauwatosa School District, released June 2015.



### 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	2014	2015
Teen cigarette use, current	≤ 8%	16.1			14.8		10.8			8.4
Teen cigar/cigarillos use, current	≤ 15%	13.4			13.0		7.8			2.1
Teen OTC use, current	≤ 1.7%				4.6		3.0			1.2
Teen OTC use, ever	≤ 5.3%				7.2		5.4			3.8

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing tobacco use and exposure in 2014:

- Completed 33 tobacco compliance checks on April 5. WHD secured grant monies to pay for the police overtime and student training. One establishment was closed for repairs and remodeling. 87.5% of the tobacco retailers did not sell to underage volunteers. 4 out of 32 tobacco retailers did sell to an underage volunteer, even after checking identification; all received a citation.
- Completed 34 tobacco compliance investigations on December 7. No establishment sold to minors for a 100% compliance rate.
- Maintained active partnership with Tosa United, a community cooperative that seeks to promote positive tobacco, drug, and alcohol-free behaviors among adolescents.
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. The YRBS is a 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. Adding questions on e-cigarettes.

- Processed 3 tobacco and second-hand smoke related inquiries on WHD I&R.
- Tracked and educated community members on Senate bill 440 and the companion Assembly bill 762 which sought to exempt electronic smoking devices (ex: e-cigarettes) from the types of smoking devices that may not be used in certain locations. WPHA and WALHDAB opposed this legislation. The bills were not voted on by the end of the legislative session. Therefore, the bills failed in both houses.
- 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 627 newborns on tobacco use and smoke-free home environments.
- Assessed, counseled, and referred 109 adults and seniors on tobacco use and smoke-free home environments through the Adult Health Clinic.
- Researched and provided expert testimony at the Wauwatosa Planning Commission and the Wauwatosa Common Council's Community Development Committee meetings on the emerging issue of electronic cigarettes (e-cigs or e-cigarettes) or electronic nicotine delivery systems (ENDS) focusing on the impact of youth access and use.

## Alcohol and Other Substance Use and Addiction

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

The inappropriate use and abuse of alcohol and other drugs (including pain killers, tranquilizers, sedatives, stimulants, hallucinogens, and inhalants) is a significant health, social, public safety, and economic problem. "Inappropriate use" refers to the use of a substance in a manner that exceeds the safe or prescribed amount and frequency or that poses a health or safety risk to the user and/or others; "abuse" is defined as use that results in a pattern of negative consequences, which may extend beyond the actual user and/or lead to dependence and dementia. Substance use and abuse costs society in the form of substance-abuse-related illness, premature death, lost productivity, and the use of the criminal justice system. According to the National Institute on Drug Abuse (NIDA), for every dollar spent on substance abuse *prevention*, the community's return on investment ranges from four to ten dollars in cost savings for treatment and counseling<sup>1</sup>.

### 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%)<sup>2</sup>; 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 (13.1%) is lower than the state (18.4%) and national average (20.8%) but well above the 2020 national goal of 8.5%<sup>3</sup>.

#### Why is this important?

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

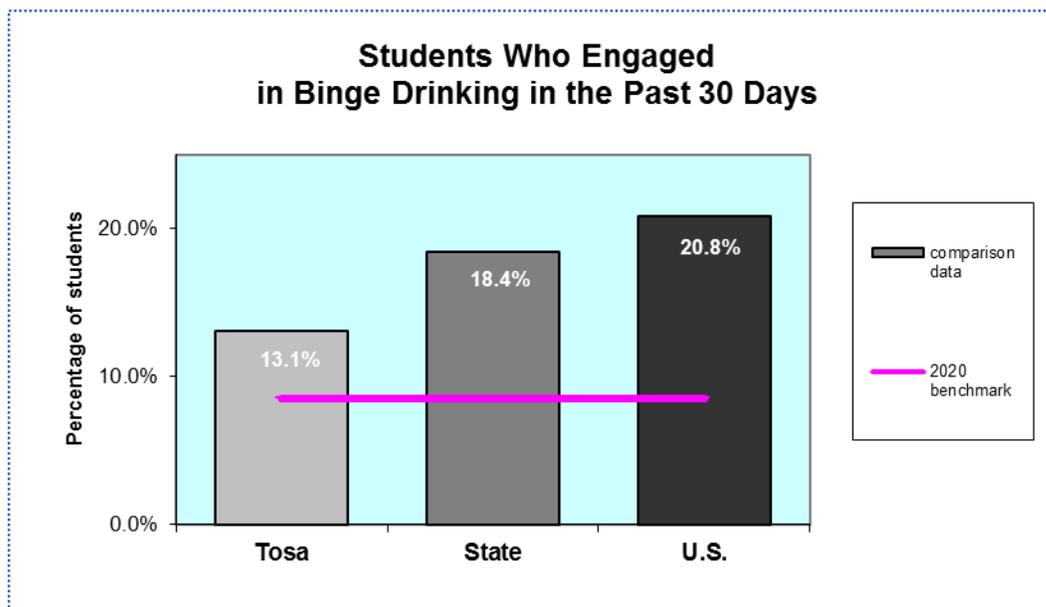
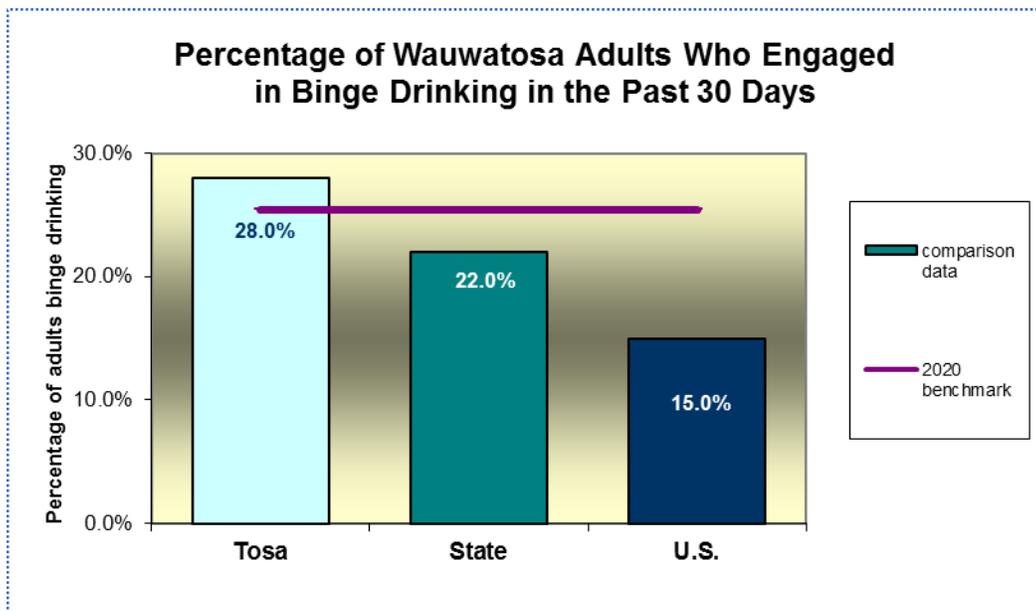
CDC, *Alcohol Use and Health*,  
[www.cdc.gov](http://www.cdc.gov) 2010



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

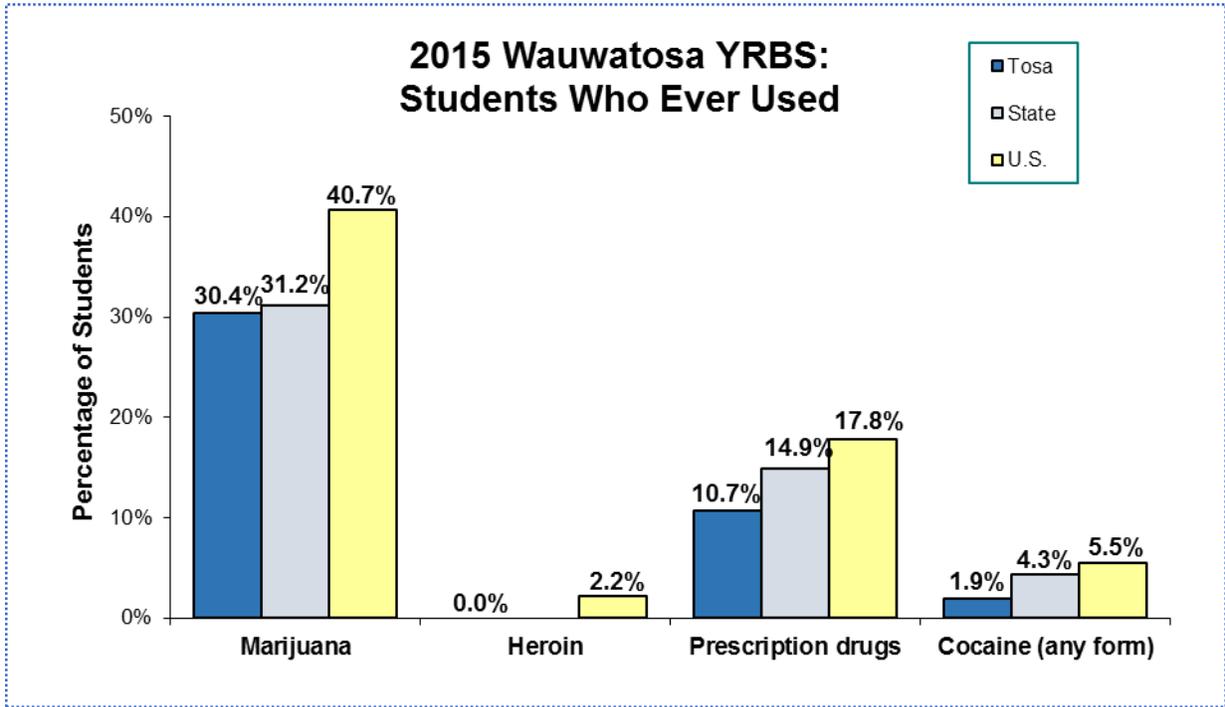
<sup>2</sup> Source: 2012 Wauwatosa Community Health Survey Report, Aurora Health Care, et al, released November 2012.

<sup>3</sup> Source: 2012 Wauwatosa Youth Risk Behavior Survey Report, Wauwatosa Health Department and Wauwatosa School District, released June 2015.



According to the 2015 Wauwatosa Youth Risk Behavior Survey, 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, prescription drugs, cocaine, or inhalants at a level below the national and state rates. However, significantly more Wauwatosa youth are current users of marijuana (15.2%) than 2020 Healthiest People goal of 6.0%<sup>1</sup>.

<sup>1</sup> Source: 2015 Wauwatosa Youth Risk Behavior Survey Report, Wauwatosa Health Department and Wauwatosa School District, released June 2015.



**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	2014	2015
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			13.1
Youth riding when someone driving had been drinking, current	≤ 20%	29.5			24.6		16.4			18.1

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing alcohol and substance use and abuse in 2014:

- Maintained active partnership with and provided technical assistance to Tosa United
- Processed 2 alcohol and substance information on the WHD I&R.
- Assessed 109 individuals on alcohol use and illegal/inappropriate drug use through the department’s Adult Health Clinic program.
- Completed 20 alcohol compliance investigations in November. 100% (n=20) of the Wauwatosa establishments did not sell alcohol to an under-aged individual. 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.
- Researched and updated continuous prescription pill drop-off sites and sharps disposal sites.
- Purchased a permanent medication collection box using Prevention Grant monies and a Neighborhood Watch grant in partnership with Tosa United and the Wauwatosa Police Department. Signage and a police department procedure were finalized. The med collection box which is housed in the Police Department lobby, now have extended hours. The WHD have worked on establishing a permanent med collection site since 2007.
- Planned, advertised, and implemented Tosa United's prescription drug collection day held on September 20 at the city hall parking lot. The program collected almost four, 40-pound boxes of non-controlled substances and controlled/narcotic pills.
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. The YRBS is a 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.

