

2020 ANNUAL REPORT

CENTRAL RACINE COUNTY HEALTH DEPARTMENT 10005 NORTHWESTERN AVE, SUITE A FRANKSVILLE, WI 53126 41F

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MESSAGE FROM THE HEALTH OFFICER

Central Racine County Health Department (CRCHD) has spent many years planning for public health emergencies, but nothing could quite prepare us for the overwhelming amount of work accompanying the advent of the SARS-CoV2 (COVID-19) pandemic. In 2020 we ended up devoting nearly all our time and resources toward the COVID-19 response in a year that turned out to be challenging, complicated, and all-consuming.

CRCHD began 2020 with CRCHD staff preparing to respond to the pandemic and keeping our partners and key stakeholders apprised of the unfolding pandemic. As part of its response, CRCHD implemented its Incident Management System (ICS) and remains in ICS to date. As the pandemic unfolded in the spring, much of the state went into lockdown except for essential services. After statewide orders were overturned, CRCHD released local multi-sector recommendations in accordance with state and federal guidance.

The first COVID-19 cases were reported to CRCHD in March, and the bulk of CRCHD work consisted of performing case investigations, contact tracing, and outbreak investigations. An initial surge of cases in the spring was followed by a second larger surge in July which was subsequently followed by a critically high surge of cases in November. Public health and hospitals became overwhelmed when the third wave hit, causing both agency types to implement crisis standards of care.

Testing capacity was initially limited, and CRCHD worked with local healthcare, long-term care facilities, and businesses to support third-party testing at facilities and businesses as well as at community testing sites throughout the year. In the fall, CRCHD began to prepare for a 2021 vaccination campaign using the CRCHD Medical Countermeasure Plan as a roadmap for planning. As of May 17, 2021, CRCHD alone has given over 12,988 COVID-19 vaccine doses in an ongoing effort to protect our most vulnerable and achieve herd immunity.

The pages that follow include highlights of our progress throughout the year, with the primary focus on the many aspects of our COVID-19 response. It should be noted that in the spring – in the midst of our response – CRCHD achieved National Public Health Accreditation, a significant accomplishment. In addition, CRCHD and the Board of Health began work to transition CRCHD toward joining Racine County as a Public Health Division. Throughout the year, CRCHD has been so grateful for all the incredibly hard work of our staff as well as the ongoing support of the Board of Health, community residents, and our public and private partners.

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Margaret Gesner, Health Officer



HEALTH DEPARTMENT STAFF

ADMINISTRATION & FINANCE

Margaret Gesner, Health Officer Wayne Krueger, Fiscal Director Liz Staples, Health Technician Louise Caracciolo, Senior Health Technician **ENVIRONMENTAL HEALTH / EMERGENCY RESPONSE** Keith Hendricks, Environmental Health Director Jennifer Loizzo, Sanitarian Kevin Plachinski, Sanitarian Chuck Dykstra, Sanitarian Lindsay Visona, Public Health Specialist Fred McCann, Public Health Specialist

COMMUNITY HEALTH / HOME VISITING / EPIDEMIOLOGY

Jeff Langlieb, Community Health Dir./Deputy Health Officer Ashlee Franzen, Associate Community Health Director Kate Dickinson, Community Health Supervisor Sai Moua, Public Health Nurse Holly Anderson, Public Health Nurse

COMMUNITY HEALTH (cont.)

Amanda Busack, Public Health Strategist Carissa Brunner, Public Health Strategist Joella Murray, Public Health Nurse Kari Villalpando, Public Health Nurse HV Supervisor Erin Donaldson, Public Health Educator HV Supervisor Yesenia Arjon, Public Health Educator Home Visitor Renee Foy, Public Health Educator Home Visitor Linda Garza, Public Health Nurse Home Visitor Vanessa Hernandez, Public Health Educator Home Visitor Kelley Marshman, Public Health Nurse Home Visitor Jessica Mendoza, Public Health Educator Home Visitor April Johnson, Public Health Nurse Home Visitor Brittany Gunn, Public Health Nurse Home Visitor Wendi Huffman, Public Health Nurse Home Visitor Katie Whitaker, Public Health Nurse Home Visitor Pa Chang, Epidemiologist Silviano Garcia, Epidemiologist



BOARD OF HEALTH

CHAIRPERSON

Frances M. Petrick, RN <u>MEDICAL DIRECTOR/VICE-CHAIR</u> Mark E. DeCheck, MD **BOARD MEMBERS**

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The Central Racine County Board of Health meets the 3rd Thursday of the month.



CRCHD MISSION, VISION, PRINCIPLES, PRIORITIES, PROGRAMS, AND SERVICES

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:

- \cdot 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.

