

# 2022



## **Grant County Health Department**

"Protecting Public Health in Grant County for 87 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 2022

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, Grant County Fairgrounds, Area Healthcare Providers, 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 Public Health Services**

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health.

## Department Overview

In 2022, 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

**Full Time Staff**

**Professions Include:** *Administrative Assistants, Registered Nurses, Certified Nursing Assistants, Registered Sanitarians, a Registered Dietitian, and a Social Worker*

**Part Time:** 1 (Clerical)

**LTE Staff:** 15 [(1) Certified Nursing Assistant, (2) Nurse Practitioners (1) Hospice Spiritual Counselor, (1) Physical Therapist (1) Physical Therapist Assistant, (1) Occupational Therapist (1) Occupational Therapist Assistant, (7) Contact Tracers]

**Direct Contracts:** 5 [(1) Hospice Medical Director, (1) Hospice Physician, (1) Pharmacist, (2) Translators]

**Other Contracts:** >~100 individual contracts for services or to provide services

**Volunteers:** ~5 Hospice, 1 PH Medical Advisor

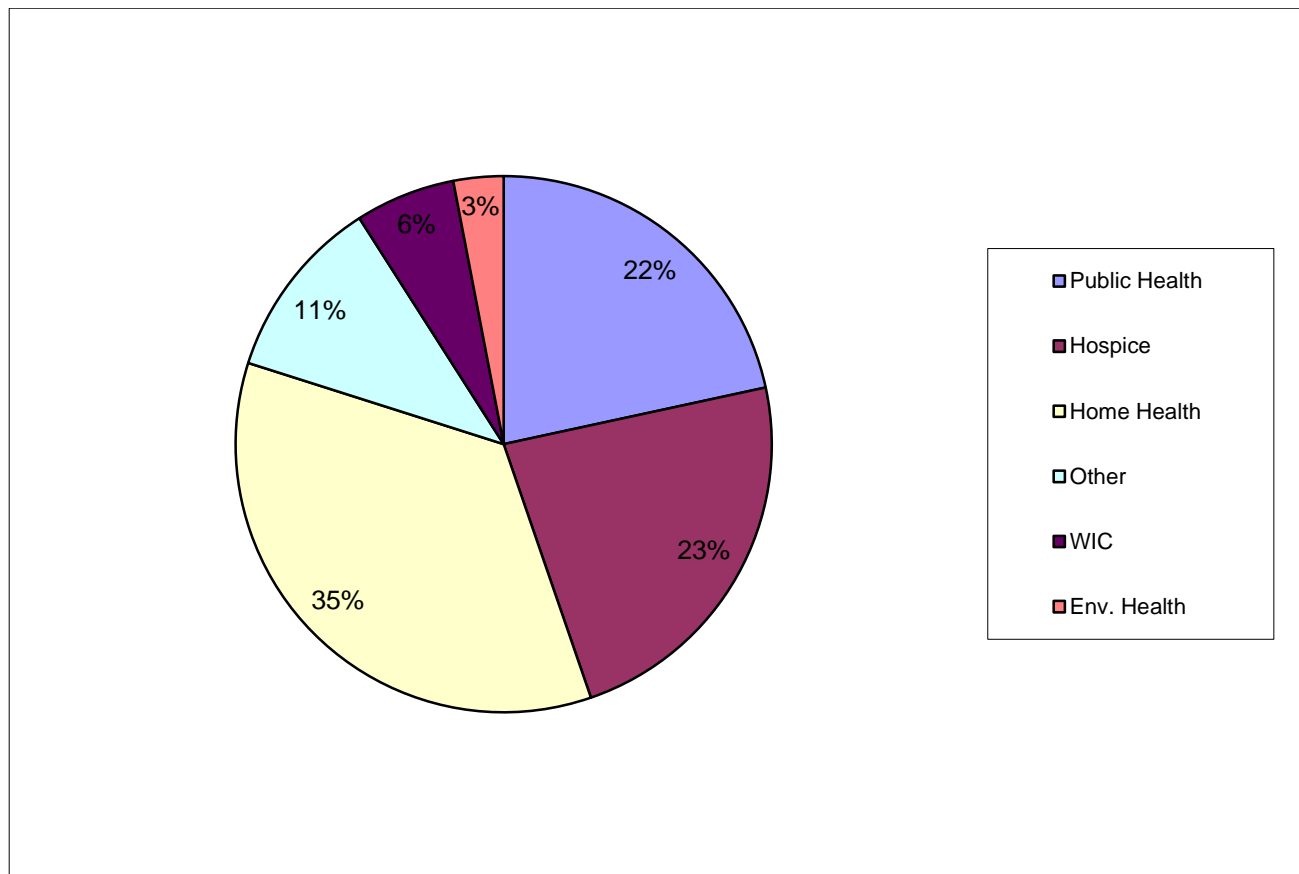
The 2022 operating budget was approximately 3.47 million dollars. Approximately 2.97 million dollars was anticipated from sources other than the local tax levy, making the health department largely funded by State, Federal, grant, and fee for service sources. However, the loss of staff caused many of the programs to remain idle or to be only operating partially. This resulted in the lapsing of significant amounts of funding in 2022.