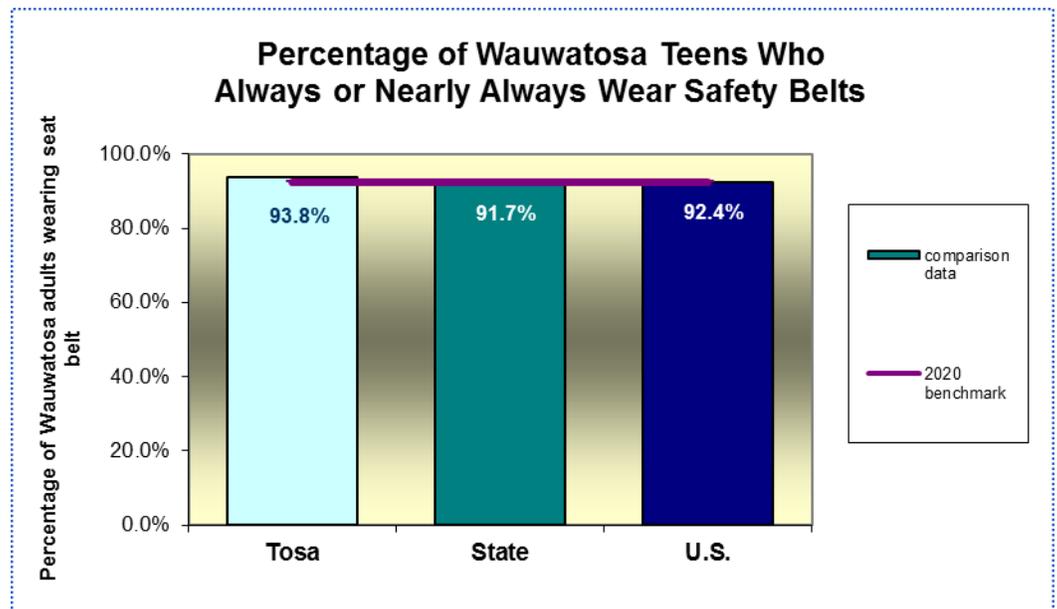
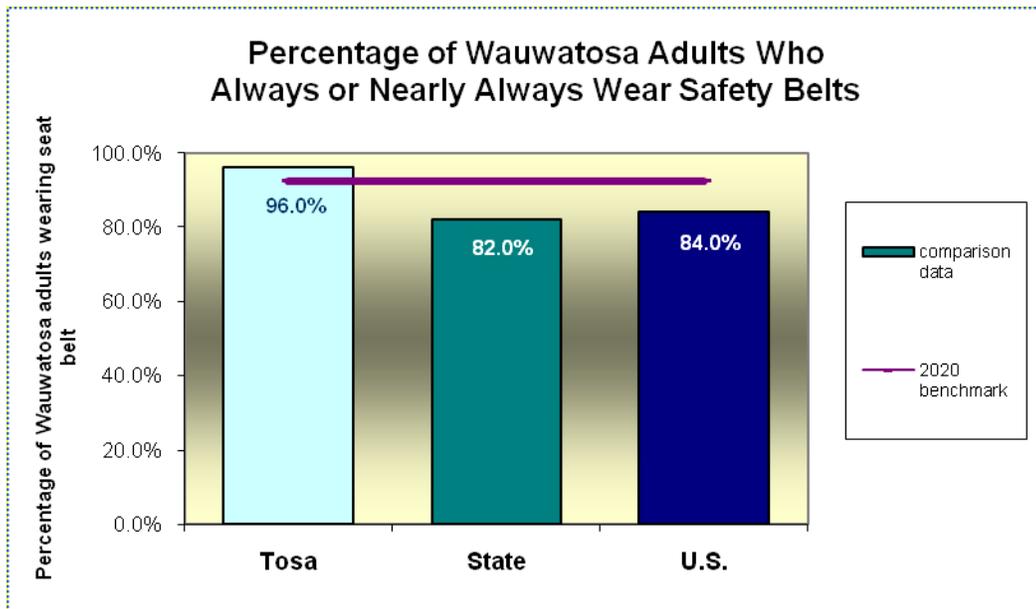
*Naumann, Rebecca, B. et al.  
"Incidence and Total Lifetime  
Costs of Motor Vehicle-Related  
Fatal and Nonfatal Injury by  
Road User Type, US 2005."*



### 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	2014	2015
ER visits from falls, adults	795.9 per 100k					884.3 per 100k			837.4 per 100k	
ER visits from falls, youth	396.3 per 100k					440.3 per 100k			388.9 per 100k	
Motor vehicle-related pedestrian injuries	0						11.0	22.0		
School zone speeding violations, annual	≤ 117					130.0	125.0	25.0	38.0	
Teens feel violence is a school problem	≤ 25%	45.1			27.4		56.5			51.6
Teens, someone tried to hurt them on school property	≤ 18%	24.5			21.0		15.0			15.0
Teens strongly agree/agree harassment/bullying is a school problem	≤ 42%	48.5			45.0		75.5			78.5
Pediatric deaths due to non-medical or preventive causes	0				1.0	0.0	1.0	0.0	1.0	
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			48.8 per 100k	
Unintentional poisonings, adults & youth - Hospitalization	32.3 per 100k	31.1 per 100k				35.9 per 100k			36.7 per 100k	

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing injury and violence prevention in 2014:

- Maintained active partnership with and provided technical assistance to Tosa United on issues surrounding injuries and violence.
- Processed 22 injury and violence-related inquiries on WHD I&R.
- Assessed and evaluated 55 referrals for injury and violence nursing case management. As in 2013, most case management services were for home safety assessments and lead paint exposure.
- Assessed 109 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.
- Reviewed all death certificates for cause and trends

- Submitted a joint application for training on the *Remembering When* fire protection/home safety visiting program in partnership with the Wauwatosa Fire Department; Wauwatosa was not selected.
- Assisted the mayor's office in submitting an application to the 2014 American Academy of Dermatology (AAD) Shade Structure Grant Program to provide a sun shade structure at Hart Park. AAD received over 140 applications for 22 grant awards; Wauwatosa was not selected.
- Provided technical assistance to the Wauwatosa Department of Public Works and community members in submitting a Robert Wood Johnson Foundation "prize" for community initiatives.
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. The YRBS is a 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. Added questions on sunscreen usage.
- Maintained active partnership with the Children's Health Alliance Prevention team.
- Established partnering with the Wauwatosa Safe Routes to School Coalition to provide technical assistance with data collection and selected activities.
- Met with the Tosa Skateboarders United (TSU) organization to discuss visual and written messaging on safe skateboarding practices. Discussed future partnering opportunities, especially when the skateboarding park breaks ground and subsequently opens in summer 2015.
- Participated in the regional Safe Sleep Summit in January.
- Actively participated with the Milwaukee County Excessive Heat Task Force.
- 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.
- Continued the "Furniture Strap" community awareness campaign on preventing the dangers of heavy furniture tipping over and injuring children through the use of furniture straps.
- Provided community education on the dangers of carbon monoxide poisoning through the winter City Newsletter.
- Reviewed and revised home safety visits policy and procedure.

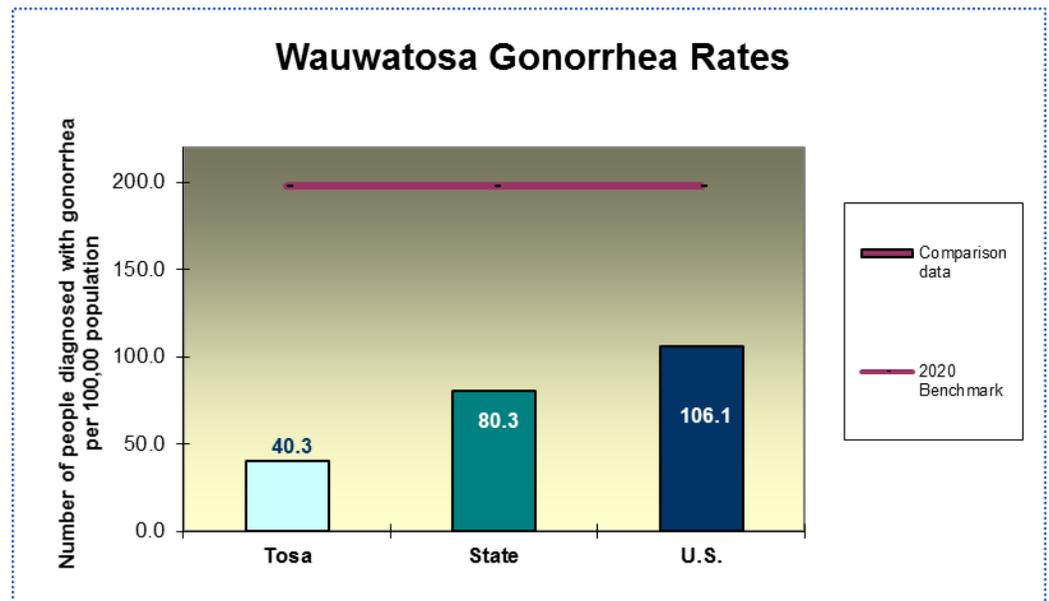
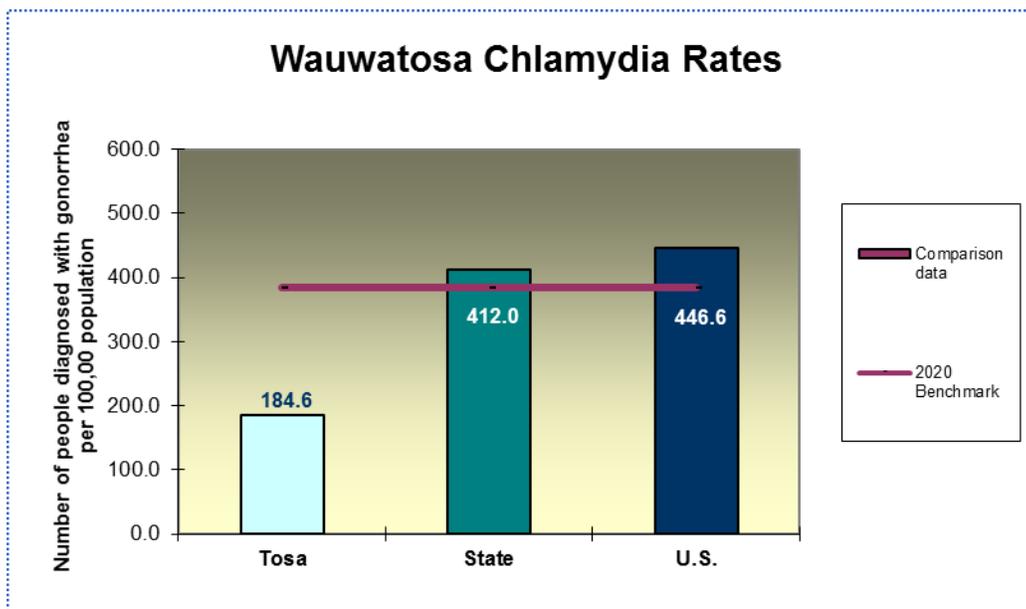
## **Reproductive and Sexual Health**

### **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 184.6 per 100,000 people versus 412.0 and 446.6 per 100,000 people for Wisconsin and the nation respectively. Wauwatosa's Gonorrhea rate is 40.3 per 100,000 people versus 80.3 per 100,000 for Wisconsin and 106.1 per 100,000 in the nation respectively. Wauwatosa's Chlamydia and Gonorrhea rates met the Healthiest People 2020 benchmark. In 2014, 92.96% of Wauwatosa women received their initial prenatal care within the first trimester of pregnancy in contrast to 73.1% nationally; this exceeds the Healthiest People 2020 goal of 77.9%. Lastly, births to Wauwatosa female teens aged 15-19 years was 8.1 per 1000 female teenager during 2014, well below the Wisconsin and US average or 19.9 and 26.5 births per 1000 female teenagers respectively. (SPHERE, 2014)



## 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	2014	2015
Babies gestational age ≥ 37 weeks	≥ 94%	91.9	93.1	92.5	93.2	94.4	91.1	92.2	96.0	
Initial prenatal care in 1st trimester	≥ 77.9%	92.3	91.5	94.9	92.4	74.1	80.5	78.2	92.96	
Chlamydia rates, annual	≤ 200 cases/100K pop		211.2	217.7	237.1	198.3	240.3	214.3	184.6	
Gonorrhea rates, annual	≤ 37 cases/100K pop		41.0	56.0	34.5	36.6	55.3	44.6	10.3	
Teen STD rates	≤ 2.5%				2.6%		1.9%			1.9%
Teen condom percentage	≥ 72.0%				66.0%		69.6%			71.6%

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing RSH issues in 2014:

- Processed 6 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 109 individuals on RSH-related issues through the department's Adult Health Clinic program.
- Investigated 102 sexually transmitted diseases or infections (STDs/STIs) for source identification, treatment, and prevention including the following:
  - 84 cases of Chlamydia
  - 16 cases of Gonorrhea
  - 2 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 627 birth records for high-risk maternal health issues
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. The YRBS is a 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.

