



## Central Racine County Health Department

# ANNUAL REPORT 2017

In 2017 Central Racine County Health Department (CRCHD) made tremendous strides in addressing current and emerging public health issues. Highlights of new and ongoing accomplishments include:

- Development of the *CRCHD Community Health Assessment 2017* (CHA) to systematically examine health status indicators and identify key problems and assets in the community.
- Utilizing CHA findings as a launching pad for determining priority health issues in our community, a process that began in January of 2018 and revealed mental health, substance abuse, chronic disease and healthcare access as significant community concerns and areas for community improvement.
- Utilizing home visiting evaluation findings to gain support for a new, short-term home visiting program called *Family Connects Racine County*, open to all parents of newborns in Racine County.
- Responding to a summer flooding event by: ordering/distributing over 125 fee-exempt well water test kits; conducting nearly 200 food safety inspections/calls; providing health education via website postings, social media updates, press releases, and press briefings; participating in the EOC.
- Establishing a drowning prevention workgroup to address an increase in youth drownings.
- Taking on Safe Kids Racine County Coalition.
- Starting a Cribs for Kids program to increase access and reduce infant deaths.
- Writing the *Racine County Fetal, Infant and Child Death Review Report 2011-2016*.
- Updating the CRCHD website and completing a rebranding of CRCHD.
- Continuing work the *2016-2020 Strategic Plan* priorities, including public health accreditation.
- Providing 1,451 home visits for expectant and new parents through short- and long-term programs.
- Collecting 2,832 lbs. of unwanted medication at events/boxes to address the opioid epidemic.
- Testing 148 wells, 117 annual site reviews, and 31 sanitary surveys for the DNR well program.
- Completing 1,310 inspections at 607 licensed establishments and 147 transient food vendors.
- Investigating, providing education, and tracking 1,140 communicable disease (CD) and STD reports.
- Responding to a tripling of influenza-related hospitalizations compared to 2016.
- Investigating/assisting with 24 institutional outbreaks of respiratory and GI illnesses.
- Updating the CRCHD Performance Management and Quality Improvement Plans.
- Implementing an Excellence Award for food facilities.
- Creating online food safety training courses.
- Participating in a myriad of community coalitions, collaborations and partnerships.
- Coming in on budget, utilizing a budget with no increase (0%) in levy funding.

Thank you to staff, Board of Health, and all our partners for your hard work, collaboration and support.

Margaret Gesner, Health Officer

# Central Racine County Health Department Annual Report 2017

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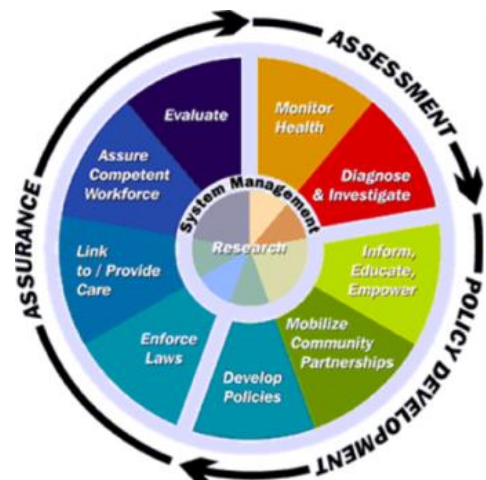
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## Central Racine County Health Department Mission Statement

The mission of Central Racine County Health Department is to improve the health of the communities we serve through health promotion, disease prevention, and protection from health and environmental hazards.

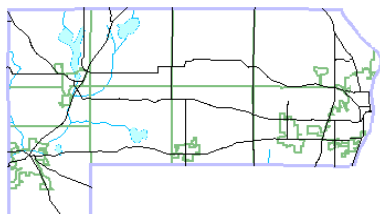
This mission is achieved by:

- Assuring the enforcement of state public health statutes and rules.
- Developing policies and providing public health programs and services that prevent disease and injury, protect against environmental health hazards, promote healthy behaviors and provide education.
- Monitoring the health status of the community to identify health issues.
- Preparing for and responding to public health emergencies.
- Assessing the effectiveness, accessibility and quality of programs and services.



| HEALTH DEPARTMENT STAFF                               |  |
|---|--|
| ADMINISTRATION & FINANCE                              | COMMUNITY HEALTH (cont.)                                     |
| Margaret Gesner, Health Officer                       | Sai Moua, Public Health Nurse                                |
| Wayne Krueger, Fiscal Director                        | Nathalia Kohlhase, Public Health Educator                    |
| Silviano Garcia, Public Health Specialist (grant)     | Pa Chang, Public Health Specialist (grant)                   |
| Liz Staples, Health Technician                        | Kari Villalpando, Public Health Nurse HV Supervisor (grant)  |
| Shirley Vakos, Senior Health Technician               | Erin Donaldson, Public Health Educator HV Supervisor (grant) |
| ENVIRONMENTAL HEALTH                                  | Yesenia Arjon, Public Health Educator Home Visitor (grant)   |
| Keith Hendricks, Environmental Health Director        | Miranda Bleichner, Public Health Nurse Home Visitor (grant)  |
| Jennifer Loizzo, Sanitarian                           | Carissa Brunner, Public Health Educator Home Visitor (grant) |
| Michele Breheim, Sanitarian                           | Taylor Dwyer, Public Health Educator Home Visitor (grant)    |
| Chuck Dykstra, Sanitarian                             | Linda Garza, Public Health Nurse - Home Visitor (grant)      |
| Patty Svendsen, Health Technician                     | Brittany Gunn, Public Health Nurse Home Visitor (grant)      |
| COMMUNITY HEALTH                                      | Wendi Huffman, Public Health Nurse Home Visitor (grant)      |
| Jeff Langlieb, Community Health Director              | Kelley Marshman, Public Health Nurse Home Visitor (grant)    |
| Joella Eternicka, Associate Community Health Director | Lindsey Mikrut, Public Health Educator Home Visitor (grant)  |
| Ashlee Franzen, Public Health Nurse Supervisor        | Heather Rae, Public Health Nurse Home Visitor (grant)        |
|   | Rae Stewart, Public Health Educator Home Visitor (grant)     |
| BOARD OF HEALTH                                       |  |
| CHAIRPERSON   | TRUSTEES, BOARD MEMBERS & REPRESENTATIVES (cont.)            |
| Frances M. Petrick, RN                                | Sharon Korponai, Town of Raymond Citizen Representative      |
| MEDICAL DIRECTOR/VICE-CHAIR                           | John Monsen, Village of Rochester Citizen Representative     |
| Mark E. DeCheck, MD                                   | Theresa Ailes, Sturtevant Trustee                            |
| TRUSTEES, BOARD MEMBERS & REPRESENTATIVES             | Gordon Svendsen, Union Grove Trustee                         |
| Jay Benkowski, Caledonia Trustee                      | Sherry Gruhn, Town of Yorkville Supervisor                   |
| Susan Stroupe, Caledonia Citizen Representative       | Teri Jendusa Nicolai, Town of Waterford Board Member         |
| Gary Feest, Mt. Pleasant Trustee                      | Tamara Pollnow, Village of Waterford Trustee                 |
| Jean Boticki, Mt. Pleasant Citizen Representative     | Ed Johnson, City of Burlington Alderman                      |
| Kristin Holmberg-Wright, North Bay Trustee            | Tyson Fettes, Town of Burlington Board Member                |
| Tom Kramer, Town of Norway Administrator/Treasurer    | Margaret Gesner, Health Officer, Secretary                   |