In 2022, 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 required by the State. The remaining programs provide limited personal care services and services to low income children including lead testing and immunizations. As a result of deferred and reduced programming as well as staff vacancies, the health department was well under budget with regard to its local levy allocation at the end of 2022.

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

## Major Programs by Expense

The following pie chart illustrates budgeted expenses within the department for 2022.



## Highlights and Challenges in 2022

2022 was another challenging year. However, there were improvements over the previous two years. Vaccination, natural immunity, and improved treatments resulted lower COVID 19 cases, hospitalizations, and deaths. But staffing vacancies continued to idle important programming. However, the recovery effort has begun and parts of some programing have resumed. Additionally, the health department was able to reconnect with partners and begin to collaborate on new projects and programs.

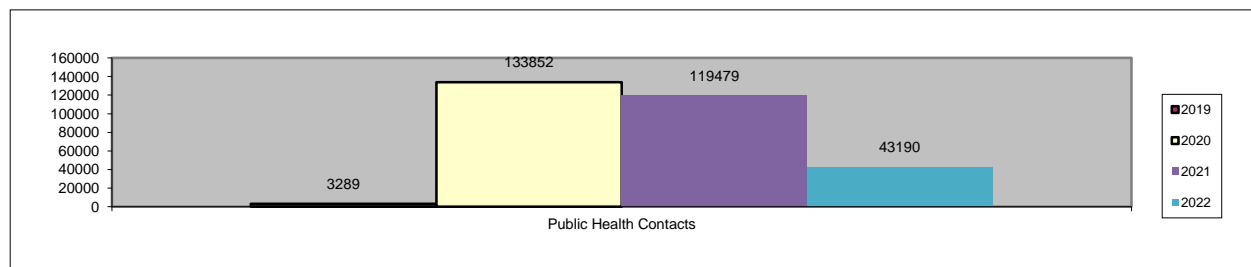
Refiling vacancies remains a top priority. Without staffing, programs struggle to meet the needs of County residents and there is no ability to apply for additional recovery funds that are available to local health departments.

# Public Health

Public Health programs generally 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. Much of our general programming was placed on hold or reduced due to the COVID-19 response and staff vacancies. The decrease in contacts in 2022 was due to less COVID 19 cases as well as not including COVID-19 close contacts (they were not tracked throughout the entire year as follow-up requirements changed).

According to the University of Wisconsin Population Health Institute, Grant County is ranked in the higher middle range of counties in Wisconsin for health outcomes but ranks in the lower middle range of counties in Wisconsin for health behavior with higher rates of smoking, drinking and physical inactivity than other counties in the state (see: [Grant County Health Rankings](#))

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



# School Health

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

Cassville Elem. /HS  
Cuba City Elem. /HS  
Potosi Elem. /HS  
River Ridge Elem. /HS  
Southwestern  
St. Mary's (Bloomington)  
St. Rose (Cuba City)  
Amish/Mennonite Schools

St. Charles (Cassville)  
St. Clements (Lancaster)  
Holy Ghost (Dickeyville)  
Immaculate Conception (Kieler)  
St. Andrews  
St. Joseph (Sinsinawa)  
Christian Day School (Muscoda)

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

A total of 544.5 nursing hours were spent relating to school health not including immunization exercises or communicable disease control efforts. In addition, 2,061 miles were traveled by nurses relating to school health services. In 2021, 395 hours of nursing time were dedicated to schools and 1,113 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). There was a continued increase in hours of service provided due to COVID-19 activities slowing.

