

Jefferson County Health Department

2023 Annual Report

Presented by Elizabeth Chilsen,
Director and Health Officer &
Mary Bender, Public Health
Program Manager



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On November 28th, 2023 Jefferson County Health Department was designated a Level III Health Department following their Wisconsin Department of Health Services 140 Review.

According to the Wisconsin Department of Health Services, “Level III Local Health Departments services focus on supporting the Local Health Department’s role as health strategists within their communities, which is a change from the previously required specified number of services.”

- Level III health departments serve as community health strategists. This role requires leading data collection to guide local public health plans and decisions; providing public health expertise, data, and research to the community; and a focus on impacting population health.
- A Level III health department must develop, put in place, and advocate for policies addressing the [social determinants of health](#).
- Level III health departments are still required to have an environmental health program and there is a broader definition of environmental health with a community and systems focus.
- A Level III health department must ensure additional services that align with the most recent [state public health agenda](#).
- Besides the Level II performance management requirements, a Level III health department must maintain a performance management system. The agency’s system must collect performance data, evaluate goals, conduct quality improvement, and use the system to advise agency decisions.
- Besides the Level II quality improvement requirements, a Level III health department must develop and put in place a quality improvement plan.
- A Level III health department must embed public health nursing services throughout the Level III requirements.



It is with great honor that we not only congratulate the staff of the Health Department for their efforts but thank our community for allowing us to serve them, the County Board, and the Board of Health for their continued and ongoing support throughout this process. This accomplishment could not have been made without it.

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

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November 28, 2023

Samantha LaMuro, Chair
Jefferson County Board of Health
611 Sherman Ave East
Fort Atkinson, WI 53538

Dear Ms. LaMuro:

The Department of Health Services (DHS) congratulates the Jefferson County Health Department for demonstrating the infrastructure and program capacity to be certified as a Level III Health Department. I am happy to report the Jefferson County Health Department provided all services required by statute and rule.

I want to acknowledge the work of the Jefferson County Health Department staff. Elizabeth Chilsen, health officer, did an excellent job of providing quality evidence of meeting statutes and rules. I am acutely aware of the stress of operating a health department and that the demands on public health directors and professionals have increased exponentially during this state and global pandemic. Public health work impacts everyone and every corner of the community and succeeds when it is a shared effort. I applaud the dedicated efforts of Elizabeth and the Jefferson County Health Department staff to keep your jurisdiction healthy and safe.

I also appreciate the support of the Jefferson County Board of Health for maintaining a strong public health department. When the basic needs of people and communities are met, they can better prevent and recover from challenges to their health and well-being. I am sure with ongoing support for evidence-based quality public health initiatives by you and your fellow board of health members, the Jefferson County Health Department will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

A handwritten signature in black ink, appearing to read "Paula Tran".

Paula Tran
State Health Officer and Administrator

c: Elizabeth Chilsen, Health Officer
Steven Nass, Jefferson County Board Chair
Ben Wehmeier, County Administrator
Joe Larson, Southern Region Director

www.dhs.wisconsin.gov

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Mission, Vision, and Value Statements

The mission of the Jefferson County Health Department is to
promote the health, safety, and well-being of all people in Jefferson County.

The vision of the Jefferson County Health Department is

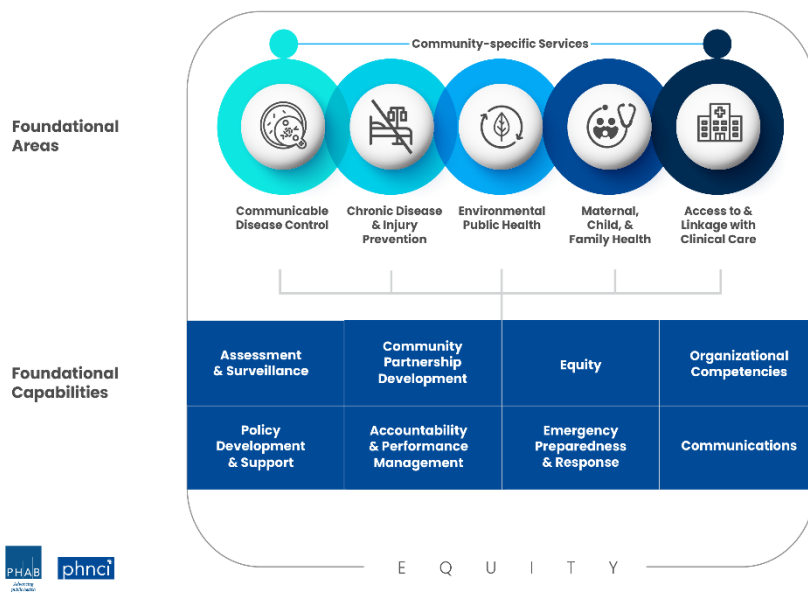
Healthy People, Communities and Lifestyles

