



CRChD

Central Racine County Health Department

ANNUAL REPORT

2019

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

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Message from the Health Officer

According to State Statute and the Centers for Disease Control and Prevention (CDC), the 10 Public Health Essential Services enumerated in this report describe public health activities that local health departments must undertake and in which communities should engage. However, public health is increasingly moving toward what is being called “Public Health 3.0” or “Public Health Modernization.” This shift was initially driven by an Institute of Medicine report which concluded that to improve health outcomes, public health must pay more attention to population-based prevention efforts; ensure stable funding; and help communities examine and act on the multiple determinants of health i.e. social determinants of health and health equity. Specific Public Health 3.0 recommendations include: 1) strong leadership and workforce, 2) strategic partnerships, 3) flexible and sustainable funding, 4) timely and locally relevant data, metrics and analytics, and 5) foundational infrastructure. Our 2019 Annual Report shows not only our continued commitment to our statutory requirements but also our movement towards population health initiatives and public health modernization. Some highlights for 2019 include the following:

- In collaboration with partner agencies, implemented strategies to tackle the priority health issues identified in the *CRCHD Community Health Improvement Plan 2018 (CHIP)*. A few examples of work to address the four CHIP priority areas of mental health, substance abuse, chronic disease and healthcare access include but are not limited to the following:
 - Initiated new suicide prevention work group with evidence-based intervention
 - Convened meetings to help start new school-based mental health clinics on the west end
 - Continued our overdose fatality review team to identify root causes
 - Developed and disseminated an *Opioid and Heroin Awareness Guide* as a community resource; completed a microsite for the Guide to improve user access and ease of use
 - Made healthcare referrals to providers through our Family Connects Racine County program
- Utilized new software to better show data in increasingly novel and informative ways as well as to better identify when and how health problems occur.
- Conducted a site visit with the Public Health Accreditation Board (PHAB) to work towards meeting national public health standards.
- In response to the vaping epidemic, developed *Health Risks of Vaping Infographic*, *Vaping Parent Tip Sheet*, *Vaping Conversation Guide*, and *Vaping Parent Tip Sheet* for schools and the community.
- Added Instagram as a daily mechanism to provide health and risk communications.
- Became a Level III Health Department to increase State grant funding and align our work.
- Provided education to policymakers regarding proposed changes to policies and laws such as the “Lemonade Stand Bill,” Ch. DHS 140, vaping and indoor smoking, immunization waivers, micro market fees, and recreational and educational camps.

As I write this message, influenza-associated hospitalizations are on the rise, and the World Health Organization has just named the novel coronavirus disease 2019 “COVID-19.” Public health continues to be on the front lines of investigating and responding to immediate public health threats such as these as well as others such as the epidemic of teenage vaping. Now more than ever it is crucial to fund public health to be ready for and able to respond to these and other public health emergencies. The work of public health is completed only through excellent staff, strong partnerships, active community engagement, and visionary Board and government leadership, so I want to take this opportunity to thank everyone for your dedication to and belief in public health and the greater good.

Margaret Gesner, Health Officer

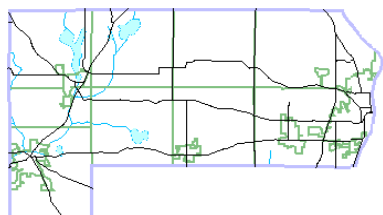
Health Department Staff

ADMINISTRATION & FINANCE	COMMUNITY HEALTH (cont.)
Margaret Gesner, Health Officer	Joella Murray, Public Health Nurse
Wayne Krueger, Fiscal Director	Kari Villalpando, Public Health Nurse HV Supervisor (grant)
Liz Staples, Health Technician	Erin Donaldson, Public Health Educator HV Supervisor (grant)
Louise Caracciolo, Senior Health Technician	Yesenia Arjon, Public Health Educator Home Visitor (grant)
ENVIRONMENTAL HEALTH / EMERGENCY RESPONSE	Carissa Brunner, Public Health Educator Home Visitor (grant)
Keith Hendricks, Environmental Health Director	Linda Garza, Public Health Nurse Home Visitor (grant)
Jennifer Loizzo, Sanitarian	Vanessa Hernandez, Public Health Educator Home Visitor (grant)
Nathalia Arnouts, Sanitarian	Kelley Marshman, Public Health Nurse Home Visitor (grant)
Chuck Dykstra, Sanitarian	Lindsey Visona, Public Health Educator Home Visitor (grant)
Kevin Plachinski, Public Health Specialist	Amanda Schmidt, Public Health Educator Home Visitor (grant)
COMMUNITY HEALTH / HOME VISITING / EPIDEMIOLOGY	Vacant, Public Health Nurse Home Visitor (grant)
Jeff Langlieb, Community Health Director/Deputy Health Officer	Brittany Gunn, Public Health Nurse Home Visitor (grant)
Ashlee Franzen, Associate Community Health Director	Wendi Huffman, Public Health Nurse Home Visitor (grant)
Kate Dickinson, Community Health Supervisor	Katie Whitaker, Public Health Nurse Home Visitor (grant)
Sai Moua, Public Health Nurse	Pa Chang, Epidemiologist (grant)
Amanda Busack, Public Health Educator	Silviano Garcia, Epidemiologist

Board of Health

CHAIRPERSON	TRUSTEES, BOARD MEMBERS & REPRESENTATIVES
Frances M. Petrick, RN	Sharon Korponai, Village of Raymond Citizen Representative
MEDICAL DIRECTOR/VICE-CHAIR	John Monsen, Village of Rochester Citizen Representative
Mark E. DeCheck, MD	Stuart Ten Cate, Sturtevant Trustee
TRUSTEES, BOARD MEMBERS & REPRESENTATIVES	Gordon Svendsen, Union Grove Trustee
Tom Weatherston, Caledonia Trustee	Sherry Gruhn, Village of Yorkville Citizen Representative
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	Vacant, Town of Burlington and Town of Dover Board Members
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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Office Hours: Monday – Friday, 8:00 a.m. - 4:30 p.m.

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 / Home Visiting
2. Environmental Health / Emergency Preparedness
3. Administration

3 Core Functions & 10 Public Health 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 Public Health Essential 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.

Population-Based Community Health Assessment

Local health departments are required to conduct a community health assessment (CHA) every five years, and CRCHD most recently completed its CHA in 2017. The goal of the CHA is to collect, review, and analyze health data to better understand the overall health of the community and 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. On a regular basis, CRCHD updates health data as necessary to provide the best programming and services, and in 2018 and 2019 CRCHD utilized new software to add additional ways to identify and communicate community health indicators. Our key community themes and strengths are delineated 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
- Healthy Growth/Development

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 CHA data that highlighted local health issues of significance. In early 2019, CRCHD convened community partners for a year-one CHIP progress meeting to discuss accomplishments to date and to identify priority strategies for 2019. For 2019 the CHIP continued to be a guide for our community's work in addressing health conditions that impact residents, including those conditions which may disproportionately affect some of our residents. The four primary focus areas of our CHIP work, done collaboratively with community partners, include: **1) mental health; 2) substance abuse; 3) chronic disease; and, 4) access to healthcare.**