***The Central Racine County Board of Health meets on the 3<sup>rd</sup> Thursday of each month.***



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| HEALTH DEPARTMENT CORE FUNCTIONS AND ESSENTIAL SERVICES   |
|---|
| <b>CORE FUNCTION: ASSESSMENT</b><br>Essential Service 1 – Monitor Health Status<br>Essential Service 2 – Investigate Health Problems and Hazards<br><b>CORE FUNCTION: POLICY DEVELOPMENT</b><br>Essential Service 3 – Inform People about Health Issues<br>Essential Service 4 – Mobilize Communities<br>Essential Service 5 – Plan to Support Health<br><b>CORE FUNCTION: ASSURANCE</b><br>Essential Service 6 – Enforce Public Health Laws<br>Essential Service 7 – Link People to Health Services<br>Essential Service 8 – Assure a Competent Workforce<br>Essential Service 9 – Evaluate Effectiveness of Programs<br>Essential Service 10 – Research for New Solutions |

## ESSENTIAL SERVICE 1: MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

Monitor and assess our community's health status through formal and informal needs assessments and data analyses. Identify threats to health and determine current and emerging health needs. Collaborate with community partners to address health needs.

*Wisconsin Statutes 251.05, 251.06*

### Systematic Data Collection, Analysis and Dissemination

On a regular basis, Central Racine County Health Department (CRCHD) compiles health data to identify the incidence and prevalence of health concerns in the community and to identify the effectiveness of interventions and the community's capacity to address relevant health issues.

#### 2017 Outputs:

- Monitored communicable disease and outbreak data quarterly and presented these findings to Board of Health members and health department staff
- Provided Health Department updates via CRCHD website, social media and mailings
- Developed the **CRCHD Community Health Assessment 2017**
  - Participated in and/or convened two community health assessment (CHA) workgroups
  - Helped develop and implement Resident, Key-Informant and CHA-CHIP Partner surveys
  - Utilized many primary and secondary data sources such as CRCHD databases, County Health Rankings, State of Wisconsin databases and data sources, US Census data, etc.
  - Compiled data by: demographics; socioeconomic status; quality of life; health resource availability; behavioral risk factors; environmental health indicators; social & mental health; maternal & child health; illness, injury, disability & death; communicable diseases
  - Sent the CHA to stakeholders and posted online for community feedback
  - Identified opportunities and challenges to inform a community health improvement plan

| OPPORTUNITIES  | CHALLENGES  |
|--|---|
| <ul style="list-style-type: none"> <li>• Health/quality of life good or excellent</li> <li>• Health/quality of life same or getting better</li> <li>• Many schools perceived as good</li> <li>• Good place to raise children</li> <li>• Decrease in unhealthy days for asthma/lung disease</li> <li>• Decrease in violent crime</li> <li>• Increase in owner-occupied homes</li> <li>• Increase in median income</li> <li>• More adults receiving health insurance</li> <li>• Decrease in adult smoking</li> <li>• Decrease in smoking during pregnancy</li> <li>• Increase in adult moderate physical activity</li> <li>• Decrease in youth sexual activity</li> <li>• Increase purchase of radon test kits</li> <li>• Decrease in number of kids bullied (parent report)</li> <li>• Decrease in teen (15-19) birth rate</li> <li>• Overall decrease in infant mortality</li> <li>• High number of 2-year-olds immunized</li> <li>• Schools, community centers, non-profit organizations, local businesses, and government</li> </ul> | <ul style="list-style-type: none"> <li>• Income inequality/economically disadvantaged</li> <li>• Educational attainment gap</li> <li>• Aging population</li> <li>• Lack of health insurance for Hispanics and Blacks</li> <li>• High number of preventable hospitalizations</li> <li>• Low number of health care providers per capita</li> <li>• Increase in fear for personal safety</li> <li>• Rise in binge drinking</li> <li>• Increase in opioid use</li> <li>• Decrease in youth use of contraception</li> <li>• Increase in obesity</li> <li>• Increase in suicides</li> <li>• Infant mortality disparities</li> <li>• Falls across all age groups</li> <li>• Elevated levels of trauma for pregnant women</li> <li>• Increase in number of STDs</li> <li>• Increase in Hepatitis C</li> <li>• High rates of chronic disease</li> <li>• Preventable injuries and deaths</li> <li>• Lack of family support and individual effort</li> </ul> |

### Other Applicable Programs listed under another Essential Services

- All Programs – see Essential Service #2
- All Programs – see Essential Service #9

## ESSENTIAL SERVICE 2: IDENTIFY AND INVESTIGATE HEALTH PROBLEMS AND HAZARDS IN THE COMMUNITY

Provide for epidemiological investigation of communicable diseases, disease outbreaks, environmental health hazards, chronic diseases and injuries. Develop and implement prevention and intervention strategies.

Wisconsin Statutes 250, 251, 252 and 254 and DHS 140, 145

### Communicable Disease Services

CRCHD is required to investigate nearly 80 reportable communicable diseases (CDs), which include sexually transmitted diseases (STDs). A confirmed or probable disease case requires case investigation, follow-up of treatment, individual education, and community education, depending on the disease. Disease reports that ultimately do not meet the case definition still require timely investigation to determine if the diagnosis fits the case definition.

