

# 2014



## **Grant County Health Department**

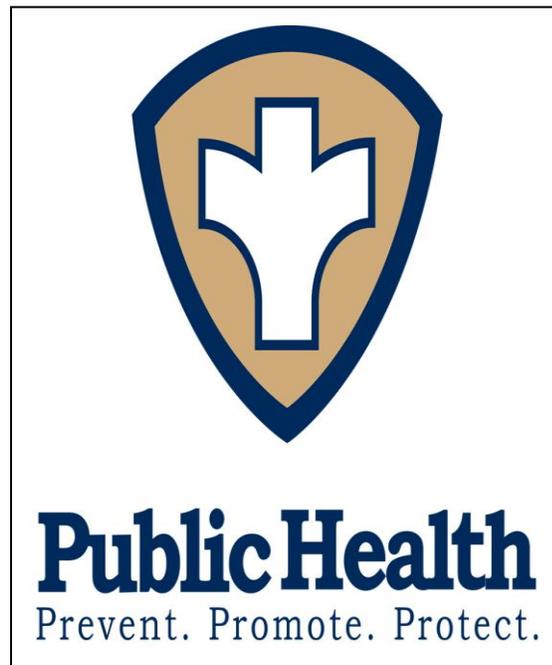
"Protecting Public Health in Grant County for 79 years"

- TO:** The Honorable Chairman, Robert Keeney and the Members of the Grant County Board of Supervisors
- FROM:** The Staff of the Grant County Health Department and the Members of the Board of Health
- RE:** Report of the Grant County Health Department Programs and Services for 2014

The work and efforts of a dedicated staff and Board of Health are reflected in this report. A special thank you to the Grant County Board of Supervisors, UW-Extension, Personnel Department, Finance Director, Sheriff's Department, Emergency Management, Area Health Providers, SW Community Action Program, Wisconsin Department of Health Services and our other partners in public health not mentioned above.

The mission of the  
**Grant County Health Department**  
is to promote the health and wellness  
of ALL residents of Grant County.

“Everyone Living Better, Longer”



### **Ten Essential Services**

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personnel and population-based health services.
10. Research for new insights and innovative solutions to health problems.

## State and Local Health Goals

Improved Health Across the Life Span  
Eliminate Health Disparities and Achieve Health Equality

## 2020 Health Plan Focus Areas

Identify and Address Health Disparities  
Examine and Assess Social, Economic and Education Factors that Influence Health  
Improve Access to High Quality Health Services  
Form Collaborative Partnerships for Community Health Improvement  
Create and Maintain a Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health  
Ensure Capabilities that Promote Emergency Preparedness, Response, and Recovery  
Secure Equitable, Adequate, and Stable Public Health Funding  
Improve the Health Literacy of the Public and Our Partners  
Ensure Public Health Capacity and Quality of Services  
Conduct research for New Insights and Innovative Solutions to Health Problems  
Support Systems to Manage and Share Health Information While Protecting Privacy  
Assure Adequate, Appropriate, and Safe Food and Nutrition  
Reduce Alcohol and Drug Abuse  
Prevent and Manage Chronic Illness  
Control and Prevent Communicable Diseases  
Improve Environmental and Occupational Health  
Promote Health, Growth and Development  
Reduce Injuries and Violence  
Improve Mental Health  
Improve Oral Health  
Increase Physical Activity  
Promote Reproductive and Sexual Health  
Reduce Tobacco Use

## Department Overview

In 2014, the Grant County Health Department administered over 20 programs managing multiple grants and contracts with the State and other agencies. Additionally, we manage several multi-county regional programs. Staffing includes the following:

<b>Full Time:</b>	23
<b>Part Time:</b>	3 (including 2 that do not receive full benefits)
<b>LTE Staff:</b>	1-4 (RNs) and (1) Nurse Practitioner
<b>Direct Contracts:</b>	12 [(1) Hospice Medical Director, (1) Associate Hospice Medical Director, (1) Pharmacist, (2) Breast Feeding Peer Counselors, (2) Drug Free Community Assistant Coordinators, (2) Translators (1) Registered Dietitian (2) Dentists (via contract with InHealth Community Wellness Clinic)
<b>Other Contracts:</b>	>~100 individual contracts for services or to provide services
<b>Volunteers:</b>	~8 Hospice, 1 PH Medical Director, >20 for DFC Coalition
<b>Staff Professions:</b>	Include: Registered Nurses, Nurse Practitioner, Certified Nursing Assistants, Registered Sanitarians, Registered Dietitians, Social Worker, Speech Therapist, Dentists, Pharmacist, Medical Doctors, Physical Therapists and Occupational Therapists.

The 2014 operating budget was approximately 2.94 million dollars (excluding donations). Approximately 2.54 million dollars was anticipated from sources other than the local tax levy making the health department largely funded by State, Federal, grant, and fee for service sources.

In 2014, three programs were supported directly, but not entirely, by county levy funds. Of the three programs the vast majority of levy is used to provide public health and environmental health services which are mandated by the State. The remaining program provides direct services to children.

