

2018



Grant County Health Department

"Protecting Public Health in Grant County for 83 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 2018

The work and efforts of a dedicated staff and Board of Health are reflected in this report. A special thank you to Dr. Neil Martin, the Grant County Board of Supervisors, Personnel Department, Emergency Management, Area Healthcare Providers, SW Community Action Program, Unified Community Services, 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 2018, 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:

Full Time: 25
Part Time: 2 (that do not receive full benefits)
LTE Staff: (1) Certified Nursing Assistant (1) Nurse Practitioner
(1) Hospice Spiritual Counselor
Direct Contracts: 6 [(1) Hospice Medical Director, (1) Associate Hospice Medical Director, (1) Pharmacist, (1) Breastfeeding Peer Counselor, (2) Translators)]
Other Contracts: >~100 individual contracts for services or to provide services
Volunteers: ~8 Hospice, 1 PH Medical Advisor
Staff Professions: Include: Registered Nurses, Nurse Practitioner, Certified Nursing Assistants, Registered Sanitarians, Registered Dietitian, Social Worker, Speech Therapists, Pharmacist, Medical Doctors, Physical Therapists, and Occupational Therapists.

The 2018 operating budget was approximately 2.85 million dollars. Approximately 2.41 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 2018, four programs were supported directly, but not entirely, by county levy funds. The vast majority of levy is used to provide public health and environmental health services which are mandated by the State. The remaining programs provide limited personal care services and childhood health services including developmental screening.

All programs are supported by levy funds through basic infrastructure, administration, and other ancillary activities (see the Sequoia Consulting Group Report).

At the close of 2018, over half a million dollars in fee for service carryover from our Home Nursing and Hospice programs were lapsed to the County's general fund so it could be used to support other county departments and initiatives.

Highlights and Challenges in 2018

Health department staff continued its participation in LEAN Government and Quality Improvement projects in 2018. Incorporating data driven decision making with a continuous improvement mentality has become the standard in the health department. As a result of our efforts, we received a third patient satisfaction award in our Home Nursing Program. We also exceeded 1 million dollars in revenue in our Home Nursing Program for the first time and exceeded revenue expectations for Hospice as well. Due to additional revenue sources, a busy influenza clinic season, high patient census causing shifting of Public Health staff, and staff vacancies, we also ended up having more revenue and less expenses in our Public Health programming. The result was the additional lapsing of nearly \$87,000 of unused levy in 2018 to further support other county departments and initiatives. This includes the lapsing of internal payments of \$25,414.95 from the Sheriff's Office for Jail Health Services for the second half of 2018 and \$4,559.12 from Orchard Manor for flu vaccine purchased by the Health Department and provided to Orchard Manor to vaccinate residents.

2018 was marked by increases in patient census levels, demands for more services, new regulations, a highly competitive healthcare job market place, and many other challenges. As a result, we have experienced continued struggles with staff morale as well as fairly high staff turnover rates. However, this is not unique. Problems such as these are noted at most other health departments and healthcare agencies. To help ensure the quality of our services, compliance with regulations, and improve our workplace environment, we added an additional management position to make our staffing more closely resemble private sector Home Nursing and Hospice agencies. We were also granted authority to add additional nursing capacity in 2019.

As part of our injury prevention programming, we were awarded our thirteenth grant from the Wisconsin Department of Transportation to provide child passenger safety seats to low income families into 2019. The award amount was a slight increase over previous years due to the success of our program. The department continues to offer other injury prevention programming such as Rural Safety Day.

