



Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

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Jefferson County Board of Health Agenda

Health Department Conference Room

1541 Annex Road, Jefferson, WI 53549

Wednesday, September 30, 2015

1 p.m.

Board Members

Dick Schultz, Chair; Ed Morse, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; John McKenzie; Don Williams, MD

1. Call to order
2. Roll Call/Establishment of a Quorum
3. Certification of Compliance with the Open Meetings Law
4. Approval of the Agenda
5. Approval of Board of Health Minutes for July 29, 2015
6. Communications
7. **Public Comment** (Members of the Public who wish to address the Board on specific agenda items must register their request at this time)
8. **Review of Health Department Financial Report**
 - a. Review and Discussion of Income Statement
 - b. Review and Discussion of 2016 Budget
9. **Operational Update of the Environmental Health Program**
10. **Discussion of Public Health Preparedness Program**
 - a. Discussion of Avian Influenza (H5N2 – HPAI*) Local Meeting
11. **Discussion of Public Health Program and Statistics**
 - a. Review of Communicable Disease Cases Reported
 - b. Review of Immunization Program Audit Results
 - c. Acknowledgement of Randy Schopen Foundation Grant Award
 - d. Discussion of Communicable Disease Funding Resolution
 - e. Discussion of Jail Nurse Staffing
 - f. Review and Discussion of Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards Legislative Agenda
 - g. Review and Discussion of End of Year Grant Reports
12. **Discussion of Monthly Health Department Report**
13. **New Executive Director of Rock River Free Clinic**
14. **Adjourn**

Next Scheduled Meetings: Wednesday, November 18, 2015

*Highly Pathogenic Avian Influenza

A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator at 920-674-7101 24 hours prior to the meeting so appropriate arrangements can be made.

**Jefferson County Board of Health
Meeting Minutes – July 29, 2015
Jefferson County Health Department – Conference Room
1541 Annex Road, Jefferson, WI. 53549**

Call to Order: D. Schultz, Chair, called the meeting to order at 1:05 p.m.

Roll Call/Establishment of a Quorum: Quorum established.

Board Members Present: Dick Schultz, Chair; Ed Morse, Vice-Chair; Marie Wiesmann, RN, BSN, Secretary; Don Williams, M.D.

Board Members Absent: John McKenzie was excused prior to the meeting.

Staff Present: Gail Scott, Director; Diane Nelson, Public Health Program Manager; Sandee Schunk, Clerical/Recorder; Mary Magnuson, PH RN; Nancy Schneider, PH RN; Katrina Waldron, PH RN

Guest Present: Benjamin Wehmeier, County Administrator

Certification of Compliance with the Open Meeting Law: The meeting was properly noticed.

Approval of the Agenda: *Motion by M. Wiesmann to approve the agenda as written; second by E. Morse; motion carried.*

Approval of Board of Health Minutes for May 27, 2015:

Motion by E. Morse to approve the minutes as written; second by M. Wiesmann; motion carried.

Communications:

a. Wisconsin State Laboratory of Hygiene Budget Provision Response Letter

Review of a letter in the meeting packet dated June 3, 2015 that was sent by Gail Scott to Karen McKeown at the Division of Public Health on behalf of the Board of Health. Review of a reply letter dated June 15, 2015 from Karen McKeown confirming that the funds will not be transferred out of the State Lab of Hygiene to the Department of Agriculture as the provisions had been removed from the State budget during proceedings of the Legislature's Joint Finance Committee.

b. Letter from UW-Madison School of Nursing Dean

A letter of thanks, for providing clinical training to their nursing students during the academic year, was reviewed.

Public Comment:

G. Scott introduced the 3 Public Health RNs in attendance and gave a brief update on their education and/or experience.

Review of Health Department Financial Report:

a. Review and Discussion of Income Statement and 2015 Budget

The June 30, 2015 "Statement of Revenue & Expenditure Report" was reviewed in the meeting packet.

b. Review and Discussion of Draft 2016 Budget

The initial 2016 Health Department Budget was reviewed. B. Wehmeier addressed the issue that the Health Department is a non-countywide tax levy due to Watertown having their own Health Department. Therefore, the Health Department has a 3 month unassigned fund balance with 2 months being required by County policy. The current 2016 tax levy goal of \$ 838,207 will be met with the use of \$ 102,061 from the unassigned fund balance. B. Wehmeier reported that the 2016 health insurance rates have not been released yet which will impact the 2016 budget.

Motion by Dr. D. Williams to send the 2016 budget "draft" to the County Administrator and Director of Finance for review; second by M. Wiesmann; motion carried unanimously.

Operational Update of the Environmental Health Program:

G. Scott gave the Environmental Health Update received via e-mail from Jeff Larkin, Environmental Health Specialist.

* 2015 Temporary Events (27 events, April through October) are in full swing. Ted & Jeff contact the event coordinator and all the food vendors to determine what is being served and get them permitted properly. They inspect each vendor at the event to confirm safe food handling practices. These events are very time consuming. Thirteen events completed to date.

*Permit renewal time of year. Contacting and visiting establishments to get them current/paid-up. Currently down to 25 establishments with outstanding fees. Establishments with outstanding fees on August 15th will be shut down and permits revoked.

*Ted and Jeff have approximately 90 inspections remaining (2014 – 2015 licensing year). Working on getting those inspected. Putting them behind were 88 follow-up/re-inspections and 5 Lead Hazard inspections.

*Currently working on 6th Lead Hazard Investigation report since November of 2014. The past couple of years there have only been 1 or 2 per year.

*In an effort to reduce some of the Lead program workload, Gabrielle Peterson, Emergency Response Coordinator, will be taking coursework in August to get certified as a State Lead Hazard Investigator.

*Multiple bed bug and mold complaints received in the past few weeks.

Discussion of Public Health Preparedness Program:

a. Discussion of Development of Mass Care and Family Assistance Center Plans

G. Scott reported that she is working on a “Mass Care Plan” with Donna Haugom of Jefferson County Emergency Management; Jefferson County Human Services; Jefferson County Sheriff’s Department and the Red Cross. Jefferson County Human Services is being trained to respond during a disaster for mental health and social support.

G. Scott reported that a “Family Assistance Center Plan” will be completed to be used during a Mass Fatality event. A center would be opened to provide lodging, food, mental health support, spiritual care, family and media briefings. An evidenced based plan out of California will be used as a guide.

G. Scott reported that 2 requirements of the Public Health Preparedness grant will be met with the completion of these 2 plans.

G. Scott reported that she is updating emergency plans, emergency call lists and the Incident Command System Plan.

G. Scott reported that the new Public Health nurses completed the introductory course on ICS (Incident Command System) and NIMS (National Incident Management System).

Discussion of Public health Program and Statistics:

a. Review of Communicable Disease Cases Reported

G. Scott reviewed the statistical hand-out included in the meeting packet.

D. Nelson reported that there was a Cryptosporidiosis outbreak with 4 confirmed cases, 1 probable case and 8 clients with symptoms that did not test positive. The disease follow-up took a lot of staff time and effort. Environmental Health did an inspection with a source being suspected but no common source was identified.