#### 2017 Outputs:

- Conducted a total of 1,140 investigations (a 3% increase from 2016)
  - Conducted 334 investigations of confirmed/probable CDs (non-STDs), an 8% increase from 2016
  - Conducted 440 investigations of suspect CDs (non-STD)
  - Conducted 354 investigations of confirmed STDs
  - Conducted 12 investigations of suspect STDs
- Reported chlamydia cases dropped for the first time in years. Hepatitis C also saw a drop. Influenza and Lyme disease increased sharply and gonorrhea also increased

### Disease Outbreak Investigations

CRCHD responds to communicable disease outbreaks such as norovirus, seasonal influenza, and others. Staff provides education, institutional guidance, and test kits as needed.

#### 2017 Outputs:

- Responded to 24 outbreaks (a 20% increase from 2016) at 13 long-term care facilities (86% increase from 2016)
  - 5 Norovirus outbreaks (26 residents, 39 staff)
  - 12 Acute GI outbreaks (176 residents, 80 staff)
  - 1 Rhinovirus outbreak (10 residents, 0 staff)
  - 4 Influenza A outbreaks (28 residents, 8 staff)
  - 1 Rhinovirus/Parainfluenza/Enterovirus/Human Metapneumovirus outbreak (9 residents, 2 staff)
  - 1 Influenza A/Parainfluenza/Respiratory Syncytial Virus/Rhinovirus/Coronavirus (20 residents, 19 staff)
  - 1 Acute Respiratory Illness (ARI) outbreak-pathogen not identified (10 residents, 0 staff)

#### CRCHD 2017 Communicable Disease Cases\*

|  | 2017       | 2016       | trend    |
|--|------------|------------|----------|
| <b>STDs</b>                            |            |            |          |
| Chlamydia                              | 287        | 312        | ▼        |
| Gonorrhea                              | 64         | 45         | ▲        |
| Syphilis, Primary, Secondary           | ≤5         | ≤5         | ▲        |
| <b>Communicable &gt;5 Cases</b>        |            |            |          |
| Influenza Hospitalizations             | 91         | 32         | ▲        |
| Mycobacterium (non-TB)                 | 40         | 39         | ▲        |
| Pertussis                              | 31         | 35         | ▼        |
| Lyme Disease                           | 28         | 12         | ▲        |
| Hepatitis C                            | 27         | 51         | ▼        |
| Campylobacteriosis                     | 20         | 29         | ▼        |
| Salmonellosis                          | 13         | 13         | -        |
| Streptococcal Disease (B)              | 12         | 11         | ▲        |
| Varicella (Chicken Pox)                | 11         | 9          | ▲        |
| Streptococcus Pneumoniae               | 9          | 12         | ▼        |
| Blastomycosis                          | 6          | <5         | ▲        |
| <b>Communicable ≤5 Cases</b>           |            |            |          |
| Cryptosporidiosis                      | ≤5         | ≤5         | ▼        |
| E. Coli STEC                           | ≤5         | 9          | ▼        |
| Ehrlichiosis/Anaplasmosis              | ≤5         | ≤5         | ▲        |
| Giardiasis                             | ≤5         | 8          | ▼        |
| Haemophilus Influenzae                 | ≤5         | ≤5         | ▼        |
| Hepatitis B (Chronic)                  | ≤5         | ≤5         | ▼        |
| Hepatitis E (Acute)                    | ≤5         | ≤5         | ▲        |
| Kawasaki Disease                       | ≤5         | ≤5         | ▲        |
| Legionellosis                          | ≤5         | 8          | ▼        |
| Meningitis, Bacterial, Other           | ≤5         | ≤5         | -        |
| Mumps                                  | ≤5         | ≤5         | ▲        |
| Parapertussis                          | ≤5         | ≤5         | ▲        |
| Shigellosis                            | ≤5         | 12         | ▼        |
| Streptococcus Disease (A)              | ≤5         | ≤5         | -        |
| Tuberculosis                           | ≤5         | ≤5         | -        |
| Tuberculosis, Latent                   | ≤5         | 10         | ▼        |
| West Nile Virus                        | ≤5         | ≤5         | ▲        |
| Pelvic Inflammatory Disease            | ≤5         | ≤5         | ▲        |
| <b>TOTAL</b>                           | <b>688</b> | <b>666</b> | <b>▲</b> |
| *Includes confirmed and probable Cases |            |            |          |

## **Outbreak Related Public Information**

CRCHD provides outbreak-related information in a variety of formats to reinforce health promotion and disease prevention messages.

### ***2017 Outputs:***

- Advertised immunization and TB skin test appointments
- Sent a press release on a crow testing positive for West Nile Virus and prevention measures
- Sent a press release on the first human case of West Nile Virus in Racine County
- Sent a press release on precautions to be taken during influenza season
- Sent blast faxes to healthcare providers on Zika recommendations, influenza testing, and an increase in reports of Legionellosis infections, to name a few
- Provided guidance to child care facilities and schools upon an identified increase in gastrointestinal illness in Racine County
- Provided guidance to child care facilities and schools upon an identified increase in influenza and other respiratory illness in Racine County
- Sent out a press release regarding County Health Rankings report

## **Human Health Hazards Investigations**

CRCHD continues to investigate human health hazards which are defined as substances, activities or conditions that are known to have the potential to cause acute or chronic illness or death if exposure to the substances, activities or conditions is not abated.

### ***2017 Outputs:***

- Conducted 230 human health hazard investigations/interventions (a 33% decrease from 2016)
- Responded to 42 complaints (a 33% decrease from 2016)

## **Lead Hazard Investigations**

CRCHD receives a small state grant to conduct population-based surveillance of childhood lead levels, provide assessment for signs and symptoms of elevated blood lead levels (BLL) in children, and complete home visits to provide education for families whose children have elevated lead levels. Staff certified as Lead Hazard Investigators provide home environmental testing for high lead cases.