Organizational Value Statements

- ❖ **Advocacy** – We create spaces and opportunities that allow for community members to voice their concerns and participate in decisions that affect their health. We provide a voice for the health, safety, and wellbeing of all people in Jefferson County and support policies, programs, and services that improve those aspects of public health.
- ❖ **Collaboration** – We build and honor relationships within our community, and leverage the support and resources of community members, partners and stakeholders to organize a greater collective impact on public health.
- ❖ **Empowerment** – We help community members to make informed choices to support their health by providing accurate information, resources and tools to thrive. We show respect and compassion, and support individual autonomy and community action.
- ❖ **Health Equity** – We strive to improve the social determinants of health and eliminate barriers in systems, policies and practices to achieve optimal health for community members, especially for those who are most in need. We support fair access to and representation in programs, services and information for all people in Jefferson County.

- ❖ **Integrity** – We hold ourselves to high standards of diligence, ethics, excellence, stewardship, trust and transparency in all aspects of our work. We take pride in the impact and quality of what we do so that community members from all walks of life can depend on us to act in the best interest of public health.
- ❖ **Respect** – We value all people with unconditional positive regard and recognize the equal rights and humanity of all people in Jefferson County as foundational to an optimal state of health. We actively listen and observe to understand differences in opinion and perspective to build better relationships and greater collective impact in healthy environments.
- ❖ **Evidence-based** – We utilize scientific evidence, methods and data that is quantitative and qualitative to a high degree in the development, implementation and evaluation of programs and services to render a greater and more effective impact on public health.

Foundational Public Health Services



The Jefferson County Health Department (JCHD) is fundamentally responsible to provide services that encompass the Foundational Areas of Public Health and that are specific to the needs of the community we serve. Within each foundational area, fundamental

capabilities are expected to be maintained. Below outlines each of the foundational areas as defined by the Public Health Accreditation Board (PHAB) and the Public Health National Center for Innovations (PHNCI). Our department continues to strive towards alignment with these foundational areas in all of our services and programs.

Access to and Linkage with Clinical Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

Maternal Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.

- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Chronic Disease and Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and Center for Disease Control and Prevention's (CDC) Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid

waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.

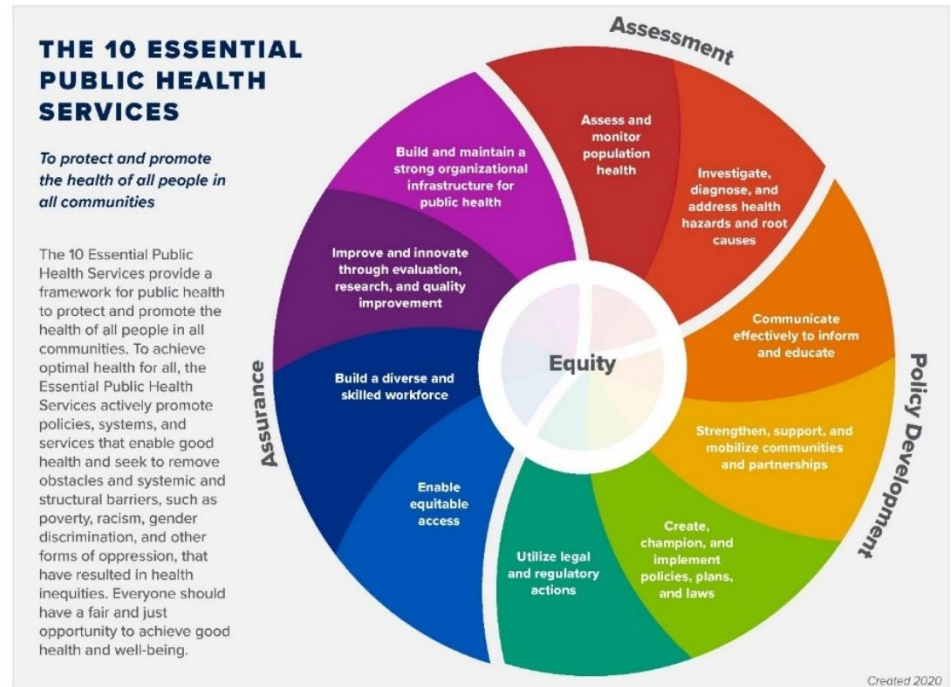
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Essential Public Health Services