## **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. 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

The farmer's market program brought fresh fruits and vegetables to 54 families in 2022 providing \$1,320 in benefits. This is up from serving 32 families with \$1,182 in benefits in 2021. In 2022, Grant County WIC served 903 participants compared to 860 in 2021. WIC families spent a total of \$364,179 in benefits, an increase from 2021's benefits of \$284,580.50.

## **Health Check Services**

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

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

Health Check screenings, lead testing, and immunizations are offered at most clinics to compliment the WIC program. In 2022, 281 blood lead screenings were completed for children in Grant County. In comparison, 177 blood lead screenings were done in 2021. While numbers are up for 2022, a sustained reduction was due to not having typical in person WIC clinics due to Federal waivers and restrictions.

We also installed 45 child passenger safety seats (providing some seats at no charge to low income families through a Wisconsin Department of Transportation grant). 14 additional seats were checked for correct installation as well. The number of child passenger safety seats checked or installed remained lower than typical years due to COVID-19 but the number of seats checked increased slightly over 2021.

## **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 on nearly a daily basis Monday through 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 on an as needed basis. As a result, on average over 44.6 hours nursing of services were provided each week in 2022.

Nursing services increased in 2022 due in part to mental health challenges. In 2022, 2,318.5 hours of nursing time was provided to the jail. This is an increase compared to 2021 when 2,192 hours of nursing time was provided to the jail. In addition, 2,990 miles were traveled to provide jail health in 2022 compared to and 2,760 in 2021.

## **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, cervical cancer screenings, multiple sclerosis testing for high risk women, 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.

## **Communicable Disease Follow-Up**

Local public health departments are required by law to complete follow-up activities with individuals having or suspected to have illnesses as identified in Chapter 252 of the State Statutes and 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 diseases as well. Telephone calls, letters, emails, and/or face-to-face contacts are used to gather and distribute information. Staff also conducted educational outreach with area hospitals and clinics relating to reporting requirements and follow up with specific illnesses.

Below is a summary of communicable diseases that were reported to the Grant County Health Department in 2022. Note that the increase in influenza reports (in error) in more recent years are likely due to the increase in full respiratory panels being conducted at local hospitals. Confirmed influenza is not reportable unless it is a novel strain, leads to an inpatient hospitalization, or a pediatric death. All reported cases require follow up. However, not all reports of illness are confirmed.

Reports of Syphilis, Gonorrhea, and Hepatitis B were higher than in typical years.

## Communicable Diseases

(January 1 - December 31, 2022)

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.

| COMMUNICABLE DISEASES                    | 2017 | 2018 | 2019 | 2020   | 2021   | 2022   |
|--|------|------|------|--------|--------|--------|
| Anaplasmosis                             | -    | 4    | 3    | 3      | 8      | 3      |
| Arboviral Illness                        | 4    | 1    | 0    | 1      | 2      | 3      |
| Babesiosis                               | 0    | 2    | 0    | 0      | 2      | 0      |
| Blastomycosis                            | 0    | 1    | 0    | 0      | 0      | 0      |
| Brucellosis                              | 2    | 0    | 0    | 0      | 1      | 0      |
| Campylobacteriosis                       | 32   | 41   | 29   | 38     | 37     | 32     |
| Carbapenem-Resistant Enterobacteria      | -    | 1    | 3    | 3      | 7      | 5      |
| Carbon Monoxide Poisoning                | -    | 3    | 14   | 10     | 5      | 7      |
| Chancroid                                | -    | 1    | 0    | 0      | 0      | 0      |
| Chemical Pneumonitis                     | -    | -    | 2    | 0      | 0      | 0      |
| Coccidioidomycosis                       | -    | -    | -    | -      | -      | 2      |
| COVID-19                                 | -    | -    | -    | 28,500 | 20,959 | 13,219 |
| Cryptosporidiosis                        | 24   | 31   | 31   | 24     | 30     | 19     |
| Cyclosporidiosis                         | 1    | 7    | 0    | 2      | 1      | 0      |
| E.Coli                                   | 23   | 38   | 64   | 55     | 68     | 52     |
| Ehrlichiosis                             | 10   | 2    | 1    | 2      | 2      | 0      |
| Giardiasis                               | 5    | 14   | 7    | 3      | 10     | 7      |
| Hantavirus                               | -    | -    | 1    | 0      | 0      | 0      |
| Hepatitis C                              | 45   | 25   | 29   | 30     | 2      | 33     |
| Hepatitis E                              | 0    | 1    | 0    | 0      | 0      | 1      |
| Histoplasmosis                           | 0    | 1    | 2    | 3      | 33     | 3      |
| Influenza – Seasonal Reported in Error   | -    | -    | 210  | 209    | 812    | 258    |
| Influenza-Associated Hospitalization     | 31   | 43   | 27   | 92     | 10     | 19     |
| Invasive Hemophilus Influenza            | 0    | 0    | 2    | 1      | 1      | 6      |
| LaCrosse Encephalitis                    | 0    | 0    | 0    | 0      | 0      | 0      |
| Legionella                               | 0    | 1    | 2    | 1      | 0      | 1      |
| Lyme Disease                             | 81   | 65   | 70   | 43     | 68     | 64     |
| Metal Poisoning (Non-Lead)               | 2    | 5    | 1    | 1      | 0      | 0      |
| Methemoglobinemia                        | 2    | 1    | 0    | 0      | 0      | 0      |
| Methicillin or Oxacillin Resistant Staph | 1    | 2    | 2    | 1      | 2      | 1      |
| Mycobacterium (Non TB)                   | 5    | 4    | 6    | 6      | 2      | 6      |
| Meningitis, Aseptic Viral                | 0    | 0    | 0    | 0      | 0      | 0      |
| Meningitis, Bacterial                    | 1    | 1    | 1    | 0      | 1      | 0      |
| Novel Strain Influenza                   | 0    | 0    | 0    | 0      | 0      | 0      |