### Why is this important?

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

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



## 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.

#### 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*



### How does Wauwatosa Compare?

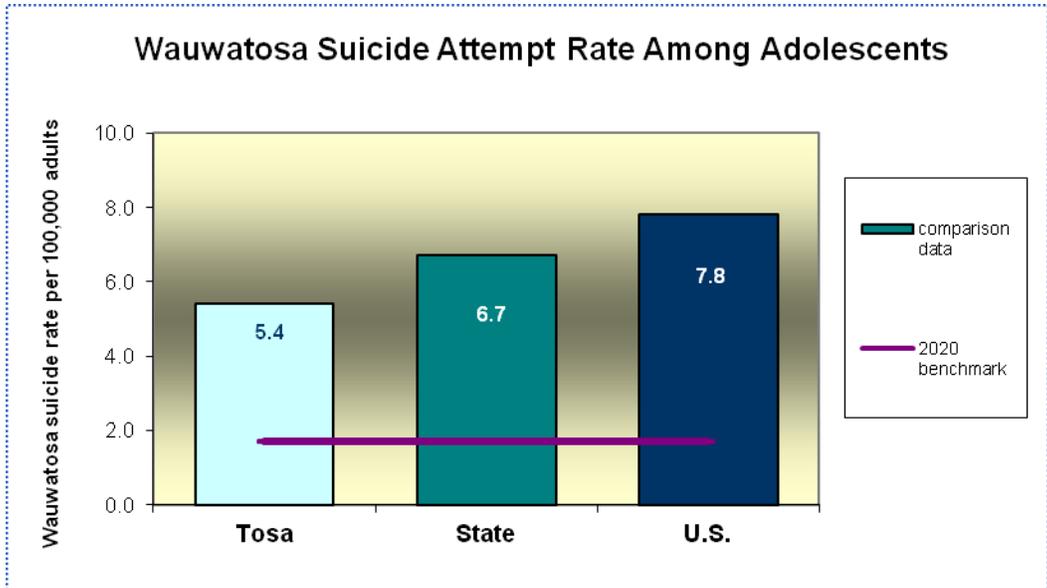
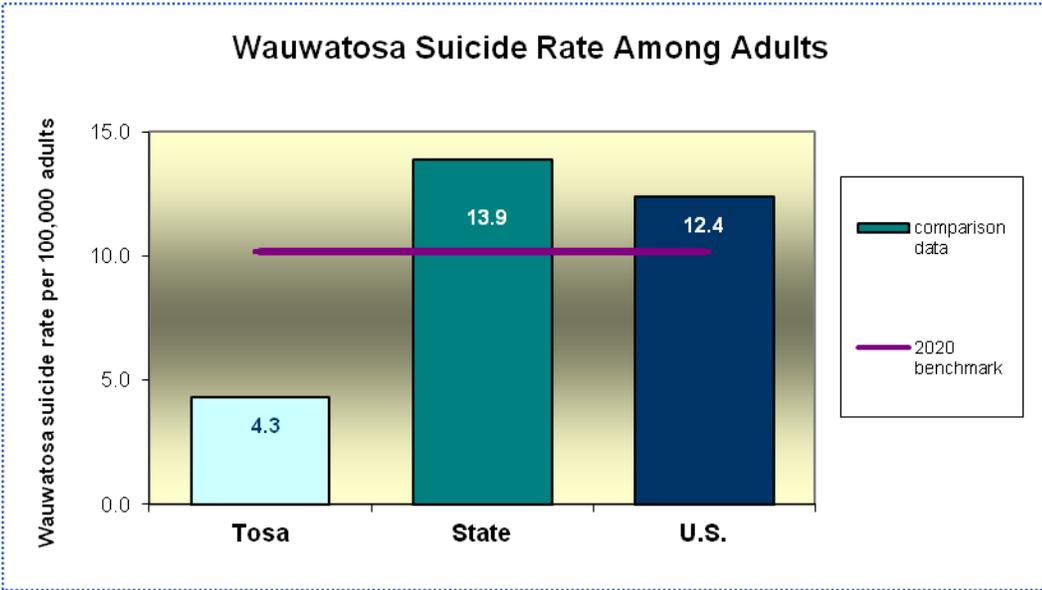
Wauwatosa’s suicide rate (10.6 per 100,000) is below the state (13.9) and national levels (12.4); however, it falls below the 2020 national goal of 10.2 per 100,000 individuals. Likewise, the number of Wauwatosa teenagers who had attempted suicide (2.9%) was below the state and national levels (6.0% and 8.9%, respectively) but exceeded the Healthy People 2020 national goal of 1.7%.<sup>1</sup>

Two percent of Wauwatosa adults reported that they always or nearly always felt sad, blue, or depressed in the past 30 days.<sup>2</sup> 24.7% 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 above those reported by youth throughout Wisconsin (24.6) but below the national level of 29.9%.<sup>1</sup>

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<sup>1</sup> Source: *2015 Wauwatosa Youth Risk Behavior Survey Report*, Wauwatosa Health Department and Wauwatosa School District, released June 2015.

<sup>2</sup> 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 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	2014	2015
Suicide rate, annual	6.5	17.2	4.3	10.8	4.3	2.2	10.6		
Adults always felt sad/ blue/ depressed, current			4.0			2.0			
Adults considered suicide			3.0			< 1.0			
Youth attempted suicide	4.9			3.8		5.4			2.9
Youth considered suicide	11.0			8.2		12.9			6.4

Youth felt so sad/ hopeless every day stopped doing activities  
 Youth purposely hurt themselves

≤ 12.5%	22.3			18.2		20.2			24.7
≤ 18.0%				12.5		15.1			12.8

To achieve departmental and community goals and objectives, the WHD performed the following activities addressing mental health issues in 2014:

- Processed 5 mental health-related inquiries on WHD I&R.
- Assessed 109 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.
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. The YRBS is a 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.

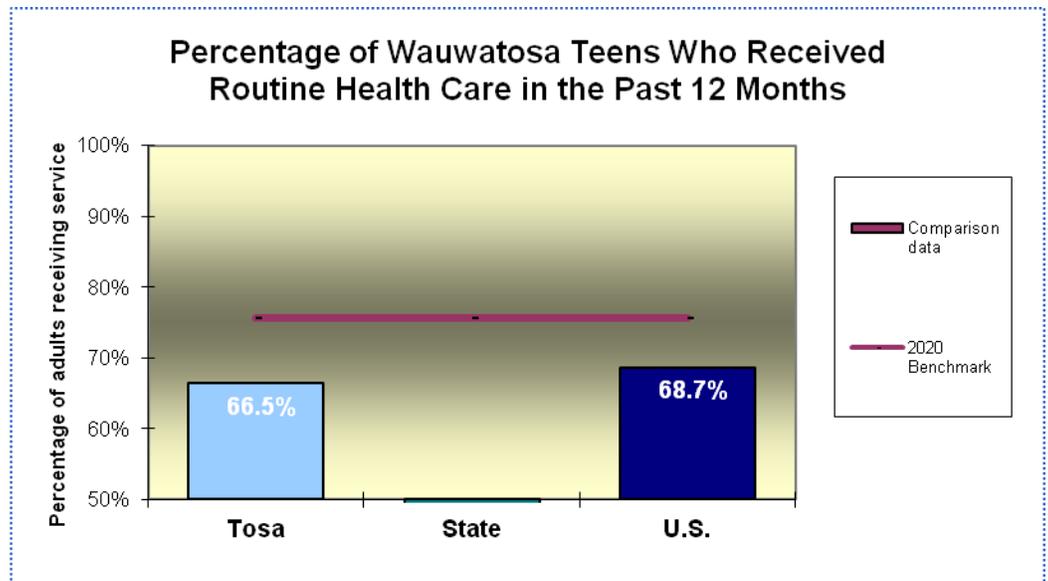
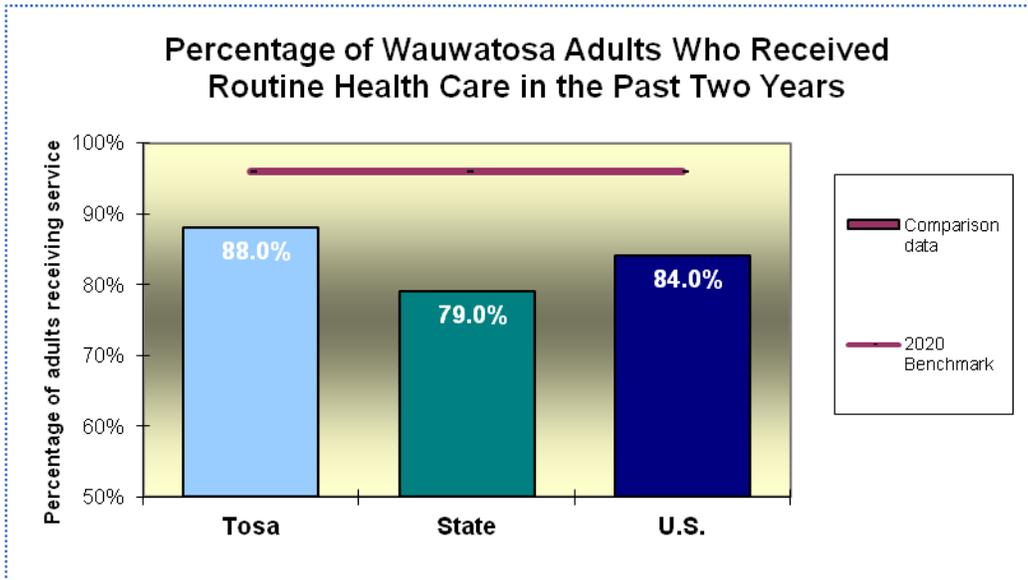
### How does Wauwatosa compare?

Wauwatosa exceeds the current state and U.S. medical insurance coverage levels with 94% of the population currently insured. In addition, Wauwatosa exceeds 2020 expectations in obtaining

preventive services such as dental care, 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.<sup>1,2</sup>

<sup>1</sup> Source: 2015 Wauwatosa Youth Risk Behavior Survey Report, Wauwatosa Health Department and Wauwatosa School District, released June 2015.

