



CRChD

Central Racine County Health Department

ANNUAL REPORT

2018

Central Racine County Health Department
10005 Northwestern Avenue, Suite A
Franksville, WI 53126

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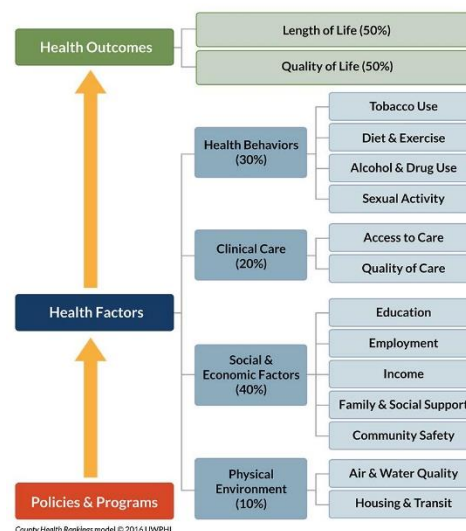
Message from the Health Officer

In 2018 Central Racine County Health Department (CRCHD) maintained a laser focus on our core functions of assurance, assessment and policy development while concurrently pursuing national public health accreditation and ensuring delivery of required and novel programs and services. Highlights for 2018 which show the growth and progress of CRCHD include the following:

- Developed the *CRCHD Community Health Improvement Plan 2018 (CHIP)* in conjunction with community partners to identify priority health issues in our jurisdiction. This process showed mental health, substance abuse, chronic disease and healthcare access as significant community concerns and areas for community improvement.
- Submitted 550+ documents to the Public Health Accreditation Board (PHAB) in advance of a 2019 site visit, as examples of CRCHD work which meets national public health standards.
- Became part of the *Kenosha/Racine Lead-Free Communities Partnership*, with Kenosha County as lead agency to implement a lead hazard reduction grant from the U.S. Department of Housing and Urban Development (HUD).
- Convened a workgroup to look at an increase in childhood drownings in Racine County; held two community listening sessions and provided for free swimming lessons at the new S C Johnson Community Aquatic Center and the new Burlington Community Aquatic Center.
- Received a new Overdose Fatality Review grant to convene Racine County partner agencies in order to better identify the underpinnings of overdose deaths and translate findings from the review process into prevention recommendations and strategies.
- Ran a *Fall 2108 Immunization Clinic Exercise* to ensure we are prepared for any public health emergency, especially important work in a global community.
- Continued to provide innovative, universal *Family Connects Racine County* program as well as *Healthy Families America* directed programming for pregnant and parenting Racine County families.
- Created a new organizational chart to enhance alignment with programs and services.
- Continued work on the *CRCHD 2016-2020 Strategic Plan* priorities.
- Implemented all work related to our required and value-added programming and services.

Now more than ever, as the face of public health changes and evolves, CRCHD focuses its work on population health – the health of all residents. This means we advance work that can change the health of entire communities while continuously working to ensure our programs and services reflect an understanding that health outcomes and health inequities are driven primarily by where people live, work, learn and play. This focus is illustrated in the County Health Rankings model to the right. The work of public health is a community endeavor, and to that end I want to give a large and heart-felt thanks to the great CRCHD staff, a strong and supportive Board of Health, and all our government and community partners, for your hard work, collaboration and support.

Margaret Gesner, Health Officer



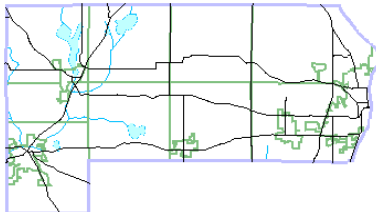
Health Department Staff

ADMINISTRATION & FINANCE	COMMUNITY HEALTH (cont.)
Margaret Gesner, Health Officer	Kari Villalpando, Public Health Nurse HV Supervisor (grant)
Wayne Krueger, Fiscal Director	Erin Donaldson, Public Health Educator HV Supervisor (grant)
Liz Staples, Health Technician	Yesenia Arjon, Public Health Educator Home Visitor (grant)
Shirley Vakos, Senior Health Technician	Miranda Bleichner, Public Health Nurse Home Visitor (grant)
ENVIRONMENTAL HEALTH	Carissa Brunner, Public Health Educator Home Visitor (grant)
Keith Hendricks, Environmental Health Director	Kate Dickinson, Public Health Nurse Home Visitor (grant)
Jennifer Loizzo, Sanitarian	Linda Garza, Public Health Nurse - Home Visitor (grant)
Michele Breheim, Sanitarian / Nathalia Arnouts, Sanitarian	Katie Whitaker, Public Health Nurse Home Visitor (grant)
Chuck Dykstra, Sanitarian	Brittany Gunn, Public Health Nurse Home Visitor (grant)
Patty Svendsen, Health Technician	Wendi Huffman, Public Health Nurse Home Visitor (grant)
EMERGENCY PREPAREDNESS	Kelley Marshman, Public Health Nurse Home Visitor (grant)
Kevin Plachinski, Public Health Specialist	Lindsey Visona, Public Health Educator Home Visitor (grant)
COMMUNITY HEALTH	Abby Apple, Public Health Nurse Home Visitor (grant)
Jeff Langlieb, Community Health Director	Rae Stewart, Public Health Educator Home Visitor (grant)
Joella Eternicka, Associate Community Health Director	EPIDEMIOLOGY
Ashlee Franzen, Community Health Supervisor	Pa Chang, Epidemiologist (grant)
Sai Moua, Public Health Nurse	Silviano Garcia, Epidemiologist
Amanda Busack, Public Health Educator	

Board of Health

CHAIRPERSON	TRUSTEES, BOARD MEMBERS & REPRESENTATIVES
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MEDICAL DIRECTOR/VICE-CHAIR	John Monsen, Village of Rochester Citizen Representative
Mark E. DeCheck, MD	Dan Moore, Sturtevant Trustee
TRUSTEES, BOARD MEMBERS & REPRESENTATIVES	Gordon Svendsen, Union Grove Trustee
Fran Martin, Caledonia Trustee	Sherry Gruhn, Village of Yorkville President
Susan Stroupe, Caledonia Citizen Representative	Teri Jendusa Nicolai, Town of Waterford Board Member
Gary Feest, Mt. Pleasant Trustee	Tamara Pollnow, Village of Waterford Trustee
Vikki Prochaska, Mt. Pleasant Citizen Representative	Theresa Meyer, 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 3rd Thursday of each month.



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CRCHD 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.

CRCHD Principles, Priorities, Programs and Services

CRCHD Vision and Guiding Principles

Vision:

Building a Healthy Future by Protecting the Public's Health

Guiding Principles

Collaboration: *Engage partners & the community to promote health and meet common goals*

- Leaders
- Innovative problem-solvers
- Team players

Responsiveness: *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

CRCHD Strategic Priorities

2016-2020

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

CRCHD Programmatic Areas

1. Community Health
2. Environmental Health
3. Home Visiting
4. Emergency Preparedness
5. Administration

3 Core Functions & 10 Essential Services



The CRCHD Mission, Vision and Guiding Principles inform the CRCHD Strategic Priorities. In turn, the Strategic Priorities inform the CRCHD Programmatic Areas. Last, each CRCHD Programmatic Area correlates with a Public Health Essential Service. The 10 Essential Public Health Services (each related to a Core Function) are established by the Centers for Disease Control and Prevention and relate to how local health departments are evaluated by Wisconsin Department of Health Services. All CRCHD programs are operationalized within the 10 Essential Health Services.

MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

Central Racine County Health Department (CRCHD) monitors and assesses our community's health status through formal and informal needs assessments and data analyses. Staff work to identify threats to health, recognize health inequities, and determine current and emerging health needs in collaboration with multi-sectoral community partners. This work aligns with Wisconsin Statutes 250, 251 and Administrative Code DHS 140.

Community Health Assessment

Local health departments are required to conduct a community health assessment (CHA) every five years. The goal of the CHA is to collect, review, and analyze health data in the community. The CHA helps us better understand the health status of our community and the factors that impact health. It also helps us identify the effectiveness of interventions and the community's capacity to address relevant health issues. Data are gathered from a variety of sources and through various methods of data collection, with input of many community sectors as an essential component. CRCHD most recently conducted a CHA in 2017. On a regular basis, CRCHD updates health data as necessary to provide the best programming and services. Key community themes and strengths are identified below.

What are our Demographics?

- **Population:** 114,938
- **Race:** White=91%; Black=3%; Other=5%
- **Ethnicity:** Hispanic=5%
- **Gender:** Male=50% Female=50%
- **Median Age:** 40
- **Born in US:** 97%
- **English Spoken at Home:** 95%
- **Home Ownership:** 79%
- **High School Education:** 92%
- **Disabilities:** 11%

What are our Assets for Health?

- Schools
- Community Centers
- Non-Profit Organizations
- Government
- Local Businesses
- Healthcare

What Factors that Impact Health Are Important to our Community?

- Low crime, safe neighborhoods
- Able to get health services
- Good schools
- Good and healthy economy
- Good place to raise children
- Affordable housing
- Collaboration and good use of funds

What are our Threats to Health?

- Prescription/OTC/Illegal Drug Use
- Mental Health Issues
- Alcohol Use/Abuse
- Access to Healthcare
- Affordable Healthcare
- Nutrition/Physical Activity
- Overweight/Obesity
- Chronic Diseases
- Education Level
- Tobacco Use
- Injury/Violence/Crime
- Adverse Childhood Experiences
- Environment/Jobs/Income
- Oral Health

How is our Quality of Life?