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 (2016-2018)			
	0-17	18-64	65+
1	Certain conditions originating in the perinatal period (n= 30; Previous Ranking: 1)	Malignant neoplasms (n=317; Previous Ranking: 1)	Diseases of heart (n=1065; Previous Ranking: 1)
2	Other causes (n=20; Previous Ranking: 2)	Diseases of heart (n=232; Previous Ranking: 2)	Malignant neoplasms (n=868; Previous Ranking: 2)
3	Accidents (unintentional injuries) (n=17; Previous Ranking: 3)	Other causes (n=189; Previous Ranking: 3)	Other causes (n=827; Previous Ranking: 3)
4	Congenital malformations, deformations and chromosomal abnormalities (n=4; Previous Ranking: 4)	Accidents (unintentional injuries) (n=164; Previous Ranking: 4)	Cerebrovascular diseases (n=262; Previous Ranking: 5)
5	Assault (homicide) (n= < 5; Previous Ranking: 6)	Intentional self-harm (suicide) (n=65; Previous Ranking: 5)	Chronic lower respiratory diseases (n=256; Previous Ranking: 4)

Ranked Causes of Injury-Related Emergency Department Visits by Age Group (2016-2018)			
	0-17	18-64	65+
1	Fall (n=3,770; Previous Ranking: 1)	Fall (n=6,805; Previous Ranking: 1)	Fall (n=4,095; Previous Ranking: 1)
2	Struck by or against object or person (n=2,420; Previous Ranking: 2)	Struck by or against object or person (n=4,532; Previous Ranking: 3)	Struck by or against object or person (n=590; Previous Ranking: 4)
3	Cutting or piercing objects (n=826; Previous Ranking: 4)	Motor vehicle (n=4,516; Previous Ranking: Unranked)	Motor vehicle (n=442; Previous Ranking: Unranked)
4	Motor vehicle (n=825; Previous Ranking: Unranked)	Cutting or piercing objects (n=3,123; Previous Ranking: 5)	Cutting or piercing objects (n=318; Previous Ranking: 5)
5	Natural or environmental factors (n=694; Previous Ranking: 5)	Overexertion (n=1,543; Previous Ranking: Unranked)	Natural or environmental factors (n=227; Previous Ranking: Unspecified)

Ranked Causes of Injury-Related Hospitalizations by Age Group (2016-2018)			
	0-17	18-64	65+
1	Poisoning (n=53; Previous Ranking: 1)	Poisoning (n=533; Previous Ranking: 1)	Fall (n=1,229; Previous Ranking: 1)
2	Fall (n=15; Previous Ranking: 2)	Fall (n=422; Previous Ranking: 2)	Poisoning (n=72; Previous Ranking: 2)
3	Motor vehicle (n=11; Previous Ranking: 5)	Motor vehicle (n=193; Previous Ranking: Unranked)	Motor vehicle (n=67; Previous Ranking: Unranked)
4	Fire, heat, chemical burns, hot objects, scalding (n=8; Previous Ranking: 4)	Nontraffic transportation (n=65; Previous Ranking: Unranked)	Struck by or against object or person (n=40; Previous Ranking: 5)
5	Nontraffic transportation (n=6; Previous Ranking: Unranked)	Struck by or against object or person (n=63; Previous Ranking: Unranked)	Nontraffic transportation (n=16; Previous Ranking: Unranked)

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.

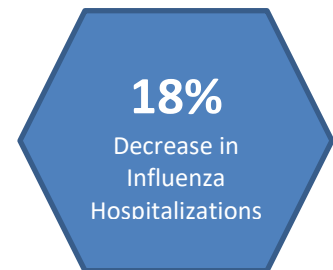
Communicable Disease Control

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 and STD cases decreased 7%, from 766 in 2018 to 709 in 2019. However, due to 15 newly reportable diseases in 2018, the number of suspect CD and STD cases skyrocketed, increasing 38%.

2019 Outcome Measures:

- Conducted and completed investigations of 1273 reported diseases.
 - *Confirmed/probable CD investigations (n=360)*
 - *Suspect CD investigations (n=536)*
 - *Confirmed/probable STD investigations (n= 349)*
 - *Suspect STD investigations (n=28)*
- Identified that a decrease in probable/confirmed cases was primarily due to a decrease in enteric diseases, chlamydia, and influenza associated hospitalizations.
- Developed a new algorithm for STD investigations.
- Continued client feedback project for STD investigations.
- Developed a Measles FAQ due to an increase in measles cases in neighboring states.
- Utilized a small state CD grant for some of the work.



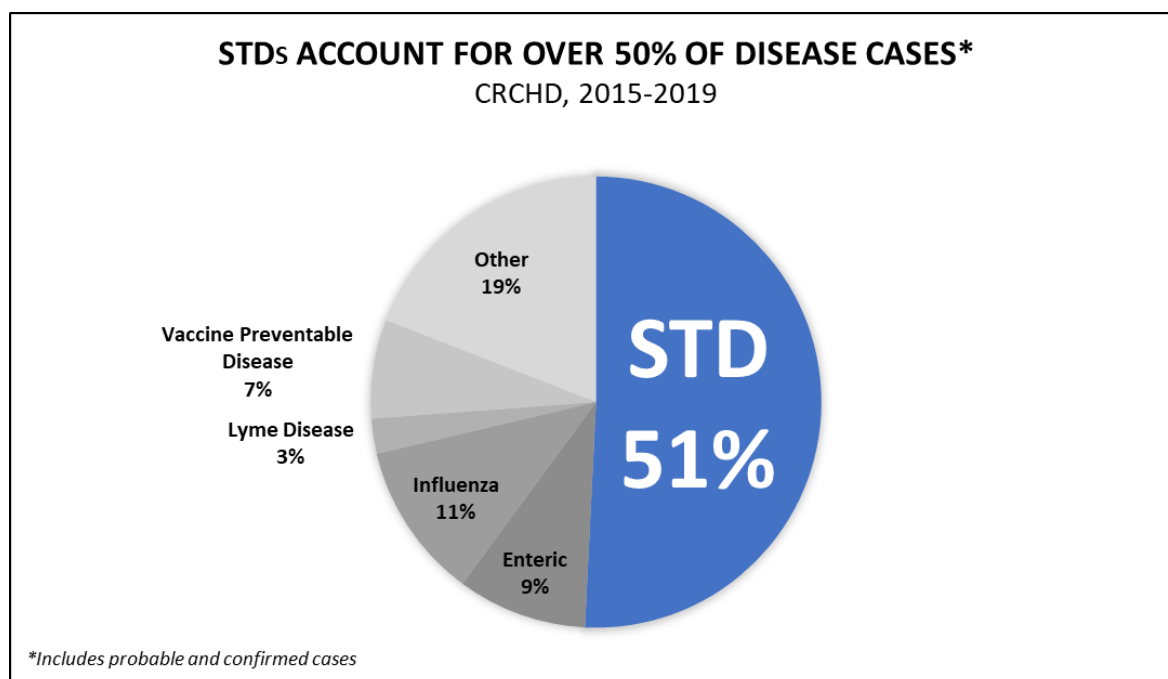
Sexually Transmitted Disease Cases*					
	2019	2018	2017	2016	trend
STDs					
Chlamydia	286	308	287	312	▼
Gonorrhea	62	51	64	45	▲
Syphilis	<5	<5	<5	<5	
*Includes confirmed and probable Cases					

The following tables show the reported probable and confirmed cases for 2019. Influenza continues to be a virus of public health significance.