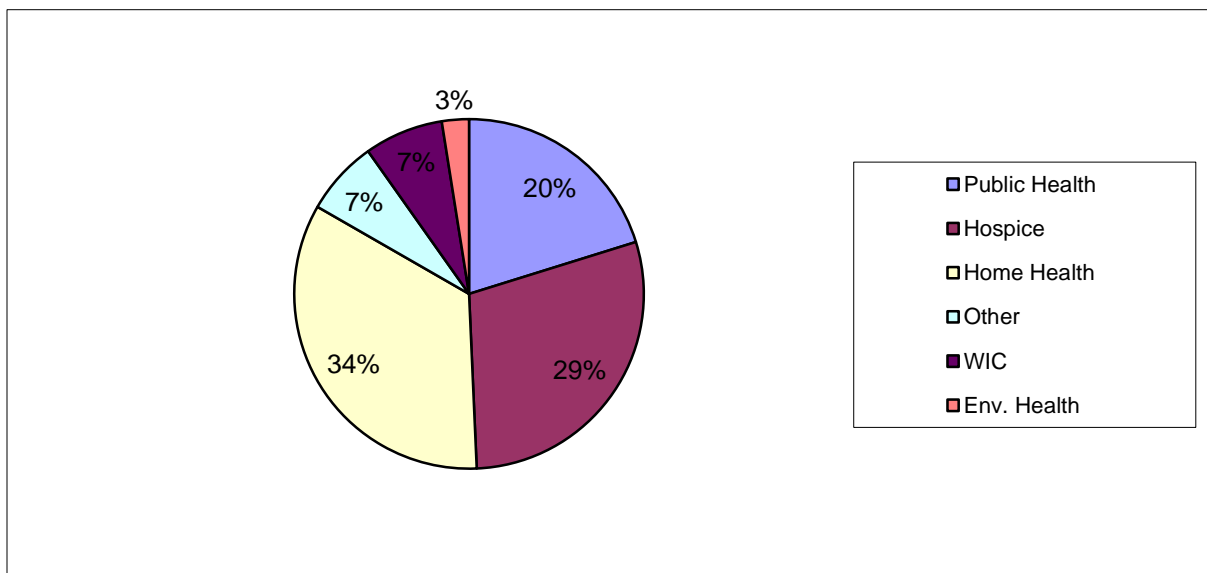
Addressing behavioral and mental health problems and other social determinants that influence health has become more of a priority. Staff continues to participate in the Criminal Justice Coordinating Council (CJCC) and the Southwest CAP Behavioral Health Grant including sitting on each of their Boards. A Public Health Nurse was also recently assigned to sit on the committee that reviews the release of sex offenders.

In 2018, communicable disease activity remained high with concerning levels of sexually transmitted diseases, enteric illness, Pertussis, Hepatitis C, and Lyme disease.

There were other challenges in 2018 as well. Regulation changes required more policy and procedure revisions in Home Health, Hospice, and Public Health. The department depleted its funding used to cover certain unfunded mandates and organizational changes continue to create financial challenges for the department moving forward. We also provided Health Officer services for Lafayette County for over a year due to their inability to recruit a qualified candidate.

Major Programs by Expense

The following pie chart illustrates budgeted expenses within the department for 2018.



Health Department Program Overviews

Public Health

Public Health programs focus on prevention efforts and improving the health of the community. Monitoring health indicators such as immunization rates, disease incident rates, causes of injury or death, and health behaviors are important.

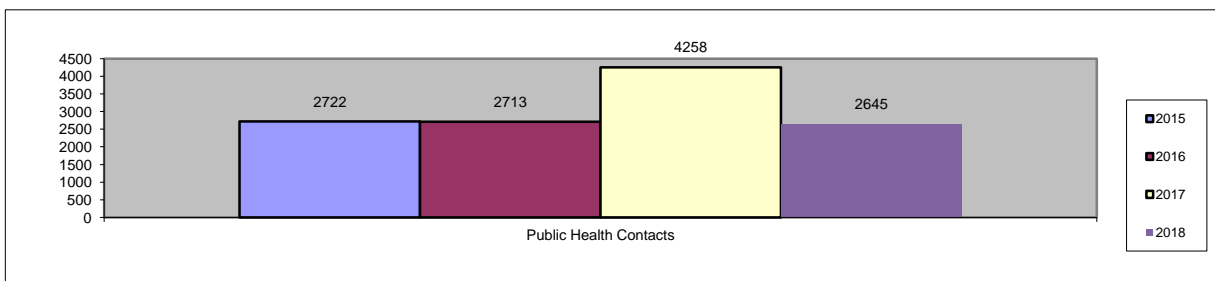
In 2018, a more comprehensive look at county data was undertaken in preparation for the 2019 Community Health Needs Assessment and Community Health Improvement Plan. This was done in conjunction with the area hospitals. Focus groups/community discussions occurred throughout the county. Using data allows resources to be directed toward the areas of greatest need. Improving community health also requires public and private partnerships to create programming or utilize existing resources to create positive changes without duplicating efforts. A system based approach to addressing the public health needs typically provides the best outcomes.