Vision: Building a Healthy Future by Protecting the Public's Health

<u>Guiding Principles</u>

<u>**Collaboration:**</u> Engage partners & the community to promote health and meet common goals

- Leaders
- Innovative problem-solvers
- Team players

<u>Responsiveness</u>: Deliver accessible public health programs with integrity

- Respectful, reliable, principled
- Community-driven
- Stewardship of resources

Caring: Serve the community with the customer in mind

- Accountable and respectful
- Competent and highly skilled staff
- Quality service-oriented

High Quality: Provide excellence in programs and services

- Evidence-based and data-driven
- Quality outcomes and performance-driven
- Effective, efficient, and sustainable

Diversity: Promote public health services that address community needs

- Advocate
- Culturally competent
- Focused on eliminating health disparities

Strategic Priorities 2016 - 2020

- 1. Achieve national Public Health Accreditation
- 2. Enhance External Communication & Partnerships
- 3. Focus Workforce Development on Performance
- 4. Align Organizational Programs and Services
- 5. Assure Financial Viability

Programmatic Areas

- 1. Community Health/Home Visiting
- 2. Environmental Health/Emergency Preparedness
- 3. Administration

<u>3 Core Functions & 10 Public</u> <u>Health Essential Functions</u>





COVID-19 RESPONSE 2020

10,538 COVID-19 cases investigated

7,167 COVID-19 contact investigations

52,282 COVID-19 negative reports reviewed and filed

194 COVID-19 deaths (2% of cases)

50-59

Age group with

highest proportion

of cases (19%)



544 Hospitalizations (6% of cases)



84% Not Hispanic or Latino9% Hispanic or Latino7% Others

83% of reports were negative 17% of reports were positive

Ages 80+

Cases

5% of cases 62% of deaths 45

Average case age



2020 COVID-19 Epidemic Curve by Risk Category





2020 COVID-19 Hospitalization Epidemic Curve for Southeast WI





COVID-19 HIGHLIGHTS AND CONSIDERATIONS

For the COVID-19 pandemic, CRCHD has been responsible for leading the response through planning and coordination, situation monitoring and assessment, and implementation of containment strategies to reduce disease spread. Additional crucial functions have been to educate the public and key partners, provide recommendations and guidance, protect the most vulnerable, and ensure a collaborative, multi-sector approach to the pandemic.

During the pandemic, it has been important that staff and resources are effectively coordinated to ensure the management of the response and appropriate communication flow. CRCHD implemented its Incident Command System (ICS) early in the pandemic. As the pandemic spread, additional resources were needed to manage the response. The Racine County Emergency Operations Center (EOC) was activated to coordinate resources efficiently and Racine County Joint Information Center (JIC) was stood up to ensure uniform communications. The JIC and CRCHD engaged numerous stakeholders to communicate regularly through conference calls, emails, and social media.

In March of 2020, all public health staff were reassigned to respond to COVID-19. Staff were trained in and implemented contact tracing (case investigation and contact identification), supported testing, and – most recently – implemented a vaccination campaign. Isolation (of cases) and quarantine (of contacts) became the mainstay of the response – the primary nonpharmaceutical interventions to prevent disease spread available to local health departments. In addition, identification of factors associated with disease spread as well as development and implementation of education, recommendations, and interventions became a large part of staff work.



In June, CRCHD contracted with Professional Services Group for contact tracers to assist with response efforts. These additional staff allowed CRCHD to respond to the surge in cases in the fall as well as support testing. Through partnerships with South Shore Fire Department and Wisconsin National Guard (WING), CRCHD helped provide community testing as well as business and facility testing for employees and residents. Throughout 2020, most CRCHD staff spent at least some time on the response. In addition, CRCHD had to fight hard to obtain federal pass-through dollars from the State to address the pandemic and ensure the health department had the resources to respond appropriately.

CRCHD staff time and time again have risen to the tremendous challenge posed by COVID-19. Staff have showed superior timeliness and completion rates for case investigations and contact tracing as well as attentive and timely communication with partners and the community regarding recommendations and best practices.



Community Health Assessment (CHA)

On a regular basis, CRCHD regularly updates its CHA data. However, in 2020 we were not able to perform data updates due to our COVID-19 response. Of note, communicable diseases <u>were not</u> seen as a threat to health when residents were surveyed in 2017.

<u>Community Health Improvement Plan (CHIP)</u>

In 2018, CRCHD's CHIP priority health issues included mental health, substance abuse, chronic disease, and access to healthcare. However, in a 2020 resident survey, COVID-19 was the top health issue (43%) followed by affordable health care (33%). CRCHD convenes community partners to address CHIP progress. For 2020, we were not able to meet to identify updates due to our COVID-19 response. **43%** Surveyed residents said COVID-19 was a top health issue in 2020

Morbidity and Mortality Data

In past years, the five top causes of death per 100,000 population were: 1) diseases of the heart 2) malignant neoplasm 3) accidents/unintentional injuries; 4) chronic lower respiratory diseases; and 5) cerebrovascular diseases.