### ***2017 Outputs:***

- Identified and tracked 1,066 blood lead tests completed for CRCHD jurisdiction children
- Identified 20 new children with a BLL of  $\geq 5$  ug/dL and all received a form of follow-up (e.g. call, letter, primary care physician contact)
- No children had a venous BLL that required a lead hazard investigation (two tests  $\geq 15$  ug/dL separated by 90 days or one test  $\geq 20$  ug/dL)
- No children had a venous BLL that required a public health nurse home visit ( $\geq 10$  ug/dL)
- Provided lead poisoning prevention information to 672 families in a new baby packet

## **Other Applicable Programs listed under another Essential Services**

- Systematic Data Collection, Analysis and Dissemination – see Essential Service #1
- Community Events and Public Outreach – see Essential Service #3
- Radon Testing – see Essential Service #3
- Car Seat Education and Installation – see Essential Service #3
- Fetal, Infant & Child Death Review – see Essential Service #4
- Childhood Immunization Program and Adult Services Program – see Essential Service #7



### **ESSENTIAL SERVICE 3: INFORM, EDUCATE, EMPOWER PEOPLE ABOUT HEALTH ISSUES**

**Promote healthy behaviors by making health information available in a variety of formats. Regularly share and discuss current and emerging health issues with policy makers and decision-makers. Provide programs and services that reinforce health promotion messages.**

*Wisconsin State Statute 251*

#### **Car Seat Education and Installation**

According to WI Department of Transportation, Racine County had the 4<sup>th</sup> highest number of car crashes in Wisconsin in 2016. The CDC notes that “motor vehicle crash deaths among children age 12 and younger decreased by 43 percent from 2002-2011; research has shown that using age- and size-appropriate child restraints (car seats, booster seats, and seat belts) is the best way to save lives and reduce injuries in a crash.” CRCHD teaches families how to safely transport their children using car seats, booster seats and seat belts.

##### **2017 Outputs:**

- Evaluated 94 child safety seats for proper installation, a 370% increase from 2016
- Provided car seat safety information to 672 families in a new baby packet
- Mailed one newsletter to residents including information reviewing proper use of child restraints

#### **Cribs for Kids (NEW)**

In 2017, CRCHD became an official Cribs for Kids® site. The mission of Cribs for Kids® is to prevent infant deaths by educating parents and caregivers on the importance of practicing safe sleep for their babies and by providing Graco® Pack ‘n Play® portable cribs to families who, otherwise, cannot afford a safe place for their babies to sleep. All education is based on the American Academy of Pediatrics guidance on how and where to put an infant to sleep. CRCHD provides cribs in the community and at the CRCHD offices.

##### **2017 Outputs:**

- Provided 81 cribs and education to 79 new parents

#### **Safe Kids Racine County Coalition (NEW)**

In 2017, Safe Kids Racine County Coalition moved from Ascension – All Saints to CRCHD. Safe Kids Worldwide is a nonprofit organization working to help families and communities keep kids safe from injuries. Most people are surprised to learn preventable injuries are the #1 killer of kids in the United States. Safe Kids Worldwide works with an extensive network of more than 400 coalitions in the United States to reduce traffic injuries, drownings, falls, burns, poisonings and more.

#### **Radon Testing**

CRCHD provides radon test kits to residents at a reduced cost and assists with test result interpretation as well as mitigation information and referrals for residents whose homes have high radon levels. A naturally occurring radioactive gas, radon causes lung cancer and claims about 20,000 lives annually in the U.S.

##### **2017 Outputs:**

- Sold 250 radon kits to residents, a 32% decrease from 2016
- 174 radon kits sent for analysis; 60.3% had a result above 3.9 pCi/l (recommended remediation level)

## **Well Water Testing – Bacteria, Nitrates**

CRCHD provides free well water test kits to residents for testing of bacteria and nitrates at Wisconsin State Lab of Hygiene (WSLH charges a nominal testing fee). CRCHD also provides assistance with interpretation of test results and mitigation information.

### **2017 Outputs:**

- Provided 61 bacteria/nitrate well water test kits to residents
- Distributed 125 fee-exempt, bacteria/nitrate well water test kits to residents impacted by the 2017 Racine County area flood
  - Samples were submitted for over 50% of the flood-related well water test kits
  - Over 20% of the samples submitted tested positive and required corrective actions

## **CRCHD Website Update (NEW)**

For the first time in 12 years, the CRCHD website has a new look. Residents are now able to access and navigate the website by mobile device or computer at [www.crchd.com](http://www.crchd.com). The updated website delivers messages in a manner that allows for a better understanding of the role, activities, and value of public health. The website gives residents ready access to “Hot Topics” on matters ranging from flood clean up and water safety to radon awareness and other current issues. In addition, the website presents a “Featured Video” as well as “News,” a “Facebook” feed, and a “Select Language” button. Program and service information is readily accessible by content area: About Us, Community Health, Environmental Health, Public Health Preparedness, Communications, and Employment. For the first time, there is a “FAQ” section for questions as well as a “Contact Us” page. Another new, important feature is that job applicants may apply online. Most significantly, there is a “Search” function to get people to the information they are looking for.

## **Branding (NEW)**

CRCHD also underwent branding in 2017, with staff taking on this work.



## **Community Events and Public Outreach**

CRCHD provides educational materials to residents in a variety of formats to promote healthy behaviors. Health topics range from food safety to immunizations, infant safety, emergency preparedness and more.

### **2017 Outputs:**

- Mailed one newsletter to all residents; wrote 20 newsletter articles for municipalities
- Issued regular press releases on topics such as seasonal influenza, West Nile virus, radon awareness, medication collection, and immunizations
- Posted on CRCHD social media accounts daily, including Facebook and Twitter, on topics including emergency preparedness; food, weather, and home safety; immunizations; and volunteer opportunities
- Presented at community events such as East and West End Networking Breakfasts, Sealed Air Family YMCA, Baby Expo, churches and civic organizations
- Reached a total of 39 residents at 4 Grapevine health education sessions
- Provided brochures on public health services at multiple venues and online

## **Other Applicable Programs listed under another Essential Services**

- Communicable Disease, Outbreak and Public Information Services – see Essential Service #2
- Community Coalitions and Group Participation – see Essential Service #4
- Childhood Immunization and Adult Services Programs – see Essential Service #7



## **ESSENTIAL SERVICE 4: MOBILIZE COMMUNITY PARTNERSHIPS AND ACTION TO IDENTIFY AND SOLVE HEALTH PROBLEMS**

**Convene and collaborate with community groups to undertake prevention and population-focused activities. Develop strategies for assessing and engaging the full range of individual and community assets to improve locally determined health and environmental issues.**

*Wisconsin State Statute 251*

### **Medication Collection**

Medication collections are a valuable tool in preventing drug abuse as a growing number of youth and adults turn to medicine cabinets in homes as sources of prescription pills. Also, medications flushed down the drain or thrown in the trash can accumulate in the water supply and landfills, endangering the environment. In collaboration with many local partners (e.g. pharmacies and law enforcement agencies), CRCHD helps sponsor medication collection events, and these collection events are also used as a Cities Readiness Initiative (CRI) drill/exercise to test local public health preparedness plans. In addition to the medication collection events, 11 medication collection boxes have been established throughout the county to offer year-round disposal of medications to residents. For the most current list go to: <https://doseofrealitywi.gov/drug-takeback/find-a-take-back-location/>.