Local health departments provide many mandated services including the control of communicable disease, investigating and resolving human health hazards, health promotion programming, education outreach, and chronic disease prevention efforts.

An increased amount of effort in using social media for outreach and information was initiated in 2018. This supplements our newsletters, classes, and outreach at community events. Communication and coordination with our partners, key stakeholders, and the public are also used to educate and to help initiate changes as well. Some examples of programming include:

- 1) Health Checks (and related services)
- 2) Immunizations
- 3) Injury Prevention
- 4) Communicable Disease Control
- 5) Providing Health Education and Information on Emerging Health Related Issues
- 6) Emergency Responses

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

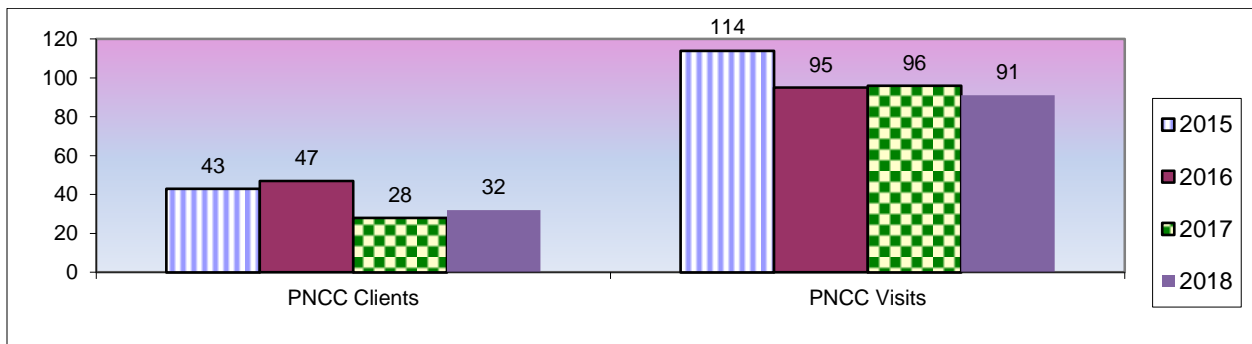


Prenatal Care Coordination (PNCC)

The PNCC program identifies or accepts referrals from health care plans and providers to help coordinate care for women with increased risks for complications during pregnancy. Although all high risk pregnant women are offered some level of service, the program focuses on lower income individuals. Our Public Health Nurses help ensure linkages with other providers and programs dedicated to improving birth outcomes. This reduces health care costs and prevents many life-long problems.

Education is provided on various topics including: breastfeeding promotion, safety, nutrition, pregnancy related physiological and emotional changes, infant care, and parenting skills. Nurses assess for the possibility of risks including the potential for physical and mental abuse, unsafe environments, as well as screen for alcohol, drug, and tobacco use during pregnancy. If these or other risks are present, they develop personalized care plans that promote change such as discontinuing unsafe behaviors. Plans can also include providing referrals to professional counseling or other agencies when necessary.

PNCC also provides assistance in enrolling in other health department programs such as Women, Infants and Children (WIC) and Health Check.



School Health

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

- | | |
|--------------------------|--------------------------------|
| Cassville Elem. /HS | St. Charles (Cassville) |
| Cuba City Elem. /HS | St. Clements (Lancaster) |
| Potosi Elem. /HS | Holy Ghost (Dickeyville) |
| River Ridge Elem. /HS | Immaculate Conception (Kieler) |
| St. Mary's (Bloomington) | St. Joseph (Sinsinawa) |
| St. Rose (Cuba City) | Christian Day School (Muscoda) |
| Amish/Mennonite Schools | |

Services can include:

- General health information
- Assistance with managing health related issues such as lice, bed bugs, etc.
- 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

Meetings are held to educate and coordinate activities between our public health nursing staff, school nurses employed directly by the schools (for those that have them) and Cooperative Educational Service Agency (CESA) Region 3. Additionally, some limited support is provided to schools with 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. All schools are offered the opportunity to participate in our dispensing exercises which test our ability to rapidly distribute vaccines in the event of an emergency.

In 2018, discussions continued with expanding services in Amish and Mennonite schools.