Our Home Nursing Program and Personal Care Program had required direct levy support in the past however they have not required any direct levy support for the past several years (and likely will not require direct levy support in 2015). All programs are supported by levy funds through basic infrastructure, administration, and other ancillary activities (see the Sequoia Consulting Group Report).

## **Highlights and Challenges in 2014**

Both a Community Health Needs Assessment and a Community Health Improvement Plan were completed in 2014. Additionally, the health department underwent a statutorily required review to revalidate the level and type of services being provided. As a result, Grant County Health Department remains a level two health department and received many complements on the quality of services provided to its residents.

In 2014, communicable disease activity locally and globally required significant resources and plan development. Ebola, influenza, tuberculosis, mumps and pertussis were among the diseases of concern in 2014. Planning for and monitoring travelers returning from countries stricken with Ebola and treating and arranging for prophylaxis for individuals affected by a challenging flu season stretched public health resources thin. Locally, reports of Lyme Disease, Salmonella infection and Cryptosporidiosis were up in 2014. Additionally, we assisted in responding to multiple influenza and gastrointestinal illness outbreaks throughout the County.

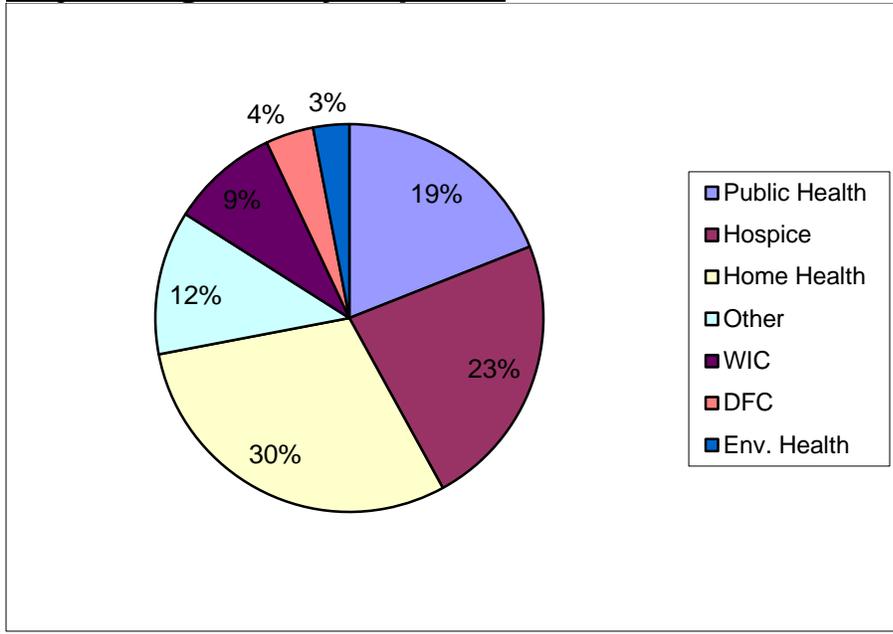
We continued several quality improvement projects including Prenatal Care Coordination (PNCC). As a result of our efforts in PNCC we saw a 37% increase in the number of clients enrolled and served by our program. We also received an award for customer satisfaction for our Home Nursing Program services.

In 2014, over 5,000 students and residents attended heroin awareness panels held throughout the County. These panels received support and assistance from many partners including the SAFE Coalition, law enforcement, Unified Community Services, the schools, concerned citizens, and the County Board. Although many factors likely played a role, law enforcement data indicates that a 375% reduction in heroin arrests was observed in 2014.

A ninth \$2,500 grant from the Wisconsin Department of Transportation was also obtained to provide child passenger safety seats to low income families.

However, seemingly endless changes in programming requirements and staff changes and retirements made 2014 a year of transition full of challenges as well.

### **Major Programs by Expense**



### **Health Department Program Overviews**

#### **Public Health**

Local Health Departments are responsible for monitoring and working toward improving the health of the communities within their jurisdiction. Monitoring includes reviewing health indicators such as disease incidents, causes of injury or death, and health behaviors. This is a joint effort which requires public and private partnership. Information is collected then used to create programming or to utilize existing resources to create positive changes without duplicating efforts. Reaching out to our communities with our partners and doing targeted interventions results in an efficient and effective system based approach to addressing the public health needs of our county.

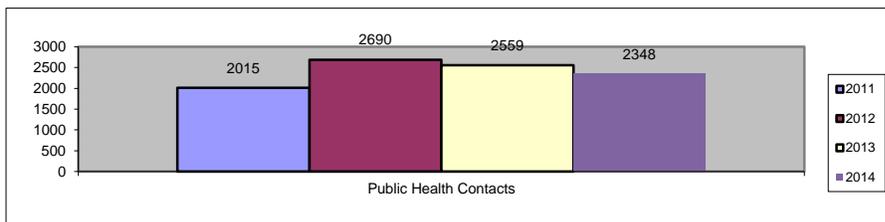
Local health departments are also required to provide other services identified by State Statutes and Administrative Rules. Mandated programs include the control of communicable disease, investigating and resolving human health Hazards, health promotion, education, and prevention efforts.