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



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 (26%) 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 2014, the WHD performed the following activities addressing healthy growth and development for all life stages:

- Processed 1460 inquiries on WHD I&R, including the following for healthy growth and development:
  - 13 calls on newborn and infant wellness
  - 8 calls on at-risk child growth and development issues
  - 2 calls on parenting issues
  - 44 calls on various chronic health conditions
  - 29 calls on resources for uninsured or underinsured
  - 19 calls regarding socio-economic factors such as shelter, transportation, and other social services
- Assessed and evaluated 1074 referrals for nursing case management services, including the following for healthy growth and development:
  - 445 assessments for newborn wellness
  - 187 assessments for at-risk child growth and development issues, including developmental screenings
  - no assessments for parenting issues
  - 28 assessments for various chronic health conditions
  - no assessment for resources for uninsured or underinsured
  - 1 assessment for the Wisconsin Well Women Program (WWWP)
  - 1 assessment for the Refugee program
  - no assessments for regarding socio-economic factors
- Assessed 109 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.
- Reviewed and revised adult health clinics and information & referral policies and procedure.
- Provided health promotion and education on various topics at the following community events:
  - Wisconsin Lutheran College Fair – March
  - Luther Manor Health Fair – May
  - Wauwatosa Library Summer Kick Off – June
  - Wauwatosa Library Rhyme Time – July
  - Wauwatosa Library Family Time - August
  - Wauwatosa Night Out – August
  - Farmer's Market – September
- Partnered with the Milwaukee Enrollment Network and Froedtert & Medical College of Wisconsin to sponsor an Affordable Care Act Health Insurance Enrollment events in March

and December. 15 individuals were educated on the health enrollment options at the March event.

- Conducted a pilot to provide limited programming and outreach to individuals accessing the Tosa Cares program out of Mt. Zion Church. The first outreach session which included flu shots was in January. The March outreach session included healthy, low-cost food prep demos in partnership with Mt. Mary University dietetic students. The June and October outreach focused on linking families to community resources. WHD hosted a pilot program debriefing meeting with the Tosa Cares' coordinator and board member. Tosa Cares' coordinator reported that half of the program participants are Wauwatosa residents. The WHD's participation will continue through 2015.
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. The YRBS is a 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. Adding questions on routine medical and dental care.
- Revised and developed several pages of health information and resources on the WHD's website [www.wauwatosa.net/health](http://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. For more information on PHAB, please see the PHAB website at [www.phaboard.org](http://www.phaboard.org).

#### **What does Wauwatosa plan to accomplish?**

The WHD is preparing to achieve accreditation through PHAB by December, 2015. 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 is the Wauwatosa Health Department doing?**

In 2014, the WHD performed the following activities addressing national accreditation:

- Trained staff on PHAB accreditation and Quality Improvement process and expectations in March.
- Finalized the WHD's Strategic Plan.
- Applied for PHAB accreditation in May.
- Provided PHAB accreditation process and documentation selection training for two staff members.
- Revised the formal quality improvement and performance management plan.
- Began documentation selections and preparations for submission in spring 2015.
- Updated Board of Health on WHD's accreditation 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?**

Annually, the WHD revises and formalizes its workforce development initiatives. WHD continues to annually revise its baseline competency levels, orientation, and trainings to correspond with the “Core Competencies for Public Health Professionals” as developed by the Council on Linkages Between Academia and Public Health Practice. This targets WHD staff as well as the external community workforce. In addition, the WHD continually addresses departmental retention and succession for staff.

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

In 2014, the WHD performed the following activities addressing workforce development:

- Updated and conducted baseline competency levels on selected competencies.
- Formalized public health workforce development plan.
- Provided education, development and training to external partners, including:
  - Wauwatosa West Policy Fair in June
  - Data usage in public health for a Milwaukee School of Engineering masters health informatics class
  - Food inspection observation for Mount Mary University dietetics students
  - Public health observational training for a Wisconsin Lutheran College nursing student
- Provided education, development and training to internal staff, including:
  - Children’s Emergency Preparedness Conference
  - City of Wauwatosa Supervisor leadership training
  - Communicable Disease Seminars
  - Diversity training in April
  - Food Safety and Recreational Licensing updates
  - Governor’s Safety Conference
  - Heroin Summit
  - Hoarding Conference
  - Infection Control in Long Term Care Facilities
  - Lead Hazard Investigator Recertification – May
  - Life Course training
  - PHAB Summit in April
  - PHN Conference in August
  - Policy development
  - Suicide Prevention Conference
  - Tuberculosis Summit in April
  - Union Pacific Train Safety
  - Using Social Media for Communicable Disease webinar
  - Wisconsin APIC Conference
  - Wisconsin Emergency Management conference
  - Wisconsin Environmental Health Association Conference
  - Wisconsin Immunization Registry updates

- Wisconsin MCH Division's Keeping Kids Alive Summit
- Wisconsin Public Health Conference
- Wisconsin Public Health orientation for new staff
- Processed 6 workforce development inquiries through the WHD I&R.
- Provided Board of Health members training on MAPP model and their statutory authorities and responsibilities.

## ***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 2014, the WHD performed the following activities addressing community partnerships:

- Continued partnership with Froedtert & Medical College as part of their CHIP Advisory Committee.
- Maintained partnerships with several colleges and universities, including Carroll University, Marquette University, Wisconsin Lutheran College, Mount Mary University, Milwaukee School of Engineering, Alverno College, and the University of Wisconsin-Milwaukee.
- Initiated partnership with Safe Routes to School Coalition.
- Initiated partnership with Tosa Skateboarders United.
- Increased collaborative partnership with the regional Childhood Death Review Team.
- Continued partnership with community outreach with Tosa Cares.
- Prepared to host a Community Health Improvement Plan Forum in February 2015. The forum's purpose is for community partners to report their progress to date and discuss their future CHIP initiatives.

## ***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 2014, the WHD performed the following activities addressing programs and services:

- Passed the Wisconsin Division of Public Health's 140 review. Every 5 years, each local health department (LHD) must meet the standards of a LHD as set forth in administrative code DHS 140.
- Began drafting the high school Youth Risk Behavior Survey (YRBS) to be administered in late January/early February of 2015. 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. Adding questions on e-cigarettes, sunscreen usage, and routine medical and dental care.
- Assisted the Senior Commission in conducting an updated Senior Assessment. This is a modified update of the 2002 Adding Life to Years and 2008 Adding Life to Years II senior surveys. UWM was contracted to conduct and analyze the survey. The survey's completion is slated for summer of 2015.
- Upgraded the environmental health electronic database to include lodging and pools
- Continued drafting a quality improvement plan focusing on access to health care.
- 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. This will be accomplished by reviewing the marketing practices of other health departments and determine what strategies will be added. In addition, the WHD will engage and involve the community in public health advocacy through the use of social media.

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

In 2014, 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.
- Continued discussions on increasing community volunteerism.
- Implemented the marketing and branding strategies identified to educate the community about public health and promote understanding of the broad scope of programs, services, and aspects of health.
- Researched and provided expert testimony at the Wauwatosa Planning Commission and the Wauwatosa Common Council's Community Development Committee meetings on the emerging issue of electronic cigarettes (e-cigs or e-cigarettes) or electronic nicotine delivery systems (ENDS) focusing on the impact of youth access and use.
- Established monthly meetings with city administration and elected official to communicate public health initiatives and progress
- Passed a resolution in May by the Wauwatosa Board of Health to support federal funding for public health through the Prevention and Public Health Grant
- Continued Board of Health discussions on alcohol prevention strategies in the community, especially policy-related strategies such as alcohol licensing.

# **APPENDIX 1:**

## **Wisconsin State Statutes and City of Wauwatosa Ordinances**

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

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

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

252. Communicable diseases. [PDF](#)

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

254. Environmental health. [PDF](#)

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

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

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

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

DHS 144 Immunization of students [PDF](#)

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

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

DHS 160 Registration of sanitarians [PDF](#)

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

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

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

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

DHS 196 Restaurants [PDF](#)

DHS 199 Tobacco control activities [PDF](#)

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

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

8.02.005 State statutes adopted.

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

TABLE INSET:

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

(Ord. O-06-8 § 2, 2006)

8.02.010 Administrative Codes adopted.

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

TABLE INSET:

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

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

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

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

***Title 9 REGULATIONS OF ANIMALS (chapters)***

- 9.02 Statutes Adopted by Reference
- 9.04 Regulation of Animals
- 9.08 Prohibited Animals
- 9.12 Wild Animals

## APPENDIX 2: Comparison Data

When evaluating the community's health, it is helpful to compare the community's health statistics or information against national standards. The CDC set selected health benchmarks, or goals, for all communities to achieve by the year 2020; these health benchmarks are called "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 U.S. goal, then the state data. If no information is available under 2020 goals or national data, then a gray double arrow (↔) is shown.

### Access to Primary and Preventive Health Services

	Tosa	State	U.S.	2020 Goals	Tosa's Status
Insurance Coverage	94%	90% <sup>3</sup>	84% <sup>3</sup>	100%	●
Provider coverage					
<input type="checkbox"/> Routine care (adults - 2 years or less)	88	79 <sup>1</sup>	84 <sup>1</sup>		●
<input type="checkbox"/> Routine care (teens – 12 months or less)	66.5 <sup>4</sup>	n/a	68.7 <sup>4</sup>	75.6	●
<input type="checkbox"/> Dental care (adults)	77	75 <sup>1</sup>	70 <sup>1</sup>		▲
<input type="checkbox"/> Dental care (teens)	73.4 <sup>4</sup>	81.6 <sup>4</sup>	44.5 <sup>4</sup>	49.0	▲
<input type="checkbox"/> Vision care	50 <sup>1</sup>	n/a	55	60.5	●
Preventive Services					
<input type="checkbox"/> Pap smears (within 3 years)	85	84.8 <sup>3</sup>	80.9 <sup>3</sup>	93.0	▲
<input type="checkbox"/> Mammography (40+ years old, within 2 years)	80	78.7 <sup>3</sup>	75.4 <sup>3</sup>	81.1	●
<input type="checkbox"/> Cholesterol screenings	84	78.6 <sup>3</sup>	78.5 <sup>3</sup>	82.1	▲
<input type="checkbox"/> Colonoscopy	63	69.1 <sup>3</sup>	66.5 <sup>3</sup>		●
Health Conditions – number of adults with a history of the following conditions:					
<input type="checkbox"/> Asthma	8	9.4	8.5		▲
<input type="checkbox"/> Heart disease	5	4.0	3.8	n/a	●
<input type="checkbox"/> High blood pressure	24	27.7	28.7	26.9	▲
<input type="checkbox"/> High blood cholesterol	26	36.4	37.4	13.5	●
<input type="checkbox"/> Diabetes	6	8.4	8.3		▲
<input type="checkbox"/> Cancer	4	10	n/a		↔
<input type="checkbox"/> Stroke	1	2.5	2.6		↔

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

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

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

<sup>4</sup> 2015 Wauwatosa Youth Risk Behavior Survey

## Alcohol and Other Substance Use and Addiction

	Tosa	State	U.S.	2020 Goals	Tosa's Status
<b>Adults</b>					
□ Binge drinking [ $\geq 5$ (male)/ $\geq 4$ drinks (female) at one time in the past month]	28 <sup>1</sup>	22 <sup>1</sup>	15 <sup>1</sup>	24.3	●
□ Driving or riding with someone who'd been drinking (past 30 days)	4 <sup>1</sup>	n/a	n/a		↔
<b>Youth</b>					
□ Never had one drink of alcohol	43.5 <sup>2</sup>	34.1 <sup>2</sup>	33.8 <sup>2</sup>	30.5	●
□ Binge drinking	13.1 <sup>2</sup>	18.4 <sup>2</sup>	20.8 <sup>2</sup>	8.5	●
□ Riding with someone who'd been drinking (past 30 days)	18.1 <sup>2</sup>	20.6 <sup>2</sup>	21.5 <sup>2</sup>	25.5	▲
□ Driving after drinking (past 30 days)	2.6 <sup>2</sup>	8.9 <sup>2</sup>	10.0 <sup>2</sup>		▲
□ Ever used marijuana	30.4 <sup>2</sup>	31.2 <sup>2</sup>	40.7 <sup>2</sup>		▲
□ Used marijuana in the past 30 days	15.2 <sup>2</sup>	17.3 <sup>2</sup>	23.4 <sup>2</sup>	6.0	●
□ Ever used heroin	0.0 <sup>2</sup>	n/a	2.2 <sup>2</sup>		▲
□ Ever used a medicine without a doctor's prescription (ex: OxyContin, Percocet, Vicodin, Ritalin, Adderall, or Xanax)	10.7 <sup>2</sup>	14.9 <sup>2</sup>	17.8 <sup>2</sup>		▲
□ Ever used any form of cocaine	1.9 <sup>2</sup>	4.3 <sup>2</sup>	5.5 <sup>2</sup>		▲
□ Used cocaine in the past 30 days	0.5 <sup>2</sup>	n/a	n/a		↔
□ Ever used any inhalants or sniffed glue	5.2 <sup>2</sup>	5.9 <sup>2</sup>	8.9 <sup>2</sup>		▲
□ Offered, sold, or given an illegal drug on school property in the past 12 months	13.5 <sup>2</sup>	18.3 <sup>2</sup>	22.1 <sup>2</sup>	20.4	▲