- **Quality of Life:** Good=62%; Excellent=9%; Fair=28%; Poor=2%
- **Health Status:** Excellent/Very Good=56%
- **Health/Quality of Life Over Past Few Years:** Same=53%; Better=34%; Worse=13%

Community Health Improvement Plan

Local health departments are required to conduct a community health improvement plan (CHIP) every five years, and CRCHD developed one in 2018. Using 2017 CHA data that highlights local health issues of significance, CRCHD convened community partners to prioritize health issues, develop goals and objectives, develop shared strategies for implementation, and articulate indicators by which to measure progress. The 2018 CHIP includes both existing and new health priorities and is used to help guide our community's work in addressing health conditions that impact residents, including those conditions which may disproportionately affect some of our residents. The health priorities that resonate most strongly with community partners and residents include: **1) mental health; 2) substance abuse; 3) chronic disease; and, 4) access to healthcare.** These are the primary focus of our CHIP and work is done collaboratively with community partners.

Mental Health

Goal	All residents experience their best mental health
Objectives	<ul style="list-style-type: none"> • Reduce the prevalence of depression in youth • Increase the % of adult residents who report good or excellent mental health • Reduce suicide rates • Provide data to measure process and outcome measures
Issues and Indicators	<ul style="list-style-type: none"> • 23% of county students reported as suffering from depression • Adults reporting a mental health condition in the past 3 years increased from 12% to 17% • 6% of adults reported seldom/never finding purpose in daily life and 17% reported no social-emotional support • 5% of adults reported having considered suicide in the last year • 1 in 5 county students reported having attempted suicide • ED visits related to self-inflicted injuries is increasing
Strategies	<ul style="list-style-type: none"> • Raise public awareness of mental health stigma • Increase local agency awareness of impact of childhood trauma on health outcomes • Promote healthy families and healthy relationships • Promote and enhance interventions aimed at improving coping skills and social-emotional resiliency • Promote access to care • Improve availability of mental health data

Substance Abuse


Goal	Prevent and effectively treat substance abuse across the lifespan
Objectives	<ul style="list-style-type: none"> • Reduce overdose ED visits, hospitalizations and deaths • Reduce rate of alcohol and drug abuse (adults and youth) • Reduce access to and inappropriate use of prescription drugs • Provide data to measure process and outcome measures
Issues and Indicators	<ul style="list-style-type: none"> • The rate of emergency department (ED) discharges related to opioids increased over 400% between 2005 and 2016 while hospital discharges climbed over 200% between 2005 and 2016 • The rate of overdose deaths (any drug) has nearly tripled between 2000 and 2016 in Racine County • 16 % of middle and high school students reported binge drinking in their lifetime • From 2005 to 2017, the % of adults who reported binge drinking increased by 43%
Strategies	<ul style="list-style-type: none"> • Initiate Overdose Fatality Review Team (OFRT) • Raise public awareness of the risks and consequences of alcohol abuse and opioids • Reduce opioid overdose fatalities through expanded naloxone access • Reduce inappropriate access to and use of prescription drugs • Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking • Expand, facilitate and promote medication collection program to reduce drug access • Promote access to care • Improve availability of substance abuse data

Chronic Disease

Goal	Prevent and effectively treat chronic disease
Objectives	<ul style="list-style-type: none"> • Increase % of children and adults meeting physical activity targets • Increase % of children and adults meeting daily intake of fruits and vegetables • Reduce obesity rate among children and adults • Reduce mortality related to heart disease and cancer • Provide data to measure process and outcome measures
Issues and Indicators	<ul style="list-style-type: none"> • 57% of adults reported moderate or vigorous physical activity (5x/week) • From 2012 to 2017, there was a 14 % decrease in children (ages 5 to 17) who were meeting the US Department of Health and Human Services recommendation of 60 minutes of physical activity per day • 38% of adults and 46% of children reported eating 5+ fruits/vegetables per day • From 2005 to 2017, there was a 10% increase of adults who reported as overweight or obese (BMI≥25) • Heart disease and cancer are the leading causes of death
Strategies	<ul style="list-style-type: none"> • Make facilities available for physical activity • Support tobacco control efforts • Initiate Health in All Policies • Support community efforts to promote breastfeeding • Provide community and establishment education to prevent foodborne outbreaks • Identify additional strategies for health promotion and disease prevention • Improve availability of chronic disease data

Access to Healthcare

Goal	Increase access to comprehensive, quality healthcare across the lifespan
Objectives	<ul style="list-style-type: none"> • Increase proportion of children and adults with a usual medical home • Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, mental health care, and/or prescriptions • Increase the availability and accessibility of primary care providers, mental health providers, and substance abuse providers • Provide data to measure process and outcome measures
Issues and Indicators	<ul style="list-style-type: none"> • Over 10 years, residents reported an 8-fold increase in use of urgent care centers as a primary source of care • Racine County has less primary care providers, dentists, mental health providers per capita than the State • 4% of children and 5% of adults reported no health insurance • 17% adults delayed/did not receive care in past 12 months due to cost • 8% household prescription medications were not taken due to cost • 14% of adults did not get needed dental care • 9% of adults did not get needed medical care • 3% of adults did not get needed mental health care
Strategies	<ul style="list-style-type: none"> • Explore a more integrated, effective health system through collaboration between clinical care & public health • Promote use of primary care provider for all clients • Obtain more detailed insurance coverage and access to the entire care continuum • Linking those in need with potential providers in a health assurance role (quality of care) • Promote early identification of mental health needs, substance abuse needs and/or and access to quality services • Explore public-private partnerships to implement community preventive services • Improve availability of healthcare access data

CRCHD work towards these priority areas is enumerated throughout the report and identified by a public health shield. 

Morbidity and Mortality Data

Morbidity and mortality data are two overarching mechanisms for monitoring the health of the community. The following three charts show the top causes of death, injury-related emergency department visits, and hospitalizations, all for Racine County.

Ranked Causes of Death (Broad Groups) by Age Group (2015-2017)			
	0-17	18-64	65+
1	Certain conditions originating in the perinatal period (n= 30)	Malignant neoplasms (n=336)	Diseases of heart (n=1025)
2	Other causes (n=18)	Diseases of heart (n=225)	Malignant neoplasms (n=843)
3	Accidents (unintentional injuries) (n=17)	Other causes (n=200)	Other causes (n=787)
4	Congenital malformations, deformations and chromosomal abnormalities (n=15)	Accidents (unintentional injuries) (n=176)	Chronic lower respiratory diseases (n=277)
5	Intentional self-harm (suicide) (n= < 5)	Intentional self-harm (suicide) (n=79)	Cerebrovascular diseases (n=249)

Ranked Causes of Injury-Related Emergency Department Visits by Age Group (2016-2017)			
	0-17	18-64	65+
1	Falls (n=2,664)	Falls (n=4,890)	Falls (n=2,794)
2	Struck by or against object or person (n=1,615)	Unspecified cause of injury (n=3,851)	Unspecified cause of injury (n=691)
3	Unspecified cause of injury (n=1,148)	Struck by or against object or person (n=2,914)	Motor vehicle traffic crash - Occupant (n=278)
4	Cutting or piercing objects (n=561)	Motor vehicle traffic crash - Occupant (n=2,502)	Struck by or against object or person (n=255)
5	Natural or environmental factors (n=467)	Cutting or piercing objects (n=2,131)	Cutting or piercing objects (n=225)

Ranked Causes of Injury-Related Hospitalizations by Age Group (2016-2017)			
	0-17	18-64	65+
1	Poisoning (n=33)	Poisoning (n=320)	Falls (n=921)
2	Falls (n=15)	Falls (n=320)	Poisoning (n=46)
3	Unspecified cause of injury (n=11)	Motor vehicle traffic crash - Occupant (n=90)	Motor vehicle traffic crash - Occupant (n=31)
4	Fire, heat, chemical burns (n=7)	Unspecified cause of injury (n=60)	Unspecified cause of injury (n=29)
5	Motor vehicle traffic crash - Occupant (n=5)	Motor vehicle traffic crash - Motorcyclist (n=34)	Struck by or against object or person (n=9)
5	Other specified classifiable cause of injury (n=5)		

IDENTIFY AND INVESTIGATE HEALTH PROBLEMS AND HAZARDS IN THE COMMUNITY

CRCHD provides for epidemiological investigation of communicable diseases, disease outbreaks, environmental health hazards, chronic diseases and injuries. This includes identifying community-level determinants of health and implementing prevention and intervention strategies. This work aligns with Wisconsin Statutes 250, 251, 252, and 254 and Administrative Code DHS 140, 145, 163, 181, and 182.

Communicable Disease Control

Wisconsin law requires many diseases be reported to local health departments. This reporting helps detect disease when and where it happens, stops disease before it spreads, prevent outbreaks, improves how we prevent and control disease, and keeps people healthy. Diseases may range in severity from asymptomatic (without symptoms) to severe and fatal, which is why investigation of them is so important.

CRCHD is required to investigate over 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. The total number of confirmed/probable CD increased 11% from 688 in 2017 to 766 in 2018, in part due to an increase in required reportable diseases (see next page).

20%
Increase in
Influenza
Hospitalizations

2018 Outcome Measures:

- Conducted and completed investigations of 1174 reported diseases.
 - *Confirmed/probable CD investigations (n= 406)*
 - *Suspect CD investigations (n=402)*
 - *Confirmed/probable STD investigations (n= 360)*
 - *Suspect STD investigations (n=6)*
- Developed a new algorithm for STD investigations.
- Initiated client feedback project for STD investigations.
- Implemented investigation of newly-required reportable diseases.
- Utilized a small state CD grant for some of the work.