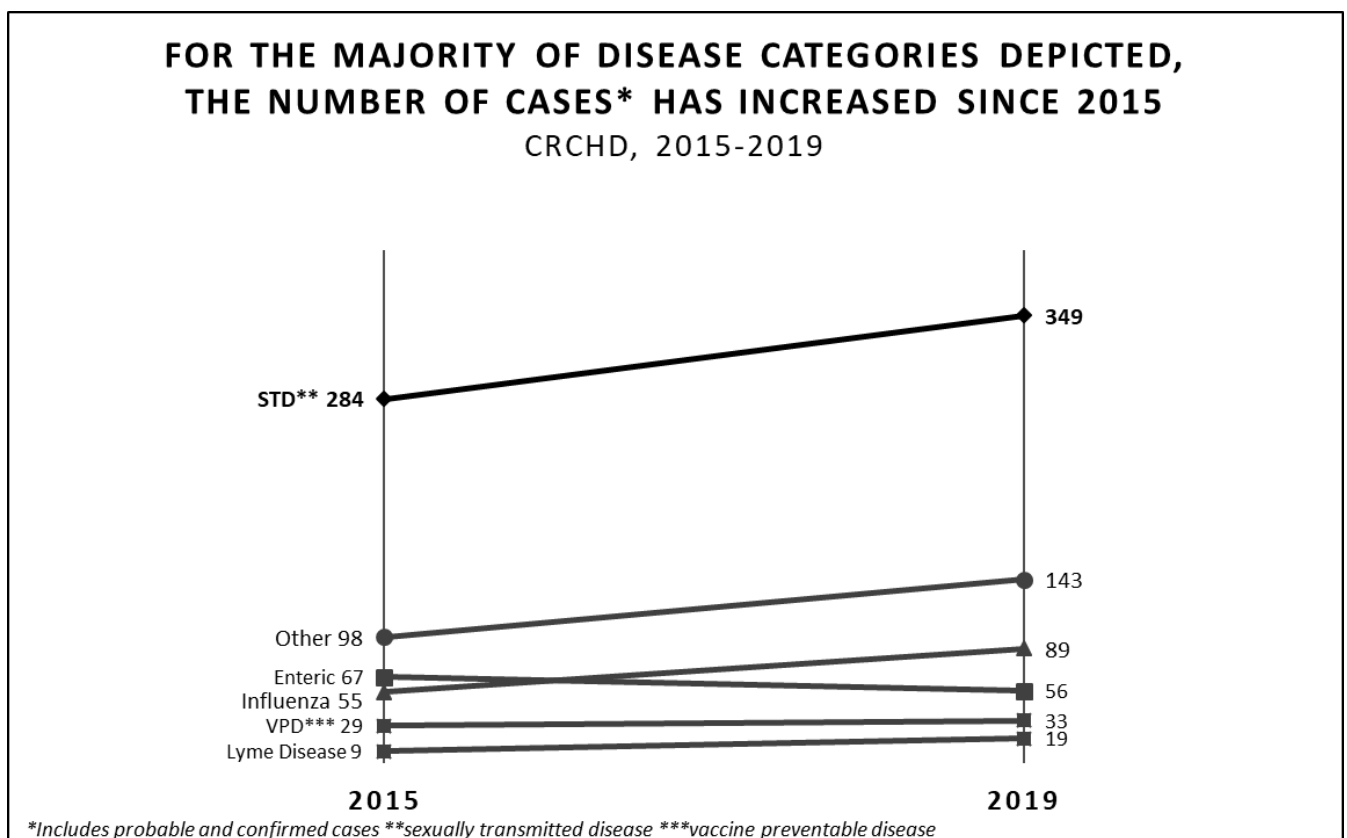
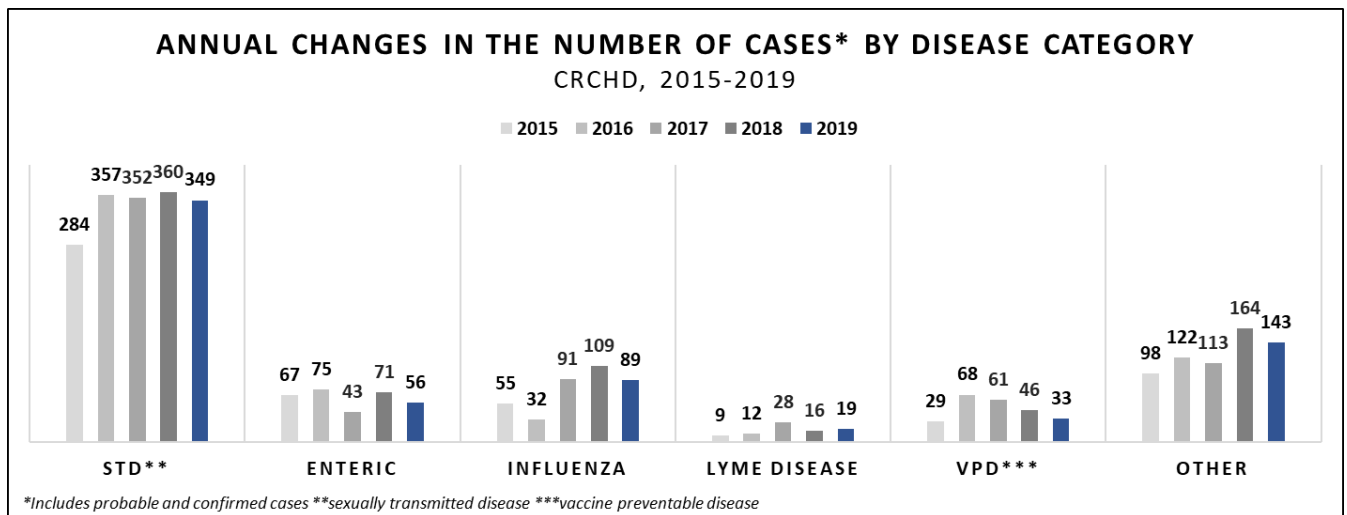
CRCHD 2019 CD Cases ≥ 5*	
	2019
Communicable ≥ 5 Cases	
Influenza Hospitalization	89
Mycobacterium (non-TB)	45
Tuberculosis, Latent	35
Hepatitis C	33
Campylobacteriosis	21
Lyme Disease	18
Pertussis	15
Streptococcal Disease (B)	14
Salmonellosis	10
E-Coli (STEC)	9
Cryptosporidiosis	8
Legionellosis	8
Streptococcus Pneumoniae	7
Giardiasis	5
Hepatitis B (Chronic)	5
Streptococcal Disease (A)	5
<i>*Includes confirmed and probable Cases</i>	

CRCHD 2019 CD Cases <5*	
	2019
Communicable <5 Cases	
Arboviral Illness, Dengue	<5
Babesiosis	<5
Blastomycosis	<5
Carbapenem-Resistant Enterobacteriaceae	<5
Shigellosis	<5
Haemophilus Influenzae, Invasive Disease	<5
Hemolytic Uremic Syndrome	<5
Kawasaki Disease	<5
Listeriosis	<5
Pelvic Inflammatory Disease	<5
Varicella (Chickenpox)	<5
<i>*Includes confirmed and probable Cases</i>	

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



The following graphs show a decrease in disease report counts for most categories between 2018 to 2019. However, since 2015 disease report counts have been on the rise.



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; we are charged with investigating and responding to public health threats and emergencies. In 2019, vaping and its sequelae, especially for youth, became an important public health concern.