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

<sup>2</sup> 2015 Wauwatosa Youth Risk Behavior Survey

## Communicable Diseases and Immunizations

	Tosa	State	U.S.	2020 Goals	Tosa's Status
Influenza vaccination rate – adults aged $\geq 65$ years	69%	59.0% <sup>1</sup>	65.0% <sup>1</sup>	90	●
Immunization completion rate of all 2 year olds	78.0	75.1 <sup>2</sup>	73.0 <sup>2</sup>	90	●
Immunization rate of Wauwatosa schools	93.4	93.1 <sup>3</sup>	95.63 <sup>3</sup>	95	●
Active tuberculosis (TB) cases newly diagnosed per 100,000 population	0 <sup>9</sup>	0.9 <sup>4</sup>	3.0 <sup>4</sup>	1.0	▲
Latent TB cases completing medication therapy (percentage)	ID	86.9 <sup>5</sup>	81.4 <sup>5</sup>	79.0	↔
Hepatitis C newly diagnosed cases per 100,000 population	23.3 <sup>8</sup>	0.7 <sup>6</sup>	0.7 <sup>6</sup>	0.2	●
Campylobacter incidence per 100,000 population	23.3 <sup>8</sup>	n/a	14.3 <sup>7</sup>	8.5	●
E. coli 0157:H7 incidence per 100,000 population	0 <sup>8</sup>	n/a	1.16 <sup>7</sup>	0.6	▲
Listeria incidence per 100,000 population	0 <sup>9</sup>	n/a	0.25 <sup>7</sup>	0.2	▲
Salmonella incidence per 100,000 population	19.1 <sup>9</sup>	n/a	16.42 <sup>7</sup>	11.4	●

Pneumonia vaccination rate – adults aged ≥ 65 years	75	73	69	90%	●
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<sup>1</sup> Interactive flu map, 2010-2015 <http://www.hhs.gov/nvpo/flu-vaccination-map/>

<sup>2</sup> 2013 National Immunization Survey, released 2014 <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/data/tables-2013.html>

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

<sup>4</sup> CDC, Division of Tuberculosis Elimination (DTBE), 2013 Surveillance Report, <http://www.cdc.gov/tb/statistics/reports/2013/default.htm>

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

<sup>6</sup> CDC, Surveillance for Acute Viral Hepatitis – United States, 2013 <http://www.cdc.gov/hepatitis/Statistics/2013Surveillance/Table4.1.htm>

<sup>7</sup> Food Disease Active Surveillance Network, MMWR, 62(15);283-287, CDC, April 19, 2012

<sup>8</sup> WEDSS Cumulative Data Report, Wauwatosa, 2014

## Environmental Health

	Tosa	State	U.S.	2020 Goals	Tosa's Status
Emergency department visit due to nonfatal dog bite (per 100,000 population)	67.8	n/a	111.8		▲
Children aged < 6 years who were lead poisoned	0.6%	1.7% <sup>1</sup>	2.5% <sup>2</sup>	0	●

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

<sup>2</sup> CDC Healthy People 2020, <https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health/objectives>

## Injury and Violence Prevention

	Tosa	State	U.S.	2020 Goals	Tosa's Status
Emergency department (ED) visits due to falls (per 100,000 population)	1226.3	2232	2860		↔
ED visits due to motor vehicle accident (per 100,000 population)	480	512.6	863.3	694.4	▲
ED visits due to bicycle accidents (per 100,000 population)	ID	10.6	169.3		↔
ED visits due to motorcycle accidents (per 100,000 population)	ID	36	82.1		↔
ED visits due to pedestrian accidents (per 100,000 population)	ID	23	61.6		↔
ED visits due to poisonings (per 100,000 population)	48.8	171	299.5	304.4	▲
Always or nearly always wear safety belts – adults (percentage)	96%	82%	84.0%	92.4	▲
Always or nearly always wear safety belts – teens	93.8 <sup>2</sup>	91.7 <sup>2</sup>	92.4 <sup>2</sup>	92.4	▲

(percentage)

Always or nearly always wear safety belts/restraints – children (percentage)	94	n/a	n/a		●
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<sup>2</sup> 2015 Wauwatosa Youth Risk Behavior Survey

## Mental Health

	Tosa	State	U.S.	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		↔
Adults who considered suicide	1%	n/a	n/a		↔
Adults who committed suicide (per 100,000)	4.3 <sup>1</sup>	13.9 <sup>2</sup>	14.8 <sup>2</sup>	10.2	▲
Teens who considered suicide	11.4 <sup>3</sup>	13.2 <sup>3</sup>	17.0 <sup>3</sup>		▲
Teens who attempted suicide	2.9 <sup>3</sup>	6.0 <sup>3</sup>	8.0 <sup>3</sup>	1.7	●
Teens who reported feeling so sad or hopeless that they stopped activities	24.7 <sup>3</sup>	24.6 <sup>3</sup>	29.9 <sup>3</sup>		● WI ▲ US

<sup>1</sup> Wauwatosa Police Department Annual Report, 2011

<sup>2</sup> American Association of Suicidology, 2013 <http://www.suicidology.org/resources/facts-statistics>

<sup>3</sup> 2015 Wauwatosa Youth Risk Behavior Survey

## Nutrition and Healthy Eating

	Tosa	State	U.S.	2020 Goals	Tosa's Status
Adults					
□ Eat ≥ 2 fruit servings per day	77% <sup>3</sup>	34.9 <sup>2</sup>	32.5 <sup>2</sup>		▲
□ Eat ≥ 3 vegetable servings per day	36 <sup>3</sup>	23.2 <sup>2</sup>	26.3 <sup>2</sup>		●
Youth (high schoolers)					
□ Drank ≥ 1 can/bottle/glass of soda/pop daily	10.3 <sup>4</sup>	19.6 <sup>4</sup>	27.0 <sup>4</sup>		▲
□ Ate breakfast on all of the past 7 days	38.2 <sup>4</sup>	41.1 <sup>4</sup>	38.1 <sup>4</sup>		▲
□ Eat meals with one or more adults in your home ≥ 4 times a week	65.5 <sup>4</sup>	n/a	57.0 <sup>4</sup>		▲
□ Most of the time or always went hungry because there was not enough food in the home during the past 30 days	3.1 <sup>4</sup>	n/a	n/a	6.0	▲

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

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

<sup>4</sup> 2015 Wauwatosa Youth Risk Behavior Survey

## Physical Activity

	Tosa	State	U.S.	2020 Goals	Tosa's Status
<b>Adults</b>					
<input type="checkbox"/> Overweight or obese	58% <sup>1</sup>	64% <sup>1</sup>	64% <sup>1</sup>	66.1	▲
<input type="checkbox"/> Engage in ≥ 30 minutes moderate physical activity at least 5 times/week	37 <sup>1</sup>	n/a	n/a		●
<input type="checkbox"/> Engage in ≥ 20 minutes vigorous physical activity at least 3 times/week	36	n/a	n/a		▲
<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 <sup>1</sup>	53 <sup>1</sup>	51 <sup>1</sup>	47.9	▲
<b>Youth</b>					
<input type="checkbox"/> Describes self as slightly or very overweight	27.6 <sup>2</sup>	n/a	31.1 <sup>2</sup>		▲
<input type="checkbox"/> Engage in ≥ 60 minutes moderate physical activity at least 5 times/week	82.5 <sup>2</sup>	76.0 <sup>2</sup>	72.9 <sup>2</sup>	79.8	▲

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

<sup>2</sup> 2015 Wauwatosa Youth Risk Behavior Survey

## Reproductive and Sexual Health

	Tosa	State	U.S.	2020 Goals	Tosa's Status
Births to female teens aged 15–19 years per 1,000 female teenagers	8.1 <sup>6</sup>	19.9 <sup>1</sup>	26.5 <sup>4</sup>		▲
Chlamydia rate (per 100,000 people)	184.6 <sup>5</sup>	412.0 <sup>2</sup>	446.6 <sup>2</sup>	385.0	▲
Gonorrhea rate (per 100,000 people)	40.3 <sup>5</sup>	80.3 <sup>2</sup>	106.1 <sup>2</sup>	198 M 257 F	▲
Receive prenatal care beginning in 1 <sup>st</sup> trimester	92.96 <sup>6</sup>	83.3 <sup>6</sup>	73.1 <sup>7</sup>	77.9	▲
<b>Youth</b>					
<input type="checkbox"/> Ever had sexual intercourse	23.5 <sup>3</sup>	35.3 <sup>3</sup>	46.8 <sup>3</sup>	19.8 F 20.8 M	●
<input type="checkbox"/> Had sexual intercourse before 13 years old	1.4 <sup>3</sup>	2.6 <sup>3</sup>	5.6 <sup>3</sup>		▲
<input type="checkbox"/> Used condom during last sexual intercourse (past 3 months)	71.6 <sup>3</sup>	62.5 <sup>3</sup>	59.1 <sup>3</sup>	55.6 F 81.5 M	▲ F ● M
<input type="checkbox"/> Had sexual intercourse with ≥ 4 people during their life	3.6 <sup>3</sup>	9.8 <sup>3</sup>	15.0 <sup>3</sup>		▲

<sup>1</sup> Wisconsin Department of Health Services, WISH interactive data, 2013 <https://www.dhs.wisconsin.gov/wish/teen-birth/form.htm>

<sup>2</sup> CDC, 2013 Sexually Transmitted Diseases Surveillance, <http://www.cdc.gov/std/stats13/toc.htm>

<sup>3</sup> 2015 Wauwatosa Youth Risk Behavior Survey

<sup>4</sup> CDC, Reproductive Health: Teen Pregnancy, 2013, <http://www.cdc.gov/teenpregnancy/about/index.htm>

<sup>5</sup> WEDSS, 2014

<sup>6</sup> SPHERE data, 2014

<sup>7</sup> HRSA, <http://mchb.hrsa.gov/chusa12/hsfu/pages/pc.html>

## Tobacco Use and Exposure

	Tosa	State	U.S.	2020 Goals	Tosa's Status
<b>Adults</b>					
<input type="checkbox"/> Current smokers	11% <sup>1</sup>	20.9 <sup>2</sup>	20.1 <sup>2</sup>	12.0	▲
<input type="checkbox"/> Current smokers who made ≥ 1 quit attempt in the past 12 months	58 <sup>1</sup>	61.6 <sup>2</sup>	59.6 <sup>2</sup>	80.0	●
<input type="checkbox"/> Secondhand smoke exposure in home or in vehicles	13 <sup>1</sup>	25	20.9	13.0	▲
<b>Youth</b>					
<input type="checkbox"/> Current smokers	8.4 <sup>3</sup>	11.8 <sup>3</sup>	15.7 <sup>3</sup>	16.0	▲
<input type="checkbox"/> Current smokers who made ≥ 1 quit attempt in the past 12 months	48.0 <sup>3</sup>	45.6 <sup>3</sup>	48.0 <sup>3</sup>	64.0	●
<input type="checkbox"/> Current smokeless tobacco use	2.1 <sup>3</sup>	8.0 <sup>3</sup>	8.8 <sup>3</sup>	6.9	▲