A total of 742.25 nursing hours were spent relating to school health not including immunization exercises or communicable disease control efforts. In addition, 3,512 miles were traveled by nurses relating to school health services. In 2017, 587.5 hours of nursing time were dedicated to schools and 4,109 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 a supplemental nutrition program serving lower income families with children up to age five. The program also promotes and helps maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants, and children. WIC encourages and supports breastfeeding with incentives, education, and peer counseling. There were 257 participant consultations with our breastfeeding peer counselor in 2018. WIC also provides access to fresh fruits and vegetables with a farmer's market program.

Health benefits relating to WIC participation include reduced:

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

In 2018, an average of 635 individuals was served per month. In 2018, WIC families spent a total of \$339,307.91 at the ten Grant County grocery stores. Farmer market benefits were available in 2018 as well with two area markets and four individual farm stands for a total of six vendors.

For comparison, an average of 730 individuals was served per month and a total of \$399,307.91 was spent in 2017.

Health Check and Other Services

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

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

Health Check screenings, lead testing, and immunizations are offered at most clinics to compliment the WIC program. As part of our health check services, 340 blood lead screenings were completed for children in Grant County. In comparison, 328 blood lead screenings were done in 2017. In 2018, 6 comprehensive health checks were completed.

We also checked and/or installed 95 child passenger safety seats (providing some seats at no charge to low income families through a Wisconsin Department of Transportation grant).

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 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. Since our Public Health program had lower expenses and higher revenue than expected in 2018, the payment from the jail for health services for the second half of the year totaling \$25,414.95 was lapsed back to the County's general fund and can be used for other purposes.

In 2018, 1,127.5 hours of nursing time was provided to the jail. This is a slight decrease compared to 2017 when 1,278 hours of nursing time was provided to the jail. In addition 1,513 miles were traveled to provide jail health services in 2018 compared to 2,803 in 2017.

Discussions with the Sheriff's Office are occurring. It is likely that nursing services will increase at the new jail once it opens in 2019.

Wisconsin Well Woman Program (WWWP)

Grant County Health Department continues to support 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.

Immunizations

As indicated by the continuation of vaccine preventable illness outbreaks, challenges remain in ensuring that vaccination rates are high enough to prevent the sustained transmission of many vaccine preventable diseases here and around the country. Unfortunately, vaccination rates in Grant County among two year olds that are considered fully immunized are in the 50-60% range far below the recommended 90% range. Adolescent immunization rates are also lower than desired and waiver rates remain high throughout Wisconsin and our county as well.

Grant County has continued its membership with the Southern Wisconsin Immunization Consortium (<http://www.rwhc.com/SWIC.aspx>) in an effort to increase immunization rates.

In 2018, 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, Grant County schools, and limited vaccines were available in businesses as well. 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 2018. It is important to note that vaccine changes and continued expansion of the use of combined vaccines have made comparisons to previous year's statistics more complex and reduced the total number of immunizations given.

Number of Doses of Vaccine	2013	2014	2015	2016	2017	2018
DTaP - Diphtheria/Tetanus/Pertussis	83	69	75	88	79	76
DTaP/Hib/Polio (Pentacel)	2	1	0	0	0	0
DTaP/Polio (Kinrix)	103	98	92	80	83	66
DTaP/HepB/Polio (Pediarix)	196	213	216	215	190	184
Polio	21	30	45	39	25	29
MMR - Measles/Mumps/Rubella	204	131	165	96	105	88
MMR - Varicella (Proquad)	0	82	102	77	83	76
Hepatitis A (pediatric)	103	91	101	120	101	123
Hepatitis B (pediatric)	26	13	26	15	8	18
Td - Tetanus/Diphtheria	9	5	13	12	21	48
Tdap (Adacel & Boostrix)	354	348	526	432	389	390
Hib - Haemophilus Influenza type B	240	252	247	252	239	212
HPV (Gardasil)	71	75	617	530	276	47
Varicella (Chickenpox)	230	111	93	78	79	63
Prevnar 13	241	260	247	254	222	208
Meningitis	71	90	409	399	237	306
Rotavirus	92	88	77	122	91	73
Influenza - Seasonal	4524	4207	3901	3247	3221	3474
Pneumonia-Prevnar 13 (adult)	26	33	30	34	16	16
Pneumo-Poly 23 (adult)	-	-	-	4	4	9
Twinrix (Hep A/Hep B)	0	1	0	0	0	0
Hepatitis A (adult)	21	15	13	30	15	7
Hepatitis B (adult)	69	48	88	56	37	18
Shingles (Zostavax)	0	1	0	0	0	0
Total	6686	6262	7083	6180	5521	5531

Communicable Disease Follow-Up

Local public health departments are required to complete 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 continues to educate individuals about illnesses and encourage or ensure treatment (if needed). Steps are also taken to control and reduce the spread of disease. Telephone calls, letters, and/or face-to-face contacts are used to gather and distribute information.

