

HEALTH UNIT



2013 ANNUAL REPORT

The mission of the Health Unit is to "Assure the health of Green Lake County by promoting and protecting health and preventing disease."

Our vision:

GREEN LAKE COUNTY: HEALTHY PEOPLE, COMMUNITIES AND ENVIRONMENT

Health Advisory Committee Members

Cindy Skipchak, Chair, Berlin
Jeanne Lyke, MD, Ripon
Jack Meyers, Green Lake Co. Board Chairman
Katherine Vergos, Ripon Medical Center
Abbie Griswold, Community Health Network
Jean Kessler, Markesan
Sara Mueller, Princeton
Kathy Munsey, Health Officer, Green Lake

Health Unit Staff

Kathy Munsey, Health Officer Tracy Soda, PHN Jeri Loewe, PHN Judy Kasuboski, PHN Renee Peters, Birth-3/Family Support Jackie Westover, WWWP Marilyn Voeltner, Health Educator Ben Weiler, Registered Sanitarian

In 2013, we worked with key community partners from the Green Lake County Wellness Coalition to develop the Community Health Improvement Plan (CHIP). Three "Action Teams" were formed to work on the key focus areas identified in the 2012 Community Health Needs Assessment. The teams will all address "Healthy Growth and Development" since this is so important. The three teams are: 1) Mental Health along with Alcohol/Tobacco & other Drug Abuse (ATODA), 2) Physical Activity, and 3) Nutrition and Healthy Foods. This dedicated group of individuals will use evidence-based and promising practices to educate individuals, communities, policymakers, schools, businesses and more so they can make decisions that hopefully will guide us towards becoming one of the healthiest counties in the state.

Our 2013 Programs and Services:

Disease Control and Prevention

Public Health Nurses are required by statute to follow up on acute and communicable diseases. Using the WI Electronic Disease Surveillance System (WEDSS) we are able to monitor trends and track outbreaks as they occur. Below are some of the diseases we followed in 2013, along with previous year comparables. As you can see, we had a significant increase in Lyme disease investigations. The cases for Hepatitis C also continue to increase. One reason for this is shared needle use by drug addicts.

Frequency of Reported	2010	2011	2012	2013
Diseases in Green Lake	2010	2011	2012	2010
County				
Arboviral, West Nile Virus	_	1	-	-
Brucellosis	_	_	-	1
Campylobacteriosis	6	7	4	4
Chlamydia	45	33	38	41
Cryptosporidiosis	2	4	2	1
E-Coli (Shiga Toxin)	3	1	 -	1_
Ehrlichiosis/Anaplasmosis	1	1	2	1
Giardiasis	6	2	1	2
Gonorrhea	_	1	3	-
Hib-Invasive	_	2	-	_
Hepatitis A	_	2	1	_
Hepatitis B	1	† -	2	3
Hepatitis C	10	5	8	13
Influenza (hospitalized)	_	1	1	7
Legionellosis	_	1	-	-
Lyme Disease	16	16	18	39
Meningitis (bacterial)	-	1	-	-
Mycobacterium (non-	_	3	3	2
tuberculosis)				
Parapertussis	_	1	1	_
Pertussis (whooping	-	2	21	10
cough)				
Salmonellosis	3	1	3	7
Invasive Strep Disease	6	4	1	1
Syphilis			2	-
Latent TB infection	2	4	2	-
Tetanus	1	-	-	-
Varicella	6	2	8	2
TOTAL	108	95	121	134

Public Health Preparedness

Our department works closely with Gary Podoll, Emergency Services Director, local law enforcement, fire departments, hospitals, nursing homes, Red Cross and more to assure that we are prepared for disasters. We completed an exercise to test our skills on handling a 4 day power outage due to an ice storm. We learned a great deal and improved our partnerships with local key players.