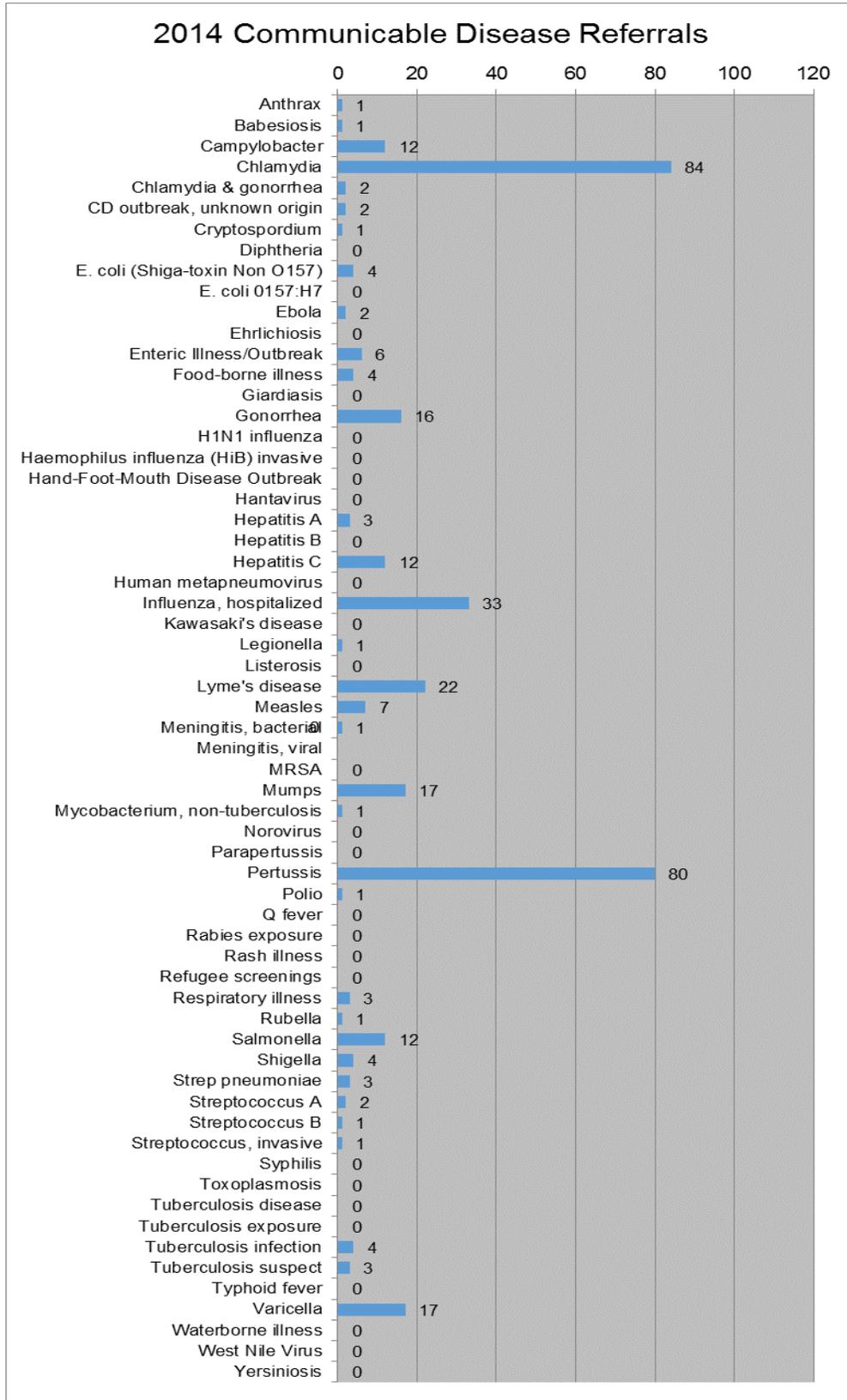
<sup>1</sup> 2012 Aurora Community Health Survey, Wauwatosa, <http://www.aurorahealthcare.org/yourhealth/comm-health-reports/art/2012-wauwatosa-report.pdf>

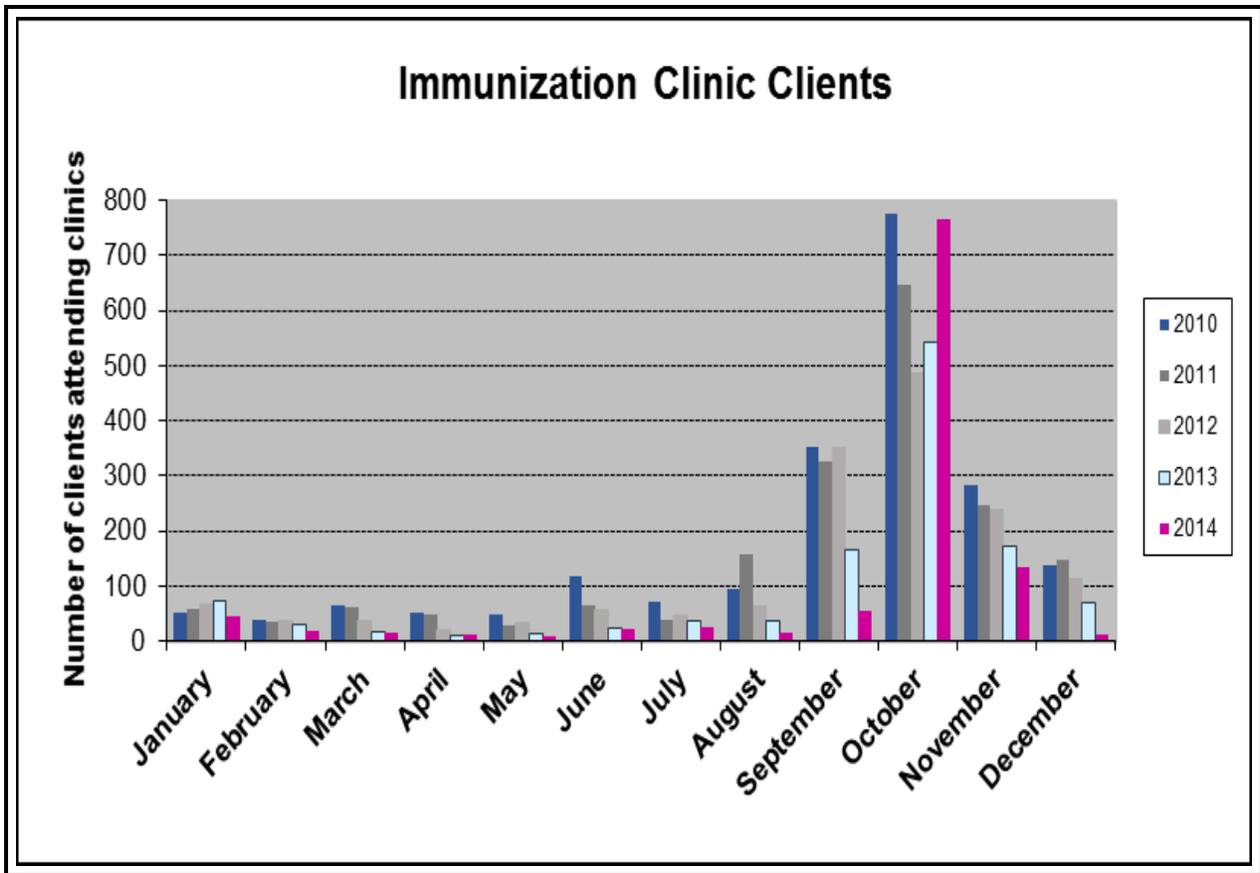
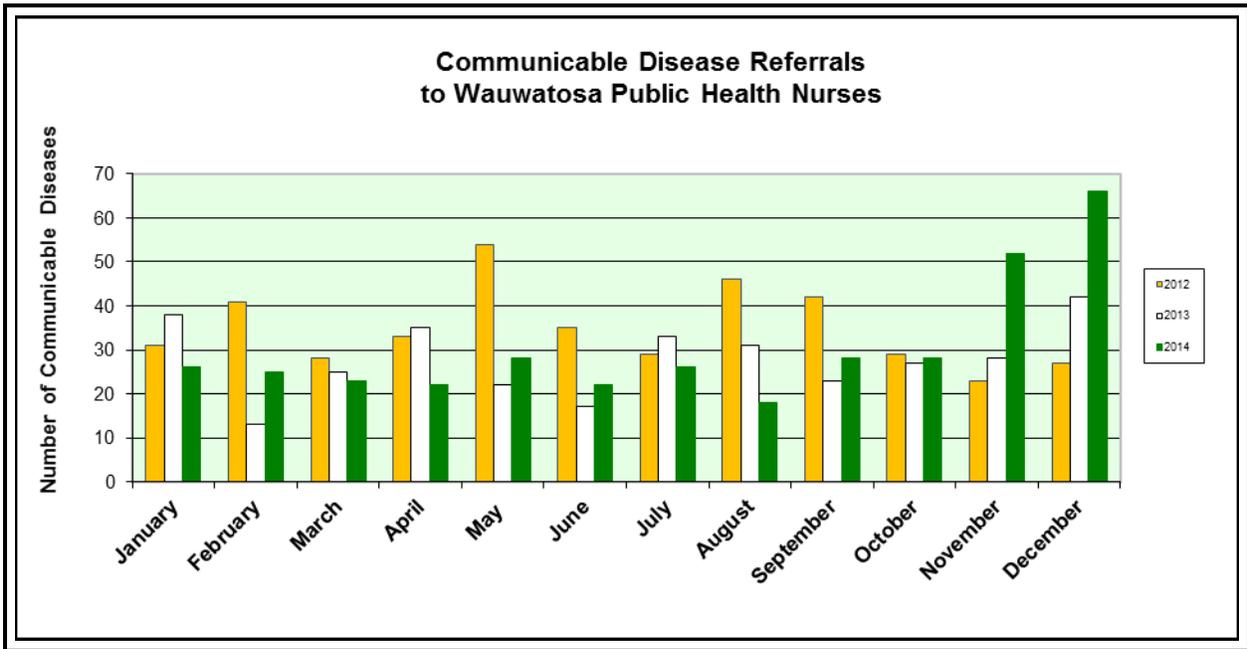
<sup>2</sup> State Health Facts, 2011 <http://www.statehealthfacts.org/profileind.jsp?ind=80&cat=2&rqn=51>