Broad health promotion and education campaigns, press releases, social networking efforts, newsletters, classes, and outreach at community events are used to communicate with the public and initiate positive change. Direct communications with our partners, key stakeholders, and the public are also used to educate and help initiate changes as well.

We provide services out of our office and in businesses, schools, satellite clinic locations, and in homes across the county. Examples of services provided to our residents include:

- 1) Dental Health Services
- 2) Health Checks
- 3) Immunizations
- 4) Injury Prevention Programming
- 5) Communicable Disease Control
- 6) Providing Health Education and Information on Emerging Health Related Issues
- 7) Emergency Responses

Below is the number of contacts for our Public Health staff.



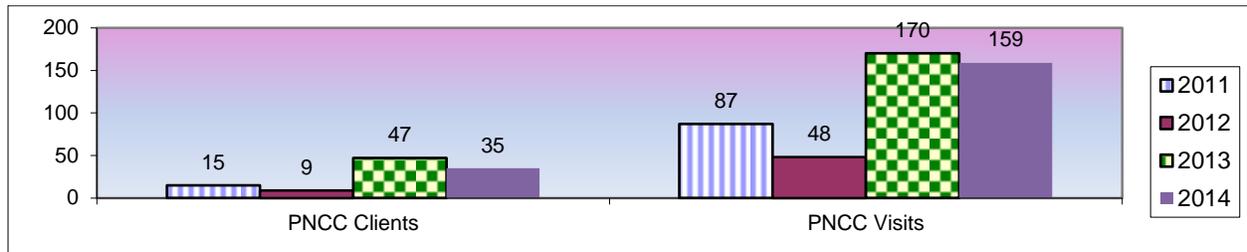
### **Prenatal Care Coordination (PNCC)**

The PNCC program reaches out to women with increased risks for complications during pregnancy. Our Public Health Nurses coordinate care to help ensure linkages with other providers and programs dedicated to improving birth outcomes reducing health care costs and preventing many life-long problems.

Education is provided on: breastfeeding promotion, safety, nutrition, pregnancy related physiological and emotional changes, infant care, and parenting skills. Nurses assess risks including alcohol, drug, and tobacco use during pregnancy. If these or other risks are present, they encourage quitting behaviors or getting assistance by providing referrals to professional counseling or other agencies when necessary.

PNCC offers a comprehensive set of services which includes referrals and assistance in enrolling in other health department programs such as Women, Infants and Children (WIC) and Health Check as well as programs offered by outside agencies. A successful quality improvement project was started during 2013 to increase the number of clients served. While a slight drop in the number of clients screened was observed, the number of clients enrolled increased in 2014. The end result was a 37% increase in plans of care developed and more visits per client.

Below are the number of clients and visits in the PNCC Program:



## **School Health**

The Grant County Health Department provides nursing services to the following schools:

St Clements (Lancaster)  
 Christian Day School  
 St. Rose (Cuba City)  
 St. Joseph (Sinsinawa)  
 Cassville Elm. /HS

St Charles (Cassville)  
 Amish/Mennonite Schools  
 Holy Ghost (Dickeyville)  
 RiverRidge Elem. /HS  
 St. Mary's (Bloomington)

Potosi Elem. /HS  
 Cuba City Elem. /HS  
 Immaculate Conception (Kieler)

Services include:

- General health information
- Medication management assistance
- Health plan and policy development
- Vision and hearing screenings for selected grades, including rechecks and referral to appropriate health care providers as needed.
- Immunization clinics for children and staff
- Follow-up on immunization requirements for entry to school.
- Health resources and presentations for teachers, staff, students and parents
- Training for school staff

Communication is maintained and meetings are held to educate and coordinate activities with school nurses employed by the schools. Additionally, some limited support is provided to schools that have their own nursing staff to help out with their efforts or to provide services that we are required to assist them with. Schools located in Boscobel, Fennimore, Lancaster, Platteville, and Muscoda (Riverdale) receive these services.

A total of 705.25 nursing hours were spent relating to school health not including communicable disease control efforts. In addition, 4,672 miles were traveled by nurses relating to school health services. In 2013, 734.25 hours of nursing time were dedicated to schools and 4,320 miles were traveled. Public health aide time and administration time are not included in this total (as these hours are not specifically kept track of).

## **WIC (Women, Infants and Children) Program**

The Women, Infants and Children (WIC) program is an educational and supplemental nutrition program serving lower income families with children up to age five. WIC encourages and supports breastfeeding. The program also promotes and maintains the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants, and children. WIC provides supplemental nutritious foods, nutrition and breastfeeding information, and referrals to other health and nutrition services. WIC also has a breastfeeding peer program and provides access to fresh fruits and vegetables with a farmer's market program.