2019 Outcome Measures:

- Developed *Health Risks of Vaping Infographic*, *Vaping Parent Tip Sheet*, *Vaping Conversation Guide*, and *Vaping Parent Tip Sheet* for schools and the community.
- Investigated suspect cases of e-cigarette or vaping product use associated lung injury (EVALI).
- Investigated all reported outbreaks and provided education and guidance as needed; 95% occurred in long-term care facilities, 5% in other community establishments, and 0% at schools.
 - Types of disease-causing organisms identified in the outbreaks included: *Clostridium Difficile*, *Coronavirus OC43*, *Type A Influenza*, *Norovirus*, *Rhinovirus*, and *Respiratory Syncytial Virus (RSV)*
 - Outbreaks associated with long-term care facilities affected 183 residents and 62 staff

21
Outbreak
Investigations

Mosquito Surveillance

In the 2019 summer, CRCHD helped continue 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.

2019 Outcome Measures:

- Collected traps at two locations on 15 different days for a total of 148 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.

2019 Outcome Measures:

- Completed 157 human health hazard investigation interventions (a 16% decrease from 2018).
- Responded to 31 complaints (a 15% increase from 2018).

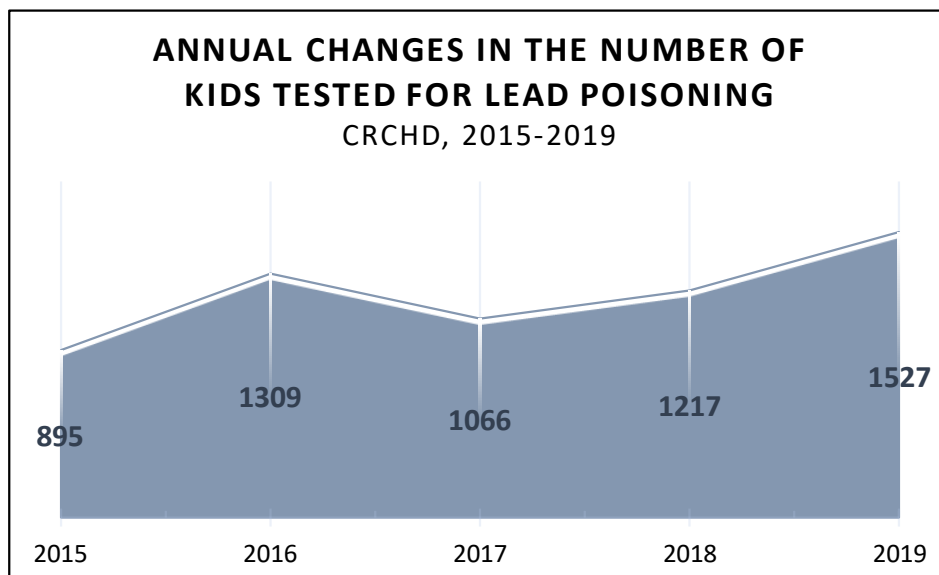
Lead Poisoning Case Management

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.

CHIP Priority Strategy

2019 Outcome Measures

- Identified and tracked 1527 blood lead tests completed for CRCHD jurisdiction children.
- Identified 14 new children with an initial capillary BLL of ≥ 5 ug/dL and all received a form of follow-up (e.g. call, letter, primary care physician contact).
- Identified 3 new children with an initial 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 827 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.

 **CHIP Priority Strategy**

2019 Outcome Measures:

- No children had a venous BLL that required a lead hazard investigation.
- CRCHD continues to be a 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.

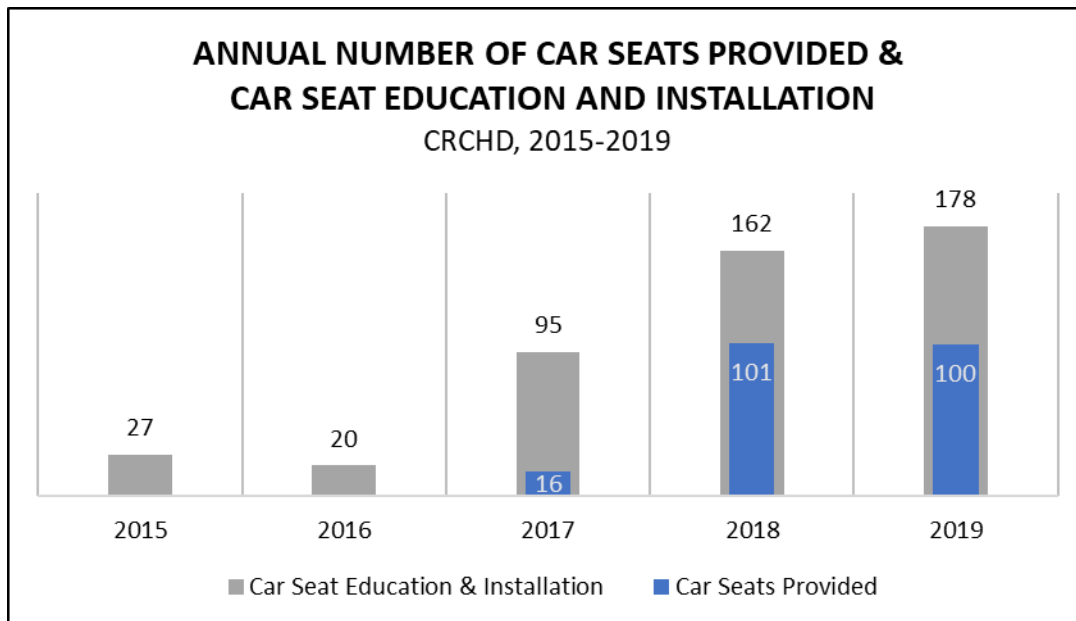
Car Seat Education and Installation

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.

2019 Outcome Measures:

- Provided education to families on how to safely transport their children using car seats, booster seats and seat belts.
- Evaluated 178 child safety seats for proper installation, a 87% increase from 2017.
- Provided 100 child safety seats.
- Provided car seat safety information to 827 families in a new baby packet.
- Created social media posts on car seat safety (84 unique users reached per Facebook post on average).
- 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.

2019 Outcome Measures:

- Maintained status as an official Cribs for Kids® site.
- Provided 111 low-cost cribs, including a Pack 'n Play, sleep sack, fitted sheet, and pacifier (a <1% increase from 2018).
- 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 114 new parents.
- Held Cribs for Kids® classes at CRCHD and WIC-Burlington.
- Mailed a newsletter to residents including information regarding safe sleep and Cribs for Kids®.
- Utilized grant funds to purchase the cribs.



Suicide Prevention Work Group

CRCHD is working with local partner agencies to promote suicide prevention resources in the community. Suicide is the second leading cause of death in adolescents in Wisconsin. The highest suicide rates are seen among 45-54 year olds, part of our working population.

CHIP Priority Strategy

2019 Outcome Measures

- Engaged companies, schools and organizations to promote existing suicide prevention resources by printing the information on employee name badges. This approach is an easy, inexpensive, and sustainable way to get suicide prevention information into the hands of those who need it.

ARE YOU OR SOMEONE YOU KNOW IN CRISIS?



TEXT "HOPELINE" to 741741



CALL 262-638-6741
or 1-800-273-TALK (8255)



VISIT suicidepreventionlifeline.org

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

2019 Outcome Measures:

- Sold 238 radon kits to residents, a 14% increase from 2018.
- 160 radon kits sent for analysis; 52% 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.

2019 Outcome Measures:

- Provided 60 bacteria/nitrate well water test kits to residents, a 94% increase from 2018.