#### **2017 Outputs:**

- Helped dispose of unwanted medications at medication events (1,432 lbs.) and boxes (1,400 lbs.)
- Assisted with the addition of one medication box and replacement of another that was aging

### **Fetal, Infant & Child Death Review (FICDR) team**

In 2010, CRCHD began chairing the Racine County child death review team and in 2012 added fetal and infant mortality review. Funded by state grant dollars, the now hybrid FICDR team (composed of law enforcement, EMS, DA's office, ME's office, Child Protective Services, and other healthcare agencies) works to ensure accurate identification and uniform reporting of the cause, manner and relevant circumstances of every fetal, infant and child death. The goal is to identify preventable causes of death and inform program and policy direction in the community based on team findings and trend analyses.

#### **2017 Outputs:**

- 15 childhood (ages 1-21), 16 infant (ages 0-1) , and 11 fetal (stillbirths) deaths reported to date
- Identified the leading causes of fetal and infant deaths as prematurity and natural causes
- Identified the leading manner of child deaths (ages 1-21) as accidents and natural causes
- Convened a workgroup to look at childhood drownings
- Wrote the *Racine County Fetal, Infant and Child Death Review Report 2011-2016 (NEW)*

### **Other Community Coalitions and Group Participation**

- |   |   |
|---|---|
| • Racine County Youth Coalition                           | • SE Wisconsin WALHDAB                              |
| • Racine County Immunization Coalition                    | • Racine Collaborative for Children's Mental Health |
| • Greater Racine Collaborative for Healthy Birth Outcomes | • Racine County Family Resource Network             |
| • Safe Kids Racine County Coalition                       | • Racine County Home Visiting Stakeholder's group   |
|   | • Family Preservation West                          |

### **Other Applicable Programs listed under another Essential Services**

- Systematic Data Collection, Analysis and Dissemination – see Essential Service #1
- Emergency Preparedness – see Essential Service #5

## **ESSENTIAL SERVICE 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS**

**Provide leadership to drive the development of public health plans and policies that are consistent throughout the state but that address local needs.**

*Wisconsin Statutes 251*

### **Emergency Preparedness**

CRCHD strives to ensure that staff can respond effectively to public health emergencies, lessen the negative impact of the emergency, and save lives. A public health emergency may be the result of a bioterrorist act; a biological disease (e.g. influenza, Ebola); a hazmat incident; an adverse weather condition; a long-term power outage; or a contaminated food or water supply. The work performed as part of our emergency preparedness program strengthens our capacity to respond and be prepared. In 2017, CRCHD was required to complete objectives related to medical surge, non-pharmaceutical interventions, volunteer management, community risk planning, threats spanning chemical, biological, radiological, nuclear, and explosive (CBRNE) events, and medical countermeasure dispensing. In fulfillment of these required objectives CRCHD participated in planning meetings and exercises with local, regional and state partner agencies.

#### **2017 Outputs:**

- Participated in the Southeastern Wisconsin Healthcare Emergency Readiness Coalition's (HERC) Emerging Infectious Disease Symposium designed to strengthen collaboration among public and private entities in the prevention and control of communicable diseases within our community
- Attended an out-of-state, community specific training designed to test and evaluate our current emergency plans with a group of 70 Racine County public and private partners
- Activated the CRCHD Incident Command System in conjunction with our Public Health Emergency Plan (PHEP) as part of our response and recovery efforts related to 2017 Racine County area floods
- Developed and published an in-depth After-Action Report/Improvement Plan (AAR/IP) related to our efforts in the 2017 Racine County area floods
- Participated in the Milwaukee Metropolitan Statistical Area Exercise Design Team to test public health emergency plans at a regional level
- Reinforced emergency preparedness concepts and plans among CRCHD staff via the dissemination and completion of monthly emergency preparedness training exercises
- Tested plans related to internal/external communication, health alerts, volunteer management, and Incident Command structure through a variety of ongoing drills
- Completed a Hazard Vulnerability Assessment to identify and prepare for potential biological, environmental, and other risks that may impact our jurisdiction
- Performed an annual review and revision of our emergency preparedness plans (i.e. PHEP, MCP) and incorporated a new strategy for the dispensing of medical countermeasures to first responders
- Increased the number of staff trained in public/media communications via a Public Information Officer (PIO) training course and participated in a newly developed PIO workgroup
- Increased engagement with local, private partners for our closed Point of Dispensing (POD) network
- Provided contractual emergency preparedness services to City of Racine Health Department

### **Other Applicable Programs listed under another Essential Services**

- All Programs - see Essential Services #9
- All Programs - see Essential Services #10

## ESSENTIAL SERVICE 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND SAFETY

Efficiently and effectively enforce state and local laws and regulations that protect and promote the public's health.

*Wisconsin Statutes 251, 254, ATCP 72, 73, 75, 76, 78, 79, DHS 192, and SPS 221, 390*

### Environmental Health Licensing and Inspections

CRCHD is an agent for the Department of Agriculture, Trade and Consumer Protection (DATCP) and the Department of Safety and Professional Services (DPS). Environmental health staff provide licenses and inspections to the listed establishments. Staff also provide free food safety training classes.

#### 2017 Outputs:

- Licensed 607 establishments
- Completed a total of 1,310 inspections, a 23% increase from prior licensing year
  - Completed 877 routine inspections (includes 147 transient vendor inspections)
  - Completed 90 pre-inspections
  - Completed 288 follow-up inspections
  - Completed 40 on-site inspections for complaints and followed up on 100% of complaints
  - Completed 15 other on-site inspections
- Developed an online food safety course available on the CRCHD website
- Conducted nearly 200 food safety inspections/calls during the summer of 2017 Racine County flooding event

| Establishment Type        | Total Licenses |            | Trend |
|---------------------------|----------------|------------|-------|
|                           | 2016-2017      | 2015-2016  |       |
| Body Art                  | 5              | 3          | ▲     |
| Campground                | 5              | 5          | --    |
| Restaurant                | 257            | 249        | ▲     |
| Retail Food               | 157            | 160        | ▼     |
| Other Food Establishments | 8              | 10         | ▼     |
| Hotels/Motels             | 19             | 18         | ▲     |
| Pools                     | 61             | 61         | --    |
| Schools                   | 31             | 31         | --    |
| Temporary Restaurants     | 63             | 63         | --    |
| Summer Camps              | 1              | 1          | --    |
| <b>TOTAL</b>              | <b>607</b>     | <b>601</b> | ▲     |

| Establishment Type | Follow-Up Reinspection 2016-2017 | Follow-Up Inspection 2015-2016 | Trend | Follow-up Charged Inspection 2016-2017 | Follow-up Charged Inspection 2015-2016 | Trend |
|--------------------|----------------------------------|--------------------------------|-------|--|--|-------|
| Restaurant         | 147                              | 120                            | ▲     | 12                                     | 18                                     | ▼     |
| Retail Food        | 52                               | 37                             | ▼     | 2                                      | 3                                      | ▼     |
| <b>TOTAL</b>       | <b>199</b>                       | <b>157</b>                     | ▲     | <b>14*</b>                             | <b>21</b>                              | ▼     |