<u>Immunizations for Children and Adults</u>

We continued to have clinics in Green Lake, Berlin and Kingston each month and added clinics in Markesan and Princeton during flu season. In October of 2012, we received a directive that we are only to immunize the uninsured or those on Medical Asssistance or BadgerCare. As part of the Affordable Care Act, all others are encouraged to be served by their "medical home" provider. This did affect our immunization numbers. In 2012, 2800 vaccinations were given by public health staff and in 2013 we gave 2052 immunizations. Due to small numbers at our outlying clinics, we determined in 2014 we will have all clinics in Green Lake, except for a clinic at Care 4U clinic in Dalton every other month to accommodate the large number of uninsured in that part of the county. We will continue to have flu clinics in all communities in the fall as usual.

Childhood Lead Testing

There is no safe level of lead in the human body; even very low levels of lead exposure can negatively affect health throughout the lifespan.

The Centers for Disease Control and Prevention changed their definition of lead poisoning as a blood lead level of 5 or greater in May of 2012. The Green Lake County Health Advisory Board approved these changes in our lead policy in 2013. Children with a lead level of 5 or greater are provided with follow-up and consultation by a Public Health Nurse. Follow-up may include phone calls, home visits, consultation with the primary health care provider and a home lead risk assessment by the Health Department's Environmental Health Specialist. Of the 194 children tested, 14 had a level over 5, compared to 2 last year. One child had a level over 20 in late December of 2012, so the inspection was done in January of 2013. A certified contractor was hired to clear the home of lead hazards and the property was cleared and declared lead safe by our Environmental Health staff.

2013 Blood Lead Testing

Total Number of Tests: 194 Children <5 ug/dl = 180 Children >5 ug/dl = 14

Home inspections = 1

Mother, Child and Family

There were 195 births in Green Lake County in **2013, compared to 207 in 2012.** We had 3 births to girls under age 18, which was the same as 2012. We also had 1 baby that was considered "low birth weight" (weighing less than 5lbs, 8oz), compared to 1 last year. Twenty per cent of women stated they had smoked during their pregnancy which is actually down from 25% in 2012 and 25.4% in 2011. Smoking during pregnancy is a leading cause of low birth weight babies and an area that we continue to target by offering the First Breath program, a smoking cessation program for pregnant women. Nine infants were transferred to Neonatal Intensive Care Units and 23 were born with abnormal conditions. We had 18 high-risk women on our Prenatal Care Coordination Program, which is billable to M.A. due to high-risk issues. Fourteen babies were born premature. Our Family Resource Council continues to promote the "Life Course Model" as part of our Maternal Child Health grant. Through the Healthy Babies Coalition which is a partnership with Green Lake, Marquette and Waushara Counties, we sponsored a training to educated local providers and families on the Life Course Model and ACE's (Adverse childhood Experiences) and how it can effect a child's growth and development. Over 95 people attended the conference in April.

Nutrition WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps income-eligible pregnant and breastfeeding women, women who recently had a baby, and infants and children up to five years of age who are at health risk due to inadequate nutrition.

Green Lake County served 541 clients in 2013. In addition we also provided breastfeeding education to dozens of women. WIC provides a breastfeeding peer mentor which is an invaluable resource to new mothers. The State of WI contracts with Family Health La Clinica in Wautoma to provide WIC services to Green Lake, Marquette and Waushara counties. Each county then provides nurses and other staff for immunization services.

Jackie Westover and Judy Kasuboski attend all WIC clinics to provide immunizations, information and assist with signing families up for dental appointments. Oral health education has been a key

component in WIC this year to advertise our new "Healthy Teeth Healthy Lives" program. They were able to sign up 104 children and 37 adults for cleanings and oral assessments.

Birth to 3

Birth to 3 is Wisconsin's early intervention program for families of infants and toddlers with developmental delays and disabilities. The Green Lake County Health Unit has been designated by the county board to be the administrative agency in our county for this mandated program. The county is required to maintain a base level of funding for this program. Some families do have a cost share for services depending on their income. Medicaid and Private Insurance are billed for services when available and with parental permission.

In 2013, 48 new children were referred to the program compared to 39 in 2012. Thirteen of those children received services through an Individualized Family Service Plan which brought the total number of children with plans in 2013 to 23. In addition to a significant developmental delay in one or more areas of development, several children had specific diagnoses such as Mobius Syndrome, club foot, autism, hydrocephalus, Epilepsy with ADHD, DiGeorge Syndrome, Snip 1 Syndrome, Alagille Syndrome and significant prematurity.