K. Waldron, Public Health RN, reported that in July there has been an increase in Gonorrhea and Chlamydia cases.

Dr. D. Williams reported that there is not an STD (Sexually Transmitted Disease) clinic in Jefferson County, making it difficult for clients to obtain STD follow-up care. M. Wiesmann and Dr. D. Williams asked if the Rock River Free Clinic would see low income, uninsured STD clients and provide expedited care (prescriptions for reported partners) if referred by the Health Department? M. Wiesmann said she would talk to Kristin Wallace, the Rock River Free Clinic Director. G. Scott will check if the State Lab of Hygiene would offer “fee exempt” STD testing provided by the Rock River Free Clinic. It was reported that Public Health contacts all STD reported partners but has a problem with them picking up their prescription at the pharmacies. Dr. D. Williams reported that pharmacies should be doing some education on STDs when prescriptions are picked up, as well as the State Department of Health Services. Lack of funding and transportation are barriers for clients (and partners) to follow through with treatment. Dr. D. Williams reported that doctors are allowed to treat STD contacts with antibiotics and are protected under the law.

b. Discussion of Avian Influenza (H5N2 – HPAI*) Outbreak and State Hotwash (*Highly Pathogenic Avian Influenza)

G. Scott reported that a “Hot Wash” was done with the counties that were affected by the Avian Flu, Wisconsin Department of Agriculture, Department of Natural Resources (DNR), Wisconsin National Guard, Wisconsin Department of Health Services, USDA, and State Lab of Hygiene. It was questioned if the Department of Ag communicated well with the local agencies and the answer was “no”. Communication was not good during the outbreak and it was noted that it needs much improvement. The first Jefferson County chicken farm that was affected lacked bio-security. The Health Department provided N95 fit-testing for the farm workers, health education on Avian flu and provided thermometers for symptom monitoring. Dr. Williams wrote Tamiflu orders for farm workers if they wanted the medication as a preventive measure. Fortunately, there was no human Avian cross-over. The Center of Disease Control (CDC) is predicting a re-occurrence of the

Avian flu in the fall when bird migration begins. The State and local levels should be better prepared for another outbreak. G. Scott will follow-up with the Land and Water Conservation Department and UW –Extension to clarify what the role of the Health Department will be in the case of another Avian outbreak. A “Situational Report” is issued weekly regarding the cleaning and disinfecting status of the chicken farms. D. Nelson reported that a few part-time farm workers lost their jobs and cultural/language differences were a factor in working with the chicken farm employees.

c. Discussion of E-Cigarette Inclusion in County Smoke Free Air Policy

G. Scott reported that the Jefferson County Board of Supervisors voted “yes” to include in County policy the “Resolution for Jefferson County to Protect Local Control of the Use of E-Cigarettes” (hand-out available in the meeting packet).

d. Discussion of Wisconsin State Laboratory of Hygiene Budget Provision, Fee Freezes and Governor’s Veto

G. Scott reported that Governor Walker’s veto gave back local control over State Lab of Hygiene and Environmental Health fees that had been proposed to freeze for two years.

e. Discussion and Possible Action on Proposed Resolution for Local Control of Smoke-Free Air

G. Scott reported that Jefferson County is the first county in the state to work with the Tobacco Free Coalition regarding pre-emption of vapor products in county tobacco control ordinances.

Motion by M. Wiesmann to forward the proposed “Resolution for Jefferson County to Protect Local Control of the Use of E-Cigarettes” to the Jefferson County Board; second by E. Morse; motion carried unanimously.

G. Scott will ask Blair Ward in the Corporation Counsel office to forward the resolution to the County Board for review.

f. The Administration & Rules Committee reviewed several resolutions regarding Communicable Disease funding and referred them to the Board of Health for their recommendation

G. Scott reported that the Jefferson County Health Department is mandated to follow-up on communicable disease control and prevention to obtain State funding.

M. Wiesmann recommended that Blair Ward of Jefferson County Corporation Counsel and Gail Scott create a resolution for communicable disease control and prevention and bring it back to the Board of Health for review. (Samples of Outagamie County and Taylor County resolutions are in the meeting packet.)

g. Discussion and Possible Action on Proposal to Write a Letter to the State Department of Health Services Urging Them to Change the Statutes/Administrative Rules for Blood Lead Levels

G. Scott reported that the Health Department provides follow-up on any blood lead levels in the 5 – 9 range as recommended by the Center for Disease Control (CDC). State of Wisconsin statutes say follow-up is only needed for blood lead levels of 10 and above. This is a concern of the Health Department.

M. Wiesmann motioned that a letter be sent, on behalf of the Board of Health, to the Wisconsin Department of Health Services requesting that the State of Wisconsin statutes reflect the CDC guidelines for follow-up on blood lead levels in the 5 – 9 range; second by Dr. D. Williams; motion carried unanimously.

h. Update on Newly Hired Staff (Information Only) (Update and introductions were covered under “Public Comment”).

Discussion of Monthly Health Department Report

G. Scott reviewed the hand-out in the meeting packet. Jail staff and new Public Health RNs were highlighted in the online Jefferson County newsletter.

D. Schultz commented that the Health Department management and staff do a good job throughout the year.

Dr. D. Williams requested an update on the crib and car seat programs. It was reported that 40 – 50 Pack n Play cribs are given out to families each year. The Bureau of Transportation (BOTS) grant in the amount of \$ 4,000 is used to purchase car seats for low income families.

G. Scott reported that donations are accepted for cribs and car seats. An article was published in the Daily Union newspaper. The Randy Schopen Foundation is considering making another donation for cribs this year. M. Wiesmann suggested that fliers requesting donations be circulated throughout the county.

D. Nelson reported the Child Death Review Team (CDRT) had 4 infant deaths related to co-sleeping in prior years and there have been zero reported co-sleeping deaths lately. She is hopeful that the free crib program has helped in this area.

G. Scott reported the enclosure of the downstairs service desk for security is in process. Downstairs staff gave input on the design and the maintenance department is obtaining construction quotes. The project is scheduled to be completed by the end of 2015 with carry-over funds from 2014 covering the cost at approximately \$ 20,000.

September 23, 2015

Dear Reghan,

The Jefferson County Board of Health recently passed a resolution urging the State of Wisconsin Department of Health Services, Division of Public Health, to update the Statutes to reflect the changes in the actionable blood lead levels for children tested for lead.

According to the Centers for Disease Control and Prevention (CDC), protecting children from exposure to lead is important to lifelong good health. No safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, and academic achievement.

The goal is to prevent lead exposure to children *before* they are harmed. There are many ways parents can reduce a child's exposure to lead. The most important is stopping children from coming into contact with lead. Lead hazards in a child's environment must be identified and controlled or removed safely.

One of the goals of Healthy People 2020 is the elimination of childhood lead poisoning as a public health problem.

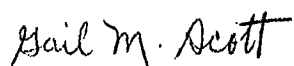
In January 2012, a committee of experts recommended that the CDC change its "blood lead level of concern." The recommendation was based on a growing number of scientific studies that show that even low blood lead levels can cause lifelong health effects. Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than most children's levels.

Until recently, children were identified as having a blood lead "level of concern" if the test result is 10 or more micrograms per deciliter of lead in blood. CDC is no longer using the term "level of concern" and is instead using the reference value to identify children who have been exposed to lead and who require case management.

In the past, blood lead level tests below 10 micrograms per deciliter of lead in blood may, or may not, have been reported to parents. The new lower value means that more children will likely be identified as having lead exposure allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child's future exposure to lead.

The Jefferson County Health Department has implemented the CDC recommendations and is following up on children with blood lead levels of 5 micrograms per deciliter and above. The Board of Health requests that state statutes reference the updated CDC guidelines.