Health benefits of WIC participation include reduced:

- Premature births
- Low birth-weight babies
- Long-term medical expenses

In 2014 an average of 845 individuals were served per month. In 2014, WIC families spent a total of \$567,377.79 at twelve Grant County grocery stores. A total of \$568,811.87 was spent in 2013.

## **Health Check and Other Services**

The Health Check Program provides comprehensive examinations of children aged birth to 21 years. A complete health check includes:

Head to Toe Physical Exams	Immunizations
Growth and Development Assessments	Mouth Exams
Nutritional Screening	Other Screenings
Fluoride Varnishes	Blood Lead Testing
Lab Tests	Eye Exams

Health check screenings and immunizations are offered at most clinics to compliment the WIC program. In 2014, 14 Health Checks were performed. Additionally, 308 blood lead screenings were completed for children in Grant County. In comparison, 25 Health Checks and 414 blood lead screenings were done in 2013.

As part of our services, we also checked and/or installed 85 child passenger safety seats (providing some seats at no charge to low income families). We also provided 9 cribs to low income families along with information on how to prevent Sudden Infant Death Syndrome (SIDS) following the Cribs for Kids® program guidelines.

## **Dental Health Services**

Dental Hygienists provided services to 793 clients. They also educated many others in schools throughout Grant County. Grant County Health Department contracted dentists saw 139 clients in 2014. Services were also provided at the Grant County Health Department and in the Head Start offices. In addition, Public Health Nurses completed 48 fluoride varnishes and oral assessments on children in schools and at WIC/Health Check Clinics.

## **Jail Health**

Two nurses from the Grant County Health Department have received extensive training and continuing education on topics relating to the provision of jail health services. These nurses staff the Grant County Jail providing onsite care three days a week (Monday, Wednesday, and Friday). In addition, the jail is included in our “intake” system and “on call” rotation allowing our department to provide services as needed ensuring complete coverage 24 hours a day, 7 days a week including holidays.

The jail nurses coordinate with the jail staff, health care providers, and State inspectors to provide necessary care in as efficient and cost effective manner as possible. This system of providing nursing services on demand has met needs and continued to save thousands of taxpayer dollars each year. The health department also will be inspecting the food service area annually to help keep the jail in compliance with State regulations.

In 2014, 863.5 hours of nursing time were provided to the jail. This is a decrease compared to 2013 when 1064.75 hours of nursing time were provided to the jail. In addition 1,701 miles were traveled to provide jail health services in 2014.

## **WWWP (Wisconsin Well Woman Program)**

Grant County Health Department administers the WWWP for women ages 45-64 years of age meeting specific income requirements. Well Woman pays for mammograms, Pap tests and certain other health screenings. Early detection of breast or cervical cancer can greatly improve outcomes and significantly reduce the cost of treatment as well as shorten recovery times. In 2014, 24 participants from Grant County were able to access the WWWP program. This is a decrease from 50 in 2013. Much of the decrease is associated with increased access to care as a result of the Affordable Care Act. In 2015, the program is anticipated to become regionalized due to reduced numbers and in an effort to reduce costs.

## **Immunizations**

Challenges remain in ensuring that vaccination rates are high enough to prevent the sustained transmission of vaccine preventable disease in the county. Typically up to date vaccination rates among two year olds are in the 50% range far below the recommended 90% range. Adolescent immunization rates are lower than desired and waiver rates are high throughout Wisconsin and our county as well. Grant County has been a member of the Southern Wisconsin Immunization Consortium (<http://www.rwhc.com/SWIC.aspx>) in an effort to increase immunization rates.

In 2014, immunizations were offered at many locations throughout the county including all WIC / Health Check Clinics and vaccine was also available at the Health Department office and in Grant County schools. Many vaccines are provided at no charge while others are billed at minimal expense.

Below are the totals of vaccinations given by the Grant County Health Department in 2014. It is important to note that changes in the allowable use of State supplied vaccines in 2012 and the continued expansion of the use of combined vaccines have made comparisons to previous year's statistics more complex and reduced the number of immunizations given.