Sexually Transmitted Disease Cases*

	2018	2017	2016	2015	trend
STDs					
Chlamydia	308	287	312	248	▲
Gonorrhea	51	64	45	35	▲
Syphilis	<5	<5	<5	<5	

*Includes confirmed and probable Cases

CRCHD 2018 CD Cases ≥ 5*

	2018
Communicable ≥ Cases	
**Influenza Hospitalizations	109
Mycobacterium (non-TB)	49
Hepatitis C	35
Campylobacteriosis	27
Pertussis	23
**Tuberculosis, Latent	21
Salmonellosis	18
Lyme Disease	16
Giardiasis	16
Legionellosis	11
Streptococcal Disease (B)	9
Streptococcus Pneumoniae	7
Cyclosporiasis	7
Blastomycosis	7
E. Coli STEC	6
Haemophilus Influenzae	6
Varicella (Chicken Pox)	5

*Includes confirmed and probable Cases

**Newly required reportable disease

In 2018 the State of Wisconsin amended Wisconsin Administrative Code DHS 145 to require reporting of an additional 15+ diseases and conditions, adding to the communicable disease workload.

Newly Required Reportable Diseases in 2018

- Carbapenem-resistant *Enterobacteriaceae* (CRE)
- Middle Eastern Respiratory Syndrome-associated Coronavirus (MERS-CoV)
- Primary Amebic Meningoencephalitis (PAM) (*Naegleria fowleri*)
- Rabies (animal)
- Viral Hemorrhagic Fever (VHF) (including Crimean-Congo, Ebola, Lassa, Lujo, and Marburg viruses, and New World Arenaviruses)
- Borreliosis (other than Lyme disease)
- Coccidioidomycosis (Valley Fever)
- Environmental and occupational lung diseases (Asbestosis, Silicosis, Chemical pneumonitis, Occupational lung diseases caused by bio-dusts and bio-aerosols)
- Free-living amebae infection (including *Acanthamoeba* disease (including keratitis) and *Balamuthia mandrillaris* disease)
- Influenza-associated hospitalization
- Latent Tuberculosis infection (LTBI)
- Rickettsiosis (other than spotted fever rickettsiosis)
- Toxic substance related diseases (Blue-green algae (Cyanobacteria) and Cyanotoxin poisoning)
- Carbon monoxide poisoning
- Zika virus infection

CRCHD 2018 CD Cases <5*

	2018
Communicable <5 Cases	
**Carbapenem-Resistant Enterobacteriaceae	<5
Cryptosporidiosis	<5
E. Coli EPEC	<5
Ehrlichiosis/Anaplasmosis	<5
Metal Poisoning (non-lead)	<5
Hepatitis B (Acute)	<5
Hepatitis B (Chronic)	<5
Mumps	<5
Histoplasmosis	<5
**Carbon Monoxide Poisoning	<5
Meningitis, Bacterial, Other	<5
Mumps	<5
Pelvic Inflammatory Disease	<5
Rocky Mountain Spotted Fever	<5
Shigellosis	<5
Streptococcus Disease (A)	<5
West Nile Virus	<5

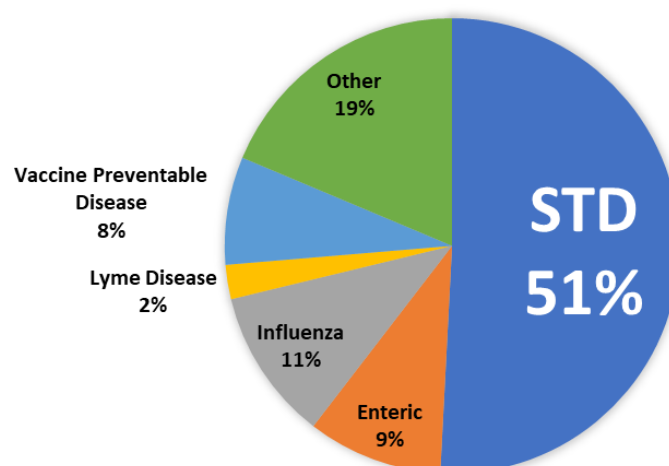
*Includes confirmed and probable Cases

**Newly required reportable disease

STDs remain the number one reportable disease locally, statewide and nationally.

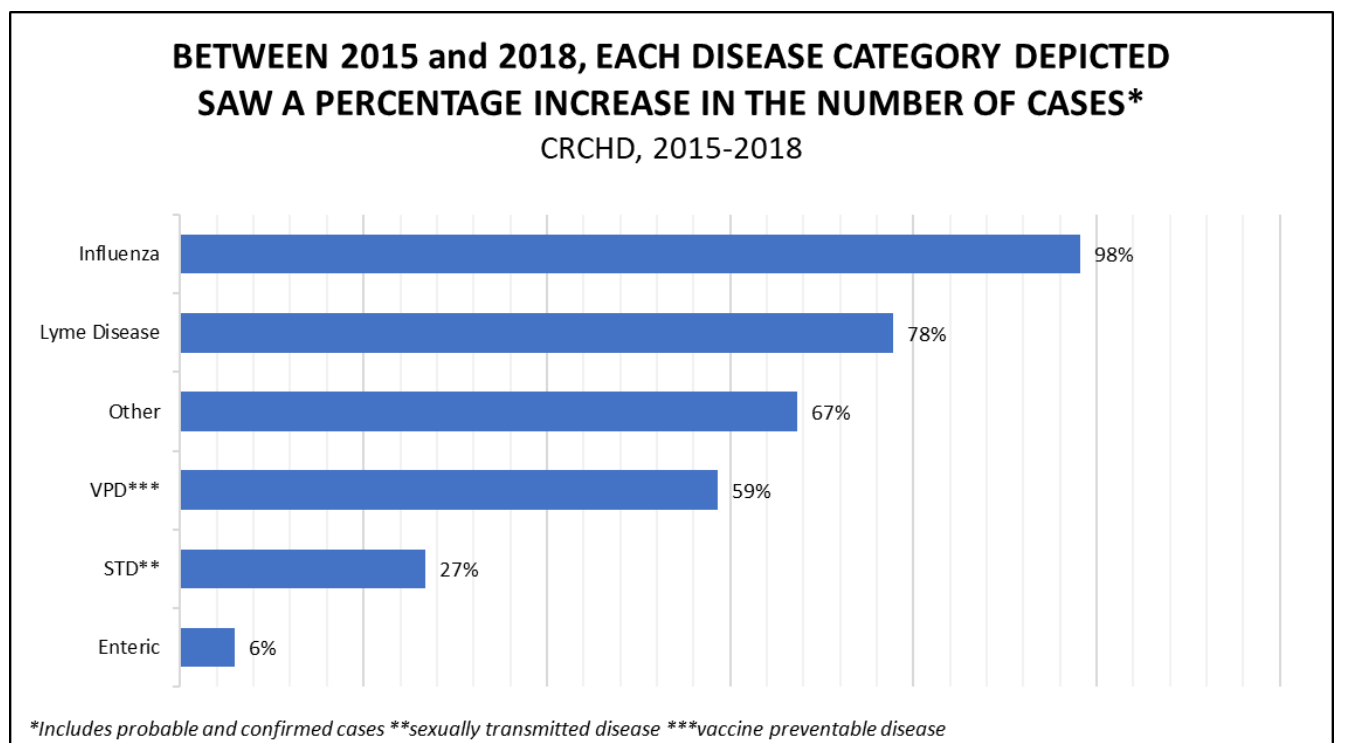
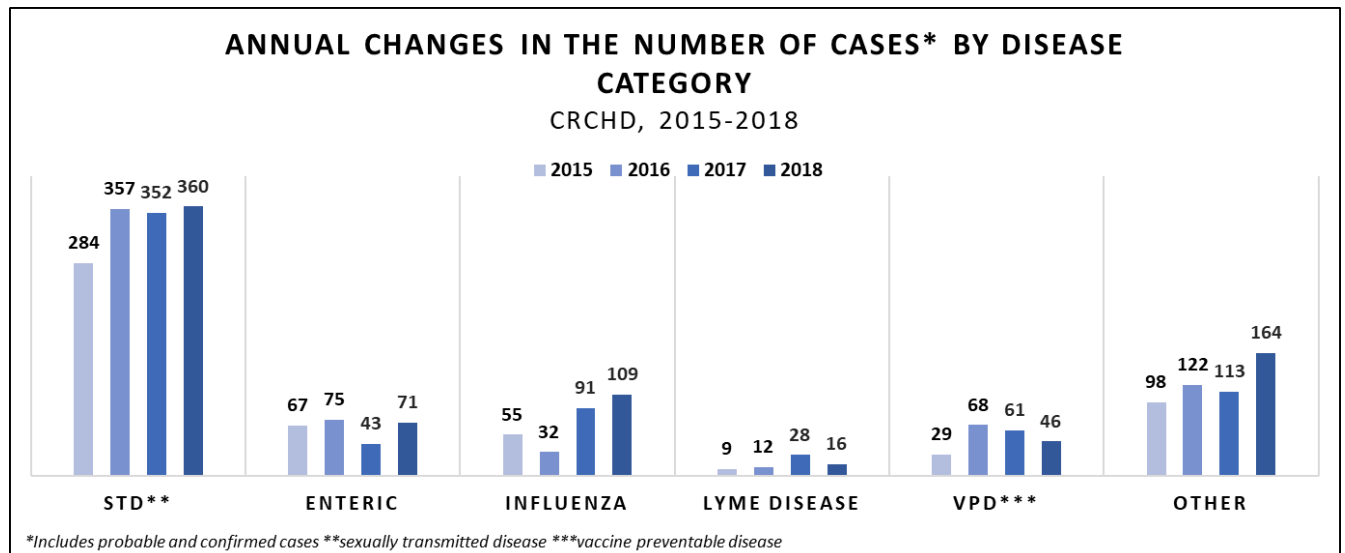
STDs HAVE ACCOUNTED FOR OVER 50% OF DISEASE CASES*