COVID-19: 2nd highest cause of death in 2020 (Racine County)

2. Identify and Investigate Health Problems and Hazards in the Community

Communicable Disease Control

704 Confirmed and Probable CD Cases 2019



1479% Increase in Confirmed and Probable CD Cases between 2019 and 2020

Outbreak Investigations

CRCHD performed COVID-19 outbreak investigations related to schools, businesses, long-term care facilities, and gatherings, amongst others.

<u>Human Health Hazards</u>

CRCHD followed up on 30 reported human health hazard complaints.

Lead Poisoning Case Management & Lead Hazard Investigations

CRCHD provided lead poisoning education to 6 children identified with a venous BLL ≥5 µg/dL. Home visits were not offered due to COVID-19. No children had a venous BLL requiring a lead hazard investigation.



3. Inform, Educate, Empower People About Health Issues

Car Seat Education and Installation & Cribs for Kids

CRCHD ended these programs in 2020 due to funding and staffing considerations.

Suicide Prevention Work Group

For 2020, we were not able to meet due to our COVID-19 response.

Radon Testing & Well Water Testing

For most of 2020, CRCHD stopped selling radon test kits and providing well water test kits due to our offices being closed and our COVID-19 response.

Health Communication and Public Outreach

The 2020 work is enumerated in the COVID-19 Response section.

4. Mobilize Community Partnerships and Action to Identify and Solve Health Problems

Fetal, Infant, & Child Death Review

In 2010, CRCHD began chairing the Racine County child death review team and in 2012 added fetal and infant mortality review. In 2020, we were not able to meet due to our COVID-19 response.

Overdose Fatality Review, Med Collection, Opioid/Heroin Awareness

CRCHD leads the Racine County Overdose Fatality Review Team (OFRT). In 2020, we were not able to meet due to our COVID-19 response. CRCHD continues to promote use of medication collection boxes. In 2020 we were not able to update our Opioid and Heroin Awareness Guide due to COVID-19.

5. Develop Policies and Plans That Support Individual and Community Health Efforts

CRCHD Strategic Plan 2016-2020

CRCHD completed its Strategic Plan 2016-2020 but was not able to write up a final report due to our COVID-19 response. For 2020, most notably CRCHD achieved National Public Health Accreditation in March of 2020 and assured Financial Viability via 2020 talks regarding a merger with Racine County.

Public Health Policies and Laws

CRCHD is actively involved in developing policies and procedures for internal use as well as developing, promoting, and educating elected officials regarding local and State policies and laws. Many policies and laws were challenged in 2020, locally and statewide.

Emergency Preparedness

All the 2020 work is enumerated in the COVID-19 Response section.







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6. Enforce Laws and Regulations That Protect Health and Ensure Safety



7. Link People to Needed Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

<u>Healthy Families America (HFA) Model Home Visiting Programs</u>

CRCHD provides two comprehensive home visitation programs (Family Foundations Home Visiting and Racine Healthy Babies) using Healthy Families America (HFA) evidence-based model and Growing Great Kids curriculum. For most of 2020 home visits were paused and/or offered virtually during COVID-19, in accordance with HFA standards.

Family Connects Model Home Visiting Program

The Family Connects Racine County pilot, a community-wide nurse home visiting program, was paused during COVID-19 in accordance with Model standards.

Population-Based Immunization Compliance Program

CRCHD helped ensure that 74% of children who turned 24 months of age during the year were up-to-date on their immunizations (80% were late but became up-to-date).

Childhood Immunization & Adult Services Programs

For most of 2020 in-person services were paused during COVID-19.





Workforce Development Plan & Qualified Health Professionals

CRCHD's Workforce Development Plan ensures a systematic process for staff to identify strengths and areas for improvement and to institute actions to fulfill improvements. CRCHD employees must meet job, statutory requirements, and license requirements.

Linkages with Academia, Healthcare, Schools

In 2020, linkages became even more important and prevalent to address COVID-19.

9. Evaluate Effectiveness, Accessibility, and Quality of Individual and <u>Population Based Health Services</u>

Performance Management & Quality Improvement Plans

CRCHD has developed a comprehensive Performance Management System to systematize and institutionalize all planning, monitoring, measurement, and improvement efforts. CRCHD Quality Improvement Plan principles are integrated throughout CRCHD programs and services.

10. Research for New Insights and Innovative Solutions to Health Problems

Partnerships for Research and Innovation

CRCHD partners with many local and state agencies and programs to further public health innovation and research.

2020 BUDGET SUMMARY

In 2020, the COVID-19 response overwhelmed the budget and precipitated letters to the state for funding as well as Racine County for possible consolidation talks. CRCHD eventually did receive some COVID-19 response funding. The 2020 levy contribution was \$7.69 per capita, about ½ the state average. Total revenue (unaudited) amounted to \$3,909,983. Eighty-seven percent (87%) of 2020 budgeted expenses were for personnel-related expenditures, including CRCHD staff, contracted staff through Professional Services Group for contact tracing, and Language Line for translation services.