\*Subset of Follow-Up inspections

### Excellence Award for Food Facilities (NEW)

In 2017, Central Racine County Health Department developed a concept to acknowledge the food facilities that regularly meet a high standard of food safety by issuing an annual award to these facilities. This award is supported by local food industry committee members as well as the Central Racine County Board of Health. Facilities that qualify are licensed as a *moderate complexity restaurant*, *high complexity restaurant*, *large potentially hazardous food retail store* or *small potentially hazardous food retail store*. Certificates are issued after the end of the license year and state that the award was for the previous license year. Facilities that meet the criteria for the award: receive a certificate that they can post at their facility; have their facility posted on the CRCHD website; and receive notice of the CRCHD press release. The criteria for the award are stringent and are available at CRCHD.

| 2016-2017 Excellence Award Winners |                                    |                          |                                    |
|------------------------------------|------------------------------------|--------------------------|------------------------------------|
| Facility                           | Location                           | Facility                 | Location                           |
| A&W                                | 13520 Northwestern Ave., Caledonia | McKenzie Food Service #2 | 2720 W 7-Mile Rd., Raymond         |
| Arbys                              | 13712 Northwestern Ave., Caledonia | Milaegers                | 8717 Durand Ave., Sturtevant       |
| Firehouse Subs                     | 6012 Washington Ave., Mt. Pleasant | Round Table              | 2720 W 7-Mile Rd., Raymond         |
| Jellystone Park                    | 8425 Hwy 38., Caledonia            | Starbucks                | 5658 Washington Ave., Mt Pleasant  |
| Jimmy Johns                        | 5502 Washington Ave., Mt. Pleasant | Subway                   | 818 Fox Ln., Waterford             |
| Kwik Trip                          | 7155 Durand Ave., Mt. Pleasant     | Toppers Pizza            | 5502 Washington Ave., Mt. Pleasant |
|                                    |                                    | Lakeview Elementary      | 26335 Fries Ln., Norway            |

### **Online Food Safety Classes (NEW)**

CRCHD Environmental Health staff developed six video presentations to provide basic food safety information for people and groups who serve food to the public on a limited basis. This includes volunteers of non-profit organizations such as religious, fraternal, youth, or patriotic organizations. Additionally, operators of temporary food establishments will find this information useful as well. People watch all six videos and complete a quiz and provide feedback when done. These videos make food safety available to many more people who serve food to the public.

### **DNR Well Water Program**

In 2013, CRCHD began work as Department of Natural Resources (DNR) agents for public transient non-community well testing in Racine County. *A transient non-community water system is defined as a water system that serves at least 25 people at least 60 days of the year but does not serve the same 25 people over 6 months of the year.* The program requires annual testing for bacteria and nitrate, annual site assessment, and a sanitary survey every 5 years.

#### **2017 Outputs:**

- Tested 148 wells for bacteria, nitrate and nitrite (a 3% decrease from 2016)
- Completed 117 annual site assessments
- Completed 31 sanitary surveys
- Addressed 24 wells with deficiencies

### **Animal Bite/Rabies Investigations**

CRCHD continues to investigate all animal bites to ensure the animal is not rabid and the bite victim has not been exposed to rabies. Rabies investigations take a large amount of time with many phone calls and detailed follow-up required to complete an investigation.

#### **2017 Outputs:**

- Conducted 197 rabies investigations, up 3% from 2016

| Investigation | Bat | Cat | Dog | Raccoon | Skunk | Other | Total       |
|---------------|-----|-----|-----|---------|-------|-------|-------------|
| Number        | 11  | 37  | 141 | 0       | 2     | 6     | <b>197</b>  |
| Percentage    | 6%  | 19% | 71% | 0       | 1%    | 3%    | <b>100%</b> |

### **Other Applicable Programs listed under another Essential Services**

- All Programs – see Essential Service # 2
- Car Seat Education and Installation (Injury Prevention) – see Essential Service #3
- Fetal, Infant & Child Death Review (Injury Prevention) – see Essential Service #4

## **ESSENTIAL SERVICE 7: LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES**

**Provide education and outreach as well as referrals, care coordination, and other services that promote health. Assist people to better use public health and health care services to which they have access.**

*Wisconsin Statutes 251 and DHS 144*

### **Long-Term Home Visitation Programs**

CRCHD receives several grants to provide comprehensive home visitation programs using Healthy Families America (HFA) evidence-based model and Growing Great Kids curriculum. Of importance, CRCHD is a nationally accredited HFA home visiting program, the first public health department in the state to become one. HFA is a signature program of Preventing Child Abuse America that has been providing home visiting services for more than 20 years. Expectant and new parents have common questions about their child's development and HFA connects with families to find the answers to their questions and set meaningful goals while meeting within the familiarity and convenience of the family's own home. HFA is an accessible, voluntary and well received service.

#### **Family Foundations Home Visiting (FFHV)**

Open to all Racine County residents and funded by Wisconsin Department of Children and Families, Family Foundations Home Visiting is a partnership between home visiting providers and Racine County Human Services Department. Program goals include: improving birth outcomes and maternal health; providing service coordination and referrals; and improving child safety, health and development.

#### **2017 Outputs (2016/2017 grant cycle)**

- ° Provided 880 home visits (up 18% from 2016) for 125 families (up 95% from 2015/2016)

#### **Racine Healthy Babies (RHB)**

RHB is funded through Wis. Stats. 253.16 and managed by Racine County Human Services Department. The program supports home visits for pregnant or parenting women who have had a previous preterm birth, low birth weight birth, fetal loss or infant death and pregnant or parenting African American women who have not had a previous loss. Goals include: utilizing innovative approaches to reduce poor outcomes; improving maternal health and family functioning; and promoting child health, safety and growth.