<b>Number of Doses of Vaccine</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
DTaP - Diphtheria/Tetanus/Pertussis	366	151	73	69	58	83	69
DTaP/Hib/Polio (Pentacel)	0	218	379	356	322	2	1
DTaP/Polio (Kinrix)	0	207	209	198	197	103	98
DTaP/HepB/Polio (Pediarix)	357	153	0	5	23	196	213
Polio	196	40	28	24	14	21	30
MMR - Measles/Mumps/Rubella	388	435	374	392	339	204	131
MMR – Varicella (Proquad)	-	-	-	-	-	-	82
Hepatitis A (pediatric)	146	155	158	155	153	103	91
Hepatitis B (pediatric)	22	157	296	280	211	26	13
Td - Tetanus/Diphtheria	147	99	81	86	28	9	5
Tdap (Adacel & Boostrix)	976	1125	1078	747	1170	354	348
Hib - Haemophilus Influenza type B	312	207	110	48	53	240	252
HPV (Gardasil)	282	162	117	98	212	71	75
Varicella (Chickenpox)	780	875	811	742	607	230	111
Pevnar	474	415	576	388	323	241	260
Comvax (Hib/Hep B)	5	5	0	0	0	0	0
Meningitis	210	370	301	359	213	71	90
Rotavirus	134	108	140	132	118	92	88
Influenza -H1N1	0	2928	3461	n/a	n/a	n/a	n/a
Influenza - Seasonal	2993	3155	4529	4218	4232	4524	4207
Pneumonia	113	92	83	48	49	26	33
Twinrix (Hep A/Hep B)	1	13	22	57	10	0	1
Hepatitis A (adult)	28	30	42	43	20	21	15
Hepatitis B (adult)	132	103	106	117	91	69	48
Shingles (Zostavax)	-	-	-	-	2	0	1
<b>Total</b>	<b>8062</b>	<b>11203</b>	<b>12974</b>	<b>8562</b>	<b>8445</b>	<b>6686</b>	<b>6262</b>

## **Communicable Disease Follow-Up**

Local public health departments are required to conduct follow-up activities with individuals having or suspected to have illnesses as identified in Wisconsin State Administrative Rule Chapter DHS 145, "Control of Communicable Diseases". Public Health staff confirm the illness, educate the individual(s) about the illness and encourage or ensure treatment (if needed), Steps are taken to control and reduce the spread of disease as well. Telephone calls, letters, and/or face-to-face contacts are used to gather and distribute information.

Reports of Lyme Disease, Salmonella infection, and Cryptosporidiosis were up in 2014. It should be noted that hospitalizations for influenza were high in both the 2013-14 and 2014-15 seasons. The latter involved several outbreaks of influenza in long-term care facilities. The Health Department helped control the outbreaks by supplying antiviral medications for treatment and prophylaxis when challenges in obtaining these lifesaving drugs were encountered.

Below is a summary of communicable diseases that were reported to the Grant County Health Department in 2014 (It should be noted that not all cases were confirmed, many reports end up not being actual cases).

### **COMMUNICABLE DISEASES**

(January 1 - December 31, 2014)

According to Wisconsin State Statute 252, any individual with knowledge or reason to believe that a person has a communicable disease must report to their local health department. This includes physician, nurses, lab workers, teachers and the general public. The Grant County Health Department has received the following reports of illness. Staff has completed follow-up on these reports and appropriate action has been taken.

<b>VACCINE PREVENTABLE DISEASES</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Chickenpox	4	9	11	11	8	13
Hepatitis A	0	0	0	0	1	0
Hepatitis B	2	1	0	2	5	2
Hib	1	2	0	1	0	0
Measles (Rubeola)	0	0	3	0	1	3
Mumps	0	0	1	1	1	1
N. Meningitidis	-	-	-	2	1	0
Pertussis	3	5	17	93	8	8
Rubella	0	0	2	0	1	0
<b>TOTALS</b>	<b>10</b>	<b>17</b>	<b>34</b>	<b>110</b>	<b>26</b>	<b>27</b>

<b>SEXUALLY TRANSMITTED DISEASES</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Chlamydia	104	108	87	132	128	114
Gonorrhea	8	7	6	9	11	9
Syphilis	0	0	0	2	2	2
<b>TOTALS</b>	<b>112</b>	<b>115</b>	<b>93</b>	<b>143</b>	<b>141</b>	<b>125</b>

<b>COMMUNICABLE DISEASES</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Anthrax	0	0	1	0	0	0
Arboviral Illness	1	0	2	2	1	2
Blastomycosis	0	0	0	1	0	0
Brucellosis	0	0	0	1	1	0
Campylobacteriosis	18	34	26	23	31	33
Cryptosporidiosis	10	17	8	18	10	17
Cyclosporidiosis	0	0	0	0	3	0
Ebola (monitoring only)	-	-	-	-	-	1
E.Coli	6	7	8	8	4	5
Ehrlichiosis	0	1	1	4	3	2
Giardiasis	1	3	2	2	5	5
Hepatitis C	4	8	11	8	11	13
Histoplasmosis	0	0	2	1	0	1
Hemolytic Uremic Syndrome	0	0	2	0	0	0
Influenza-Associated Hospitalization	-	-	2	3	19	13
Invasive Hemophilus Influenza	1	2	0	0	0	3
LaCrosse Encephalitis	1	0	1	0	1	0
Legionella	1	1	1	0	2	1
Listeriosis	0	1	0	0	0	0
Lyme Disease	17	30	27	40	35	55
Metal Poisoning (Non-Lead)	0	0	0	1	0	1
Mycobacterium (Non TB)	3	2	2	5	3	5
Meningitidis, Aseptic Viral	0	0	0-	0	0	1
Parapertussis	-	-	-	1	0	0
Q Fever	0	1	1	0	1	0
Rocky Mountain Spotted Fever	0	0	1	1	0	0
Salmonellosis	2	6	9	11	11	20
Shigellosis	26	1	6	0	0	0
Strept All Types	1	5	2	3	3	6
Toxic Shock Syndrome	0	0	0	2	1	1
Transmissible Spongiform Encephalopathy	0	0	1	1	2	0
Tuberculosis	0	0	0	2	2	1
Tuberculosis Latent	4	7	6	3	5	2
Viral Encephalitis	1	0	1	0	0	0
<b>TOTALS</b>	<b>97</b>	<b>126</b>	<b>123</b>	<b>141</b>	<b>154</b>	<b>188</b>