The Essential Public Health Services, a framework used throughout public health, was updated in 2020 by the PHNCI and the de Beaumont Foundation. To the right is the framework that details the activities that the Jefferson County Health Department must provide to *protect and promote health*.



Assessment

- Assess and monitor population health status, factors that influence health, and community needs and assets.
- Investigate, diagnose, and address health problems and hazards affecting the population.
- Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

Policy Development

- Strengthen, support, and mobilize communities and partnerships to improve health.
- Create, champion, and implement policies, plans, and laws that impact health.
- Utilize legal and regulatory actions designed to improve and protect the public's health.

Assurance

- Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
- Build and support a diverse and skilled public health workforce.
- Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
- Build and maintain a strong organizational infrastructure for public health.

Board of Health

Responsibilities

- ❖ Provide Oversight of JCHD Programs
 - ❖ Assess Public Health Needs
 - ❖ Develop Health Policies
- ❖ Advocate for Provision of Reasonable and Necessary Public Health Services
 - ❖ Advocate for Equitable Distribution of Public Health Resources
 - ❖ Anticipate Trends Affecting JCHD and Community
 - ❖ Link Jefferson County Community to JCHD
 - ❖ Represent a broad cross-section of the community to the board.
 - ❖ Represent public health to the community
 - ❖ Make decisions at the primary and secondary policy level
 - ❖ Inform the community of public health financial backing

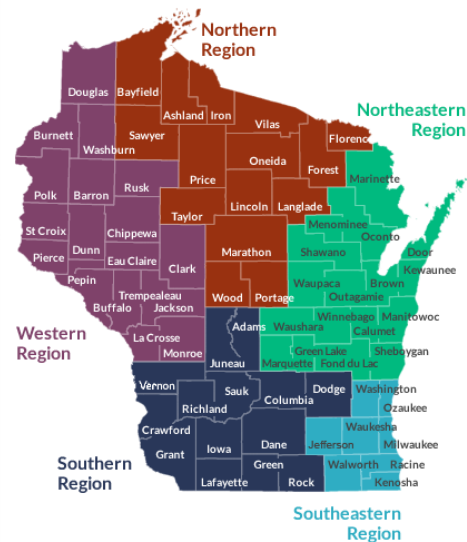
Members

- ❖ Samantha LaMuro, R.T. Hospital Infection Control Practitioner, Chair
- ❖ Meg Turville-Heitz, Vice-Chair, County Board Supervisor
- ❖ Steve Nass, County Board Supervisor
- ❖ Jessica Coburn, RN, PhD, Citizen Member
- ❖ Donald Williams, MD, Internal Medicine and Pediatrics, Medical Advisor

The Jefferson County Health Department belongs to the State of Wisconsin Department of Health Services Region 5 for Public Health and the South-Central Wisconsin Healthcare Emergency Readiness Coalition (SCWIHERC) for Public Health Preparedness. JCHD is also a member of the Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB).



Wisconsin Healthcare Coalitions
Updated 5/10/2016



Jefferson County Health Department Staff

Administrative Staff

Director/Health Officer

Elizabeth Chilsen, RN, MSN

Public Health Program Manager

Mary Bender, RN, BSN

Clerical Support Staff

Accountant I

Michele Schmidt

Administrative Assistant II

Patricia Pohlman

Public Health Staff

Public Health Nurses

Kendell Johnson, RN, BSN

Melissa New, RN, BSN

Brittany Kutz, RN, BSN

Maria de la luz Lira, RN, BSN

Epidemiologist

Samroz Jakvani, MPH

Community Health Development Worker

Benjamin Van Haren

Vanessa Leaders

Drug Free Communities Grant Project

Assistant

William Alongi

Nurses

Sarah Luebke, LPN

Jodi Tessmer, BSN, RN

WIC Program Staff

WIC Project Director/Supervisor

Jennifer Gaal, RD

WIC Registered Dietitian

Madelyn Valentine, RD

Amy Karas, RD

WIC Dietetic Technician Registered

Vicki Gallardo, DTR

Administrative Assistant II

Ariandra Hernandez

Breastfeeding Peer Support Counselors

Laryssa Germundson

Amanda Kern

Interpreters

Contracted Staff

Elizabeth Pizano (translator)