<sup>3</sup> 2015 Wauwatosa Youth Risk Behavior Survey

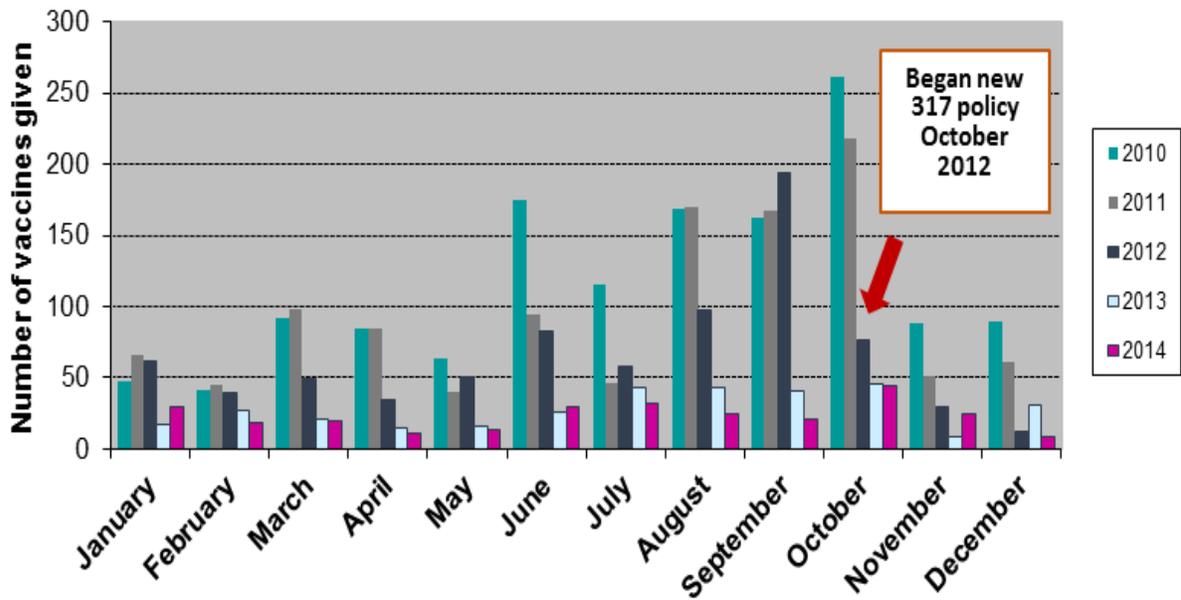
# APPENDIX 3: Other Data & Statistics

## Communicable Diseases and Immunizations



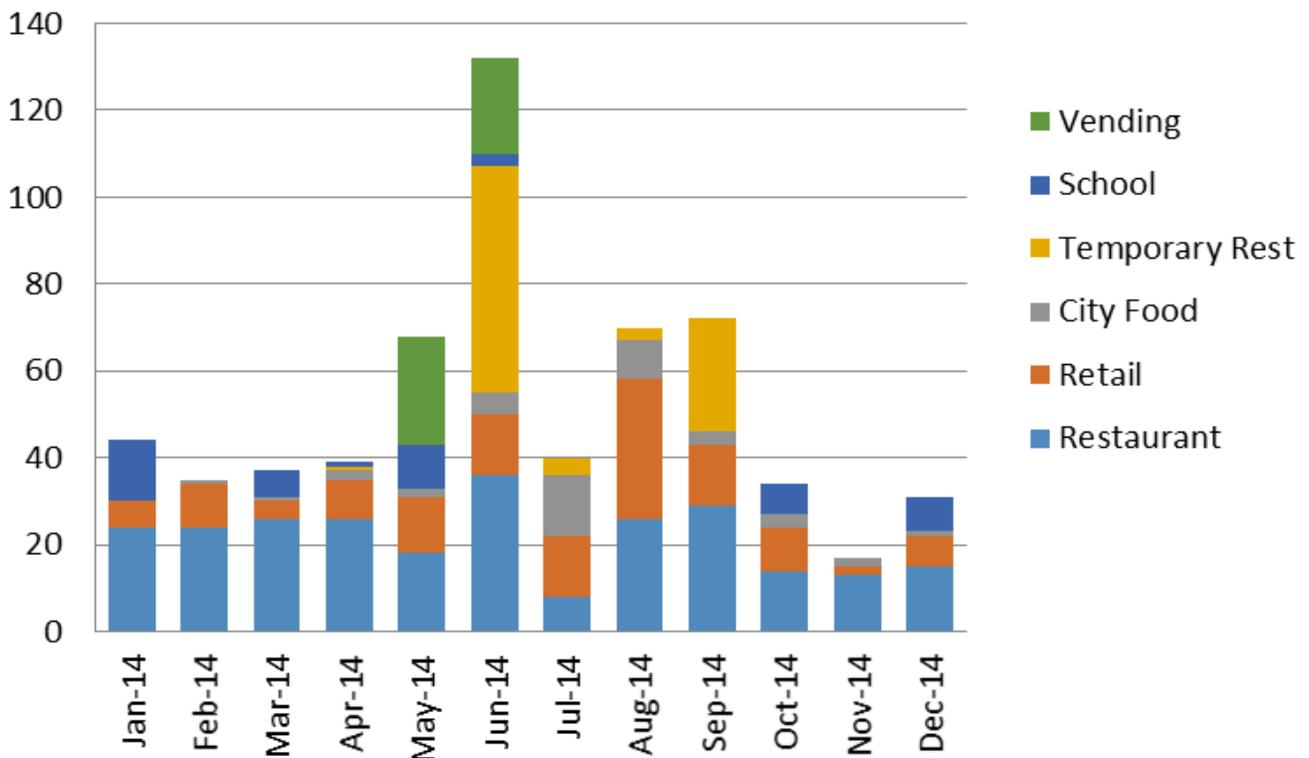


### Vaccines Administered Except Influenza at WHD Immunization Clinics

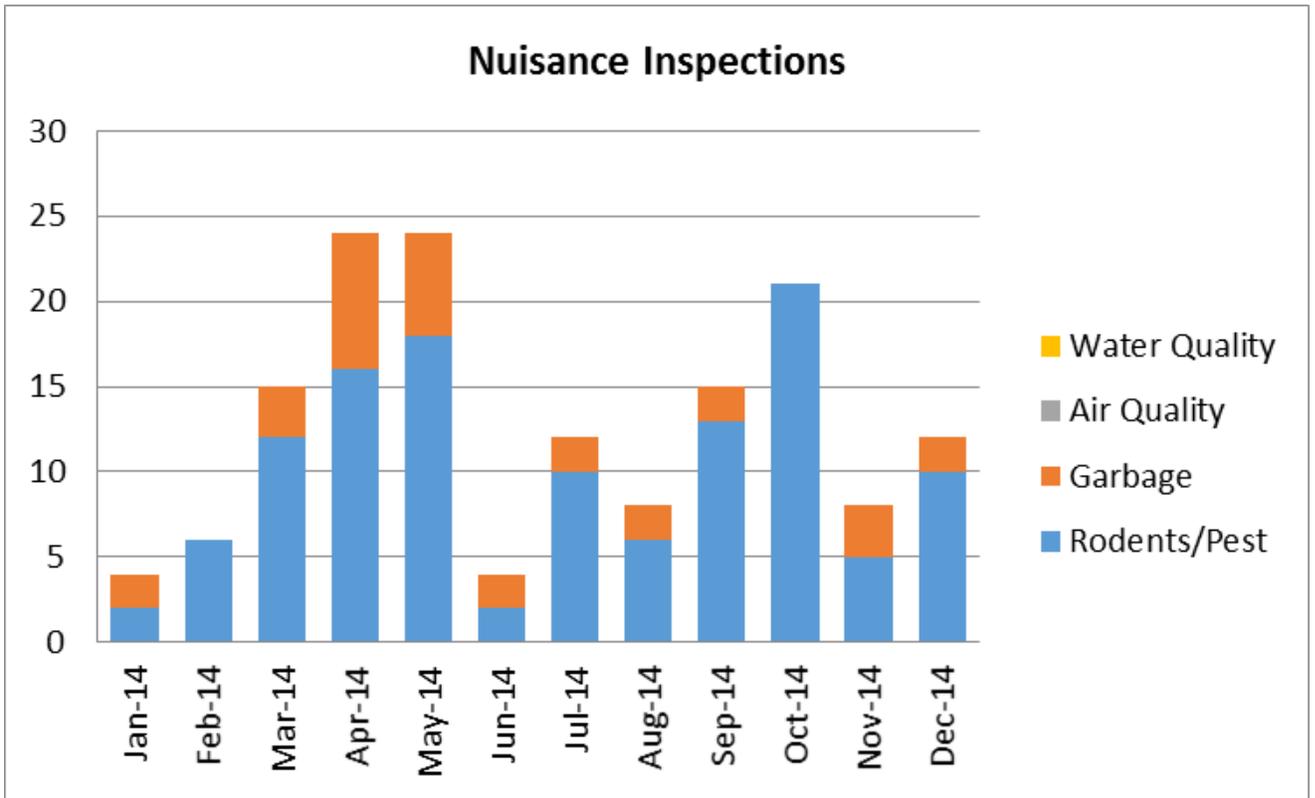


### 2014 WHD Licensed Food Inspection Activities

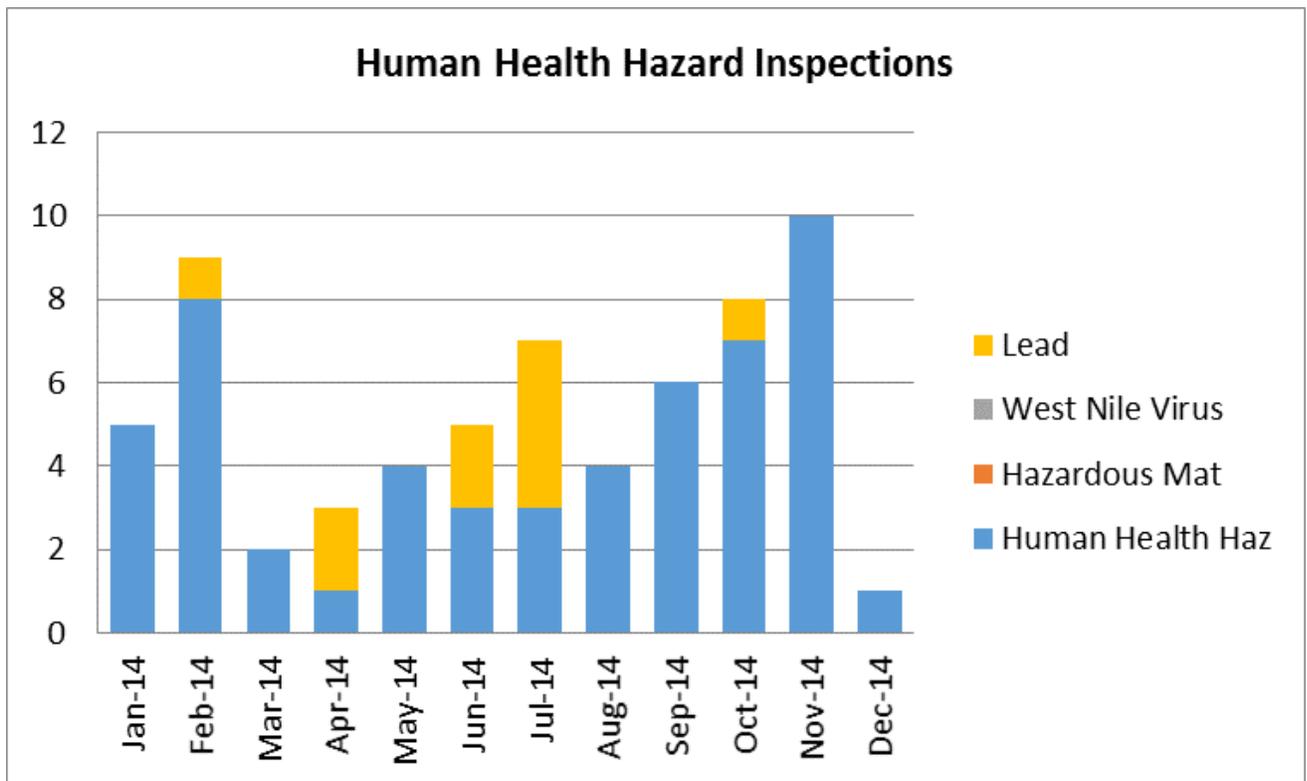
#### Food Inspections by Type



### 2014 Nuisance Inspections by Chief Complaint



### 2014 Human Health Hazard Inspections by Chief Complaint



## Breakdown of Complaints

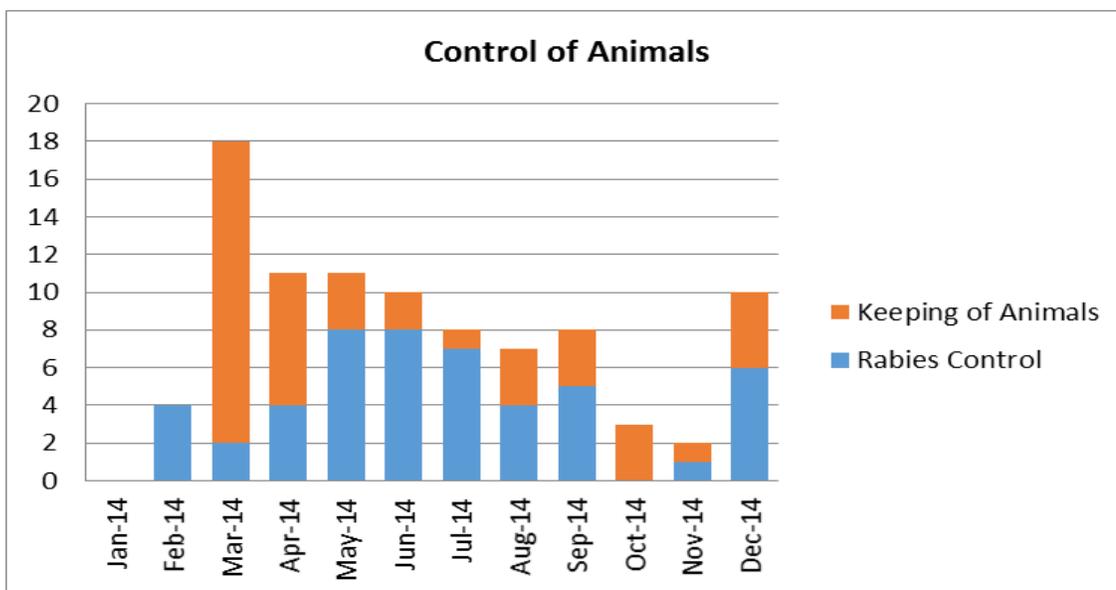
### Breakdown of complaints 2014

Complaint	Count	Percentage
Wildlife/Rodent	29	29%
Restaurants/Food Establishments	19	19%
Care/Maintenance of animals	14	14%
Property/Building Issues	12	12%
Garbage	9	9%
Bed Bugs	6	6%
Mold	5	5%
Air/Water Quality	5	5%
Total	99	