|   |            |            |            |               |               |               |
|---|------------|------------|------------|---------------|---------------|---------------|
| Orthopoxvirus, Mpox                     | -          | -          | -          | -             | -             | 1             |
| Orthopoxvirus, unspecified              | -          | -          | -          | -             | -             | 1             |
| Parapertussis                           | 0          | 0          | 3          | 2             | 20            | 10            |
| Pneumocystis Jirovecii                  | -          | 1          | 0          | 0             | 0             | 0             |
| Plesiomonas Infection                   | -          | -          | -          | 2             | 2             | 1             |
| Q Fever                                 | 2          | 1          | 5          | 1             | 0             | 4             |
| Rabies (Animal)                         | -          | -          | -          | 1             | 0             | 0             |
| Rocky Mountain Spotted Fever            | 1          | 0          | 1          | 0             | 0             | 0             |
| Salmonellosis                           | 7          | 11         | 7          | 10            | 8             | 15            |
| Shigellosis                             | 2          | 0          | 1          | 0             | 1             | 2             |
| Strept All Types                        | 8          | 10         | 8          | 6             | 11            | 9             |
| Toxic Shock Syndrome                    | 2          | 0          | 0          | 0             | 0             | 0             |
| Toxoplasmosis                           | -          | -          | 3          | 2             | 1             | 1             |
| Transmissible Spongiform Encephalopathy | 0          | 1          | 0          | 1             | 0             | 0             |
| Trichinellosis                          | 0          | 0          | 0          | 0             | 0             | 0             |
| Tuberculosis                            | 2          | 1          | 0          | 1             | 2             | 0             |
| Tuberculosis Latent                     | 6          | 3          | 10         | 10            | 6             | 5             |
| Tularemia                               | 2          | 1          | 1          | 0             | 0             | 0             |
| Vancomycin-Resistant Enterococci        | 0          | 0          | 1          | 0             | 1             | 0             |
| Vibriosis, Non-Cholera                  | -          | -          | 2          | 1             | 0             | 0             |
| West Nile Virus                         | 0          | 0          | 0          | 0             | 0             | 0             |
| Yersiniosis                             | 1          | 0          | 0          | 0             | 6             | 4             |
| Zika Virus                              | 4          | 1          | 0          | 0             | 0             | 0             |
| <b>TOTALS</b>                           | <b>306</b> | <b>325</b> | <b>549</b> | <b>29,065</b> | <b>22,121</b> | <b>13,794</b> |