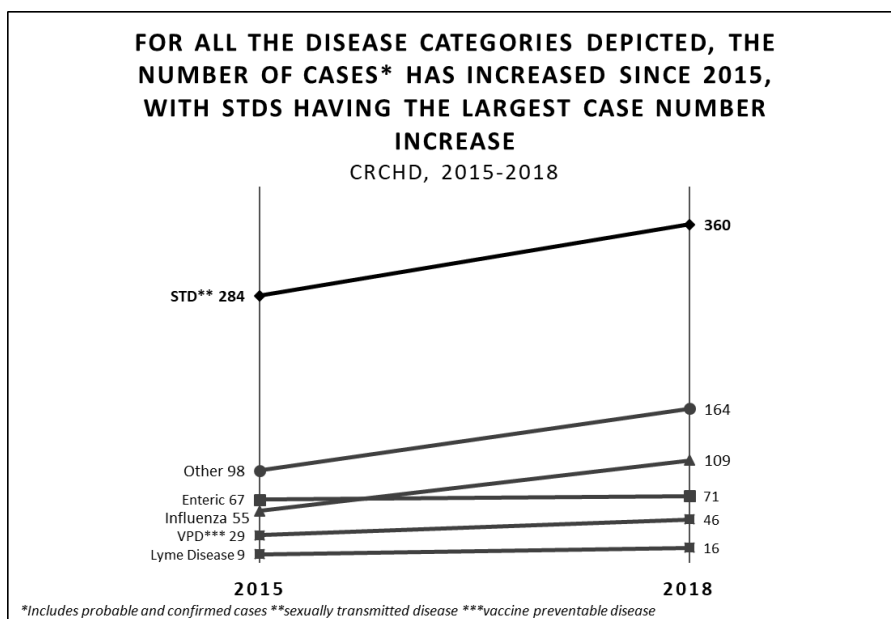
CRCHD, 2015-2018



*Includes probable and confirmed cases

The following graphs show an increase of disease reports in most categories. They also reveal which diseases saw the largest jump in percent of reported cases, and which ones increased most numerically.





26
Outbreak
Investigations

Outbreak Investigations

An outbreak is when more cases of disease occur than what would normally be expected in a defined community, geographical area or season. CRCHD investigates all disease outbreaks as defined and as required by law. Reported disease outbreaks increased 8%.

2018 Outcome Measures:

- Investigated all reported outbreaks and provided education and guidance as needed; all occurred at long-term care facilities with none at schools or in the community.
 - Types of organisms identified in the outbreaks included *Norovirus*, *Campylobacter jejuni*, *Influenza A*, *Influenza B*, *Coronavirus*, *Rhinovirus*, *Pneumonia*, and *Parainfluenza*.
 - Outbreaks affected 273 residents and 120 staff

Mosquito Surveillance

In the 2018 summer, CRCHD helped expand surveillance in Racine County for the invasive tiger mosquito and potential Zika vector, *Aedes albopictus*. University of Wisconsin-Madison was the lead for this endeavor, setting up traps designed to collect the eggs of various container breeding mosquitoes.

2018 Outcome Measures:

- Collected traps at five locations on 14 different days for a total of 192 traps. Traps yielded *Aedes japonicus* and *Aedes triseriatus*. *Aedes albopictus* is not established broadly throughout the state.

Human Health Hazards

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.

2018 Outcome Measures:

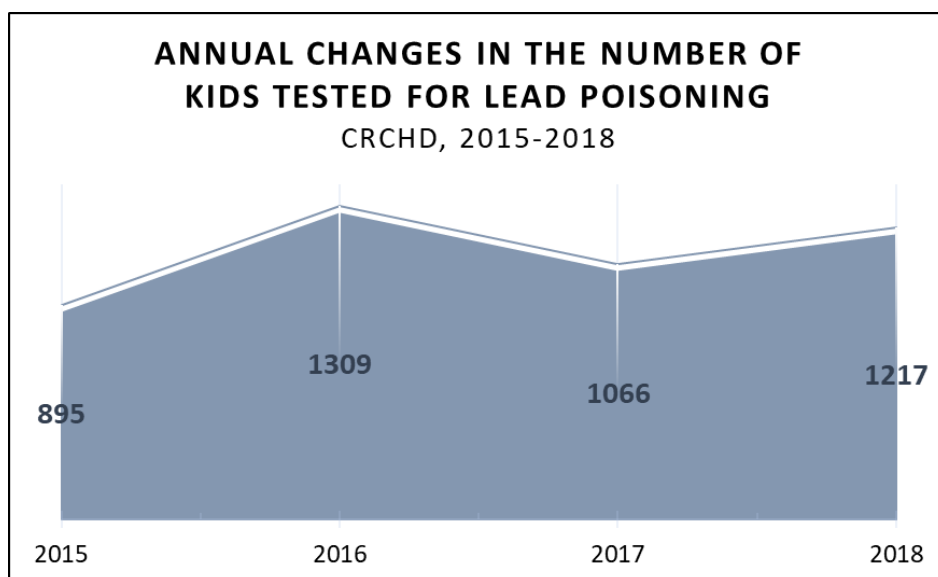
- Conducted 188 human health hazard investigations/interventions (a 18% decrease from 2017).
- Responded to 27 complaints (a 36% decrease from 2017).

Lead Poisoning Case Management

Lead exposure in young children can cause reduced IQ and attention span, impaired growth, reading and learning disabilities, hearing loss, and a range of other health and behavioral effects. CRCHD provides lead poisoning prevention and intervention services for children with a blood lead level (BLL) ≥ 5 micrograms per deciliter (ug/dL) to improve detection and treatment of lead poisoning in children.

2018 Outcome Measures

- Identified and tracked 1,217 blood lead tests completed for CRCHD jurisdiction children.
- Identified 16 new children with a capillary BLL of ≥ 5 ug/dL and all received a form of follow-up (e.g. call, letter, primary care physician contact).
- Identified 5 new children with a venous BLL ≥ 5 micrograms per deciliter who were offered a home visit and provided with verbal and written lead poisoning prevention and treatment education.
- Provided lead poisoning prevention information to 616 families in a new baby packet.
- Utilized a small state grant to conduct the work.



Lead Hazard Investigations

Most lead exposures occur in homes or daycares where lead-based paint has deteriorated because of deferred maintenance or where lead hazards have been created through painting or renovation done without using lead-safe work practices. CRCHD has Certified Lead Risk Assessors on staff who can provide an assessment to help determine the source of the lead contamination in homes with children who have a high lead level. The goal is to make housing lead-safe to prevent lead poisoning in children.

2018 Outcome Measures:

- No children had a venous BLL that required a lead hazard investigation.
- CRCHD became part of the *Kenosha/Racine Lead-Free Communities Partnership*, with Kenosha County as lead agency to implement a lead hazard reduction grant from the U.S. Department of Housing and Urban Development (HUD). The Kenosha/Racine Lead-Free Communities Partnership assists families in removing lead hazards from their home. The program is available to both homeowners and those renting a property.

INFORM, EDUCATE, EMPOWER PEOPLE ABOUT HEALTH ISSUES

CRCHD promotes healthy behaviors by making health information available in a variety of formats. Staff regularly share and discuss current and emerging health issues with the public, policy makers and decision-makers. CRCHD also provides programs and services that reinforce health promotion messages, and we work to ensure culturally and linguistically appropriate approaches. This includes areas such as childhood injury prevention, community events, and chronic disease prevention. This work aligns with Wisconsin Statutes 250, 251, 253, 254, 255 and Administrative Code DHS 140.

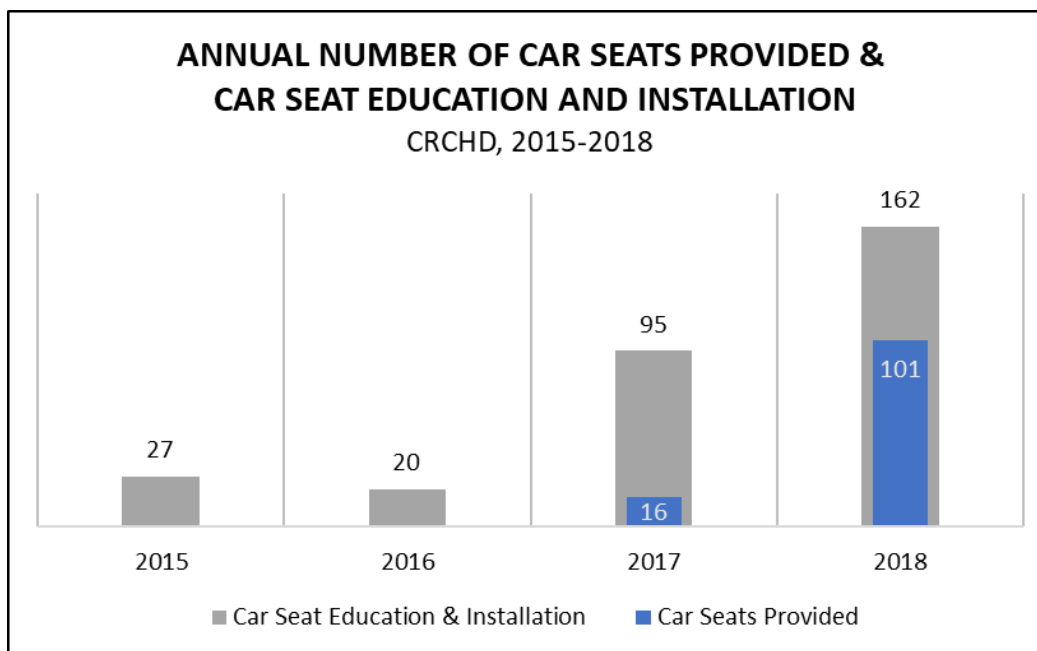
Car Seat Education and Installation

Child safety seats must be installed correctly, and the child restrained properly for them to be effective. While 96 percent of parents and caregivers believe their child safety seats are installed correctly, research shows that seven out of 10 children are improperly restrained. CRCHD certified technicians provide free child safety seat education and installation to families with children, by appointment; and provide low-cost seats to those without means to purchase a car seat. This crucial childhood injury prevention program saves lives.