## **Environmental Health Programs**

Grant County is the lead agency in the Southwest Wisconsin Environmental Consortium. Members of the consortium include Grant, Crawford, Lafayette, Iowa, Richland, and Vernon counties. This program addresses several mandates and investigates factors that can adversely impact the health of our citizens. Issues include human health hazards such as vermin infestations, sewage or other waste problems, water and air quality issues, or public health nuisances which may endanger the safety or health of the public.

Local health departments are required by state statute to respond to human health hazards and by local ordinance to respond to public health nuisances. Additionally, health departments are required to investigate lead poisoning cases. Most complaints received by the local health departments are related to environmental health issues and include both public health nuisances and human health hazards. In 2014, we saw a decrease in home inspections and air quality issues largely due to less problems with flooding. However, an increase in methamphetamine labs and tenant landlord issues was noted.

Grant County also houses a regional Radon Information Center (RIC) serving a six county region. Radon is a naturally occurring gas that is considered to be the second leading cause of lung cancer in the U.S. The RIC provides free consultation and radon test kits to homeowners concerned about radon.

Below are the statistics for environmental health:

<i>Number of Contacts</i>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Water	208	179	215	157	184	152	139
Air Quality	425	272	259	213	216	206	160
Asbestos	88	210	197	153	196	151	142
Hazardous Materials	0	0	0	0	2	0	0
Lead Hazards	134	167	138	161	141	114	93
Radiation Hazards	404	209	234	183	180	208	174
Housing	418	270	174	218	130	198	159
Rabies	107	113	92	117	101	114	114
Sewage	47	183	180	143	217	161	146
Solid Waste	146	213	241	179	202	180	155
Insects/Rodents/Animal Problems	111	170	162	132	170	146	116
Home Inspections	235	254	308	261	281	359	282
<b>Totals</b>	<b>2323</b>	<b>2240</b>	<b>2200</b>	<b>1917</b>	<b>2020</b>	<b>1989</b>	<b>1680</b>

## **Public Health Preparedness and Response**

During 2014, Grant County Health Department continued to prepare for public health emergencies through extensive planning, training, and testing efforts. In 2014, we started work on issues surrounding Community Recovery, Mass Care (sheltering), and continued with Fatality Management Planning.

We also continued to test mass clinic plans by conducting immunization exercises in all of the county schools. In 2014, the Grant County Personnel Department assisted with testing our ability to quickly credential individuals involved in mass clinic operations as well.

While a formal regional structure no longer exists due to funding cuts, we continue to meet at least monthly with public health partners including those in our local and regional area. Additionally, we maintain memorandums of understanding so that resources can be shared if necessary. We also updated plans based on findings from exercises, new information, and lessons learned.

### **Tobacco-Free Coalition**

In 2014, the Tobacco-Free Coalition continued a partnership with resources being provided by Family Services of Southern Wisconsin and Northern Illinois, Inc. The coalition provided tobacco control and coordination services to Grant, Iowa, and Lafayette Counties. The primary focuses of the Multi-jurisdictional Tobacco Coalition include monitoring for new tobacco products that may be marketed to children, policy work, and sustainability efforts. E-cigarettes continue to gain popularity among youth and adults.

### **S.A.F.E. GRANT COUNTY COALITION**

S.A.F.E. Grant County Coalition Mission: Promoting responsible behaviors to reduce/prevent substance abuse and other risky behaviors (such as bullying and suicide) among youth/adults in Grant County.

In 2014 our coalition focused on prevention/reduction of use for heroin, marijuana, tobacco, and alcohol (primarily underage drinking/driving). Additionally, prescription drug (Rx) abuse prevention efforts were continued. Since heroin recently increased at a particularly alarming rate, S.A.F.E. partnered with the Sheriff's office and other key stakeholders to hold two Community/Town Hall Meetings in the spring of 2014. 500 community members/leaders attended these meetings. As a result of the initial community meetings, our coalition and partners worked with the Grant County Board of Supervisors to coordinate/hold Heroin Prevention Panels in all of the Grant County School Districts.

The panels informed youth regarding the dangers of heroin and hopefully, discouraged them from ever trying it. By the end of November 2014, our coalition had been to all 11 school districts with the panels (except one which had already scheduled another group to talk about heroin). Other stakeholders such as county employees, EMTs, nurses, and law enforcement were educated as well. As a result, heroin prevention panels reached over 5,000 school staff, students, and community members/leaders. Likely (in part) due to increased awareness, the Drug Task Force reported to our coalition in January 2015 that heroin arrests decreased from 19 in 2013 to 4 arrests in 2014.