Katy Ortiz

Laryssa Germundson

Lilybeth Mallacoccio

Adriana Trejo

Raul Sosa Cruz

Jacqueline Rivera-Weber

Environmental Health Staff

Environmental Health Specialists

Holly Hisel, RS*

Tyler Kubicek, RS*

Kaylie Mason, RS*

Victoria Parker, BS, MPH*

*Watertown Department of Public Health Employee

Administration Division/Budget

<i>Program</i>	<i>Funding Source</i>	<i>Revenue</i>	<i>Expenditures</i>
Childhood Lead Poisoning Prevention Grant	Federal Grant General Tax Levy	\$6,403.00	\$17,470.25
Environmental Health	General Tax Levy	\$0	\$35,000.00
Head Start	Head Start Program	\$4,875.47	\$4,875.47
Immunization Grant	Federal Grant	\$9,420.00	\$9,421.09
Maternal & Child Health Grant	Federal Grant General Tax Levy	\$16,155.00	\$25,676.82
Mental Health Nursing/CSP	Human Services	\$64,151.64	\$64,151.64
Overdose Fatality Reviews	Federal Grant	\$40,674.49	\$40,674.31
Qualitative Data Grant	Federal Grant	\$20,495.00	\$20,494.68
Public Health	Fee for Services, Donations, General Tax Levy	\$62,684.45	\$776,114.27
PHEP Workforce Grant	Federal Grant	\$65,443.00	\$65,536.36
Public Health Preparedness Grant	Federal Grant	\$33,253.00	\$33,253.61
Public Health Communicable Disease Grant	State GPR General Tax Levy	\$5,500.00	\$44,590.60
Tuberculosis Dispensary	Wisconsin TB Program	\$310.94	\$0
WIC Breastfeeding Peer Counseling Grant	Federal WIC Grant	\$22,400.00	\$22,463.53
WIC Grant	Federal WIC Grant/State GPR	\$341,995.46	\$341,925.34
WIC Fit Families Grant	Federal WIC Grant/State GPR	\$19,015.00	\$19,012.41
WIC Telehealth	Federal WIC Grant	\$922.00	\$920.68

American Rescue & Plan Act (ARPA) Grant	Federal Grant	\$126,137.00	\$126,137.29
Lead-in-Water Testing and Remediation Initiative (Drinking Water Grant)	Federal Grant	\$10,800.00	\$3,881.02
Drug Free Communities Grant	Federal Grant	\$120,218.71	\$120,218.71
General Tax Levy		\$914,511.96	\$0
Sub -Total		\$1,885,366.12	\$1,771,818.08
2022 Revenue Carryover to 2023		\$192.80	
2023 Revenue Carryover to 2024		(\$1,601.45)	
2023 Totals		\$1,883,957.47	\$1,771,818.08
2023 Final Balance		\$112,139.39	

In 2023 The Jefferson County Health Department underwent a re-structure of its organization to better align with the Foundational Areas of Public Health. This restructure led to the Department re-evaluating measures that were currently being collected and because of it, 2023 was the first year many programmatic statistics were collected.

Access to & Linkage with Clinical Care Programs & Services

- ❖ Adult and Childhood Vaccinations
- ❖ Mental Health and Vivitrol Injections
- ❖ TB Skin Tests
- ❖ Blood Pressure Checks
- ❖ Dental Varnish
- ❖ Sexually Transmitted Infections (STI) Testing
- ❖ Pregnancy Testing



Our department provides a variety of clinical services to underserved community members. However, increasing patient access to care through collaborations and referrals is essential. This linkage provides necessary medical care beyond our capabilities. Many in our community may not be able to access important services otherwise. For example, through our dental varnish program that serves WIC children, we can send dental referrals to Rock River Dental Clinic when concerns are identified.