Renee Peters is the Program and Service Coordinator/Educator. Contracted services include: Jenny Hoffman, Occupational Therapist from Rehab Resources in Beaver Dam. Kristen Mertens provides Speech and Language therapy and comes from CHN in Berlin. Jody Streeter is a Physical Therapist from Rehab Arisces in Fond du Lac.

Child Find is an important component of Birth to 3, as we want to assure that all children that may be eligible for services are referred in a timely fashion. In **2013** our outreach consisted of:

Spring Child Development Days – We participated in our area school districts Child Development Day by providing an informational display with brochures and providing assistance as requested.

First Annual Berlin Early Childhood Mini-Conference and Community Resource event for childcare Providers was held on 11/9/13.

Brochures – Brochures are available at our county WIC clinics as well as in the lobby of Health and Human Services and in the Public Health Unit.

Brochures are also included in the New Parent Packet shared by our Public Health Nurses.

Interagency Agreements – Agreements are in place with each county school district and UMOS (United Migrant Opportunity Services, Inc.) and Advocap-Head Start.

On November 22, 2013, the Birth to 3 Program was issued their yearly letter from the state notifying us that the review and analysis of Green Lake County's data for FFY 2012 with regard to Federal Compliance Indicators (related to the timeliness of evaluation and assessment, initial IFSP and Service implementation and timely transition), and the Program was 100% compliant in meeting these Indicators..

The Program also received positive ratings from parents through the yearly family survey and other correspondence.

Renee also collaborates as a committee member of the Head Start Advisory Committee, Green Lake County Family Resource Council and Healthy Babies Coalition of Green Lake, Marquette and Waushara Counties.



We contract with local providers for Birth to 3 Services. Above left, Jenny Hoffman, Occupational Therapist, Kristen Mertens, Speech Therapist, Renee Peters Birth to 3 Coordinator, and Jody Streeter, Physical Therapist

Family Support Program

The State provides each county with a yearly allocation to support families who care for their disabled children in the home. The Coordinator for the Family Support Program is Renee Peters.

In 2013, 11 children had a Family Support Plan written for a variety of goods and services which are not covered by insurance. The Program was able to fund specialized equipment (adaptive stroller and adaptive bicycle), respite, specialized camps, nutritional supplements, individualized recreational opportunities, therapeutic materials, medical supplies, in-home parent education and expenses related to an extended hospitalization.

Tobacco Control and Prevention

Green Lake County continues as a member of the "Five Counties for Tobacco Free Living," a coalition that includes the counties of Fond du Lac, Marquette, Waushara and Washington. This past year Green Lake County conducted 20 tobacco compliance checks as well as quarterly inspections to monitor other tobacco products available in the county and 4 retailers sold the cigarettes to the minor.

Wisconsin Well Woman Program

The Wisconsin Well Woman's Program provides mammograms, Pap tests, and other health screenings to help prevent Breast and Cervical Cancer. Women between the ages of 45-64 that are at or below 250% of the federal poverty limit and have no health insurance or are under insured are eligible to apply for the program. Jackie Westover, the WWWP Coordinator, helped over 120 women get their annual mammogram and 40 women received their cervical exam in Green Lake, Marquette and Waushara Counties in 2013. We have been informed that the program will end June 30, 2014 as most women will be eligible for BadgerCare or insurance through the Affordable Care Act.

Healthy Teeth Healthy Lives Program

The Dental clinic continued to grow strong through 2013. Clinics are held 2 times a month at our agency as well as summer outreach sites at the Boys & Girls Club and a UMOS Migrant Child Care Center in Berlin. Clients need to be on Medical Assistance or Badger Care or have no insurance at all – in which case a small grant received from Salvation Army is

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used to pay for the service. Carrie, the dental hygienist, provided 104 cleanings to children and 37 adults. If they need any additional work done, a referral is then made to Family Health La Clinica. More outreach sites are being added for 2014 for the program to continue to grow.