As of June 1, 2006, Wisconsin law (Wis. Stats. 347.48(4)) requires that children be properly restrained in a child safety seat until they reach age 4 and in a booster seat until age 8.

2018 Outcome Measures:

- Provided education to families on how to safely transport their children using car seats, booster seats and seat belts.
- Evaluated 162 child safety seats for proper installation, a 72% increase from 2017.
- Provided 101 child safety seats.
- Provided car seat safety information to 616 families in a new baby packet.
- Mailed eight newsletters to residents including information reviewing proper use of child restraints.
- Utilized a small WI Bureau of Transportation Safety (BOTS) grant for low-cost car seats.
- Helped with training at a 4-day car seat safety training course.



Cribs for Kids

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. CRCHD provides crib set-up and safe sleep education as well as low-cost cribs to families with young children without means to purchase a crib, both through classes and appointments. This program helps save lives of our children.

2018 Outcome Measures:

- Maintained status as an official Cribs for Kids® site.
- Provided 110 low-cost cribs, including a Pack ‘n Play, sleep sack, fitted sheet, and pacifier (a 36% increase from 2017).
- Provided crib and safe sleep education based on the American Academy of Pediatrics guidance on how and where to put an infant to sleep to 125 new parents.
- Held Cribs for Kids® classes at CRCHD, Ascension All Saints, and WIC-Burlington. WIC-Burlington was a new site in 2018.
- Mailed a newsletter to residents including information regarding safe sleep and Cribs for Kids®.
- Utilized grant funds to purchase the cribs.



Community-Based Safe Sleep Education

CRCHD staff provides maternal child health (MCH) services and education to all residents. For 2018 the charge was for CRCHD, in collaboration with community partners, to implement and evaluate a strategy to support safe infant sleep practices in our communities.

2018 Outcome Measures

- Actively engaged 27 community groups in the jurisdiction.
 - 23 community groups accepted the invitation to hold trainings on safe sleep
 - 4 community groups did not wish to have a presentation but agreed to accept the written and electronic material.
- Educated 986 community members on safe sleep.
- Provided MCH information to 616 families in a new baby packet.

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.

 CHIP Priority Strategy

2018 Outcome Measures:

- Sold 209 radon kits to residents, a 16% decrease from 2017.
- 154 radon kits sent for analysis; 55% had a result greater than or equal to 4.0 pCi/l (recommended remediation level).

Well Water Testing

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.

2018 Outcome Measures:

- Provided 31 bacteria/nitrate well water test kits to residents.

Community Information and Public Outreach

CRCHD provides educational materials to the public, partner agencies, and key stakeholders in a variety of formats to promote healthy behaviors. Health topics range from food safety and communicable disease and outbreak-related information to immunizations, infant safety, emergency preparedness and more. On a regular basis CRCHD shares and discusses current and emerging health issues with policy makers and decision-makers.

 **CHIP Priority Strategy**

2018 Outcome Measures:

- Mailed one newsletter to all residents; wrote 21 newsletter articles for municipalities.
- Sent a press release on precautions to be taken during influenza season.
- Sent press releases on the following topics: new Burlington area pool swimming lessons; 2018 CRCHD fall flu immunization exercise and clinic; Kidde smoke alarm recall; increase in Racine County influenza hospitalizations; and, medication collection events, to name a few.
- Sent out a press release regarding the 2018 County Health Rankings report.
- Put out advertisements regarding medication collection boxes and events.
- Advertised immunization and TB skin test appointments.
- Sent mass distribution information to healthcare providers on these topics: Parotitis follow-up and testing; seasonal influenza awareness and testing; severe bleeding among synthetic cannabinoid users; measles exposure in WI; increase in cyclospora cases; increase in cases of legionellosis; DHS 145 update; CRE guidance; acinetobacter calcoaceticus-baumannii complex associated with platelet transmission; acute flaccid myelitis cases and reporting; and nerve agent information for EMS and hospitals.
- Provided guidance to child care facilities and schools upon an identified increase in gastrointestinal illness, influenza, and other respiratory illness in Racine County.
- Presented at community events such as East and West End Networking Breakfasts, Sealed Air Family YMCA, Baby Expo, churches and civic organizations.
- Provided brochures on public health services at multiple venues and online.
- Posted on CRCHD social media accounts daily, including Facebook and Twitter, on topics including the 2017 CHA and 2018 CHIP; emergency preparedness; food, weather, home safety; and immunizations, to name a few.
- Provided quarterly communicable disease reports and potential changes to state laws to Board of Health.

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Targeted
communication
with media,
healthcare
providers, policy
makers, residents

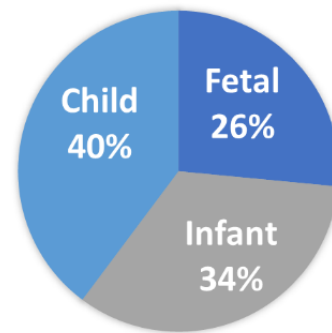
MOBILIZE COMMUNITY PARTNERSHIPS AND ACTION TO IDENTIFY AND SOLVE HEALTH PROBLEMS

CRCHD collaborates with and convenes community groups to work on prevention and population-focused activities. Through community traditional and non-traditional partnerships, we develop strategies for assessing and engaging the full range of individual and community assets to improve locally determined health and environmental issues. This aligns with Wisconsin State Statutes 250, 251 and 255 and Administrative Code DHS 140 and 142.

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. 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.

PERCENTAGE OF FETAL, INFANT & CHILD DEATHS
CRCHD, 2015-2018



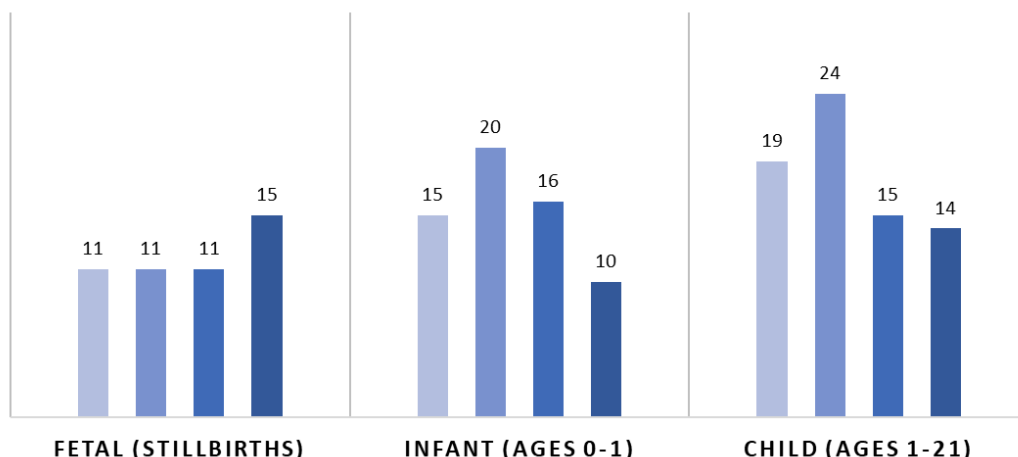
2018 Outcome Measures

- 14 childhood (ages 1-21), 10 infant (ages 0-1), and 15 fetal (stillbirths) deaths reported to date.
- Convened a workgroup to look at an increase in childhood drownings, held two community listening sessions, provided for free swimming lessons at the new Racine and Burlington pools.
- Provided an Annual FICDR Report.
- Utilized a state MCH grant for this work, including contractual work for City of Racine Health Dept.

ANNUAL NUMBER OF FETAL, INFANT & CHILD DEATHS

CRCHD, 2015-2018

■ 2015 ■ 2016 ■ 2017 ■ 2018



Overdose Fatality Review

With CRCHD as the lead agency, Racine County partner agencies created an Overdose Fatality Review Team (OFRT) with support from Wisconsin Department of Justice and Wisconsin Department of Health Services. The Racine County OFRT began to meet in 2018 to identify the underpinnings of overdose deaths and translate findings from the review process into prevention recommendations and strategies.

 **CHIP Priority Strategy**

2018 Outcome Measures:

- Received commitment from over 17 Racine County partner agencies to meet every other month to prevent overdoses (CRCHD, Medical Examiner, District Attorney's Office, Human Services Department, Sheriff's Office, Alcohol and Drug Treatment Court, Department of Corrections, 6+ other law enforcement agencies, Child Advocacy Center, Ascension All Saints, Advocate Aurora Health, City of Racine Health Department and EMS, Southshore EMS, and other partners.
- Wrote for and utilized a state DOJ grant for this work.

Other Collaboratives and Coalitions

CRCHD addresses many CHIP priorities and other community health needs through participation in community collaboratives and coalitions. Public health is a partner at the table to support and contribute to the work of other local agencies in provision of needed programs and services.