In 2018, some additional illnesses became reportable and other changes in required follow-up occurred. Unfortunately, communicable disease activity in 2018 remained high. Chlamydia and gonorrhea rates are at concerning levels. Other notable diseases of concern include: enteric illnesses, Pertussis, Hepatitis C and Lyme disease.

Below is a summary of communicable diseases that were reported to the Grant County Health Department in 2018. (It should be noted that not all cases were confirmed, many reports end up not being actual cases).

Communicable Diseases

(January 1 - December 31, 2018)

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.

VACCINE PREVENTABLE DISEASES	2013	2014	2015	2016	2017	2018
Chickenpox	8	13	8	4	10	12
Hepatitis A	1	0	1	3	3	0
Hepatitis B	5	2	8	3	5	3
Hib	0	0	1	1	0	2
Measles (Rubeola)	1	3	5	1	1	1
Mumps	1	1	54	37	52	14
N. Meningitidis	1	0	1	0	1	1
Pertussis	8	8	23	16	38	41
Rubella	1	0	0	0	0	2
TOTALS	26	27	93	65	110	76

SEXUALLY TRANSMITTED DISEASES	2013	2014	2015	2016	2017	2018
Chlamydia	128	114	135	129	194	160
Gonorrhea	11	9	28	12	17	12
Syphilis	2	2	3	3	1	2
TOTALS	141	125	166	144	212	174

COMMUNICABLE DISEASES	2013	2014	2015	2016	2017	2018
Anaplasmosis	-	-	-	-	-	4
Arboviral Illness	1	2	2	1	4	1
Babesiosis	-	-	-	2	0	2
Blastomycosis	0	0	2	1	0	1
Brucellosis	1	0	0	0	2	0
Campylobacteriosis	31	33	23	31	32	41
Carbapenem-Resistant Enterobacteria	-	-	-	-	-	1
Carbon Monoxide Poisoning	-	-	-	-	-	3
Chancroid	-	-	-	-	-	1
Cryptosporidiosis	10	17	15	29	24	31
Cyclosporidiosis	3	0	1	0	1	7
Ebola (monitoring only)	-	1	0	0	0	0
E.Coli	4	5	8	19	23	38
Ehrlichiosis	3	2	8	11	10	2
Giardiasis	5	5	0	3	5	14
Hepatitis C	11	13	13	26	45	25

Hepatitis E	-	-	-	1	0	1
Histoplasmosis	0	1	1	0	0	1
Influenza-Associated Hospitalization	19	13	21	20	31	43
Invasive Hemophilus Influenza	0	3	1	1	0	0
LaCrosse Encephalitis	1	0	0	1	0	0
Legionella	2	1	0	1	0	1
Lyme Disease	35	55	46	57	81	65
Metal Poisoning (Non-Lead)	0	1	7	5	2	5
Methemoglobinemia	-	-	-	-	2	1
Methicillin or Oxicillin Resistant Staph	-	-	-	-	1	2
Mycobacterium (Non TB)	3	5	3	5	5	4
Meningitis, Aseptic Viral	0	1	0	0	0	0
Meningitis, Bacterial	-	-	-	4	1	1
Novel Strain Influenza	-	-	-	1	0	0
Parapertussis	0	0	0	1	0	0
Pneumocystis Jirovecii	-	-	-	-	-	1
Q Fever	1	0	3	4	2	1
Rocky Mountain Spotted Fever	0	0	0	0	1	0
Salmonellosis	11	20	13	4	7	11
Shigellosis	0	0	1	2	2	0
Strept All Types	3	6	6	3	8	10
Toxic Shock Syndrome	1	1	0	0	2	0
Transmissible Spongiform Encephalopathy	2	0	0	0	0	1
Trichinellosis	-	-	-	1	0	0
Tuberculosis	2	1	0	2	2	1
Tuberculosis Latent	5	2	1	2	6	3
Tularemia	-	-	-	5	2	1
Vancomycin-Resistant Enterococci	0	0	1	4	0	0
West Nile Virus	-	-	-	1	0	0
Yersiniosis	-	-	-	1	1	0
Zika Virus	-	-	-	4	4	1
TOTALS	154	188	176	253	306	325