Sincerely,



Gail M. Scott, RN, BSN
Director/Health Officer

Jefferson County Health Department - Statement of Revenues & Expenditures

01/01/2015 - 08/31/2015	YTD	Prorated	Annual	YTD
	Actual	Budget	Budget	Variance
REVENUE:				
Personal Care Medical Assistance	67,080.78	59,466.52	88,756.00	7,614.26
Personal Care Private Pay	5,747.56	11,794.01	17,603.00	-6,046.45
Personal Care - Care WI Private Pay	66,106.54	62,332.11	93,033.00	3,774.43
Personal Care Human Services	13,611.00	10,876.11	16,233.00	2,734.89
Personal Care Other Revenue	0.00	6.70	10.00	-6.70
Personal Care Prior Year Revenue	0.00	0.00	0.00	0.00
Personal Care WIMCR Funding	0.00	33,500.00	50,000.00	-33,500.00
Total Personal Care	152,545.88	177,975.45	265,635.00	-25,429.57
Total WIC	219,623.58	240,293.49	358,647.00	-20,669.91
Public Health Fee for Service	60,321.35	95,166.13	142,039.00	-34,844.78
Public Health Grant Income	89,896.16	74,867.14	111,742.00	15,029.02
Total Public Health	150,217.51	170,033.27	253,781.00	-19,815.76
Total Income	522,386.97	588,302.21	878,063.00	-65,915.24
EXPENSE:				
Personal Care Salary & Benefits	26,112.79	17,840.76	26,628.00	8,272.03
Personal Care Contracted Services	133,169.08	131,543.78	196,334.00	1,625.30
Personal Care Operating Expense	3,665.25	36,082.85	53,855.00	-32,417.60
Total Personal Care	162,947.12	185,467.39	276,817.00	-22,520.27
WIC Salary & Benefits	189,500.77	200,443.90	299,170.00	-10,943.13
WIC Contracted Services	4,488.40	7,499.31	11,193.00	-3,010.91
WIC Operating Expense	25,634.41	32,350.28	48,284.00	-6,715.87
Total WIC	219,623.58	240,293.49	358,647.00	-20,669.91
Public Health Salary & Benefits	674,798.70	655,567.53	978,459.00	19,231.17
Public Health Contractual	25,871.89	32,394.50	48,350.00	-6,522.61
Public Health Operating Expense	98,598.48	150,908.12	225,236.00	-52,309.64
Capital Equipment	0.00	0.00	0.00	0.00
Total Public Health	799,269.07	838,870.15	1,252,045.00	-39,601.08
Total Expense	1,181,839.77	1,264,631.03	1,887,509.00	-82,791.26

SUMMARY				
Total Income	522,386.97	588,302.21	878,063.00	-65,915.24
County Funding Tax Levy & Conting. Transfer	586,399.41	586,399.41	875,223.00	
2014 Restricted Carryover Funds to 2015	25,807.00		27,477.00	
2014 Reserve Funds Applied (Retirees Pd. Out)	73,000.00		73,000.00	
2014 Capital Improvement Carryover to 2015			20,000.00	
Total Revenue	1,207,593.38	1,174,701.62	1,873,763.00	32,891.76
Total Expenditures	1,181,839.77	1,264,631.03	1,887,509.00	-82,791.26
Net Surplus (Deficit)	25,753.61			115,683.02

Prior Year Carryover Funds:	27,477.00
BU 4635 - PH Preparedness = \$5,531	\$ 3,861.00
BU 4406.646 WIC Fit Families = \$3,950	\$ 3,950.00
BU 4501 - Cribs = \$1,025	\$ 1,025.00
BU 4632 - PH Preparedness = \$13,665.00	\$ 13,665.00
BU 4639 - Immuniz. Coalition HPV = \$2,000	\$ 2,000.00
BU 4301 - PCW Alzh. JCHS pre-pay = \$1,306	\$ 1,306.00
= Total Carryover Applied:	\$ 25,807.00

Health Dept. Programs Business Units	Estimated Revenue 2015	Estimated Expenses 2015	Requested Revenue 2016	Requested Expenses 2016	2016 Requested Budget
4301 - Personal Care	\$ 202,984.00	\$ 212,945.00	\$ 12,500.00	\$ 12,500.00	\$ -
4406 - WIC Grant	\$ 329,030.00	\$ 332,980.00	\$ 333,770.00	\$ 333,770.00	\$ -
4456 - WIC Peer Counselors	\$ 13,063.00	\$ 13,063.00	\$ 13,598.00	\$ 13,598.00	\$ -
4501 - Public Health	\$ 62,095.00	\$ 1,025,817.00	\$ 62,095.00	\$ 964,427.00	\$ (902,332.00)
4507 - MCH Consol. Ctrct.	\$ 21,659.00	\$ 42,080.00	\$ 21,659.00	\$ 40,436.00	\$ (18,777.00)
4514 - Lead Consol. Ctrct.	\$ 6,621.00	\$ 10,753.00	\$ 6,621.00	\$ 12,292.00	\$ (5,671.00)
4515 - Immuniz. Consol. Ctrct.	\$ 14,629.00	\$ 21,049.00	\$ 14,629.00	\$ 21,129.00	\$ (6,500.00)
4519 - WWWP Consol. Ctrct.	\$ 9,662.00	\$ 11,788.00	\$ -	\$ -	\$ -
4502 - TB Dispensary	\$ 250.00	\$ 150.00	\$ 250.00	\$ 150.00	\$ 100.00
4503 - Headstart Nursing	\$ 4,000.00	\$ 4,000.00	\$ 3,479.00	\$ 3,479.00	\$ -
4521 - Environmental Health	\$ -	\$ 35,000.00	\$ -	\$ 35,000.00	\$ (35,000.00)
4524 - Mental Health Nursing	\$ 14,132.00	\$ 14,132.00	\$ 14,400.00	\$ 14,400.00	\$ -
4528 - Free Clinic Services	\$ 48,302.00	\$ 48,302.00	\$ 49,730.00	\$ 49,730.00	\$ -
4632 - Public Health Preparedness**	\$ 41,995.00	\$ 55,660.00	\$ 55,681.00	\$ 55,681.00	\$ -
4633 - Public Health Infrastructure & QI	\$ 237.00	\$ 237.00	\$ -	\$ -	\$ -
4635 - Public Health Preparedness**	\$ -	\$ 5,531.00	\$ -	\$ -	\$ -
4631 - Public Health Preparedness Ebola	\$ 5,914.00	\$ 5,914.00	\$ 12,714.00	\$ 12,714.00	\$ -
4639 - Immunization Coalition (HPV)	\$ 5,000.00	\$ 7,000.00	\$ -	\$ -	\$ -
Totals:	\$ 779,573.00	\$ 1,846,401.00	\$ 601,126.00	\$ 1,569,306.00	\$ (968,180.00)
2015 Approved Tax Levy:	\$ 875,223.00				
**2014 Carryover funds into 2015:	\$ 27,477.00	To be used out of 2014 carryover funds			
**2014 Resv Applied Capital Remodel 2015	\$ 20,000.00	Used out of \$ 20,000 applied to 2015 tax levy			
**2014 Fund Balance to apply 2015 (estimate)	\$ 71,128.00	Used out of \$ 114,223 applied to 2015 tax levy			
***2015 Retiree payouts/Used of unassigned	\$ 73,000.00	\$202,973 leaves balance of \$ 129,973 for 2016			
Estimated Balance for 2015:	\$ -	(Possible WIMCR revenue Dec. 2015?)			
2016 Revenue vs. Expenses:	\$ (968,180.00)				
***Apply "available" unassigned fund balance	\$ 129,973.00	Note: Per Brian \$ 129,973 must be used			
2016 Tax Levy Requested:	\$ (838,207.00)				
2016 Tax Levy Goal	\$ 838,207.00				
Amount over goal:	\$ -	Updated 9/15/2015 - ss			

*Changes to 2015 Adopted Budget:

*Note: waiting for downstairs remodel costs for 2015 - to be done by 12/31/2015.