SE WI Association of Local Health Departments and Boards (WALHDAB)	Aurora Steering Council Racine/Kenosha market	Aurora Steering Council Burlington/Walworth market	Greater Racine Collaborative for Healthy Birth Outcomes	Healthier Wisconsin Partnership Program Mental Health Group
Environmental Health WALHDAB	SE Wisconsin Food Safety Committee	Racine County Home Visiting Stakeholders	Family Preservation West	Racine County Family Resource Network
Wisconsin Public Health Association	Healthcare Emergency Readiness Coalition (HERC)	Racine County Immunization Coalition	Racine County Youth Coalition	Children's Collaborative for Mental Health
Safe Kids Racine County Coalition (disbanded 1/1/19)	Higher Expectations Kindergarten Readiness Network	Higher Expectations 0-3 Alignment Team	Racine Care Transitions Coalition	Children's Community Options Program (CCOP)

 **CHIP Priority Strategy**

Medication Collection Boxes

CRCHD actively promotes use of medication collection boxes as a valuable tool in preventing drug misuse and abuse by providing a mechanism for people to dispose of unwanted medications from their medicine cabinets. Also, medications flushed down the drain or thrown in the trash can accumulate in the water supply and landfills, endangering the environment. Eleven 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/>.

 **CHIP Priority Strategy**

2018 Outcome Measures

- Helped dispose of unwanted medications at a west-end medication event (297 lbs.) and at 11 boxes (4535 lbs.).
- Partnered with City of Racine Health Department and law enforcement to promote box use.

DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

CRCHD provides leadership to drive the development of public health plans and policies that are consistent throughout the state but that address local needs. This aligns with Wisconsin Statutes 250 and 251 and Administrative Code DHS 140.

CRCHD Strategic Plan 2016-2020

At the end of 2018, CRCHD completed two and a half years of work on its Strategic Plan. As previously noted, the Strategic Priorities include: 1) Achieve National Public Health Accreditation; 2) Enhance External Communication and Partnerships; 3) Focus Workforce Development on Performance; 4) Align Organizational Programs and Services; and 5) Assure Financial Viability.

2018 Outcome Measures

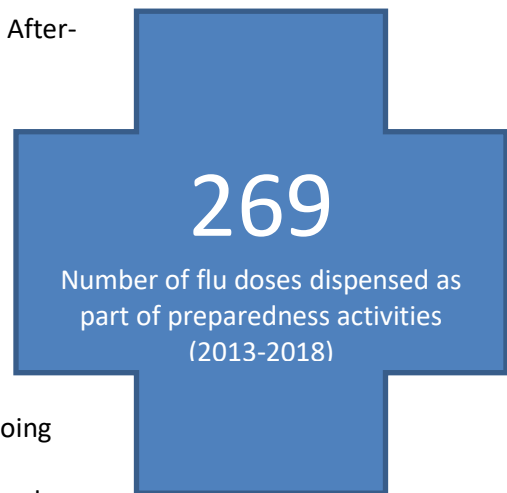
- Completed all 2018 goals for Priority 1: Completed PHAB document submission; updated CRCHD's Quality Improvement (QI) Plan; and updated CRCHD's Performance Management (PM) system.
- Completed all 2018 goals for Priority 2: Implemented a health department branding strategy; implemented a new website to improve awareness of health department priorities and programs; provided outreach and education to the public, operators and policy makers; and began to align community partners working on CHIP priorities.
- Completed all 2018 goals for Priority 3: Revised employee orientation materials; implemented employee Core Competency Assessments; hired staff who are flexible and able to work in change systems; hired staff with ability to meet diversity of needs in service population; assured all staff receive and acknowledge receipt of administrative and programmatic policies as outlined in orientation policies and procedures
- Completed all 2018 goals for Priority 4: Identified efficiencies and areas to streamline work; identified role delineation and duty segregation; updated organizational chart to create responsive, flexible organizational model.
- Completed all 2018 goals for Priority 5: Educated policy makers on need for increased state funding; participated in meetings and policy initiatives promoting public health priorities; sent resolutions and letters to BOH for approval to advance select public health initiatives; advocated for state and federal grants that do not come in silos; identified emerging health concerns such as opioids; and obtained staff and community input to identify mechanisms to pay for emerging health concerns.

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 2018, CRCHD was required to complete objectives related to emergency public information and warning, information sharing, medical countermeasure dispensing and administration, public health surveillance and epidemiological investigation, community risk planning, and threats spanning chemical, biological, radiological, nuclear, and explosive (CBRNE) events. In fulfillment of these required objectives CRCHD participated in planning meetings and exercises with local, regional and state partner agencies.

2018 Outcome Measures

- Ran a *Fall 2018 Immunization Clinic Exercise* and wrote an After-Action Report/Improvement Plan (AAR/IP).
- 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. Public Health Emergency Plan (PHEP) and Mass Clinic Plan (MCP).
- Participated in a Racine County Public Information Officer (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.



From CDC.gov

ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

CRCHD works to efficiently and effectively enforce state and local laws and regulations that protect and promote the public's health. This work aligns with Wisconsin Statutes 250, 251, 254, 255 and Administrative Code DHS 140, 192 and ATCP 72, 73, 75, 76, 78, 79, and SPS 221, 390.

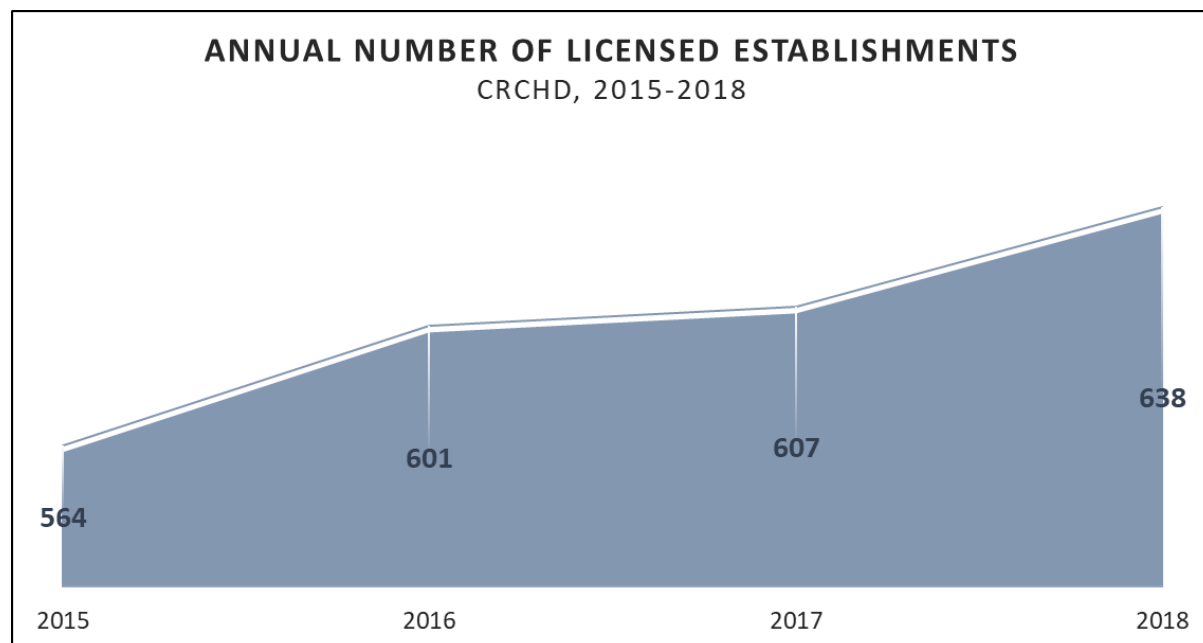
Environmental Health Licensing and Inspections

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

Establishment Type	Total Licenses
	2017-2018
<i>Body Art</i>	5
<i>Campground</i>	5
<i>Restaurant</i>	297
<i>Retail Food</i>	163
<i>Other Food Establishments</i>	8
<i>Hotels/Motels</i>	19
<i>Pools</i>	59
<i>Schools</i>	31
<i>Temporary Restaurants</i>	50
<i>Summer Camps</i>	1
TOTAL	638

2018 Outcome Measures (2017-2018 License Period)

- Licensed 638 establishments.
- Completed a total of 1,277 inspections.
 - Completed 884 routine inspections (includes 124 transient vendor inspections)
 - Completed 69 pre-inspections (includes pre-inspection follow-ups)
 - Completed 224 follow-up inspections and re-inspections
 - Completed 36 on-site inspections for complaints and followed up on 100% of complaints
 - Completed 64 other on-site inspections
- Implemented an online food safety course available on the CRCHD website.



The number of licensed establishments has increase 13% over the past four years.

CRCHD ensures enforcement of local ordinances and state law.

Establishment	Follow-Up Inspections		Trend	Re-inspection (charged)		Trend
	2017-2018	2016-2017		2017-2018	2016-2017	
All Types	201	236	▼	23	15	▲

Excellence Award for Food Facilities

In 2017, Central Racine County Health Department developed a concept to acknowledge 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 CRCHD 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 for the previous license year. Facilities meeting 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 stringent award criteria are available at CRCHD. ***This award is working as the number of facilities receiving the award doubled from the 2016-2017 license period.*** Excellence Award winners for the 2017-2018 license year include:

2017-2018 Excellence Award Winners			
Facility	Location	Facility	Location
A&W*	Caledonia	McKenzie Food Service #2*	Raymond
Arbys*	Caledonia	Milaegers*	8717 Durand Ave., Sturtevant
Burlington HS	Burlington	Noodles & Company	Mount Pleasant
Cooper Elementary	Burlington	North Cape School	Raymond
Evergreen Elementary School	Waterford	Round Table*	2720 W 7-Mile Rd., Raymond
Fountain Hall	Sturtevant	Route 20 Outhouse	Yorkville
Fox River Middle School	Waterford	Skoops	Caledonia
Gifford Elementary School	Caledonia	Speedway	Caledonia
Jellystone Park	Caledonia	Starbucks*	Washington Ave., Mt Pleasant
Kwik Trip*	Durand Ave., Mt. Pleasant	Taco Bell	Mount Pleasant
Kwik Trip	SE Frontage Rd., Mt. Pleasant		

*Repeat winner

Food Safety Classes

In 2017 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 ones. Operators of temporary food establishments 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.