| <b>VACCINE PREVENTABLE DISEASES</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> | <b>2022</b> |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Chickenpox                          | 10          | 12          | 13          | 5           | 7           | 8           |
| Hepatitis A                         | 3           | 0           | 1           | 1           | 0           | 1           |
| Hepatitis B                         | 5           | 3           | 7           | 5           | 9           | 59          |
| Hib                                 | 0           | 2           | 0           | 0           | 0           | 6           |
| Measles (Rubeola)                   | 1           | 1           | 3           | 3           | 0           | 0           |
| Mumps                               | 52          | 14          | 14          | 14          | 2           | 7           |
| N. Meningitidis                     | 1           | 1           | 0           | 0           | 0           | 0           |
| Pertussis                           | 38          | 41          | 52          | 25          | 195         | 4           |
| Rubella                             | 0           | 2           | 0           | 0           | 0           | 0           |
| <b>TOTALS</b>                       | <b>110</b>  | <b>76</b>   | <b>90</b>   | <b>53</b>   | <b>213</b>  | <b>85</b>   |

| <b>SEXUALLY TRANSMITTED DISEASES</b> | <b>2017</b> | <b>2018</b> | <b>2019</b> | <b>2020</b> | <b>2021</b> | <b>2022</b> |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Chlamydia                            | 194         | 160         | 138         | 111         | 139         | 116         |
| Gonorrhea                            | 17          | 12          | 22          | 12          | 30          | 29          |
| Syphilis                             | 1           | 2           | 8           | 13          | 13          | 17          |
| <b>TOTALS</b>                        | <b>212</b>  | <b>174</b>  | <b>168</b>  | <b>136</b>  | <b>182</b>  | <b>162</b>  |

# 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 for all preventable illnesses are in the 46-60% range far below the recommended 90% range.

Of particular concern are the low Polio vaccination rates in our county. In Grant County, by zip code, fully vaccinated 2 year olds range from 0% to 100%, with 39% of Grant County zip codes being at or below 60% protected. For 4 to 6 year olds that are fully vaccinated, the range by zip code is 25% to 88%, with 44% of zip codes in Grant County being at or below 60% protected.

Adolescent immunization rates are also lower than desired and waiver rates remain high and are increasing throughout much of Wisconsin.

Note the reduction of both COVID 19 vaccinations and the continued reduction of influenza vaccinations in 2022.

| Number of Doses of Vaccine          | 2017         | 2018         | 2019         | 2020         | 2021          | 2022         |
|-------------------------------------|--------------|--------------|--------------|--------------|---------------|--------------|
| COVID-19                            | -            | -            | -            | -            | 17,996        | 2,613        |
| DTaP - Diphtheria/Tetanus/Pertussis | 79           | 76           | 68           | 43           | 25            | 25           |
| DTaP/Polio (Kinrix)                 | 83           | 66           | 64           | 43           | 34            | 54           |
| DTaP/HepB/Polio (Pediarix)          | 190          | 184          | 149          | 95           | 60            | 0            |
| DTaP/Hep B Hib Polio (Vaxelis)      | -            | -            | -            | -            | 6             | 95           |
| Polio                               | 25           | 29           | 29           | 17           | 6             | 22           |
| MMR - Measles/Mumps/Rubella         | 105          | 88           | 90           | 59           | 45            | 48           |
| MMR - Varicella (Proquad)           | 83           | 76           | 73           | 42           | 36            | 46           |
| Hepatitis A (pediatric)             | 101          | 123          | 103          | 78           | 61            | 49           |
| Hepatitis B (pediatric)             | 8            | 18           | 19           | 3            | 5             | 16           |
| Td - Tetanus/Diphtheria             | 21           | 48           | 81           | 37           | 43            | 86           |
| Tdap (Adacel & Boostrix)            | 389          | 390          | 255          | 160          | 161           | 138          |
| Hib - Haemophilus Influenza type B  | 239          | 212          | 169          | 123          | 59            | 16           |
| HPV (Gardasil)                      | 276          | 47           | 40           | 38           | 51            | 31           |
| Varicella (Chickenpox)              | 79           | 63           | 66           | 54           | 29            | 35           |
| Prevnar 13                          | 222          | 208          | 146          | 128          | 61            | 91           |
| Meningitis                          | 237          | 306          | 39           | 34           | 44            | 21           |
| Meningitis B                        | -            | -            | -            | 7            | 4             | 5            |
| Rotavirus                           | 91           | 73           | 57           | 39           | 20            | 26           |
| Influenza - Seasonal                | 3,221        | 3,474        | 3,607        | 2,998        | 2,412         | 2362         |
| Pneumonia-Prevnar 13 (adult)        | 16           | 16           | 23           | 3            | 8             | 5            |
| Pneumo-Poly 23 (adult)              | 4            | 9            | 6            | 5            | 3             | 3            |
| Hepatitis A (adult)                 | 15           | 7            | 65           | 34           | 8             | 15           |
| Hepatitis B (adult)                 | 37           | 18           | 32           | 10           | 12            | 5            |
| Smallpox                            | -            | -            | -            | -            | -             | 2            |
| <b>Total</b>                        | <b>5,521</b> | <b>5,531</b> | <b>5,181</b> | <b>4,050</b> | <b>21,189</b> | <b>5,809</b> |