*Note: 2015-Removed \$4,650 from BU 4632 Prep Emerg Mgmt exp. & moved 5% of G. Scott's payroll out of PH BU4501 into BU4632

*Also removed \$3,500 Purchased Care from BU 4632 Prepared. 2015 d/t G. Scott providing service that was going to be contracted out.

*Per Brian/Finance: Printer/Copier request for 2017 moved to the 2016 budget.

*Per Brian/Finance: \$ 5,771 added to professional services 4501.521219 if needed in 2016.

Public Health Program Statistics 2015

Public Health Statistics	2014	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	2014
Blood Lead Level Screenings	555	64	45	54	37	52	48	42	47					389
Blood Lead Level ($\geq 10\mu\text{g/dL}$)	24	0	2	0	0	1	1	0	0					4
Blood Lead Levels (5-9 mcg/dL)	15	3	2	0	2	2	2	8	8					27
Car Safety Seat Inspections	147	9	6	15	3	10	3	7	2					55
Communicable Disease Cases	323	25	20	36	29	25	31	41	34					241
County Jail Client Visits	4322	401	283	347	396	391	343	338	425					2924
Jail immunizations	194	6	17	1	1	9	9	4	7					54
EH Dept. of Ag Agent Inspections														0
EH Dept. of Health Agent Inspections														0
Nuisance Complaints														0
Fluoride Varnish Contacts	13	0	0	0	0	0	0	0	0					0
Health Education Attendees	2151	0	0	425	137	0	0	51	543					1156
Health Education Sessions/ Events	66	0	0	4	3	1	1	2	7					18
Public Health Contacts	3638	305	167	229	334	207	161	301	359					2063
Immunizations Given	2349	74	98	85	61	53	26	79	131					607
Immunization Clients	1553	38	47	35	30	27	13	41	63					294
Mental Health CSP Visits	558	40	39	50	37	57	40	36	42					341
Office Clients Blood Pressures	46	3	0	1	2	4	8	3	3					24
Office Clients Mental Health Meds	82	6	9	12	8	9	10	10	7					71
Office Clients TB Skin Tests	306	24	31	23	24	28	28	14	34					206
Pregnancy Tests	49	4	2	1	1	4	5	4	5					26
Paternity Tests/ DNA	13	0	0	0	0	0	0	0	0	0	0	0	0	0
PHN Well Water Samples	34	5	1	4	2	0	0	7	2					21
Well Child/HealthCheck Clinic	112	0	6	3	0	2	2	1	6					20
WI Well Woman Program Clients	93	6	5	7	5	9	8	2	0	0	0	0	0	42
WIC Monthly Caseload Average	1333	1312	1291	1323	1297	1284	1321	1313	1307*					
WIC Breastfeeding Peer Support Visits	580	59	46	45	58	31	44	28	23					334

*Initial WIC Caseload

Monthly Disease Incident Counts by Resolution Status

Jefferson County, July- August 2015

Jefferson County

Applied filters: Resolution Status equal to Confirmed, Probable, Suspect, Not A Case AND Disease Category Incident Count not equal to 0 AND Disease Category equal to Category I, Category II, Environmental, Not Reportable AND Received Year-Month equal to 2015-08, 2015-07 AND Jurisdiction equal to Jefferson County

		Incident Count				
Resolution Status		Confirmed	Probable	Suspect	Not A Case	Total
Disease Category	Disease Subcategory					
Category I	Pertussis (Whooping Cough)	0	0	0	5	5
	Babesiosis	1	0	0	0	1
	Brucellosis	0	0	1	0	1
	Campylobacteriosis (Campylobacter Infection)	3	0	0	0	3
	Chlamydia Trachomatis Infection	29	0	1	0	30
	Cryptosporidiosis	3	0	0	0	3
	Gonorrhea	7	0	1	0	8
	Hepatitis B	1	1	2	2	6
	Hepatitis C	0	0	16	0	16
	Invasive Streptococcal Disease (Groups A And B)	2	0	0	2	4
Category II	Lyme Disease	5	1	6	4	16
	Mycobacterial Disease (Nontuberculous)	2	1	0	0	3
	Pathogenic E.coli	14	0	1	0	15
	Q Fever	0	0	1	0	1
	Streptococcus Pneumoniae Invasive Disease	1	0	0	0	1
	Varicella (Chickenpox)	1	0	0	0	1
	Vibriosis, Non Cholera	1	0	0	0	1
	Yersiniosis	1	0	0	0	1
	Metal Poisoning (Non-Lead)	1	0	0	1	2
	Not Reportable	1	0	0	0	1
Environmental	Pathogenic E.coli	2	0	1	0	3
	Streptococcal Infection, Other Invasive	1	0	0	0	1
Total		76	3	30	14	123

Data last refreshed on Friday, September 25, 2015 10:42:36 AM CDT. Analysis performed by Diane Nelson, Program Manager, Jefferson County Health Department.

RESOLUTION NO. 2015-_____

Resolution to Support funding of comprehensive, sustainable, effective and evidence based communicable disease control and prevention

Executive Summary

A strong public health infrastructure is paramount to the health of all citizens. Emerging and existing communicable diseases threaten the lives and well-being of Wisconsin residents. These communicable diseases include Ebola, H1N1, measles, HIV/AIDS, tuberculosis, influenza and measles and require substantial resources to contain. Wisconsin has no dedicated federal or state funding sources for communicable disease control and prevention. Wisconsin local health department communicable disease programs protect residents by investigating and controlling communicable diseases, collecting data, educating the community about prevention and the importance of immunizations, and caring for those affected by these diseases. Public health departments have been successful in controlling communicable diseases through case reporting and involvement of public health staff in referral of exposed persons for screening and prevention services. Local health departments have placed a high priority on communicable disease control which is one of the ten essential functions of public health. This resolution urges the state legislature to develop and enact bipartisan support for funding of comprehensive, sustainable, effective and evidence based communicable disease control and prevention for the lives and well-being of Wisconsin residents.

WHEREAS, Wisconsin has no dedicated, stable federal and state funding sources for communicable disease control and prevention efforts, and

WHEREAS, a strong public health infrastructure is paramount to the health of all citizens, and

WHEREAS, emerging and existing communicable diseases such as Ebola, H1N1, measles, HIV and AIDS, tuberculosis, influenza, measles, syphilis, gonorrhea, rabies, hepatitis, polio and pertussis can threaten the lives and well-being of Wisconsin residents, and

WHEREAS, emerging and re-emerging communicable diseases threaten personal and community safety and require substantial resources to contain, and

WHEREAS, Wisconsin local health department communicable disease programs protect residents by investigating and controlling communicable diseases, collecting data, educating the community about prevention and the importance of immunizations, and caring for those affected by these diseases, and

WHEREAS, public health departments have been successful in controlling communicable diseases through case reporting and involvement of public health staff in referring exposed persons for screening and prevention services, and

WHEREAS, local health departments and the State of Wisconsin have demonstrated commitment, competence and success in assuring the confidentiality of persons with reported communicable disease for decades, and

WHEREAS, local health departments have placed a high priority on communicable disease control, and

WHEREAS, communicable disease control is one of the ten essential functions of public health.