 **CHIP Priority Strategy**

2018 Outcome Measures:

- 13 individuals took the online food safety course.
- 2 food safety classes were held at CRCHD.

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.

2018 Outcome Measures:

- Tested 150 wells for bacteria, nitrate and nitrite.
- Completed 120 annual site assessments.
- Completed 32 sanitary surveys.
- Addressed 30 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.

2018 Outcome Measures:

- Conducted 184 rabies investigations, down 7% from 2017.

Investigation	Bat	Cat	Dog	Raccoon	Skunk	Other	Total
Number	6	53	112	2	0	11	184
Percentage	3%	29%	61%	1%	0%	6%	100%

Beach Water Monitoring

Beaches monitored in the CRCHD jurisdiction include Bohners Lake (Aukes, Leach and Public Beaches), Fischer Park Beach, North Bay Parkway Beach, and Quarry Lake Park Beach. CRCHD works with partner agencies who ensure the water is tested at these beaches on a regular basis. Results are then posted on the CRCHD website as well as at the beaches. Beach water quality testing is done to advise swimmers when conditions exist that may lead to illness. Pollution in beach water may be higher during and immediately after rainstorms because surface water draining into the beach may include run-off from the areas surrounding the beach. For this reason, swimmers should always use caution after a rain event. Beach water is tested for the presence of E. coli.


2018 Outcome Measures:

- Posted “Good” signage when the beach water samples met the guidelines from the Environmental Protection Agency (EPA) for safe beach water quality. The water was safe to swim in.
- Posted “Caution” signage when the levels of E. coli in the beach water samples were elevated above the EPA’s “Good” level but not high enough to close the beach to swimming. If the “Caution” sign was posted, swimmers were instructed to make sure that they and their children followed these precautions: 1) Don’t swallow the lake water; 2) Shower after swimming; and 3) Wash hands before eating.
- Posted “Closed” signage when the levels of E. coli in the beach water samples exceeded the EPA’s guidelines for safe swimming water. The water was not safe to swim in.
- Posted **9 Caution** and **5 Closed** signs throughout the 2018 beach season.

LINK PEOPLE TO NEEDED HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTHCARE WHEN OTHERWISE UNAVAILABLE

CRCHD provides education and outreach as well as referrals, care coordination, and other services that promote health. Staff assist people to better use public health and health care services to which they have access, and ensure culturally and linguistically appropriate services are provided. This aligns with Wisconsin Statutes 250, 251, 253 and 255 and Administrative Code DHS 140, 142, 144, 145, 146.

Healthy Families America (HFA) Model Home Visiting Programs

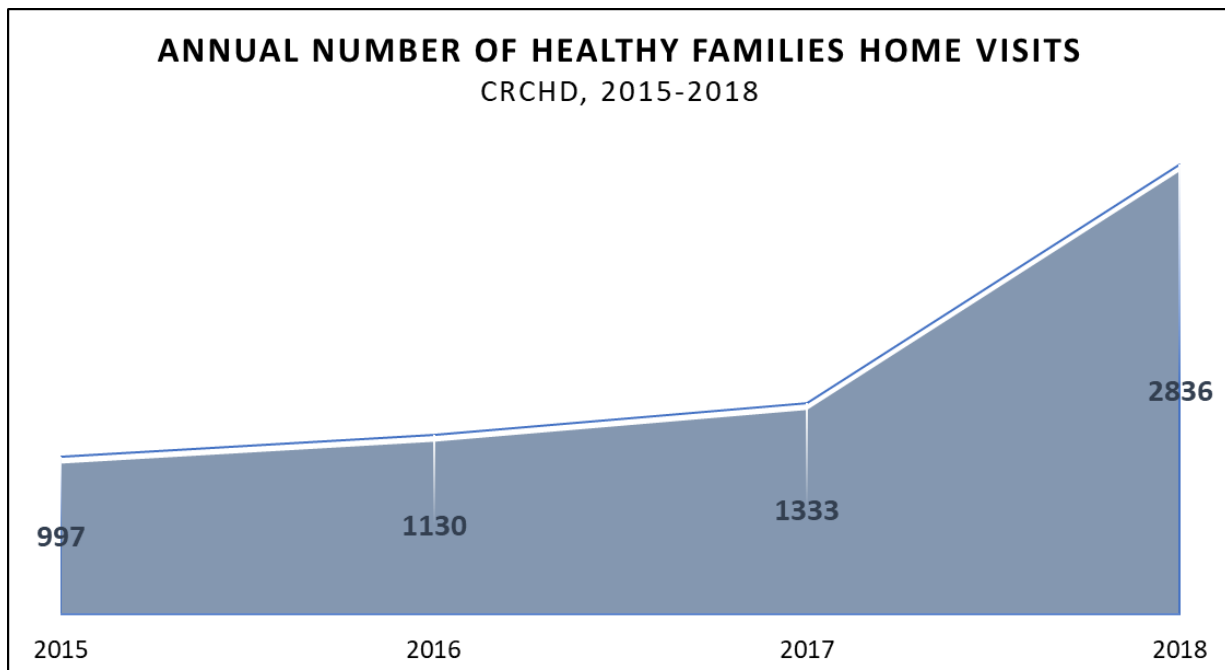
CRCHD receives several grants to provide comprehensive home visitation programs using Healthy Families America (HFA) evidence-based model and Growing Great Kids curriculum. Of importance, CRCHD is a nationally accredited HFA home visiting program, the first public health department in the state to become one. HFA is a signature program of Prevent 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 staff 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.  **CHIP Priority Strategy**

Family Foundations Home Visiting (FFHV)

Open to all Racine County residents, Family Foundations Home Visiting is a partnership between CRCHD 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.

2018 Outcome Measures (2017-2018 grant cycle)

- Provided 2202 home visits (up 150% from 2017) for 179 families (up 43% from 2016/2017).
- Funded by Wisconsin Department of Children and Families with Racine County Human Services Department as lead agency.



Racine Healthy Babies (RHB)


RHB 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.

2018 Outcome Measures (2017-2018 grant cycle);

- Provided 634 home visits (up 40% from 2017) for 59 families.
- Funded through Wis. Stats. 253.16 with Racine County Human Services Department as lead agency.

Family Connects Model Home Visiting Program

Family Connects Racine County

In 2017 *Family Connects Racine County* was implemented as 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 Racine County 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.  **CHIP Priority Strategy**

2018 Outcome Measures:

- Provided home visits for 474 families.
- Funded by United Way of Racine County and Racine County Human Services Department.

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.

2018 Outcome Measures:

- Tracked school and daycare compliance rates for all schools (N=39) and daycares (N=55) 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.

2018 Outcome Measures:

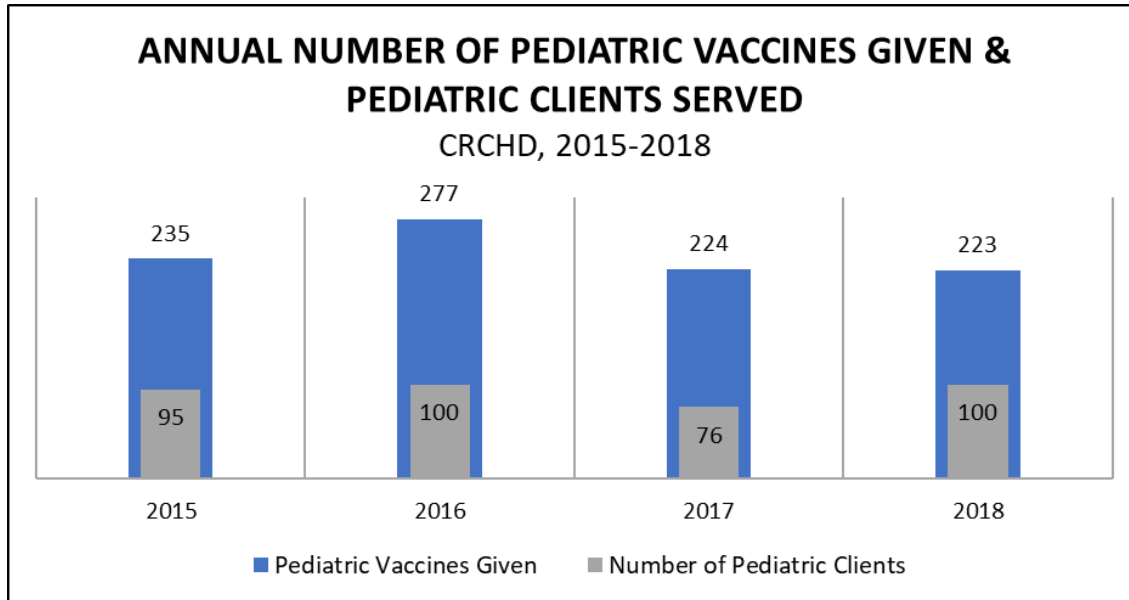
- Helped ensure that 78% of children residing in Racine County who turned 24 months of age during the year were up-to-date on their immunizations; coordinated immunization surveillance by sending 741 reminder/recall letters to residents.
- Provided immunization information to 616 families in a new baby 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.