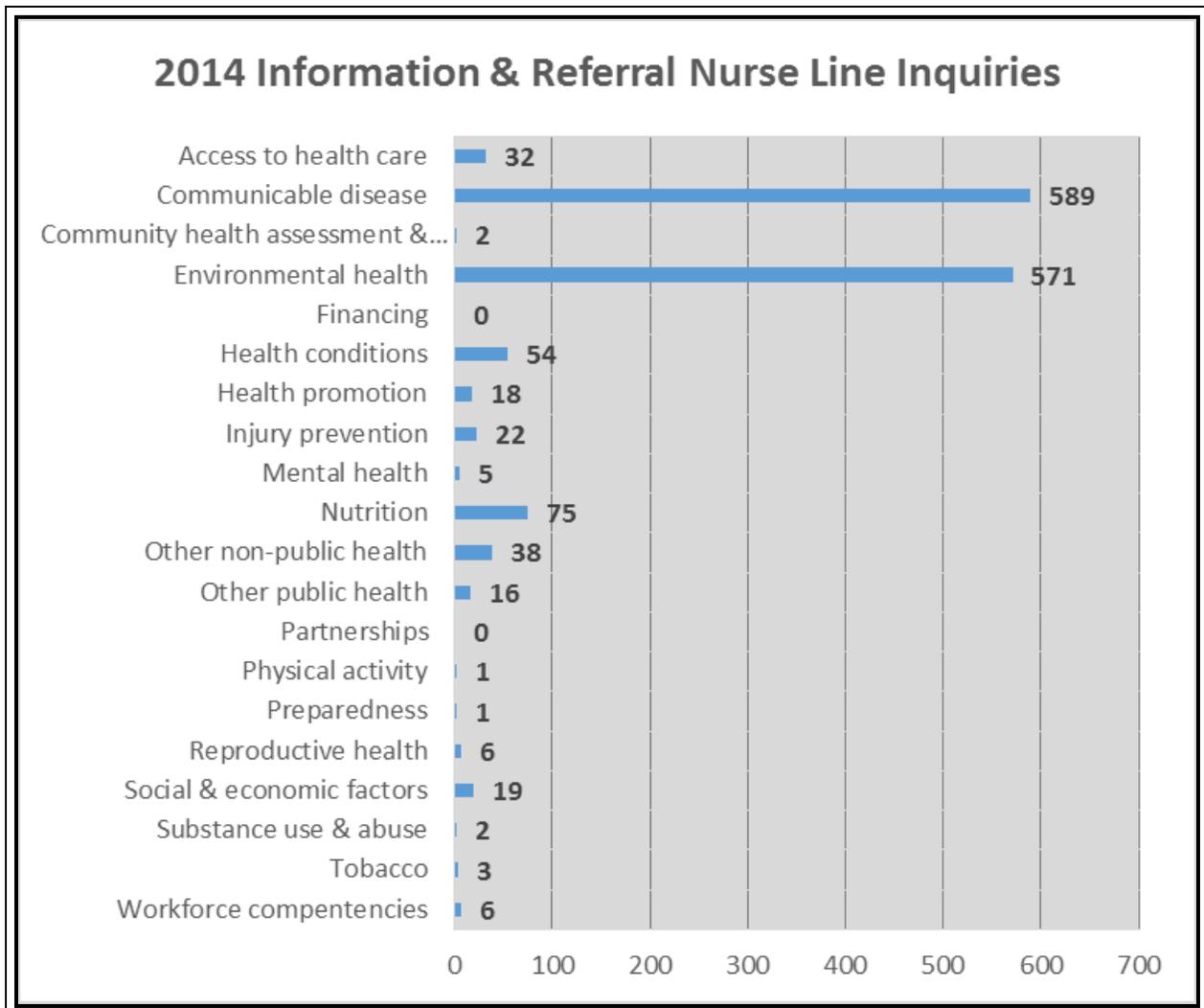
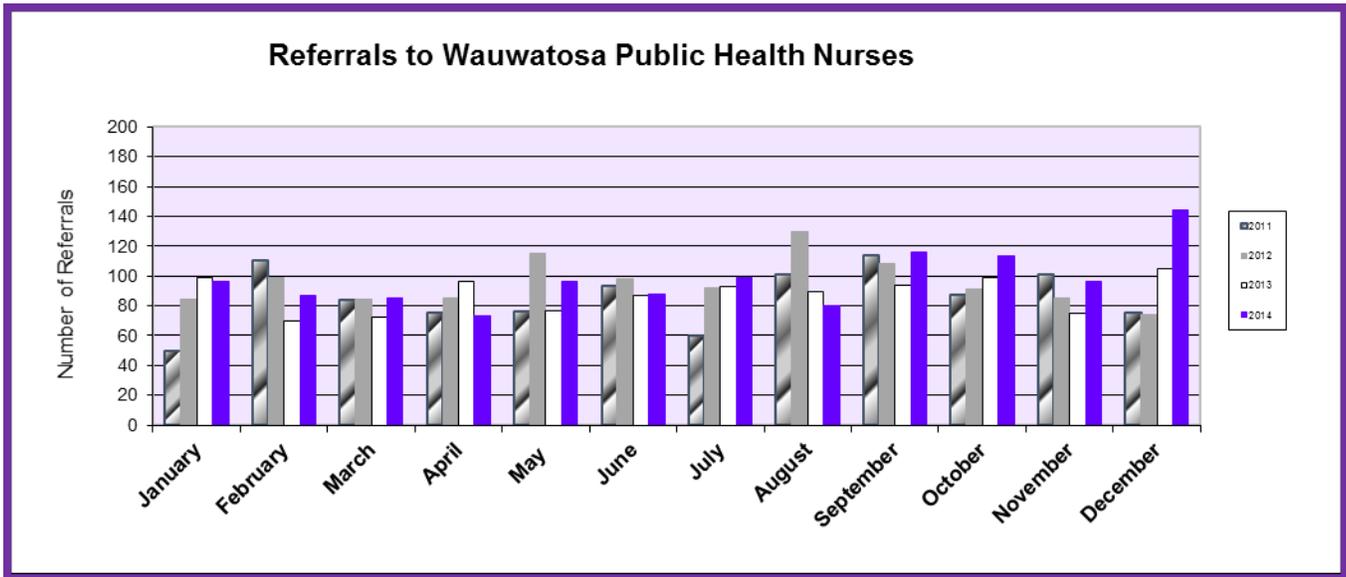
### Breakdown of corrective actions 2014

Actions Taken	Count	Percentage
Site Visit	72	44%
Follow up Inspections	25	15%
Phone Call	22	14%
Emailed Contact	5	3%
Photographs Taken	17	10%
Written warning/Order to abate	20	13%
Citation issued	0	0%
Total	161	

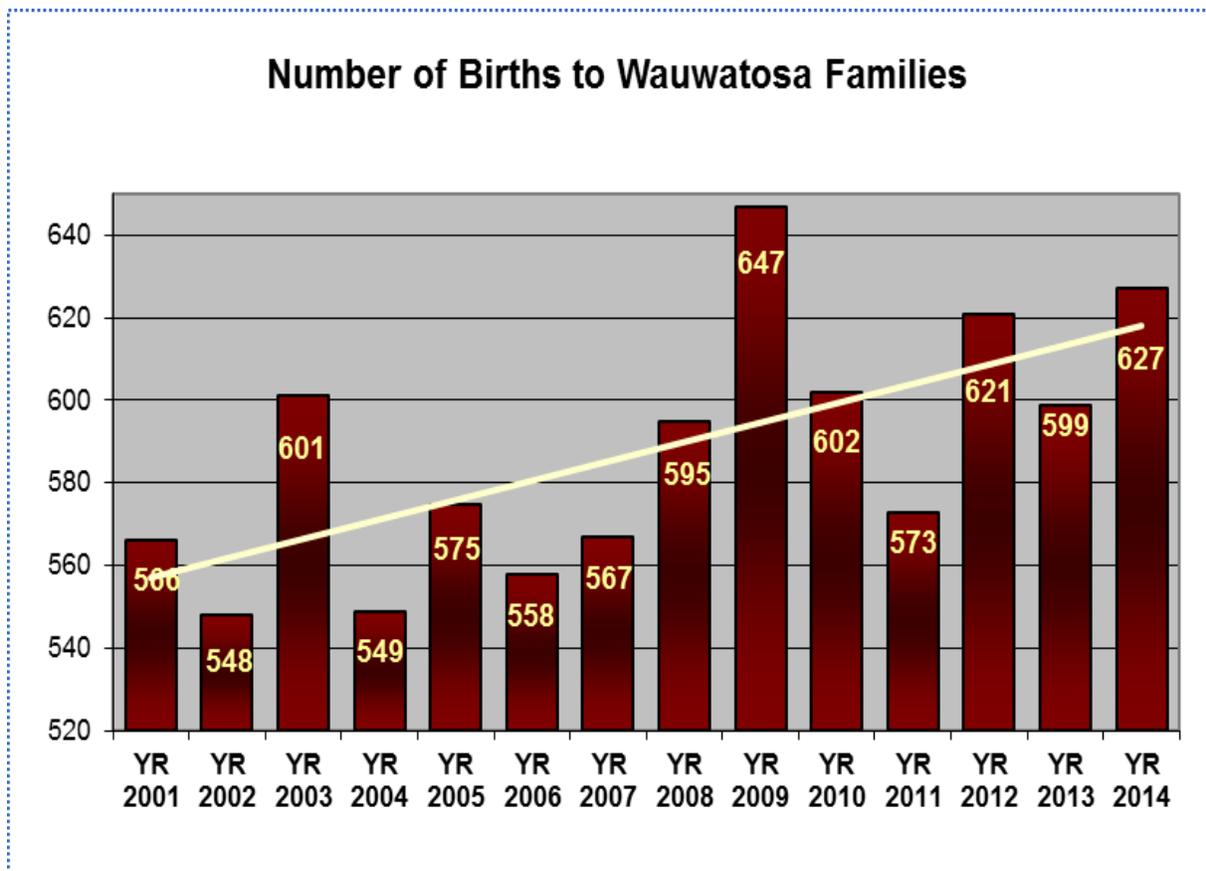
### 2014 Control of Animals Inspection by chief complaint



## Access to Primary and Preventive Health Services



## Reproductive and Sexual Health



# GLOSSARY

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

**CD** – acronym for a communicable disease

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

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

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

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

**ED** – Emergency department

**EMS** – Emergency Medical Services

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

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

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

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

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

**LEP** – limited English proficiency

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

**MVA** – motor vehicle accident

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

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

**PHN** – Public Health Nurse

**RS** – Registered Sanitarian

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

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

**TB** – acronym for tuberculosis

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

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

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

**WSD** – Wauwatosa School District

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