#### **2017 Outputs (2016/2017 grant cycle)**

- ° Provided 453 home visits (up 18% from 2016) for 62 families (up 100% from 2015/2016)

### **Short-Term Home Visitation Program**

#### **Family Connects Racine County (NEW)**

*Family Connects Racine County* is a new, community-wide nurse home visiting program. Program services are for all parents of newborns in Racine County and visits are tailored to meet each family's needs. Nurses provide between one and three home visits to families with a newborn beginning at about three weeks of age, regardless of income or demographics. Having a new baby affects many areas of a family's life. Family Connects nurses are trained to answer all kinds of questions and are knowledgeable about the wealth of resources in the community. Nurse home visitors offer supportive guidance, respond to family questions about newborn care, and help bridge the gap between parent needs and community resources. Family Connects supports parents by bringing health providers,

community resources and families together. Participation is voluntary and at no charge, and open to all Racine County families who have just given birth. This program is funded by United Way of Racine County and Racine County Human Services Department.

### 2017 Outputs

- Provided 118 home visits in first five months of the program (2017 grant cycle)

## Home Visiting Evaluation Grant – Wisconsin Partnership Program (NEW)

In 2017, CRCHD completed an evaluation of Racine County home visiting, in partnership with University of Wisconsin-Milwaukee academic partners. The goal of the WPP grant was to evaluate the prevalence of Adverse Childhood Experiences (ACEs) and their relationship to risk factors for poor birth outcomes and child abuse and neglect. Childhood experiences matter and have a big impact on health. Adverse childhood experiences are of particular public health concern because they may affect lifelong health and well-being—they are among the leading causes of disease, disability, social problems and early death. ACEs matter because they may lead to social, emotional and cognitive impairment as well as adoption of health-risk behaviors. ACEs also may have long-term effects on maternal reproductive health and interfere with the effectiveness of health interventions and programming.

**WHAT ARE ACEs?** Physical abuse; verbal abuse; sexual abuse; physical neglect; emotional neglect; mother treated violently; household substance abuse; household mental illness; parental separation or divorce; incarcerated household member.

Evaluation findings show that 38% of women have 4+ ACEs and 81% have at least one ACE. Findings for children suggest there are intergenerational effects of ACEs that negatively affect not only the women who experienced the adversity but also their children. These findings are being used to identify additional strategies to reach as many families as possible through home visiting and to ensure services take into account a family's trauma history. Findings are also being used to inform policy and systems change through cross-sector collaborative work in order to prevent ACEs in infants and young children and to support and promote healthy families.

### KEY ACE EVALUATION FINDINGS

#### Women with high ACEs:

- 5x as likely to experience domestic violence
- 2x as likely to experience a pregnancy loss
- 2x as likely to experience perinatal depression
- 3x as likely to smoke tobacco after pregnancy

#### Children born to mothers with high ACEs:

- 3x more likely to have a physical delay

CRCHD is working to address ACEs by promoting healthy birth outcomes, positive parent-child interaction, and healthy childhood growth and development through evidence-based home visiting. Additional work includes evaluation of ACEs to identify their impact on home visiting policies and practices and dissemination of the evaluation findings.

## Maternal Child Health

CRCHD staff provides maternal child health (MCH) services and education to all residents.

### 2017 Outputs

- Provided MCH information to 672 families in a new baby packet
- Provided infant safe sleep education to all 30 daycare centers in the jurisdiction (NEW)
- Provided infant safe sleep training to 186 staff in 24 daycare centers (NEW)



## **School and Daycare Immunization Compliance Program**

CRCHD staff work closely with school districts and daycare centers to assure school age children are in compliance with the Wisconsin State Immunization Law.

### ***2017 Outputs***

- Tracked school and daycare compliance rates for all schools and daycares in the jurisdiction

## **Population-Based Immunization Compliance Program**

Funded by state grant dollars, this program works to increase immunization rates of all children in the jurisdiction, regardless of provider.

### ***2017 Outputs***

- Helped ensure that 77% of children residing in Racine County who turned 24 months of age during the year were up-to-date on their immunizations; coordinated immunization surveillance by sending 1,144 reminder/recall letters to residents
- Provided immunization information to 672 families in a new baby packet

## **Childhood Immunization Program**

Through the federal Vaccines for Children Program (VFC), CRCHD receives free childhood vaccines to ensure that children receive and remain up to date on vaccinations. Since 2012, health departments may only use VFC vaccine for those who are underinsured, uninsured, or on Medicaid/Badgercare.

### ***2017 Outputs***

- Provided 224 pediatric vaccines (down 19% from 2016) to 76 pediatric clients (down 24% from 2016) (includes 31 pediatric influenza shots)
- Monitored and will continue to monitor clinic utilization as well as overall vaccine coverage rates

## **Adult Services Program**

CRCHD provides an Adult Services Program which includes blood pressure screenings, administration and reading of tuberculin skin tests, and some adult vaccinations.

### ***2017 Outputs***

- Provided 28 adult vaccinations (down 26% from 2016), excluding seasonal influenza, for 22 clients (down 21% from 2016)
- Tdap vaccine accounted for 54% of adult vaccinations given
- Provided 78 adult seasonal influenza vaccinations through private vaccine purchase
- Administered 83 tuberculin skin tests (down 24% from 2016) and provided blood pressure checks as needed

## **Other Applicable Programs listed under another Essential Services**

- Communicable Disease Services – see Essential Service #2
- Community Events and Public Outreach – see Essential Service #3

## **ESSENTIAL SERVICE 8: ASSURE A COMPETENT PUBLIC HEALTH WORKFORCE**

**Lead and support efforts to improve the quality, quantity and diversity of health professionals in the state. Promote the development of professional education strategies and programs that address state and local health needs.**

*Wisconsin Statutes 251 & 252 and DHS 139*

### **Qualified Public Health Professionals**

CRCHD Public Health Nurses and Sanitarians are required to provide a copy of their Wisconsin State Licenses. Information is verified with the state at the time of hire and thereafter. Additionally, staff attend continuing education trainings if relevant to the position and approved by the Health Officer.