Access to and Linkage with Clinical Care Statistics

# VFC Vaccinations Provided (exclude covid-19 and flu)	234
# VFA Vaccinations Provided (exclude covid-19 and flu)	78
Clinic Immunization Clients	173
Clinic Total Immunizations	387
# Of children aged 0-24 months receiving vaccinations	18
# Of children aged 3-5 years receiving vaccinations	16
# Of school age children 6-12 years receiving vaccinations	20
# Of adolescents 13-18 receiving vaccinations	58
# Of HPV vaccinations administered to females	15
# Of HPV Vaccinations administered to males	9
# Of Influenza vaccinations provided	382
# Of COVID-19 Vaccinations	49
Pregnancy Tests administered	5
TB Skin tests placed	116
TB skin tests read	107
Hearing Screenings Performed	370
# Of children re-screened	52
Number of Children Referred for Hearing Concern	9
Vision Screenings Performed	784
Number of Children Referred for Vision Concern	65
# Of Mobile Clinics	12
# Of Mobile Clinic Vaccinations	206
Fluoride Varnish Completed	1
Fluoride Varnish Contacts	1
Dental Referrals	53
# Of Mental Health Injections	101
# Of Vivitrol Injections	26
# Of Jail Immunizations Provided	3

Maternal Child and Family Health Division *Programs & Services*

In 2023, our department focused heavily on the importance of social connectedness in this population and its impact on overall health and wellness.

- ❖ Home Visiting (Prenatal Care Coordination (PNCC) & TalkReadPlay)
- ❖ Well Water Tests
- ❖ Jefferson County Head Start Consultation
- ❖ Breastfeeding Program
- ❖ School & Childcare Consultation
- ❖ Developmental Screening

completed

103

in-person
visits



received

97

referrals for
PNCC

Breastfeeding Support Group:

A new breastfeeding support group was launched in 2023 in partnership with the Fort Atkinson Library. Our 3 certified lactation specialists were available at the library the 1st Wednesday of every month to support breastfeeding families. They partnered with Easterseals to offer an infant massage class during National Breastfeeding week in August. Total attendance for the year was 24!

completed

10

home visits to provide
breastfeeding support





Home Visiting Program(s) :

Our prenatal care coordination program continues to expand and for the first time in a long time, our Medicaid revenues are helping to sustain our program. JCHD has a bilingual Public Health Nurse who took over our Maternal Child and Family Health division and can better serve our Spanish speaking families.

Post-Partum Depression Study Group:

In partnership with the UW- Prevention Research Center, JCHD participated in a study Addressing Postpartum Depression in Wisconsin Home Visiting Programs. This twelve-week study concluded in early 2024.



Community Baby Shower:

In conjunction with our partners, Public Health Nurses planned and successfully held two Community Baby Showers that helped provide about 30 pregnant people/families with essential baby supplies. Diapers, wipes, a portable highchair, and other valuable items were provided, and families were connected with many different resources available throughout Jefferson County. JCHD is planning another Community Baby Shower in the Fall of 2024.



Maternal Child and Family Health Statistics

PNCC Referrals	97
PNCC Clients	119
# of Provider Referrals	31
Number of home visits to at risk mothers and babies	103
PNCC Billable Services	159
TalkReadPlay Referrals	13
TalkReadPlay Visits	18
TalkReadPlay Clients	15
Breast Feeding Support Groups	14
Breast Feeding Support Group Attendees	24
Headstart CarePlans	28
School Consultations	26
Daycare Consultations	1
ASQ Screenings Completed	5
# of ASQs that required referral	0
Breast Feeding Support Visits Provided	10
Number of new baby letters sent	629
WIC Caseload Average	1105
WIC Breastfeeding Peer Support Contacts	1141

Women, Infants and Children (WIC) Program

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition education, nutritious foods and referrals to other programs for eligible pregnant, breastfeeding and post-partum women, infants and children less than 5 years of age. The Jefferson County WIC Program is part of the Jefferson County Health Department, and employs 2 Registered Dietitians, 1 Dietetic Technician, Registered, 1 WIC Staff Support, and 2 Breastfeeding Peer Counselors.

WIC was again awarded the USDA Gold Breastfeeding Award of Excellence in 2023.