NOW, THEREFORE, BE IT RESOLVED that the Jefferson County Board of Supervisors urges the state legislature to develop and enact bipartisan support for funding of comprehensive, sustainable, effective and evidence based communicable disease control and prevention for the lives and well-being of Wisconsin residents.

BE IT FURTHER RESOLVED that the Jefferson County Clerk be directed to forward a copy of this resolution to the Governor of the State of Wisconsin, the Wisconsin Counties Association and Jefferson County's Legislative Representatives.

Fiscal Note: This resolution will have no fiscal impact to Jefferson County.

Ayes _____ Noes _____ Abstain _____ Absent _____ Vacant _____

Requested by
Board of Health

10-13-15

J. Blair Ward: 09-25-15

REVIEWED: Administrator _____; Corp. Counsel _____; Finance Director _____

Jail Staffing Model/Plan 2015

Staff the jail medical office 12-14 hours per week day which would cover AM med pass and evening med pass with sick call being done morning and afternoon to see inmates in withdrawal twice per day per protocol. Weekday coverage would be from 7 AM to 8:30 PM. Weekend coverage would be 6-8 hours on Saturday and Sunday for sick call and 14 day appraisals as time allows.

Rationale-

- Safety and liability issues of nurses vs deputies dispensing medication.
- Coverage in the evenings when many inmates are booked with multiple medications and needs.
- Allow more time for timely charting of inmate observations and assessments. Can't postpone documentation to next day as inmates may not be there tomorrow. Timely documentation is good practice to decrease risk of successful law suits.
- Greater acuity of inmate health concerns and illness. Compare jail stats from 2014 to 2015 for first 7 months of the year below.

January – July 2014	January – July 2014
26 Emergency room transfers	42 ER transfers
25 Offsite consults (appointments)	56 Offsite consults (appointments)
6 Pregnant inmates	14 Pregnant inmates
75 Opiate withdrawals (need to be seen 2 times per day)	117 Opiate withdrawals (need to be seen 2 times per day)
59 Alcohol withdrawals	75 Alcohol withdrawals
35 MD sick calls	19 MD sick calls
2092 Nursing sick calls	2109 Nursing sick calls
243 14 day appraisals	275 14 day appraisals
116.3 Average daily census	98 Average daily census

**Jefferson County Health Department
Analysis of Jail Nurse Staffing Time (9/2015)**

Daily Regular LPN Duties

30-45 min	Review new booking questions, set up TB skin test, set up 14 day appraisal, copy picture to ECS Review jail log Review nurse and/or counselor report
15-20 min	Review scheduled activities list (sick call, med notes, Health Transfer Summaries (HTS), med refills)
30-60 min each pass	Medication administration
15-30 min	Set up meds from pharmacy (Fed Ex box)
15-30 min/person	Sick call, 14 day appraisals
30-45 min/week	Give and ready TB skin tests
30 min/med/person	Calling jail MD, entering orders, order med from pharm, set up meds, set up med sheet
15-30 min/person	Charting, nurse report, notes to inmates,

Other LPN Duties

15-30 min/person	Schedule outside appointments, entering info in ECS, consulting with jail staff re: transportation
30-45 min/person	Get medical and mental health histories from outside providers, reviewing these records
5-10 min/person	Review and making Health Transfer Summaries
60 min/week	Set up for, Assist with, and follow up on MD rounds
30 min/mo	Order medical supplies
60 min each (2x/mo)	Return unused meds to pharmacy
30-60 min/day ave.	Consultation with staff (Sgt, Capt, deputy, RN, LPN, counselor, PO, attorney) Meetings, conferences, trainings, misc

RN Duties

15-20 min/day	Read nurses and jail counselor report(s)
30-45 min/day	Follow-up on any issues that need to be or should have been addressed nurses, (meds, allergies, intoxication, w/d, serious medical issue (DM etc));ER visits; Acutely ill (serious) or injured inmates; MH referrals needed
20-30 min/day	Contact PHN manager and/or Capt if needed re: increase in # sick call visits and OT, specific inmate issues, problems with how jail staff addressing or handling issues
15-30min/day	Read CIS log if time allows – there often is medical information in CIS that is not in ECS (fights, suicide watch, odd behavior at booking, restraint chair placement, etc) Make sure any medical information in CIS has been also documented in ECS Make sure nurses follow-up on any problems and Capt is aware of any issues with how deputy handled issue

60-90 min/day	<p>Pull up booking questions from whenever RN last reviewed. Set up TB skin test and medical appraisal. Attach picture. Document that RN reviewed medical questions.</p> <p>Make sure inmate has been seen if needed or schedule if not</p> <p>Make sure any special diets needed are ordered</p> <p>Make sure bunk assignments are given as needed</p> <p>Make sure any medical issues from previous stays are follow-up on this stay</p>
15-20 min/day	Review charting over last 24 hours or since last working
30-60 min/day	Ready records received from outside providers, document necessary information, set up follow up as appropriate
60-90 min/day	Phone calls, Health Transfer Summary (HTS), help LPN with med set up,
15-20 min/day	Review scheduled activity list and assist with sick call and/or prioritizing
30-60 min/day	Review, send and respond to emails
30-60 min/day	Phone calls, set up appts, HTS, consultation with staff,
60-90 min/week	On jail MD visit RN will be responsible for giving MD medical history for inmates being seen and follow up after MD visit.
30-60 min/week	Review Quality Assurance (QA) report at least weekly
15-20 min/week	Look up planned inmate releases and if inmate is on medications, set up for sick call for nurse education to help ensure compliance
15-20 min/week	Review med book at least weekly (policy)
10-15 min/week	Make sure segregation checks are set up weekly (policy)
60-90 min/person	Sick call (blood draws, CSW clearance (for working in the kitchen), as referred to by LPN), chart such, call MD as needed and set up meds as needed
3 hours/month	Organize and run meetings (nurse monthly, jail medical/mental health quarterly, Continuous Quality Improvement (CQI) every 6 months)
60 min/week	Work with American Data to improve Electronic Charting System (ECS) application, train staff on any changes
4 hours	Training for all new deputies
8 hours to prepare	Annual 4-8 hour in-service
40 hours/year	Review and revise policy and procedures annually

Automatic Sick Calls for Inmates Currently in Jail

42 of 98 (43%) non-working inmates currently in our facility reported taking medication(s)

Nurse had to see to get release of information form to contact the prescribing provider(s), fax the release(s), call the pharmacy to verify when inmate last picked up prescriptions and for how many, once information gathered the jail MD would be called for orders, then the nurse would have to set up the medications

56 of 98 (57%) non-working inmates currently in our facility reported being under a doctor's care, recently being in the hospital and/or having chronic illness (Diabetes, Hypertension, Asthma, seizure disorder)

Nurse had to see each to get a current evaluation of status, get a release of information form to contact the treating provider(s), once information gathered the jail MD would be called for orders and the nurse would have to set up any follow up

79 of 98 (81%) of non-working inmates currently in our facility reported taking drugs, drinking alcohol and/or having an addiction to either

*Nurse had to see to get baseline vital signs and a history of use/abuse in hopes of preventing serious withdrawal symptoms, jail MD would be contacted, the nurse would have to set up any follow up (usually twice a day vital signs and evaluation for at least 3 days) and medications.