Health Communication 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, 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**

2019 Outcome Measures:

- Mailed one newsletter to all residents; wrote 15 newsletter articles for municipalities.
- Created nine social media posts on the precautions to be taken during influenza season (66 unique users reached per Facebook post on average).
- Sent press releases on the following topics: extreme cold weather, wind chill warning, cold weather advisory, water safety, heat index, vaping, to name a few.
- Created six social media posts on medication safety and disposal events (197 unique users reached per Facebook post on average). Also advertised in local papers.
- Increased awareness of immunizations (102 unique users reached per Facebook post on average) and tuberculosis (69 unique users reached per Facebook post on average).
- Sent mass distribution information to healthcare providers on these topics: Hepatitis A, Shiga toxin outbreak, E. Coli, e-cigarette or vaping product use associated lung injury (EVALI).
- Provided guidance to childcare facilities and schools upon an identified increase in gastrointestinal illness, influenza, and other respiratory illness in Racine County.
- Presented at community events such as Eastern and Western Racine County Networking Breakfasts, Baby Expo, schools, and health fairs.
- Provided brochures on public health services at multiple venues and online.
- Added Instagram as an additional social media outlet.
- Posted on CRCHD social media accounts daily (Facebook, Instagram and Twitter) on topics such as emergency preparedness; food safety; hazardous weather events; home safety; and immunizations, to name a few.
- Provided quarterly communicable disease reports, environmental health reports, emergency threats, and potential State law changes to Board of Health.
- Developed External Communication Work Group.

508

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

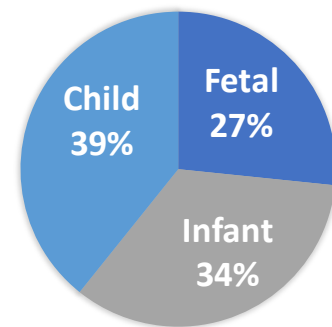
MOBILIZE COMMUNITY PARTNERSHIPS AND ACTION TO IDENTIFY AND SOLVE HEALTH PROBLEMS

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.

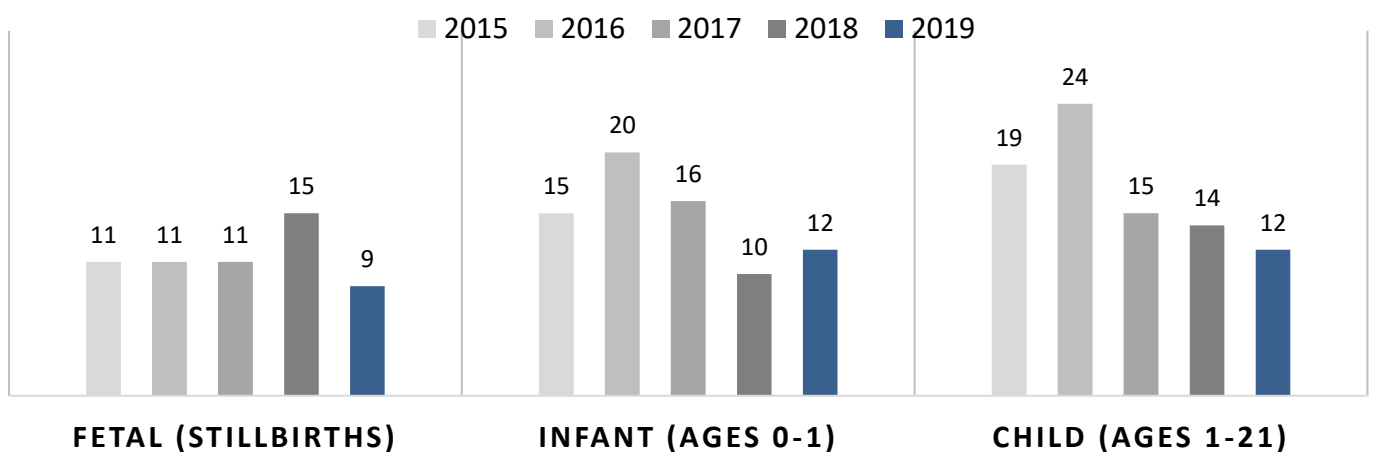
PERCENTAGE OF FETAL, INFANT & CHILD DEATHS
CRCHD, 2015-2019



2019 Outcome Measures

- 12 childhood (ages 1-21), 12 infant (ages 0-1), and 9 fetal (stillbirths) deaths reported to date.
- 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, 2015-2019



*final count pending

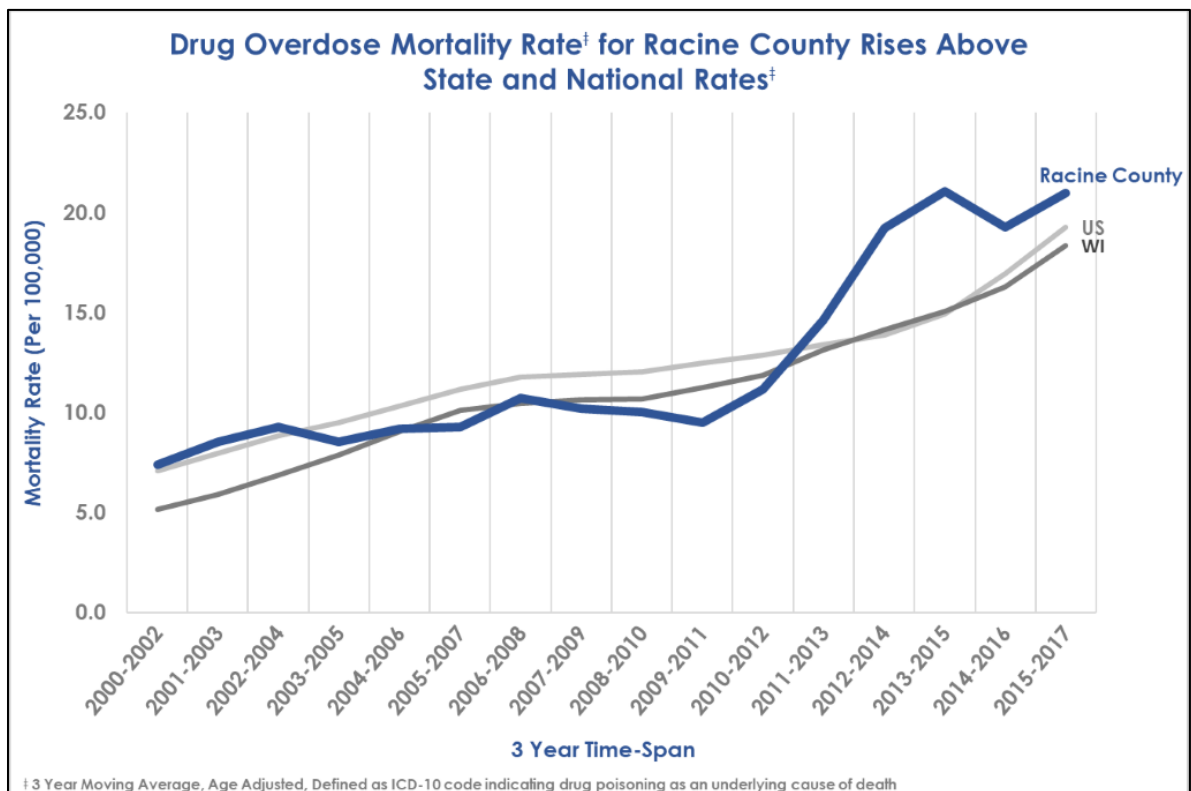
Overdose Fatality Review

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 and continued to meet in 2019 to identify the underpinnings of overdose deaths and translate findings from the review process into prevention recommendations and strategies.