#### ***2017 Outputs:***

- CRCHD has a Health Officer, Community Health Director, and Associate Community Health Director who are all Master's prepared and a Bachelor's prepared Fiscal Director and Environmental Health Director
- CRCHD has nine Public Health Nurses (PHN), all Registered Nurses with a Bachelor's degree, seven of nine who are funded exclusively for home visiting work and two of whom are supervisors
- CRCHD has six Bachelor's prepared Public Health Educator Home Visitors, one of whom is a supervisor
- CRCHD has three Registered Sanitarians (RS) plus a RS Environmental Health Director
- CRCHD has two Public Health Specialists, both with an MPH
- CRCHD has three Public Health Technicians, the senior one who is licensed as a MA
- CRCHD has one Public Health Educator who is Bachelor's prepared
- Staff completed training as required by their positions and/or a grant

### **Linkages with Academia**

CRCHD has strong linkages with numerous institutions of higher education and serves as a site for student placement, observation, practice experience and internship.

#### ***2017 Outcomes:***

- Maintained agreements with local universities
- Worked with University of Wisconsin Milwaukee academic partners on WPP evaluation grant

### **Linkages with Healthcare Systems**

CRCHD has strong relationships with local healthcare systems in order to provide quality staff, programs, and services. Through partnerships, CRCHD identified education and training needs as well as opportunities for developing core public health competencies.

#### ***2017 Outcomes:***

- Maintained Dr. Mark DeCheck as Medical Advisor for the Health Department
- Continued a system of healthcare linkages using a community coordinator for home visitation
- Member of Aurora Health Care Community Steering Council – Walworth and Racine
- Collaborated with Ascension – All Saints for home visiting services and program evaluation

### **Linkages with School Systems**

CRCHD has strong relationships with local school systems, including administrators, school nurses, social workers and other professional staff, in order to provide collaborative programs and services.

## **ESSENTIAL SERVICE 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF INDIVIDUAL AND POPULATION BASED HEALTH**

**Regularly evaluate the public health's system performance, processes and outcomes to provide information necessary to define accountability, allocate resources, and reshape policies and services.**

*Wisconsin Statutes 250 and DHS 140*

### **Local Policy and Procedure Updates**

On an annual basis, the Health Department reviews, updates, and creates new policies and procedures. CRCHD also works with Board of Health to implement new standards and tools as needed.

#### **2017 Outputs:**

- Continued to update and create policies and procedures to meet all necessary requirements

### **Continuous Quality Improvement (CQI)**

In 2017, CRCHD updated its Quality Improvement Plan. Through formal processes, CRCHD documents activities, monitors program fidelity, reviews and analyzes data, and adjusts practices based on findings.

#### **2017 Outputs**

- Updated the agency Quality Improvement Plan and developed process maps
- Received program feedback from reflective practice, consumer surveys and municipal personnel
- Reviewed and analyzed data through staff supervision, full staff meetings, and board meetings as well as through discussions with staff, participants and self-assessment of job performance

### **Performance Management**

The CRCHD performance management system works to: 1) set organizational objectives across all levels of the department, 2) identify indicators to measure progress toward achieving objectives on a regular basis, 3) identify responsibility for monitoring progress and reporting, 4) identify areas where achieving objectives requires focused quality improvement processes, and 5) identify visible leadership.

#### **2017 Outputs**

- Updated the CRCHD Performance Management Plan and revised program goals, indicators and measurements for Community and Environmental Health programs.

### **2016-2020 Strategic Plan**

CRCHD continued work on *2016-2020 Strategic Plan* priorities: 1) achieve national public health accreditation, 2) enhance external communication and partnerships, 3) focus workforce development on performance, 4) align organizational programs/services, and 5) assure financial viability.

### **Finances and Resource Allocation**

CRCHD utilizes Board of Health direction, program process and outcome data, levy constraints, municipal input, and best practices to inform Health Department budgeting.

#### **2017 Outputs**

- Developed a budget with a 0% increase for 2017 and came in on budget in 2017
- Received income of \$2,679,148 (58% grant, 30% local levy, 12% fees/contracts). Of expenditures, 81% were for personnel and 19% were operating expense, including required grant programmatic expenditures. Revenues increased in 2017 due to 18% increase in grant revenues
- Ranked 76/88 in per capita levy funding (less than ½ the state average for all local health depts.)

## **ESSENTIAL SERVICE 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS**

**Develop partnerships with institutions, colleges, vocational/technical schools, and universities to broaden the range of public health research. Conduct timely scientific analysis of public health issues. Engage testing of innovative solutions at the local and state levels.**

*Wisconsin Statutes 251 & 252 and DHS 139*

### **Partnerships for Research and Innovation**

CRCHD partners with many agencies and programs to further public health innovation and research in the jurisdiction and the state. While many of these partnerships have already been enumerated in the previous Essential Services, they are important enough to the health of the community to recount here. Partnerships and innovations include, but are not limited to the following:

#### ***2017 Outputs***

- Partnered with schools, long-term care facilities, daycares, and healthcare systems
- Collaborated with Ascension – All Saints regarding home visiting services
- Initiated collaboration with Aurora Health Care regarding home visiting services
- Collaborated with City of Racine Health Department and Racine Unified School District for consistent communicable disease messaging to students, families and staff
- Worked with school districts and daycare centers to assure immunizations for children
- Provided contracted services for City of Racine Health Department for emergency preparedness, cities readiness initiative, and fetal, infant and child death review (FICDR) services
- Participated in the Home Visiting Collaborative Improvement and Innovation Network (HVCoin) to achieve breakthrough improvements in select process and outcome measures that are important to the home visiting programs
- Participated in the state emergency preparedness work groups
- Partnered with government, hospital and other agencies to grow the Racine County Home Visiting Network and support an ongoing system of healthcare linkages for home visitation
- Led the Racine County FICDR team made up of law enforcement, Emergency Medical Services, District Attorney's office, Medical Examiner's office, Child Protective Services, Healthcare (pediatrician and neonatologist), Public Health and other partners
- Worked with United Way of Racine County and Racine County Human Services Department to start *Family Connects Racine County*
- Collaborated with many agencies to promote medication collection boxes and events
- Contracted with DATCP and DSPS for licensing and inspections and DNR for well testing
- Contracted with WI Department of Health Services for immunization, maternal child health, emergency preparedness, cities readiness initiative, prevention, and lead grant work
- Participated on the Racine County Youth Coalition, Racine County Immunization Coalition, Greater Racine Collaborative for Healthy Birth Outcomes, Safe Kids Racine County Coalition, SE WI Association of Local Health Departments and Boards (WALHDAB), Racine County Home Visiting Stakeholder's group, Racine County Family Resource Network group, Family Preservation West, and Racine Collaborative for Children's Mental Health
- Collaborated with local law enforcement on animal control/rabies investigations