*None of these numbers take into account the inmates that do NOT stay longer than going to intake but we still need to see them. There is a large turnover of inmates every day but we (nurses) often don't know if an inmate will be leaving so we have to get all information assuming they are here indefinitely.

*Medical emergencies are also not addressed here but when there is one this takes up a LARGE (hours) portion of the nurses time both with treatment and then documentation and follow up.

Sick Call Numbers for 9/8/15 (Tuesday)

Sarah saw 9 inmates in morning

Diane saw 12 inmates

Tania saw 1 inmate, did the Health Transfer Summaries (HTS), made telephone calls, spent rest of day in meeting with Gail/Diane and preparing this report.

EXAMPLE OF DAY

Scheduled activities for 9/9/15 Wednesday in black; red is what was done and any activities done that weren't on the scheduled list (list is per nurse report):

1. Med note giving inmate's blood sugar for nurse to follow-up – jail MD increased insulin dosing which meant documenting talking with the doctor, entering the new order, making a new med sheet and letting the inmate know of the change
2. Blood draw (lithium) – inmate is maximum security – this was done but had to wait until two deputies were available to take me to the inmate (policy for max security inmates), made lab requisition form, chart, nurse report
3. New inmate on several meds – inmate brought in several empty bottles of medications. I needed to try and verify what was current. Inmate stated she wasn't taking any. I had to document what was brought in, what she said, what the jail doctor told me to do. Inmate was released after court at 1:30.
4. Health Transfer Summary (HTS) - completed
5. Medical appraisal – appraisal takes approx. 20 min and then documentation, nurse report
6. Inmate request to be seen re medications – had to be forwarded
7. Dressing change – was seen, needed new order to stop dressing change as no longer needed, document what happened in sick call, outcome of orthopedic surgeon appt that day, conversation with jail MD, report to nurses
8. Schedule follow-up apt – this was forwarded

9. Lab work (HgA1c) – I did this, made lab requisition form, charted, nurse report, I ended up taking blood to the hospital because I had to go to the Health Dept for a meeting about this report
10. Med refill – completed. This entails reviewing the inmate's chart to see if a new order is needed. Calling the jail MD for the order. Documenting the new order in the computer. Faxing the order to the pharmacy. Documenting on the med card that a refill was ordered.
11. Follow-up on foot injury – Diane Lenz saw him, jail MD contacted, no new orders but she still had to chart, nurse report
12. Blood Pressure check since starting meds- Diane Lenz saw him, jail MD contacted, no new orders but she still had to chart and set up and follow-up
13. Weight check (underweight per BMI) – this was forwarded
14. Follow-up on oral infection and knee pain – Tania saw this inmate, set up question in computer for jail MD to review her medical file during weekly rounds, document all this, send note to inmate, nurse report
15. BP check – refusing HTN (hypertension) meds – Diane saw him, BP was still high, inmate agreed to resume meds, jail MD was contacted, all this documented, nurse report
16. Urine sample for UA – inmate couldn't give sample x 2 on 9/8/15 – Diane saw her, inmate still did not give a sample so visit forwarded to next day, Diane had to document interaction/instructions with inmate, nurse report
17. Med refill – same as #10
18. Lab draw (Lithium) – I did this, see #9
19. Nail care – forwarded
20. Med refill – same as #10 and #17
21. Follow-up on respiratory status following prednisone treatment – Tania saw him, during visit an issue came up regarding his inhaler and billing so she had to call the jail clerk to find out what he had been billed for, talk with Diane to clarify what the clerk told her and what the inmate told me, call the jail MD order orders, document everything, nurse report
22. Follow-up on dental extractions done that day – order soft foods from kitchen, document follow-up in computer, nurse report
23. Draw up 24 hours of insulin – Diane did this
24. Blood sugar result for nurse to review – same as #1
25. Tania spoke with the Fort hospital several times about an inmate in the hospital that had multiple surgeries and will be in the hospital for at least a couple more weeks. The hospital and the jail feel inmate needs a stay of his sentence. Tania had to try and find the surgeon to write a letter for the judge and also had to talk with the jail Sgt about this multiple times. Everything had to be documented, nurse report.
26. Tania called St Vincent de Paul to try and get either a raised toilet seat with bars and/or a wheeled walker with a seat for an inmate we have now who jail MD says we need to get it. Tania also had to talk with a jail Sgt about billing and ordering procedure.
27. Diane scheduled OT appts for the next three weeks for an inmate who had hand surgery. Calls made to clinic, entered information, spoke with Sgt about transportation, nurse report
28. Diane tried multiple times to fax a release of information form for an inmate. She then had to call the facility to get a different number to try. After multiple attempts with the new number, it still didn't go through.
29. Diane verified medications on a new inmate by calling Walgreen's. She set him up for sick call for the next day, documented all of this, nurse report
30. Diane saw a new inmate who put out a request at 1500 to be seen about her psoriasis. Jail MD was called, new orders given, orders entered in computer, medication ordered from pharmacy, medication sheet made, documentation in inmate's chart, nurse report
31. Diane saw an inmate who requested at 1500 to be seen for dental pain, jail MD contacted, antibiotic ordered, order put in computer, medication ordered from pharmacy, medication set up with jail stock, med sheet made, documentation of this in chart, note sent to inmate, nurse report
32. Diane saw an inmate who came from another jail and was getting meds for heroin withdrawal, jail MD was contacted, orders entered in computer, medications ordered from pharmacy, medications started from jail stock, med sheet made, note sent to inmate, all documented in chart, nurse report
33. Diane did a health transfer summary (HTS) form for an inmate who was leaving the following morning.
34. Diane arranged for a refill of a medication needed for an inmate with seizures be filled at Walgreens (jail back up) and let jail Sgt know that the medication needed to be picked up, counted and put on med cart.
35. Diane had to see an inmate with Diabetes who requested to have his blood sugar tested, it was 400 (high), she called the jail doctor, got orders to give insulin, entered orders, had inmate take the insulin, see him again in 2 hours to recheck his blood sugar, document all of above, nurse report

Suggested Minimum Nursing Coverage

LPN/RN Direct Care of Inmates = 13 hours/day during the week

**There needs to be some overlap of nursing hours. When Tania has worked a shift alone she is rarely able to get out in 8 hours. There is just too much to do. During her overlap of the two shifts she is able to get things done so the LPNs can try to focus on inmate visits.

LPN/RN Direct Care of Inmates = 6-8 hours on the weekends

Diane's position 8

Sarah's position 7-8

Tania's position 7-8 (hours not included in the above 13 hours)

Ideally would have 2 part-time nurses who would rotate weekends

Ideally would have 1-2 other OPT nurses to fill in for illnesses, vacations, etc.

It has been difficult to recruit a LPN or ADN for the weekend. The nurses that apply are often inexperienced, have a full time job or would not be a good fit in the Jail setting. It is clear that most nurses need a full time job with benefits.

Therefore, we are still proposing a shared position with the Health Department and the Jail. The increased cost would be providing benefits. The Health Department is willing to share this cost with the Sheriff's Department as budget permits.