 **CHIP Priority Strategy**

2019 Outcome Measures:

- Received commitment from over 25 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, Southshore EMS, and other partners.
- Implemented an information card for law enforcement and emergency medical services to give to families of overdose victims.
- Identified that compared to the state and nation, Racine County has seen a more dramatic increase in the drug overdose mortality rate over the last several years.
- Wrote for and utilized a state DOJ grant for this work.



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. Twelve municipal medication collection boxes have been placed throughout the county to offer year-round disposal of medications to residents.

 CHIP Priority Strategy

2019 Outcome Measures

- Took part in the National Drug Take Back Day and helped dispose of 215 pounds of unwanted medications at a west-end medication event.
- Partnered with City of Racine Health Department and law enforcement to promote box use and collected 4204 pounds of medication in 2019 from 12 municipal boxes.

Opioid and Heroin Awareness

CRCHD released an *Opioid and Heroin Awareness Guide* in response to the opioid epidemic. In 2017, WI ranked 20th for drug overdose deaths with 31% of those deaths related to prescription opioids.

 CHIP Priority Strategy

2019 Outcome Measures

- Developed guide to prevent people from starting opioids, reduce addiction to opioids, and reverse opioid overdose through the use of naloxone (Narcan); made available online in both a PDF version and an interactive website version in both English and Spanish.
- Provided specific resources for those seeking treatment, parents with children of any age, and employers looking to address opioid use in the workplace as well as signs to look for in friends and loved ones who may be struggling with substance use.
- Provided information for those indirectly affected by the opioid epidemic with topics on reducing stigma, policy and advocacy information, and how to respond to an overdose.
- Utilized an opioid preparedness 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 Depts & Boards (WALHDAB)	Aurora Steering Council Racine/Kenosha market	Aurora Steering Council Burlington/Walworth market	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	Racine County Immunization Coalition	CRCHD Food Industry Ad Hoc Advisory Cttee.	Children's Collaborative for Mental Health
Children's Community Options Program (CCOP)	Higher Expectations Kindergarten Readiness Network	Higher Expectations 0-3 Alignment Team		

 CHIP Priority Strategy

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 2019, CRCHD completed three and a half years of work on its Strategic Plan.

2019 Outcome Measures

- Completed goals for Priority 1: Achieve National Public Health Accreditation
 - Prepared and implemented Action Plan for PHAB
 - Updated CQI Plan; initiated CQI projects
 - Updated Performance Management Plan/adopted 2019 performance measures
 - Implemented Performance Management Workplan and Checklists
- Completed goals for Priority 2: Enhance External Communication and Partnerships
 - Completed CRCHD 2018 Annual Report
 - Provided CRCHD Performance Management Reports to Board of Health
 - Developed External Communication workgroup
 - Conducted CHIP Partner meetings
 - Identified partner agencies in the CRCHD Public Health Emergency Plan (PHEP)
 - Continued UW-Milwaukee academic partnership
 - Continued Family Connects Racine County
 - Provided Board of Health legislative priorities/bills updates
- Completed goals for Priority 3: Focus Workforce Development on Performance
 - Completed annual staff evaluations and identified training and opportunities for growth
 - Implemented CRCHD 2019 Workforce Development Plan
 - Provided policy and program updates at all-staff meetings
- Completed goals for Priority 4: Align Organizational Programs and Services
 - Updated organizational chart to better streamline work, job responsibilities, role delineation, and back-up responsibilities
- Completed goals for Priority 5: Assure Financial Viability
 - Sent Board of Health resolution to State for increased communicable disease funding
 - Participated in shared services
 - Participated in 15+ coalitions
 - Provided education to stakeholders on Family Connects Racine County
 - Wrote for and received funding from 10+ grants
 - Became a Level III Health Department to increase State grant funding



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.

2019 Outcome Measures

- Updated all CRCHD policies, including those needing Board of Health (BOH) approval.
- Adopted policy to change CRCHD Designation to a Level III and achieved said designation.
- Sent letter to State Legislators regarding concerns with a “Lemonade Stand Bill.”
- Apprised Board of Health of impending changes to Ch. DHS 140 which would affect CRCHD.
- Sent State elected officials BOH resolutions requesting the Wisconsin Legislature “Apply the Indoor Smoking Ban to Inhaling or Exhaling of Vapor Products” and “End the Use of Personal Conviction Waivers for School and Day Care Center Immunizations.”
- Sent letters to State elected officials with concerns regarding Micro Market fees and proposed changes to the Recreational and Educational Camp law.
- Sent all municipal leaders a memo encouraging them to add vaping to their indoor smoking ordinances, with one municipality adopting this in 2019 and more on the docket for 2020.

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 2019, CRCHD was required to complete objectives related to emergency public information and warning, information sharing, medical countermeasure dispensing and administration, medical materiel management and distribution, medical surge, 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.

2019 Outcome Measures

- Increased engagement with local, private partners for Closed Point of Dispensing (POD) network.
- Met with local school district officials to update Open Point of Dispensing (POD) Plans.
- Participated in trainings and exercises related to CBRNE events in conjunction with the Southeast WI Healthcare Emergency Readiness Coalition.
- 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.
- Performed an annual review and revision of our emergency preparedness plans i.e. Public Health Emergency Plan (PHEP) and Medical Countermeasure Plan (MCP).
- Participated in Racine County and regional Public Information Officer (PIO) workgroups.
- Provided contractual emergency preparedness services to City of Racine Health Department.
- Activated plans in response to a real outbreak.
- Identified 93 volunteers registered on the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) from the jurisdiction.

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.

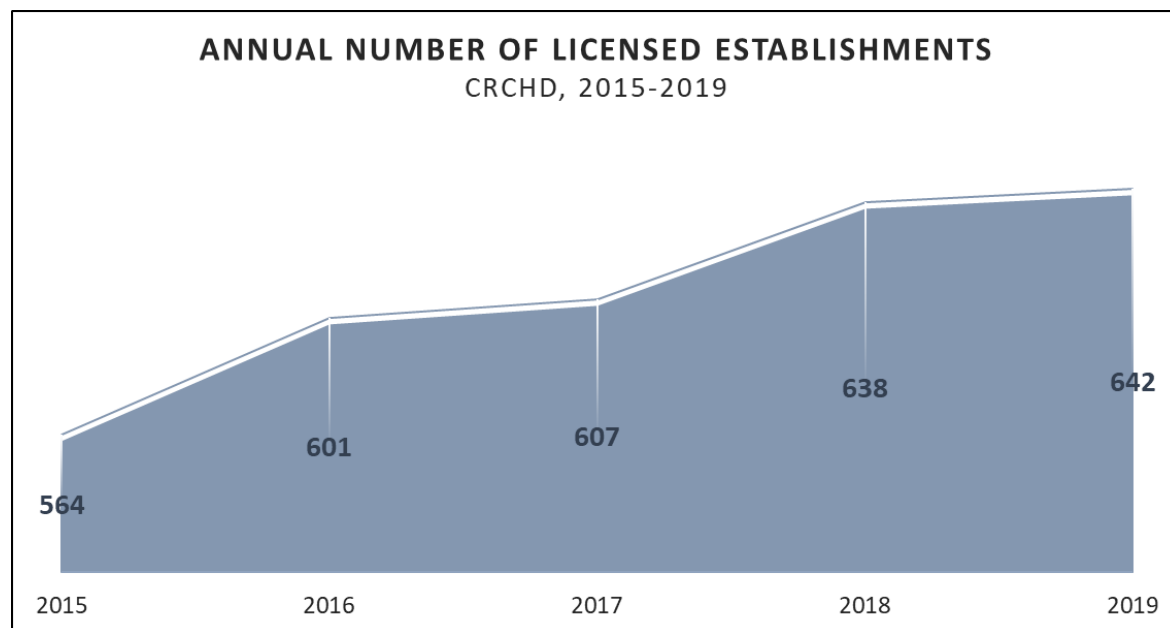
Environmental Health Licensing and Inspections

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 in person or online at the CRCHD website.