Public Health Preparedness and Response

During 2018, Grant County Health Department continued to prepare for public health emergencies through extensive planning, training, and testing efforts. The department participated in a total of seven exercises. We continued to test mass clinic plans by conducting immunization exercises in all of the county schools. We also planned and exercised with the regional health care coalition.

Many of our 2018 activities focused on cyber security. As a result, we updated plans, policies, and procedure based on findings from exercises, new information, and lessons learned. We continue to have representation on the Board of Directors of the regional health care coalition as the alternate local public health representative as well.

Environmental Health (EH) Programs

Grant County continues to lead the Southwest Wisconsin Environmental Consortium. Members of the consortium include Grant, Crawford (limited participation), Lafayette, Iowa, Richland, and Vernon counties. As a result we respond to 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, health, or well-being 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 2018, an increase in home inspections was noted due to significant flooding in the region.

Grant County Health Department is also a 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. In 2018, a total of 452 radon test kits were distributed in the 6 county region.

Below are the EH total contacts for 2012 through 2018:

<i>Number of Contacts</i>	2012	2013	2014	2015	2016	2017	2018
Water	184	152	139	122	156	75	94
Air Quality	216	206	160	171	199	233	138
Asbestos	196	151	142	149	119	79	142
Hazardous Materials	2	0	0	1	0	0	0
Lead Hazards	141	114	93	88	151	86	164
Radiation Hazards	180	208	174	132	181	127	159
Housing	130	198	159	151	139	144	208
Rabies	101	114	114	106	108	116	104
Sewage	217	161	146	166	133	93	138
Solid Waste	202	180	155	181	139	102	195
Insects/Rodents/Animal Problems	170	146	116	118	109	79	125
Home Inspections	281	359	282	151	248	261	526
Totals	2020	1989	1680	1536	1682	1395	1993

Tobacco-Free Coalition

In 2018, the Grant County Health Department continued a partnership with resources being provided by Family Services of Southern Wisconsin and Northern Illinois, Inc. The Multi-jurisdictional Tobacco Coalition provided tobacco control and coordination services to Grant, Iowa, and Lafayette Counties. The coalition focus was on tobacco use among disparate groups, electronic delivery devices, and license fees. Grant County updated its ordinances and employee policies in 2018 to include a prohibition on using electronic delivery devices in County owned buildings and vehicles.

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 –The 2018 focus was on developmental screening.
<https://agesandstages.com/>

Lead – Promotes blood lead screening of children and follow-up services for children with elevated lead levels (using Grant, Iowa, Lafayette, Richland, and Vernon County funding allocations)

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 up to age 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.

Public Health Preparedness and Response – Federal funds provided 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.

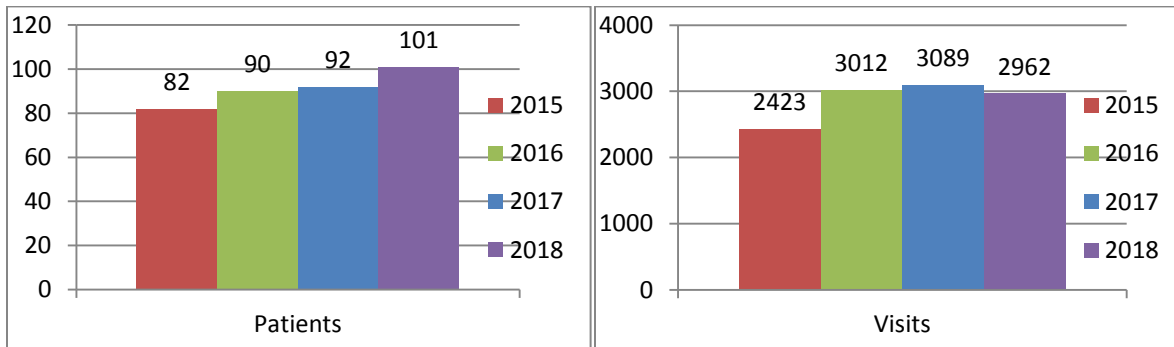
Prevention - Provides some limited funding for environmental health services.