WISCONSIN PUBLIC HEALTH ASSOCIATION

-AND-

WISCONSIN ASSOCIATION OF LOCAL HEALTH DEPARTMENTS AND BOARDS



2015-16 Legislative Grid

Bill #	Author(s)	Bill Description	Position	Rationale	Bill Status
AB 72 Companion bill to SB 10	Rep. Kolste (D)	Would prohibit the sale of powdered alcohol in Wisconsin.	Support	Powdered alcohol is a dangerous product that could increase alcohol abuse in Wisconsin, especially among minors.	<ul style="list-style-type: none"> Referred to Assembly State Affairs and Government Operations Committee
AB 94 Companion bill to SB 46	Rep. Kerkman (R)	Would create a felony for the death of or harm caused to a child by co-sleeping while intoxicated. Would also require certain entities, including health care providers and public health entities to provide information about the dangers of intoxicated co-sleeping.	Neutral (with concerns)	While WALHDAB-WPHA opposed the legislation last session, both organizations took a neutral position this session after the authors agreed to add an amendment that delays the felony provisions and requires the educational information to include the dangers of co-sleeping in general.	<ul style="list-style-type: none"> Referred to Assembly Children and Families Committee
AB 146 Companion bill to SB 120	Rep. Kolste (D)	Would specifically include e-cigarettes and vapor devices under Wisconsin's smoke-free indoor air law.	Support	Upholds spirit/intent of original law and would protect the public from exposure to potentially dangerous vapor fumes.	<ul style="list-style-type: none"> Referred to Assembly State Affairs and Government Operations Committee

AB 170 Companion bill to SB 132	Rep. Kleefisch (R)	Would specifically exempt e-cigarettes and vapor devices from Wisconsin's smoke-free indoor air law.	Oppose	Undermines spirit/intent of original law and would expose the public to potentially dangerous vapor fumes.	<ul style="list-style-type: none"> Referred to Assembly State Affairs and Government Operations Committee
AB 203 Companion bill to SB 139	Rep. Edming (R)	Would authorize certain recreation facilities (e.g., campgrounds, sport arenas; etc.) and other entities to obtain and utilize epi-pens to treat severe/life-threatening allergic reactions.	Support	Increases access to life-saving, easy-to-use medical equipment in public locations.	<ul style="list-style-type: none"> Referred to Assembly Health Committee Public hearing held on 05/20/15 Passed by Committee on 06/03/15 on 12-0 vote <u>Senate companion bill signed into law as 2015 WI Act 35 on 07/02/15</u>
AB 237 Companion bill to SB 179	Rep. Kremer (R)	Would prohibit physicians from providing non-emergency abortions after 20 weeks of pregnancy. The bill does not provide exceptions for pregnancies resulting from sexual assault or incest. It would create felony penalties for physicians who do not comply with the provisions of the bill.	Oppose	Could limit access to critical care for pregnant women and interferes in the patient-physician relationship.	<ul style="list-style-type: none"> Referred to the Assembly Health Committee Public hearing held on 05/20/15 <u>Senate companion bill signed into law as 2015 WI Act 56 on 07/20/15</u>
AB 257 Companion bill to SB 178	Rep. Kuglitsch (R)	Would create an exemption from lead inspection requirements for lead sampling or testing done in certain building renovations.	Oppose	Could unnecessarily increase exposure to lead paint.	<ul style="list-style-type: none"> Referred to the Assembly Housing and Real Estate Committee
SB 10 Companion bill to AB 72	Sen. Carpenter (D)	Would prohibit the sale of powdered alcohol in Wisconsin.	Support	Powdered alcohol is a dangerous product that could increase alcohol abuse in Wisconsin, especially among minors.	<ul style="list-style-type: none"> Referred to Senate Judiciary and Public Safety Committee
SB 46 Companion bill to AB 94	Sen. Darling (R)	Would create a felony for the death of or harm caused to a child by co-sleeping while intoxicated. Would	Neutral (with concerns)	While WALHDAB-WPHA opposed the legislation last session,	<ul style="list-style-type: none"> Referred to Senate Health and Human Services Committee Public hearing held on 4/01/15

		also require certain entities, including health care providers and public health entities to provide information about the dangers of intoxicated co-sleeping.		both organizations took a neutral position this session after the authors agreed to add an amendment that delays the felony provisions and requires the educational information to include the dangers of co-sleeping in general.	
SB 120 Companion bill to AB 146	Sen. Risser (D)	Would specifically include e-cigarettes and vapor devises under Wisconsin's smoke-free indoor air law.	Support	Upholds spirit/intent of original law and would protect the public from exposure to potentially dangerous vapor fumes.	Referred to Senate Health and Human Services Committee
SB 132 Companion bill to AB 170	Sen. Nass (R)	Would specifically exempt e-cigarettes and vapor devises from Wisconsin's smoke-free indoor air law.	Oppose	Undermines spirit/intent of original law and would expose the public to potentially dangerous vapor fumes.	<ul style="list-style-type: none"> Referred to Senate Health and Human Services Committee
SB 139 Companion bill to AB 203	Sen. Vukmir (R)	Would authorize certain recreation facilities (e.g., campgrounds, sport arenas; etc.) and other entities to obtain and utilize epi-pens to treat severe/life-threatening allergic reactions.	Support	Increases access to life-saving, easy-to-use medical equipment in public locations.	<ul style="list-style-type: none"> Referred to Senate Health and Human Services Committee Public hearing held on 05/20/15 Passed by Committee on 06/04/15 on 5-0 vote Passed by Senate on 06/09/15 on 33-0 vote Passed by Assembly on 06/09/15 on voice vote <u>Signed into law as 2015 WI Act 35 on 07/02/15</u>
SB 178 Companion bill to AB 257	Sen. Lazich (R)	Would create an exemption from lead inspection requirements for lead sampling or testing done in certain building renovations.	Oppose	Could unnecessarily increase exposure to lead paint.	<ul style="list-style-type: none"> Referred to Senate Health & Human Services Committee

SB 179 Companion bill to AB 237	Sen. Lazich (R)	Would prohibit physicians from providing non-emergency abortions after 20 weeks of pregnancy. The bill does not provide exceptions for pregnancies resulting from sexual assault or incest. It would create felony penalties for physicians who do not comply with the provisions of the bill.	Oppose	Could limit access to critical care for pregnant women; interferes in the patient-physician relationship.	<ul style="list-style-type: none"> • Referred to Senate Health and Human Services Committee • Public hearing held on 06/02/15 • Passed by Committee on 06/04/15 on 3-2 vote • Passed by Senate on 06/09/15 on 19-14 vote • <u>Signed into law as 2015 WI Act 56 on 07/20/15</u>
SB 198	Sen. Moulton (R)	Would recognize non-licensed, non-certified alternative health care practitioners under state law and limit the authority of the state to investigate and discipline individuals who provide health care services without a license or certification.	Oppose	Would weaken practitioner accountability; diminish consumer education; and threaten patient safety.	<ul style="list-style-type: none"> • Referred to Senate Health & Human Services Committee



JEFFERSON COUNTY HEALTH DEPARTMENT

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August 2015 Monthly Report

(Includes some July information that arrived after report was due!)