Establishment Type	Total Licenses
	2018-2019
<i>Body Art</i>	7
<i>Campground</i>	5
<i>Restaurant</i>	307
<i>Retail Food</i>	163
<i>Hotels/Motels</i>	19
<i>Pools</i>	59
<i>Schools</i>	31
<i>Temporary Restaurants</i>	50
<i>Summer Camps</i>	1
TOTAL	642

2019 Outcome Measures (2018-2019 License Period)

- Licensed 642 establishments.
- Completed a total of 1,033 inspections.
 - Completed 725 routine inspections (includes 83 transient vendor inspections)
 - Completed 61 pre-inspections (includes pre-inspection follow-ups)
 - Completed 166 follow-up inspections and re-inspections
 - Completed 36 on-site inspections for complaints and followed up on 100% of complaints
 - Completed 45 other on-site inspections
- Continued peer-to-peer annual inspections.



The number of licensed establishments has increased 14% over the past 5 years.

CRCHD ensures enforcement of local ordinances and state law.

Establishment	Follow-Up Inspections		Trend	Re-inspection (charged)		Trend
	2018-2019	2017-2018		2018-2019	2017-2018	
All Types	157	201	▼	9	23	▼

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 in 2019 increased 69% from the 2016-2017 license period and 5% from the 2017-2018 license period.* Excellence Award winners for the 2018-2019 license year include:

2018-2019 Excellence Award Winners			
Facility	Location	Facility	Location
A&W*	Franksville	McKenzie Food Service #2*	Raymond
Arbys*	Caledonia	Noodles & Company*	Mount Pleasant
Burlington HS*	Burlington	North Cape School*	Franksville
Cooper Elementary*	Burlington	Olympia Brown Elementary	Caledonia
Dairy Queen	Burlington	Pilot Travel Center*	Franksville
Evergreen Elementary School*	Waterford	Real School	Mount Pleasant
Fox River Middle School*	Waterford	Sil's Mini Donuts	Raymond
Java Jo'Z	Waterford	Starbucks*	Mount Pleasant
Jellystone Park*	Caledonia	Subway	Waterford
Kwik Trip*	Mount Pleasant	Taco Bell*	Mount Pleasant
McDonalds	Caledonia	Woodfield Elementary School	Waterford

*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**

2019 Outcome Measures:

- 47 individuals took the online food safety course. This is a 262% increase from 2018.

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.

2019 Outcome Measures:

- Tested 145 wells for bacteria and nitrates.
- Completed 112 annual site assessments.
- Completed 33 sanitary surveys.
- Addressed 33 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.

2019 Outcome Measures:

- Conducted 189 rabies investigations, an increase of 3% from 2018.

Investigation	Bat	Cat	Dog	Raccoon	Skunk	Other	Total
Number	7	37	135	5	0	5	189
Percentage	4%	20%	71%	2.5%	0%	2.5%	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.

2019 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 **5 Caution** and **0 Closed** signs throughout the 2019 beach season, a 64% decrease.

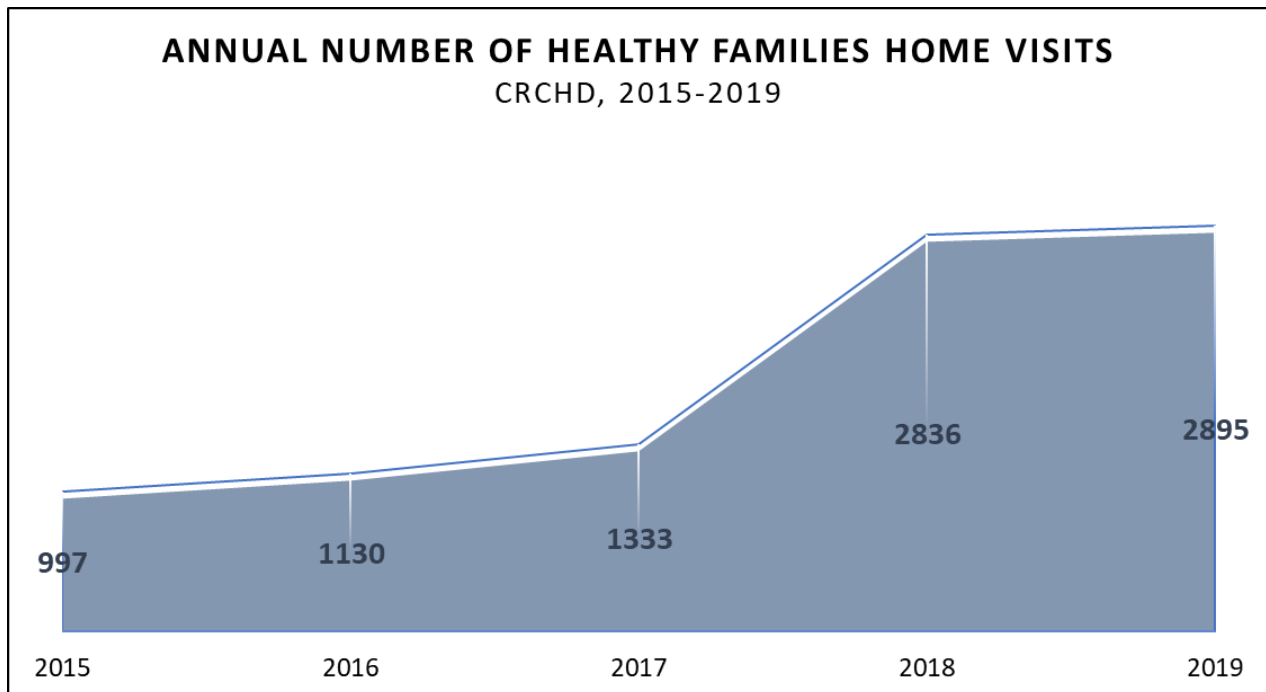
LINK PEOPLE TO NEEDED HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTHCARE WHEN OTHERWISE UNAVAILABLE

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 two grants to provide comprehensive home visitation programs using Healthy Families America (HFA) evidence-based model and Growing Great Kids curriculum. HFA is a signature program of Prevent Child Abuse America and CRCHD is a nationally accredited HFA site. Expectant and new parents have common questions about their child's development and staff connect 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, FFHV is a partnership between CRCHD and Racine County Human Services Department (HSD). Goals include: Improve birth outcomes and maternal health; provide service coordination and referrals; improve child safety, health and development.

2019 Outcome Measures (2018-2019 grant cycle)

- Provided 2227 home visits (up 1% from 2017/2018) for 205 families (up 15% from 2017/2018).
- Funded by Wisconsin Department of Children and Families with HSD 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: Utilize innovative approaches to reduce poor outcomes; improve maternal health and family functioning; promote child health, safety and growth.

2019 Outcome Measures (2018-2019 grant cycle);

- Provided 668 home visits (up 5% from 2017/2018) for 67 families (up 14% from 2017/2018).
- Funded through Wis. Stats. 253.16 with HSD 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**

2019 Outcome Measures:

- Provided home visits for 509 families (a 7% increase from 2018).
- Funded by United Way of Racine County, HSD, and Child Abuse and Neglect Prevention Board.