They were 1 of 2 sites chosen to participate in a Wisconsin's USDA audit and passed with flying colors! They spent a lot of time attending community events promoting fit families and WIC services and its showing because their caseload continues to increase!



served

93/month

individuals about breastfeeding
education & support

served

1,105/month

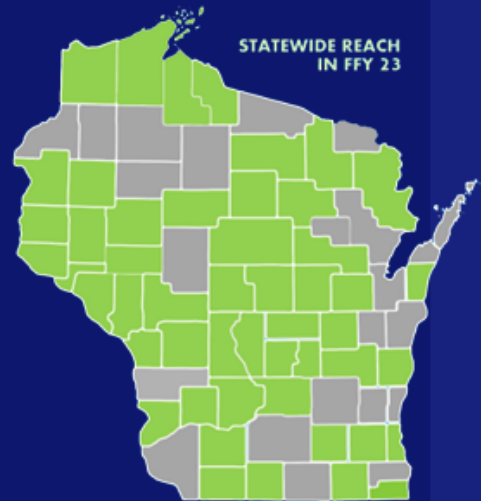
WIC participants

Wisconsin Fit Families FFY 23

- 38 Fit Families project sites served children in 50 counties and 1 tribal nation
- Statewide, 1,498 children were enrolled

About Fit Families:

- 13-month nutrition education program serving families of 2 to 4 yr old children enrolled in WIC
- Strives to prevent child obesity by empowering families to adopt healthy lifestyle behaviors through one on one coaching.



Statewide, coaches delivered 14,640 contacts to support families of young children. Altogether, Fit Families sites served 2,457 children and 2,066 parents/guardians during FFY 23.

Fit Families in Jefferson County



85 Parents
received coaching
Including those that
enrolled in FY22 and
continued into FY23.



575 Contacts
delivered
by Fit Families
coaches



99 Children
participated
Including those that
enrolled in FY22 and
continued into FY23.



61 Enrolled
in Fit Families
during FY23

Chronic Disease and Injury Prevention Division

Programs and Services

- ❖ Drug Free Communities Grant/Jefferson County Drug Free Coalition
- ❖ Car Seat Program
- ❖ Safe Sleep Program
- ❖ Childhood Lead Prevention
- ❖ Child Death Review Team
- ❖ Overdose Fatality Review Team
- ❖ Jail Diet Analysis

completed

89

car seat checks



dispersed

51

car seats



After 3 years of limited community contact, we were able to get out in the community again and offer the prevention education we love!

Along with many of the events we have participated in every year, we were excited to attend and educate at new events like Furry 5k, Fiesta Latina, Cambridge Middle School's Social Emotional Wellness Day and the Weekend Walk series in partnership with Fort Healthcare.

Car Seat Safety:

Our Child Passenger Safety technicians completed 89 car seat inspection/installations and provided 51 new car seats to families in need.

Lead Screening/Prevention:

In October, the CDC lowered the threshold for elevated blood lead levels in children from 5.0 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$. With more children able to attend WIC in person and see their primary care providers, we saw a significant increase in the number of lead screenings this year. A PHN now follows up on all levels of 3.5 $\mu\text{g}/\text{dL}$ or higher to provide guidance for monitoring and mitigation as well as to answer any questions parents may have.

approximately

645

lead tests completed in
Jefferson County



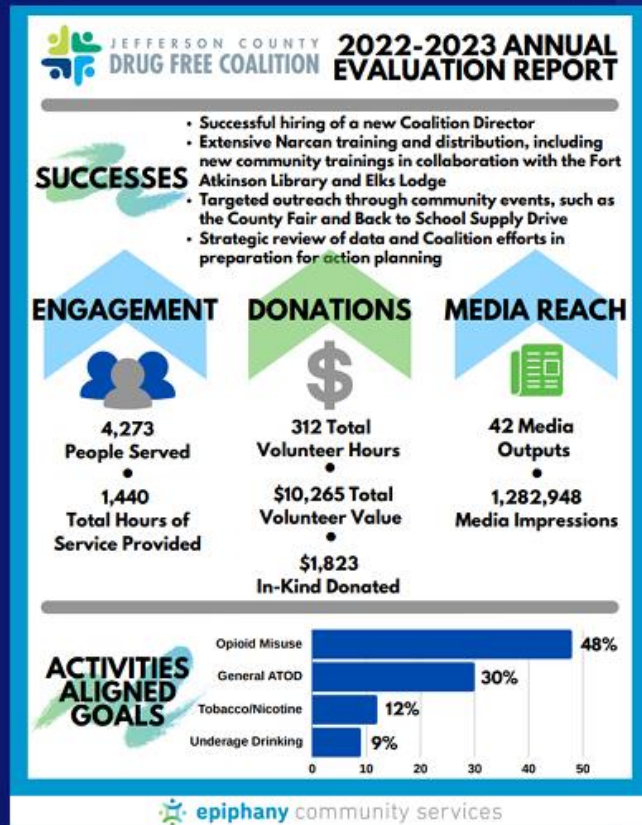
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assessment lead
home visits

Childcare Lead in Water Testing Initiative:

The Health Department was provided with grant money from DHS in 2023 to offer testing for lead at all water sources in every daycare center in the county. Testing was completed at 13 different sites and all were found to be safe and free of lead in the water. Testing continues to be offered to the remainder of daycare centers through October of 2024.