Hospice

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.

In 2018, 101 clients were served on the Grant County Hospice Program. These clients received 2,962 visits from a multi-disciplinary support team that includes registered nurses, social workers, hospice aides, nurse practitioner and therapists. Clients choose hospice care when their physician certifies that they are terminally ill and they are no longer seeking active treatment for their illness.

A comparison of Hospice patients and visits is noted below:



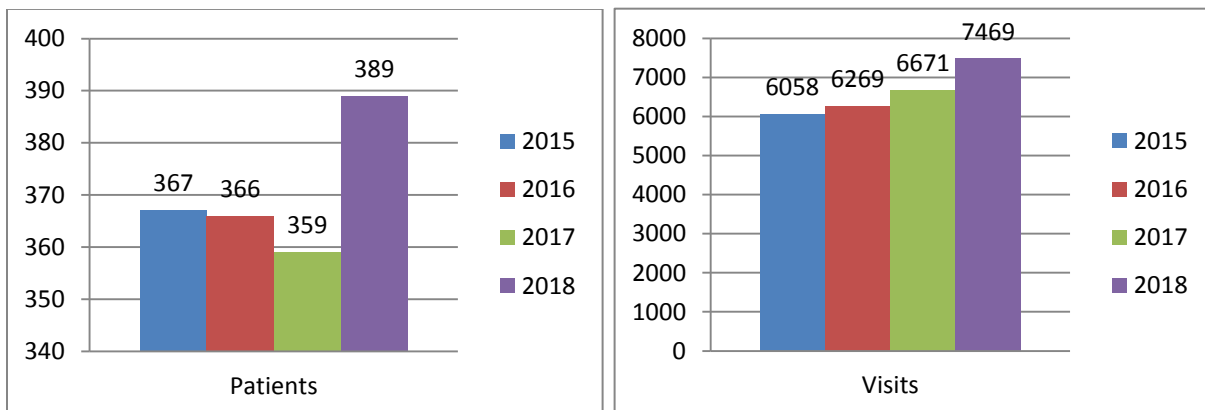
Home Nursing

In 2018, 389 clients received services from the Grant County Health Department. These clients received a total of 7,469 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 with all three hospitals in our county. This allows the therapy services to be provided by a therapist who is in their area.

Four clients received personal care only services in 2018 with 51 visits 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 2018, 19 nursing visits were made to these clients. These services are covered by Medical Assistance, private pay or private personal care agencies.

A comparison of Home Nursing patients and visits is noted below.



Board of Health Members

Carol Beals, Chair
Mary K. Logemann, Vice Chair
Greg Fry, Secretary
Dwight Nelson

Porter Wagner
Neil T. Martin, MD
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
Holly Muench, RN, Nursing Compliance & Quality Coordinator
Deb Udelhoven, Office & Financial Coordinator

Amy Budworth, Administrative Assistant I
Ashley Sullivan, RN, BSN
Brenda Cullen, CNA
Cari Ehlen, RN
Casey Gradel, RN, BSN
Danielle Reynolds, RN, BSN
Erin Huebschman, Associate Hospice Medical Director
Jamie Kreul, CNA
Jessica Schuler, RN, BSN
Katherine Reuter, Nurse Practitioner
Kessa Klaas, RN, BSN
Kim Martens, RN, BSN
Kim Pribnow, RN, BSN
Laura Wolles, RD, WIC Dietitian
Lindsay Hanson, RD, WIC Dietitian
MacKenzie Johll, Administrative Assistant II
Maggie Droessler, RN, BSN
Mareeta Kolman, SW
Mary Allen, Admission Specialist
Michelle Farrell, Contract Pharmacist
Michelle Young, RN
Mike Parks, Speech-Language Pathologist
Neil T Martin, MD, Medical Director
Pam Strakeljahn, Hospice Spiritual Counselor
Rebecca Franzen, BF Counselor
Robert Smith, Hospice Medical Director
Selina Baus, RN, BSN
Shannon Bartels, LTE CNA
Shawn Handfelt, CNA
Steve Straka, LTE Clerical
Tracy Schildgen, RN, BSN
Troy Moris, RS