Food Safety & Recreational Licensing Program

The Tri-County Health Consortium, consisting of Ben Weiler, Registered Sanitarian, Green Lake, Jayme Shenk, Registered Sanitarian and Program Director, Marquette County and Mary Robl, EHS from Waushara County Health Department, are responsible for maintaining the Food Safety and Recreational Licensing Program. As agents of the state, this program licenses and inspects food facilities, swimming pools, hotel/motels, school food campgrounds, kennels, programs, recreational education camps, tattoo, body piercing, and bed and breakfast establishments. During 2013 there were approximately 800 inspections performed for these facilities of which 224 occurred in Green Lake County. Inspections are performed to ensure that facilities are in compliance with applicable regulations to promote health and safety for consumers.

Facility Type	Number of Inspections 2013	Total Number of Facilities
Restaurants and	170	142
Retail Food		
Campgrounds	10	13
Swimming Pools	23	22
Hotel/Motels	18	25
Summer Camps	3	3

Radon is a colorless, odorless gas caused by the natural breakdown of uranium in the ground. High levels of radon gas can build up in homes if there is a strong enough source. Radon is the second leading cause of lung cancer next to smoking. The only way to know if your home is at risk for high levels of radon is to perform testing. The Green Lake Health Department is part of a four county Radon Information Center (RIC). Our RIC consists of Portage, Marquette, Waushara and Green Lake County. This center serves as a resource to citizens with questions about radon testing, health effects, and mitigation systems. If you are a resident in one of

these counties you are eligible to receive a free test kit that can be used to check your home's radon level. During 2013 forty-three free test kits were distributed to citizens in Green Lake County. Thirty five percent of homes tested in our county were above the EPA's recommended radon level of 4 pCi/L. If you are interested in testing your home for radon, contact the Health Department or visit www.lowradon.org.

Environmental Health

Tri-County also deals with a wide variety of environmental issues that arise within the consortium. Investigations into nuisance complaints, housing issues, water quality issues and animal bites are some of the problems encountered.

Other Public Health Statistics for 2013	Totals
Blood Pressure Checks	81
Breastfeeding Education	59
Cholesterol	14
Communicable Disease/TB Test	423
Environmental Issues	11
General Health Promotion	127
Immunizations Given	2052
Immunization information	1156
Infant & Child Health (WIC contacts)	2463
Lead Tests & Follow-up	251
Mental Health	4
Postpartum Visits/Contacts	102
Pregnancy Outreach	42
Prenatal Care Coordination	188
Reproductive Health/Pregnancy Tests	10
STD follow-up	80
Tobacco Education/First Breath	7
Wellness Checks	63
WI Well Women's Contacts	226
PRESENTATION ATTENDEES	
Blood Borne Path Training	37
CHN Health Fair	220
Child Development Days Berlin	25
Healthy Babies Coalition Conference	95
Lunch and Learns	55
Public Health Preparedness to TRIAD	24
Diabetes Fair	150
Puberty Class	30
Stress & Nutrition Presentation	34
Women's Health Events	190
Tongue Tie Presentations	17
Strategic Planning	12
Total	8248

Animal Bites – 23

Free Water Test – 8

Housing Cases – 25

Nuisance/Other – 21

The Green Lake Area Health and

Wellness Coalition took charge of completing the Community Health Improvement Plan (CHIP) and will be working on implementing the plan in 2014. The coalition formed three "Action Teams" that are very active and looking at various ways to improve the health of Green Lake County. To join the coalition, contact any staff member in the Health Unit at 920-294-4070.

Health Advisory Board and Accreditation

The Health Unit is officially governed by the Department of Health and Human Services Board, however, the Health Advisory Board oversees the day to day activities of the Health Unit Activities. The board members are very dedicated, and spent a great deal of time this past year reviewing our CHIP and also looking at updating policies and procedures such as our lead policy in order to align it with WI State Statues and the Administrative Rules. The Board has supported the Health Unit staff as we wrote for grants to begin our journey towards national accreditation with Quality Improvement projects and program reviews. In addition to a CDC grant to work on accreditation, we received a grant from the National Network of Public Health Institutes (NNPHI) which is funded through Robert Wood Johnson foundation for a Quality Improvement grant to help decrease the number of missed opportunities when a child is seen for immunizations. This grant provided extensive training through NNPHI including a mentor for the nine month grant cycle to help us with our Quality Improvement project. Using many of the QI tools that we learned, we were able to decrease the number of missed opportunities from 59% to 13%! (See attached storyboard). This successful project has inspired out staff to continue to look at all programs to determine if there are ways we could be more efficient, effective and save money. We feel very fortunate to have had this opportunity and we would like to thank not only the Health Advisory Board, but the County Board for approving out of state travel for the NNPHI program. The