# 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. 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. We also conduct lead and asbestos inspections.

Local health departments are required by state statute and by local ordinance to respond to human health hazards and public health nuisances. Additionally, health departments are required to investigate lead poisoning cases. Typically, most complaints received by the local health departments are related to environmental health issues and include both public health nuisances and human health hazards.

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 2022, a total of 476 radon test kits were distributed in the 6 county region.

Below are the EH total contacts for 2022.

| <i>Number of Contacts</i>       | <b>2016</b>  | <b>2017</b>  | <b>2018</b>  | <b>2019</b>  | <b>2020</b>  | <b>2021</b>  | <b>2022</b>  |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Water                           | 156          | 75           | 94           | 133          | 116          | 103          | 66           |
| Air Quality                     | 199          | 233          | 138          | 198          | 199          | 233          | 168          |
| Asbestos                        | 119          | 79           | 142          | 142          | 119          | 109          | 72           |
| Lead Hazards                    | 151          | 86           | 164          | 138          | 77           | 113          | 93           |
| Radiation Hazards               | 181          | 127          | 159          | 162          | 117          | 138          | 137          |
| Housing                         | 139          | 144          | 208          | 244          | 170          | 226          | 211          |
| Rabies                          | 108          | 116          | 104          | 105          | 117          | 126          | 145          |
| Sewage                          | 133          | 93           | 138          | 170          | 124          | 108          | 81           |
| Solid Waste                     | 139          | 102          | 195          | 179          | 159          | 189          | 227          |
| Insects/Rodents/Animal Problems | 109          | 79           | 125          | 139          | 100          | 99           | 82           |
| Home Inspections                | 248          | 261          | 526          | 229          | 180          | 172          | 207          |
| <b>Totals</b>                   | <b>1,682</b> | <b>1,395</b> | <b>1,993</b> | <b>1,839</b> | <b>1,478</b> | <b>1,616</b> | <b>1,489</b> |

## Public Health Preparedness and Response

During 2022, Grant County Health Department continued to prepare for public health emergencies through extensive planning, training, and testing efforts. The department participated by helping to design a regional exercise with area hospitals. 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. This planning helped during the pandemic.

## **Tobacco-Free Coalition**

In 2022, 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 continued on tobacco use among disparate groups, and electronic delivery devices.

## **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. Our allocation recently increased due to becoming a level 3 health department. The following programs are examples of services provided using these funds:

**Maternal & Child Health** –The 2022 focus was addressing impacts of the COVID-19 pandemic

**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 radon risks. (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.