2018 Outcome Measures:

- Provided 223 pediatric vaccines to 100 pediatric clients (up 32% from 2017) (includes 73 pediatric influenza shots).
- Monitored 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.

2018 Outcome Measures:

- Provided 19 adult vaccinations (down 32% from 2017), excluding seasonal influenza, for 10 clients (down 55% from 2017).
- Tdap vaccine accounted for 47% of adult vaccinations given.
- Provided 83 adult seasonal influenza vaccinations through private vaccine purchase.
- Administered 70 tuberculin skin tests (down 16% from 2017) and provided blood pressure checks as needed.

Welcome Baby Packets

CRCHD mails Welcome Baby Packets to all families in the jurisdiction with a newborn child to provide education and ensure linkages to resources and healthcare.

2018 Outcome Measures:

- Mailed 616 Welcome Baby Packets that included information on lead poisoning, immunizations, home visiting, child safety, books, and a quick list of resources for families.

ASSURE COMPETENT PUBLIC AND PERSONAL HEALTH CARE WORKFORCE

CRCHD supports efforts to improve the quality, quantity and diversity of health professionals. We promote the development of professional education strategies and programs that address local health needs. Cultural and public health competencies are hallmarks of our training. This work aligns with Wisconsin Statutes 250, 251 and 252 and Administrative Code DHS 139 and 140.

Workforce Development Plan

CRCHD's Workforce Development Plan works to ensure a systematic process is in place for CRCHD professional staff to identify individual competency strengths and areas for improvement and to institute actions to fulfill improvements. This ensures that employees are using a continuous quality improvement process to enhance their skill sets. The Plan supports employee training, flexibility, and recognition. Components of the Plan are enumerated below.

Public Health Core Competency Development and Training

CRCHD utilizes the Council on Linkages Core Competencies for Public Health Professionals as the benchmark for basic skills required of all CRCHD professional employees. The Core Competencies address the following key dimensions of public health practice:

1. Analytic/Assessment
2. Policy Development & Program Planning
3. Communication
4. Cultural Competency
5. Community Dimensions of Practice
6. Public Health Sciences
7. Financial Planning and Management
8. Leadership and Systems Thinking

Professional Development

CRCHD supports the continued growth and development of its workforce to ensure competent employees who can meet the needs of its ever-changing work environment. Outlined below are opportunities for professional development at CRCHD:

- Conferences sponsored by professional organizations.
- Continuing education related to maintaining professional licensure/certification.
- Training opportunities for employees related to nationally recognized core competencies.
- Serving as a clinical site for employees pursuing higher education.

Work/Life Balance

CRCHD leadership strives to create a positive and supportive work environment that is conducive to work/life balance. This is accomplished by:

- Implementation of a flexible scheduling policy for home visiting employees, which allows employees to propose non-traditional work schedules.
- Allowing casual Fridays throughout the year.
- Support for breastfeeding moms.

Employee Recognition

CRCHD has an Employee Recognition Policy and Procedure that serves to encourage and recognize outstanding job performance.

Qualified Health Professionals

CRCHD employees must meet job and statutory requirements, and all licensed professional are required to provide a copy of their Wisconsin State Licenses. Information is verified with the state at the time of hire and thereafter. CRCHD employs an array of qualified staff (listed below and not mutually exclusive).

2018 Outcome Measures:

- 3 Master's prepared managers (MPH, MS, MSN).
- 2 Bachelor's prepared and credentialed managers (RS and BBA).
- 3 Registered Sanitarians (RS).
- 14 Registered Nurses (RN).
- 2 Epidemiologists (MPH).
- 2 Certified Health Education Specialists (CHES).
- 29 Bachelor's prepared staff.
- All staff completed 7 required trainings.
- 31 staff attended 101 trainings as required by their positions and/or a grant (~3/person).

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.

2018 Outcome Measures:

- Maintained agreements with local universities and hosted a UWM graduate student.
- Worked with University of Wisconsin Milwaukee academic partners for technical assistance and evaluation.



Linkages with Healthcare

CRCHD maintains strong relationships with local healthcare systems 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.

2018 Outcome Measures:

- Maintained Dr. Mark DeCheck as Medical Advisor for the CRCHD.
- Member of Advocate Aurora Health Community Steering Councils.
- 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, to provide collaborative programs and services.

EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF INDIVIDUAL AND POPULATION BASED HEALTH SERVICES

CRCHD regularly evaluates our performance, processes and outcomes to provide information necessary to define accountability, allocate resources, and reshape policies and services. We see performance management and quality improvement as methods to explore and address more effectively the root causes of issues. This aligns with Wisconsin Statutes 250 and 251 and Administrative Code DHS 140.

Performance Management Plan

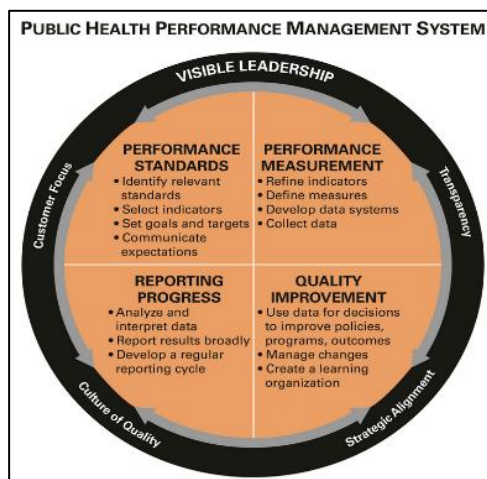
Performance management identifies actual results against planned or intended results. A performance management system ensures that progress is being made toward department goals by systematically collecting and analyzing data, tracking results, and identifying opportunities for improvement. This system is rooted in the mission of CRCHD. In the spirit of accountability and continuous quality improvement, CRCHD has chosen to develop a comprehensive Performance Management System to systematize and institutionalize all planning, monitoring, measurement, and improvement efforts.

The programmatic areas which are individual components of the Performance Management System include:

- Community Health Program
- Home Visiting
- Environmental Health
- Administration
- Emergency Preparedness

The CRCHD Performance Management System:

- Assesses progress toward meeting strategic priorities.
- Assesses progress toward meeting CHIP priorities.
- Assesses progress toward meeting program goals and objectives.



Quality Improvement Plan

Quality improvement is an element of performance management that uses processes to address specific targets. The purpose of the CRCHD Quality Improvement Plan is to improve the health of the communities we serve by understanding and improving the efficiency, effectiveness and reliability of public health processes and practices. Quality Improvement principles are integrated throughout programs and services provided by CRCHD.

2018 Outcome Measures:

- 10 QI projects worked on in 2018 (2 Administration, 1 Environmental Health, 2 Community Health, and 5 Home Visiting).

RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

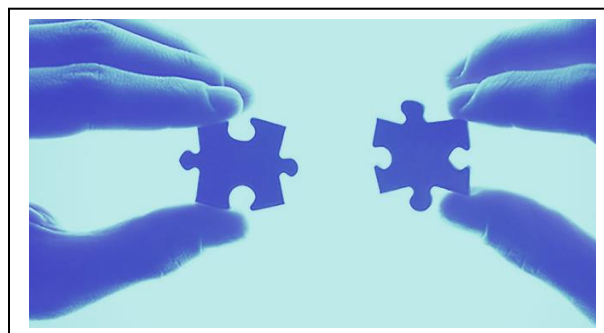
CRCHD develops partnerships with institutions, colleges, vocational/technical schools, and universities to broaden the range of public health research. We work to conduct scientific analysis of public health issues and engage in testing of innovative solutions at the local level. This aligns with Wisconsin Statutes 250, 251, and 252 and Administrative Code DHS 139 and 140.

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:

2018 Outcome Measures:

- Partnered with schools, long-term care facilities, daycares, and healthcare systems.
- Collaborated with Ascension All Saints regarding home visiting services.
- Initiated collaboration with Advocate Aurora Health 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 (HVCollIN) in an advisory capacity.
- Participated in state emergency preparedness work groups.
- Developed a new Racine County Overdose Fatality Review team comprised of multi-sectoral agencies.
- 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 comprised of multi-sectoral agencies.
- Worked with United Way of Racine County and Racine County Human Services Department to implemented *Family Connects Racine County (FCRC)*, an evidence-based, short-term home visiting program.
- Implemented a trauma screening protocol called T-SBIRT, developed by UWM academic partners.
- 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 DHS for immunization, maternal child health, emergency preparedness, cities readiness initiative, prevention, and lead grant work.
- Collaborated with local law enforcement on animal control/rabies investigations.
- Participated on many collaboratives and coalitions.



2018 BUDGET SUMMARY

CRCHD staff presented a balanced budget to Board of Health in August of 2017. The goal for the budget was to keep the municipal levy contribution as low as possible without harming delivery of programs and services. ***Each year CRCHD has one of the lowest levels of per capita municipal funding in the state, about half the state average for a local health department.*** In addition, the proportion of the budget made up of levy funding has decreased 25% from 2015-2018.

2018 Outcome Measures:

- Revenues increased by 11%, with 96% of the increase from additional grant funding, service fees and contracted services. The remaining increases were due to population changes in the jurisdiction and average new growth of 1.25 percent. The levy contribution was \$7.13 per capita.
- Total revenue (unaudited) amounted to \$2,962,710.
- Eighty-nine percent (89%) of 2018 budgeted expenses were for personnel-related expenditures.