Some other accomplishments over the course of the 10 year funding cycle ending in September 2014 include the following. Four permanent drug disposal boxes were established in our county; 790 youth were trained through our Youth Leadership Conference to combat drugs/and other risky behaviors in their schools/communities (since 2002); S.A.F.E. was recognized by WI Governor for significantly reducing the sales of alcohol and tobacco to minors through our coordinated tobacco and alcohol compliance checks; staff graduated from the CADCA National Leadership Academy; S.A.F.E. was recognized by the Dept. of Public Instruction for our work with youth; and have participated in several local and statewide campaigns to curb underage drinking/driving, tobacco, marijuana, and Rx abuse (including several Town Hall Meetings).

S.A.F.E. also helped to establish a Teen Court program as well as wrote/received a 3-year grant to help prevent youth from going into the juvenile court system; partnered with Riverway Community of Hope to offer mental health and substance abuse counseling to youth, wrote/received the 4-year grant to further help curb underage drinking, and partnered with Lafayette County to write/receive a state suicide prevention grant. The suicide prevention grant helped plan and implement suicide prevention trainings for 124 clergy, EMS, county workers and school faculty.

From 2004 through 2014, grant funding and in kind contributions generated nearly \$2,600,000 towards substance abuse and other risky behavior prevention.

### **Consolidated Grants**

The Wisconsin Department of Health Services has continued to provide state and federal grant funds to local health departments in a pass through process called Consolidated Contracts.

The following programs are examples of services provided using these funds:

**Maternal & Child Health** – Promotes systems building, Healthy childhood development and injury prevention

**Lead** – Promotes blood lead screening of children and follow-up services for children with elevated lead levels (Grant, Iowa, Lafayette, Richland, and Vernon counties funds)

**Radon** – Provides testing, education, and consultation services for residents regarding the risk of radon. (Grant, Iowa, Lafayette, Richland, Vernon, and Crawford counties funds)

**WIC (Women, Infants & Children)** – Provides education and nutrition services, access to healthy foods, and referrals to services for pregnant women and children under the age of five who meet the income guidelines.

**Immunizations** – Funds are used for maintaining records and for entering information into Wisconsin Immunization Registry (WIR) as well as to help ensure that children are up to date on immunizations.

**WWWP (Wisconsin Well Women's Program)** –Provides health services and screening to low income women.

**Public Health Preparedness and Response** – Provides federal funds for training and planning responses to natural and man-made public health emergencies. This is done in conjunction with Emergency Management, Law Enforcement, Fire Departments, and health care providers as well as other partners.

**Prevention** - Provides some limited funding for environmental health services.

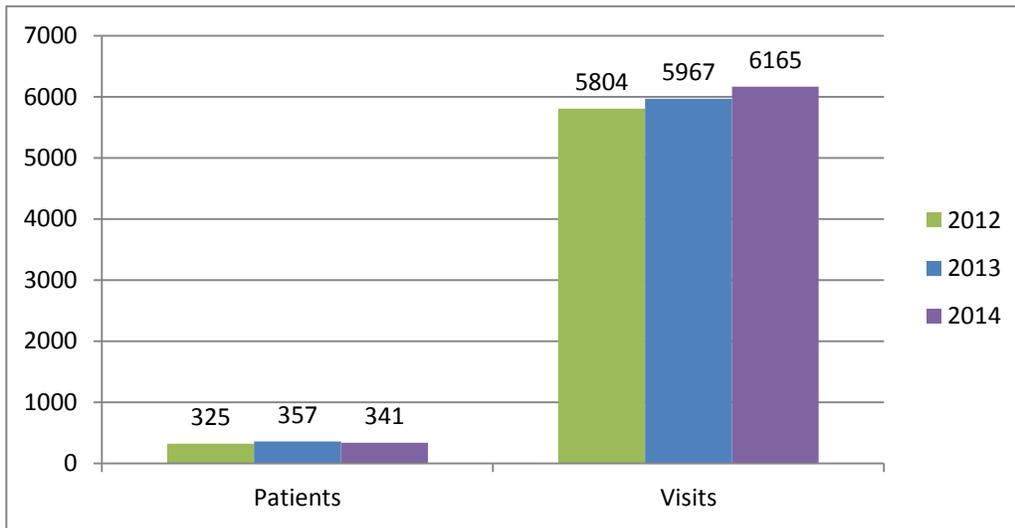
## **HOME NURSING**

In 2014, 341 clients received services from the Grant County Health Department. These clients received a total of 6,165 visits from the Department. These visits are provided by nurses, physical therapists, occupational therapists, speech therapists and home health aides. These services are paid for by Medicare, Medical Assistance, private insurance, Medicare replacement policies, private pay and family care. No one is denied service because of inability to pay.

The Department provides physical, occupational and speech therapy services through contracts. The Department utilizes therapy contracts with all three hospitals in our county. This allows the therapy services to be provided by a therapist who is in their area.