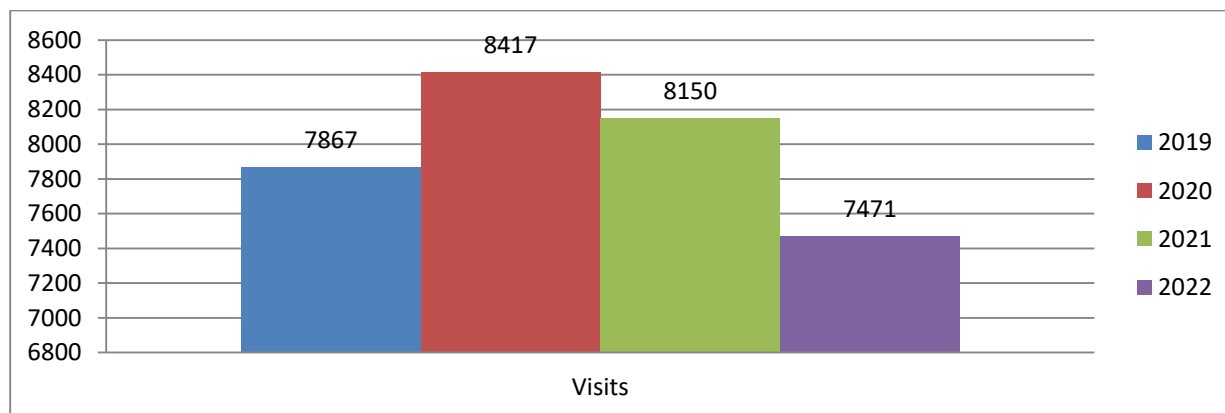
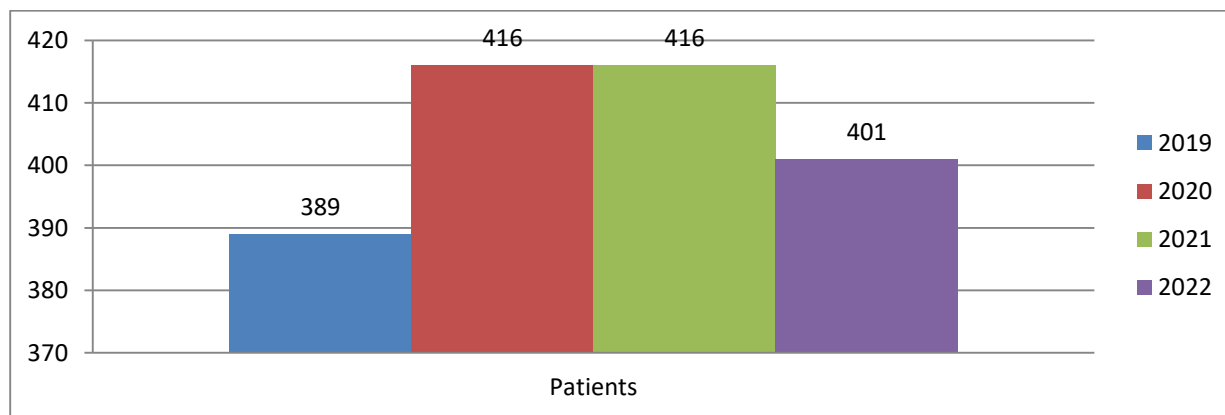
# Home Nursing

In 2022, 401 clients received services from the Grant County Health Department. These clients received a total of 7,471 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 or hired LTE employees. This allows the therapy services to be provided by a therapist who is in their area.

Three clients received personal care only services in 2022. 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 2022, 11 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.