professional expertise that was shared with our staff has been extremely valuable. We anticipate that we will be ready for accreditation in 2016 and again I have appreciated all the support from our Board, especially our long term members Cindy Skipchak and Jeanne Lyke who have been on the Board since 1995!



The Green Health Advisory Board is comprised of Katherine Vergos, RN, COO Ripon Medical Center, Jean Kessler, Community Member, Jeanne Lyke M.D. Medical Advisor. Back row: Jack Meyers, County Board Chairman, Cindy Skipchak, Health Advisory Chairperson, Sara Mueller, Community Member, Kathy Munsey, Health Officer. Absent: Abbie Griswold, RN Community Health Network



Plan

1. Identify the Problem or Process that can be Improved

A recent audit by the Wisconsin Immunization Registry (WIR) indicated that the Green Lake County Health Department is missing opportunities to immunize a significant number of clients who would potentially benefit from mandated or optional vaccines.

2. Assemble the team



Staff: L-R: Nick Zupan, intern, Tracy Soda, Jackie Westover, Judy Kasuboski, Kathy Munsey, Renee Peters, Jeri Loewe, absent—Marilyn Voeltner

AIM Statement:

By July 21, 2013, Green Lake County Health Department will decrease missed immunization opportunities for children ages 11-18 years insured through BadgerCare or Medical Assistance (MA) from 59% to 40%.

3. Examine the Current Approach and Identify the Possible Solutions

We used a variety of tools to examine the process for immunizing adolescents including a fishbone diagram, followed by a process map and a swim lane diagram which further identified duties of staff. The entire staff determined that the number of missed opportunities were either due to: a lack of standardized immunization procedures, obstacles presented by parents and/or providers, and the availability of all necessary vaccines at the immunization clinics. For example: some vaccines

must remain frozen, and our outlying clinic sites do not have freezer facilities which means we could compromise the integrity of the vaccine, so it is only available at our home site.

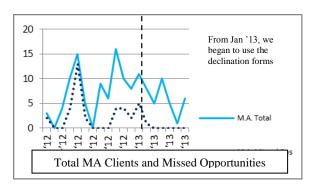
Do

4-5. Develop & Test the Improvement Theory

To reduce the percentage of missed opportunities we standardized the process & educated staff. Staff members reviewed the immunization procedure and learned how to use a declination form. Parents signed the form if they declined any of the vaccines that we offered. Using this form prevented the visit from being recorded on WIR as a missed opportunity. We compiled the data by tabulating the number of visits from clients on MA 11-18 years of age, and which of these visits were recorded as a missed opportunity

Study

6. Study the results



The graph shows the total number of clients on MA and the number of missed opportunities from each month starting January 2012. The dotted line indicates when we began to implement the declination form.

In 2013 (Jan-Jul), we have been able to reduce the percentage of visits that result in missed opportunities compared to 2012. We found that from January through July 2012, 59% of clients on MA had a missed opportunity. During those same months in 2013 with the inclusion of the declination form & parental education, **only 13%** of visits from clients on MA resulted in a missed opportunity.

7. Lessons Learned and Future Plans

We have found the declination form & procedural changes to be successful in the early stages of use, and we will now recommend this process for other providers.

Act

8. Standardize the Improvement or Develop a New Theory

We will continue to use the declination form for all clients and we will measure the success of this strategy alone and determine how to pair it with other strategies (education of the parents) to further reduce the number of missed opportunities. We have decided to survey parents to see why they decline vaccines. Additionally we want to survey providers to see why they miss opportunities. Finally, we would like to track the number of parents who initially declined vaccines, but changed their mind once they were educated about the various formulations and their safety and side effects.