In 2014, six clients received personal care only services. In 2014, 83 visits were made to these clients by our home health aides. These clients receive assistance with bathing, hair care, skin and nail care. These clients also receive a supervision visit from our nurses every 50 to 60 days. In 2014, 17 nursing visits were made to these clients. These services are covered by Medical Assistance, private pay or private personal care agencies.

A comparison of patients and visits is noted below.

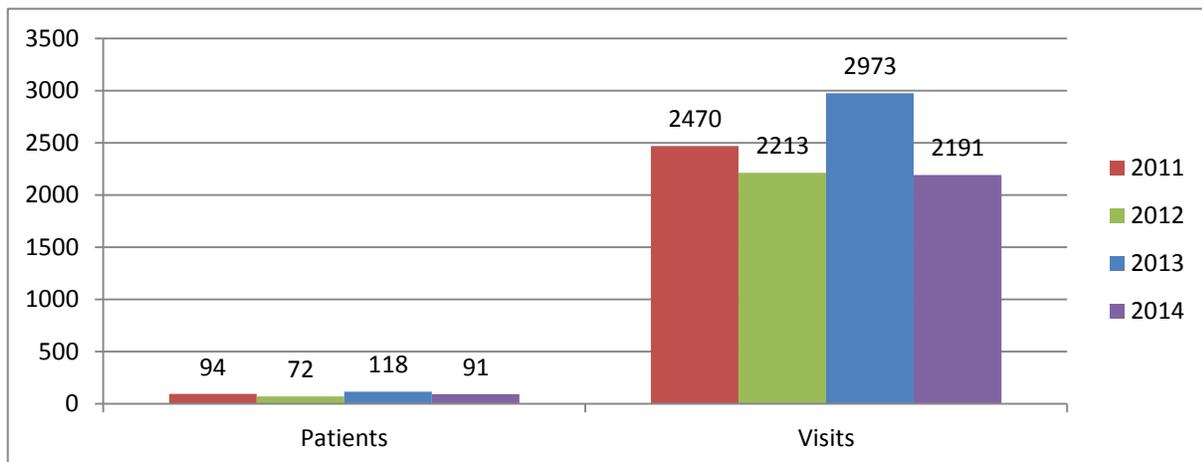


## HOSPICE

In 2013, 91 clients were served on the Grant County Hospice Program. These clients received 2,191 visits from a multi-disciplinary support team that includes registered nurses, social workers, hospice aides, nurse practitioner and therapist. Clients choose hospice care when their physician certifies that they are terminally ill and they are no longer seeking active treatment for their illness.

Hospice care focuses on medical and personal comfort for people in the last months of their lives. Hospice provides comfort care so clients can live as fully as possible until the end of life. Hospice also provides support services to clients' families as well as bereavement services for at least 13 months following the clients' death.

A comparison of patients and visits is noted below:



## **Board of Health Members**

Dwight Nelson, Chair  
John Beinborn, Vice Chair  
Gary Ranum, Secretary  
Carol Beals  
Daniel C. Timmerman  
Meena Maski, MD  
Mary Kay Logemann, RN, BSN  
Matt Andrews, DDS

The persons listed below are directly responsible for the activities and programs noted in this report. Their dedication and commitment to the residents of Grant County is evident in the quality of the services provided to our communities.

## **Health Department Staff**

Jeff Kindrai, MSPH, RS, Director/Health Officer  
Amy Miller, RN, BSN, Assistant Director  
Deb Udelhoven, Administrative Assistant

Amy Belscamper, Fiscal Clerk  
Brenda Cullen, CNA  
Brenda Kennicker, RN, BSN  
Carol Johnson-Hohol, Contract WIC Dietitian  
Cheryl Meier, CNA  
Erin Huebschman, Associate Hospice Medical Director  
Heather Meier, RN, BSN  
Holly Muench, RN  
Jamie Kreul, CNA  
Jennifer Busch, RN, BSN  
Julie Leibfried, RN, BSN  
Katherine Reuter, Nurse Practitioner  
Kathy Marty, DFC Project Director  
Kessa Klaas, RN, BSN  
Kim Martens, RN, BSN  
Kim Pribnow, RN, BSN  
Lindsay Hanson, RD, WIC Dietitian  
Lorna Wolf, Billing Clerk  
Mareeta Kolman, SW  
Margaret Schmitt, Asst DFC Coordinator  
Mary Allen, Admission Specialist  
Mary Koenen, RN, BSN  
Meena Maski, MD, Medical Director  
Michelle Farrell, Contract Pharmacist  
Michelle Young, RN  
Mike Parks, Speech-Language Path.  
Rebecca Franzen, BF Counselor  
Robert Smith, Hospice Medical Director  
Selina Baus, RN, BSN  
Shawn Handfelt, CNA  
Steve Straka, LTE Clerical  
Tonia Wagner, Asst DFC Coordinator  
Tracy Schildgen, RN, BSN  
Troy Moris, RS