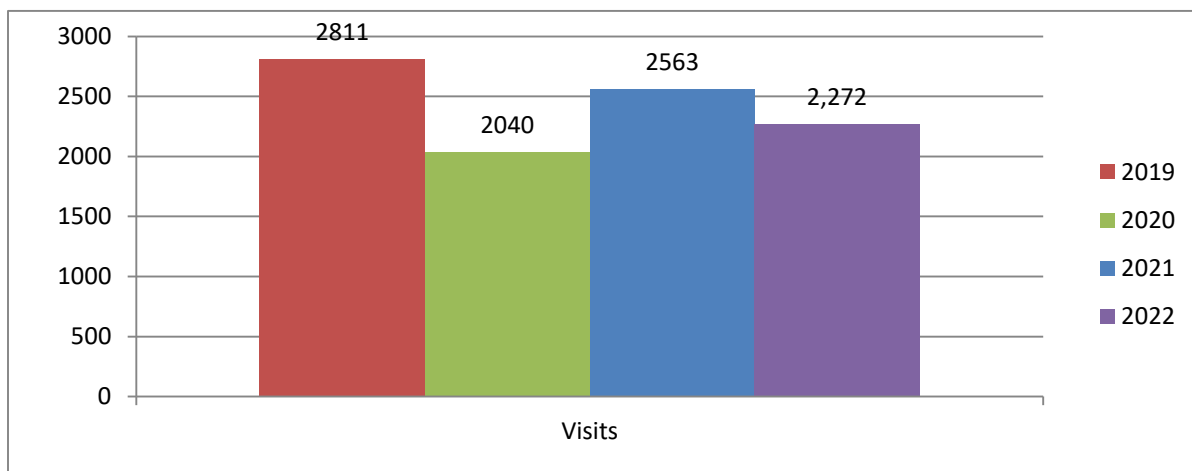
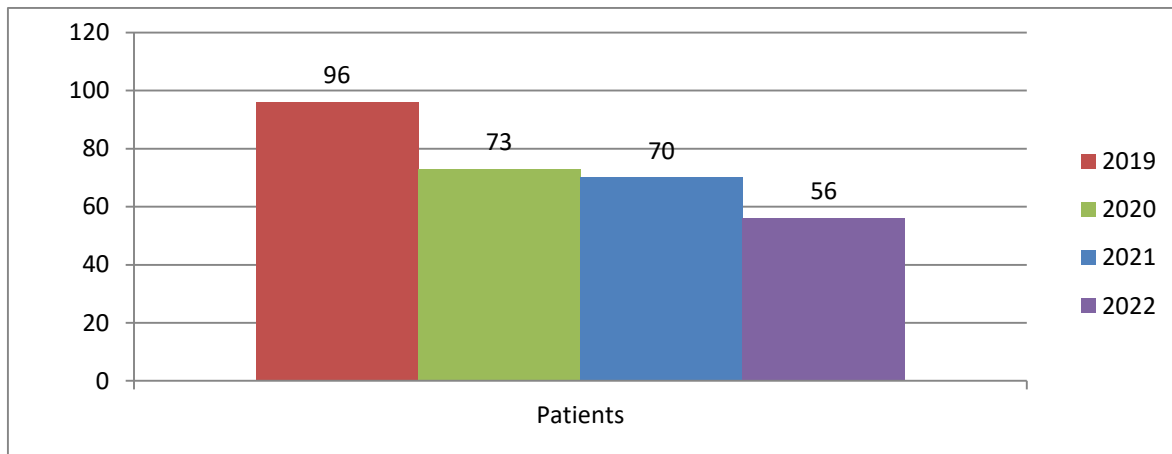


# Hospice

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 2022, 56 clients were served on the Grant County Hospice Program. These clients received 2,272 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:



# Board of Health Members

|                         |                           |                           |
|-------------------------|---------------------------|---------------------------|
| Carol Beals, Vice Chair | Brian Lucey               | Mary K. Logemann, RN, BSN |
| Neil T. Martin, MD      | Brandon Snyder, Secretary | Matt Andrews, DDS         |
| Diane Nelson, Chair     | Elias Cox                 |                           |

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  
Kim Pribnow, RN, BSN, Nursing Compliance & Quality Coordinator

|  |  |
|--|--|
| Amy Budworth, Administrative Assistant II    | Martens, RN, BSN                           |
| Andrew Fessler, PT                           | Melissa Hill, SW                           |
| Ashley Sullivan, RN, BSN                     | Mareeta Kolman, SW                         |
| Brianna Klaas, RN, BSN                       | Jennifer Elsner, CNA                       |
| Tracy Mezera, RN, BSN                        | Mary Allen, Admission Specialist           |
| Cari Schmidt, RN, BSN                        | Michelle Farrell, Contract Pharmacist      |
| Casey Gradel, RN, BSN                        | Michelle Young, RN, BSN                    |
| Erin Huebschman, MD Hospice Medical Director | Kessa Klaas, RN, BSN                       |
| Jamie Kreul, Administrative Assistant I      | Troy Moris, RS Environmental Health        |
| Jessica Schuler, RN, BSN                     | Neil T Martin, MD, Medical Advisor         |
| Joanna Schindler, OT                         | Nicole Runde, COTA                         |
| Jolene Ziebart, NP                           | Robert Smith, MD Hospice Medical Director  |
| Kalyn Baird, RN, BSN                         | Selina Baus, RN, BSN                       |
| Katherine Reuter, NP                         | Shannon Bartels, LTE CNA                   |
| Brianna Klaas, RN, BSN                       | Shawn Handfelt, Administrative Assistant I |
| Tracy Mezera, RN, BSN                        | Steve Straka, Clerical                     |
| Pam Strakeljahn, Hospice Spiritual Counselor | Christopher Baird, RD WIC Director         |

### LTE COVID-19 Response

Atkinson, Julie, RN  
Wiederholt, Joanne  
Roesch, Michelle  
Gessler, Amber