Program Area	Event Attended or Activity
2016 Budget	<ul style="list-style-type: none">♦ Sandee Schunk and Gail Scott completed the draft 2016 budget.♦ Sandee Schunk submitted the 2014 Wisconsin Medicaid Cost Report (WIMCR).♦ Sandee Schunk and Gail Scott attended a preliminary budget meeting with Brian Lamers from Finance and County Administrator Ben Wehmeier.
Communicable Disease Control	<ul style="list-style-type: none">♦ Staff participated in web based training on Adult Immunization & Advisory Committee on Immunization Practice updates.♦ During July Katrina Waldron worked with two Latent Tuberculosis Infection (non-infectious) clients to complete their 6 months of treatment and DOT.♦ Katrina also utilized her 2014 Rabies Trained Observer certification at the end of July by going out and helping to quarantine and safely observe an animal that was being monitored for suspect rabies exposure.♦ Katrina Waldron reached out to several providers in Jefferson County to re-educate them about Expedited Partner Therapy (EPT). EPT is a critical part of Sexually Transmitted Disease (STD) follow-up that can often be offered by physicians who diagnose STD cases. This was also discussed at the Board of Health meeting with Dr. Williams, Medical Director and Marie Wiesmann, RN and they will follow-up with providers.♦ Katrina Waldron received a compliment from Golden Living in Jefferson County that stated that <i>"they are so very thankful to receive Jefferson County Health Department's assistance and really appreciate working with the staff to keep themselves and their residents healthy."</i>♦ All PHNs completed a busy and productive month in the immunization clinic as the county children and their families came to receive their required school vaccines.♦ Diane Nelson and Katrina Waldron met with Glaxo Smith Kline and Sanofi Pharmaceutical reps for updates on new vaccines.♦ Gail Scott organized & attended a HPAI meeting for planning an educational seminar in the fall.
Director/Health Officer Gail Scott	<ul style="list-style-type: none">♦ Preceptor for RN to BSN student.♦ Attended the Department Head meeting.♦ Viewed "Race, Place and Preventing Violence" webinars.♦ Attended Public Health Preparedness and WALHDB meeting.♦ Attended the Jefferson Enrollment Network meeting.♦ Attended the Dodge-Jefferson Healthier Community Partnership meeting.♦ Attended the Community Health Improvement Plan (CHIP) meeting♦ Attended the County Board meeting for a BOH resolution supporting inclusion of e-cigarettes in the state-wide Clean Indoor Air Act.♦ Facilitated meetings to decide on enclosing lower level clinic area in safety glass.♦ Developed the invitation for the Community Dental Clinic Open House.♦ Attended a meeting and teleconference regarding the Tobacco Free Coalition.
Jail Nursing	<ul style="list-style-type: none">♦ Diane Nelson provided 7 immunizations were provided to 4 inmates.♦ Diane Nelson and Gail Scott met with the County Administrator regarding Jail nurse staffing.♦ Diane Nelson and Tania Wenzel interviewed a potential weekend Jail nurse.
Kids Safety Project Injury Prevention Program/MCH	<ul style="list-style-type: none">♦ The Car Seat Technicians installed 2 car safety seats in July with successful parent education.♦ Nationally Certified Car Passenger Safety Technicians (CPST's), Marsha Hake, Serena Jahnke, and Vicki Gallardo and PHN Nancy Schneider, participated in a number of Car Seat Events throughout the County in the month of August including: National Night Out Against Crime in Lake Mills and Jefferson; Parent School Registration at a Jefferson area school; and Vita Kids Learning Center in Palmyra for Road Safety Day including assessing children for car seat/booster seat/seatbelt readiness (height, weight and age) and teaching the children and parents about car seat safety. CPST's also attended the Annual Governor's Conference on Highway Safety.♦ Serena Jahnke and Nancy Schneider received the following thank you note from Tracie Boos: <i>"Thank you for taking the time to visit with us at Vita Kids last week! I am so happy that we were able to make the visit work and parents have been very happy with the information I was able to share. I'm looking forward to our continued collaboration."</i>♦ Diane Nelson and Gail Scott participated in the Maternal and Child Health Mid-Year review with State DPH Grant monitor.

Public Health Program	<ul style="list-style-type: none"> ◆ Serena Jahnke, Nancy Schneider and Katrina Waldron worked together to smoothly transition CSP back to the Lueder Haus building. Katrina stated, <i>"It was a pleasure working with the CSP program, especially getting to know the consumers over the 2 ½ months that they came to the Health Department for their injections!"</i> ◆ Nancy Schneider has transitioned over to the CSP program at Lueder Haus including drawing blood for lab work. ◆ Nancy Schneider is working with Head Start in the preparation of required paperwork (orders and care plans) for children requiring medication at school and/or with medical concerns. ◆ Katrina Waldron attended the County Park System fundraiser at Korth Park called "Brew with a View" with funds raised going towards construction of a new county bike trail. ◆ Katrina Waldron and Serena Jahnke, along with Kristin Wallace, Rock River Free Clinic Executive Director, joined the "Community Partners of Jefferson County: Connecting the Voices" committee and attended the first meeting. ◆ Emi Reiner and Katrina Waldron attended the CHIP meeting. ◆ Emi Reiner and Amy Fairfield participated in the Johnson Creek Child Safety Fair and provided oral health education with interactive participation of over 200 people. ◆ Emi Reiner received a donation of dental supplies from her dentist. ◆ Emi Reiner partnered with the Jefferson County Literacy Council for the "Reach Out and Read" program and received a donation of over 500 books for the program. ◆ PHNs are meeting with their private schools and public school nurses. ◆ PHNs are working with their schools for teacher training (Bloodborne pathogens, diabetes education, etc.), setting up vision and hearing screening and school-based influenza clinics. ◆ The PHNs have been busy with home visits and PNCC visits in the home and jail setting. New PHNs are now making independent home visits when possible. ◆ The new PHNs participated in a site visit to Rainbow Hospice. ◆ PHNs attended the Board of Health meeting. ◆ PHN and WIC staff attended a Diabetic update with emphasis on the pediatric and prenatal population presented by Fort HealthCare Diabetic Educator RN.
Public Health Preparedness Program	<ul style="list-style-type: none"> ◆ Gail Scott attended the South Central Healthcare Coalition meeting. ◆ Gail Scott attended the Local Emergency Planning Committee meeting. ◆ Gail Scott and Sandee Schunk developed the Budget Period 4 (BP4) PHEP grant budget. ◆ The PHNs are in the initial stages of organizing/planning for upcoming Mass Clinic Exercise for school-based flu vaccine clinics. ◆ PHNs have been completing ICS/NIMS FEMA courses (100, 200, 700 and 800).
Public Health Program Manager	<ul style="list-style-type: none"> ◆ Attended the Public Health Nursing Conference. ◆ Attended the regional Prenatal Care Coordination quarterly meeting. ◆ Attended the Jail quarterly medical/mental health meeting with Jail Nursing staff. ◆ Met with Terri Palm related to staff issues. ◆ Attended the School ATODA Partnership meeting. ◆ Ongoing orientation and meetings with new PHNs.
WIC Team	<ul style="list-style-type: none"> ◆ First full month of the 3-month transition to eWIC (EBT card replacing paper vouchers). ◆ Mary Wollet attended PH meeting and reviewed Health Dept. Wellness Policy for new staff. ◆ Mary Wollet completed Fit Families Environmental Assessment and submitted it to state staff. ◆ Mary Wollet attended WIC Project Nutritionists' conference call. ◆ Mary Wollet contacted 20 families of Head Start students to complete special diet requests.

Focus for September 2015

- ◆ Continue to orientate the three new Public Health Nurses
- ◆ Further development of the Community Health Improvement Plan (CHIP)
- ◆ Working with EM on Mass Care Plan and Family Assistance Center Plan
- ◆ Continue HPV grant activities and QI Project
- ◆ Continue to redesign Public Health Nurse functional duties, areas of expertise, lead areas and geographic coverage of the County
- ◆ Explore shared LPN position with the Jail for weekend coverage in the Jail and office coverage at the Health Department
- ◆ Implement activities for new Ebola funding with the Southern Region Health Care Coalition
- ◆ Work with new South Central Healthcare Coalition for regional disaster response planning
- ◆ Continue to work on preparation of the 2016 budget