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.

2019 Outcome Measures:

- Tracked immunization law compliance rates for all schools (N=37) and daycares (N=58) 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.

2019 Outcome Measures:

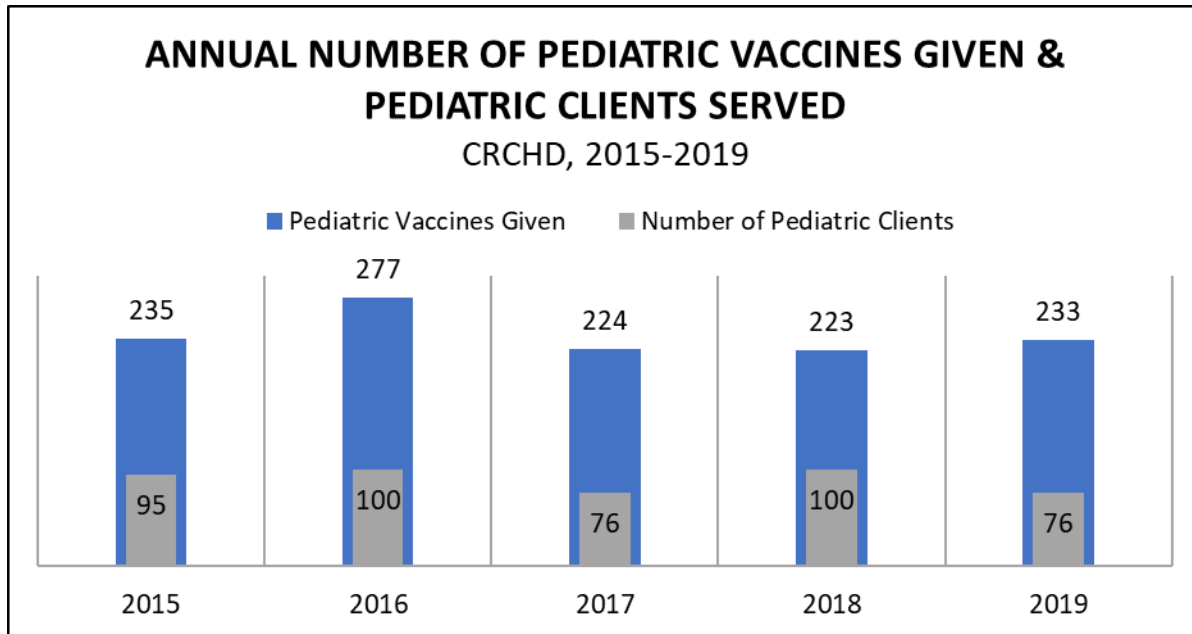
- Helped ensure that 77% of children residing in Racine County who turned 24 months of age during the year were up-to-date on their immunizations (82% were late but became up-to-date); coordinated immunization surveillance by sending 383 reminder/recall letters to residents.
- Provided immunization information to 827 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.

2019 Outcome Measures:

- Provided 233 pediatric vaccines to 76 pediatric clients (includes 43 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.

2019 Outcome Measures:

- Provided 21 adult vaccinations, excluding seasonal influenza, for 14 clients.
- Tdap vaccine accounted for 38% of adult vaccinations given.
- Provided 65 adult seasonal influenza vaccinations through private vaccine purchase (a 22% decrease from 2018).
- Administered 51 tuberculin skin tests (down 27% from 2018) 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.

2019 Outcome Measures:

- Mailed 827 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. As a result of the 2019 Workforce Development Plan, the Board of Health named a Deputy Health Officer, a position necessary in the absence of the Health Officer and also for succession planning.

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 | 5. Community Dimensions of Practice |
| 2. Policy Development & Program Planning | 6. Public Health Sciences |
| 3. Communication | 7. Financial Planning and Management |
| 4. Cultural Competency | 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).

2019 Outcome Measures:

- 2 Master's prepared managers (MPH, MS).
- 2 Bachelor's prepared and credentialed managers (RS and BBA).
- 4 Registered Sanitarians (RS), including a manager.
- 13 Registered Nurses (RN), including managers.
- 2 Epidemiologists (MPH).
- 2 Certified Health Education Specialists (CHES).
- 29 Bachelor's prepared staff in total.
- All staff completed CRCHD-required trainings, and 24 staff attended 118 trainings as primarily required by grants and secondarily by position.

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.

2019 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.

2019 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

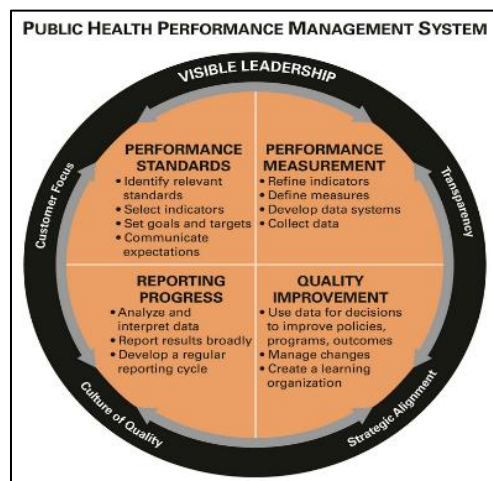
CRCHD has strong relationships with local school systems, including administrators, school nurses, social workers and other professional staff, to provide collaborative programs and services.

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.



2019 Outcome Measures:

- Utilized 2018 Performance Management Plan; updated plan to include workplans and checklists.
- Developed 2019 performance standards, goals and measures.
- Developed 2019 Performance Management workplan.
- Assessed progress toward meeting strategic priorities.
- Assessed progress toward meeting CHIP priorities.
- Assessed progress toward meeting program goals and objectives.
- Reported progress to staff, managers, and Board of Health on a regular basis.

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.



2019 Outcome Measures:

- 8 QI projects worked on in 2019 (1 Administration, 1 Environmental Health, 1 Community Health, and 5 Home Visiting).

RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

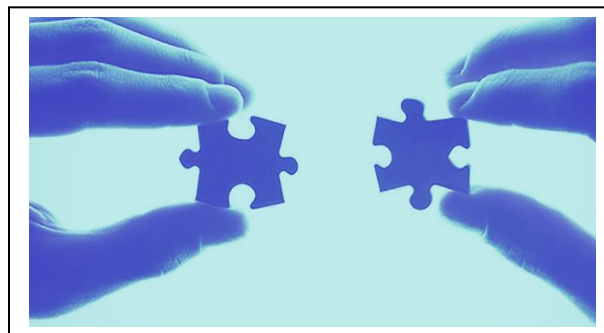
CRCHD develops partnerships with institutions, colleges, vocational/technical schools, and universities to broaden the range of public health research. We work to conduct scientific analysis of public health issues and engage in testing of innovative solutions at the local level. This aligns with Wisconsin 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:

2019 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 and to discuss vaping and possible interventions and solutions.
- Provided contracted services for City of Racine Health Department for cities readiness initiative, (CRI) and fetal, infant and child death review (FICDR) services.
- Participated in state emergency preparedness work groups.
- Continued 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 implement *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.



2019 BUDGET SUMMARY

CRCHD staff presented a balanced budget to Board of Health in August of 2018. 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 2015-2019.

2019 Outcome Measures:

- Revenues increased by 3%, with 77% 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 1.58 percent. The levy contribution was \$7.24 per capita.
- Total revenue (unaudited) amounted to \$3,041,323.
- Ninety percent (90%) of 2019 budgeted expenses were for personnel-related expenditures.