Jefferson County Drug Free Coalition



Overdose Fatality Review (OFR) :

- Completed first year as a recognized Overdose Fatality Review (OFR) Team!
- Completed 4 overdose reviews for 2023
- Developed 8 recommendations to support overdose prevention and awareness.
- Were selected to participate in a community wide campaign called Thriving in Recovery.

distributed
258
boxes of Narcan



distributed
150
Fentanyl Test Strips

Chronic Disease and Injury Prevention Statistics

# Of car seats inspected by JCHD	89
# Of car seats provided	51
# People receiving a passenger safety education session	151
# Of incorrectly installed car seats upon inspection	23
# Of Fit Family Clients	558
# Of Fit Family Events	3
# Of safe sleep education sessions	25
# Of pack n plays provided	25
General Outreach & Education events	44
# Of Accidental Overdoses Reviewed	4
# Of Accidental Death of a child reviewed	5
# Of Jail Diet Analysis	0
In House Lead Screening	359
County Wide Blood Lead Level Screenings	645
Case Managed Blood Lead Level (>10ug/dl)	12
Case Managed Blood Lead Level (3.5-9ug/dl)	36
Lead Nurse Home Visit	6
# of DFC Youth Coalition Members	0



Enforce laws and regulations that protect health and ensure safety.

Agent Inspection Program

The City of Watertown/Jefferson County Environmental Public Health Consortium provides health inspections and licensing services for a variety of establishments under contracts with Department of Agriculture, Trade and Consumer Protection (DATCP) and Department of Safety and Professional Services (DSPS).

License Type	Pre-inspection	Routine	Re-inspection	Onsite Visit	Complaint	Totals
Retail Food: (Restaurants, Grocery Stores, Convenience Stores, bakeries, etc)	107	415	45	3	19	589
Recreational Business: (Recreational Water, Lodging, Rec-Ed Camps, Campgrounds)	46	108	41	280	2	477
Body Art (Tattoo, Body Piercing)	3	8				11

Pre-inspections

Pre-inspections are required for any new business prior to obtaining a license. This includes newly constructed businesses or existing businesses that are changing ownership. A pre-inspection is also required for significant remodels for existing facilities.

During pre-inspections, physical features of the facility must meet most recent Food Code standards. Some facilities may require multiple pre-inspections before having their license released and opening to the public.

Routine

All licensed facilities are required to have a routine inspection completed every license year (July 1 through June 30).

Routine inspections observe food safety practices and processes (e.g. cooking, cooling, hand washing, etc.), physical features of the facility (e.g. equipment, cleanliness, pest control), employee health and competency/training.

Re-inspections

Re-inspections are chargeable inspections that are completed based on violations observed during a routine, complaint, or on-site visit that fall under the re-inspection criteria for that license type.

Re-inspections are required for imminent health hazards, an excessive number of violations or the same violation observed on three consecutive violations.

Monthly pool chemistry onsite visits that result in closure due to non-complying chemicals will also require a re-inspection to re-open.

On-site Visits

On-site visits can be a visit to a facility that does not fall under a pre-inspection, re-inspection, or routine inspection.

Most frequently, onsite visits occur for recreational water facilities (i.e. pools, whirlpools) monthly chemistry inspections. Inspectors test water chemistry to assure levels are within code required ranges.



64

School Food Safety
Inspections completed



104

Inspections completed at
25 different events and 4
local farmer's markets



55

Grease trap inspections
completed

School Food Safety Inspections

Schools participating in the National School Lunch and Breakfast Program receive two inspections per school year by our department as required by the Department of Public Instruction.

One inspection is a routine kitchen inspection based on the Wisconsin Food Code. Second inspections are a review and audit of the school's Food Safety Plan and records, including Hazard Analysis Critical Control Points (HACCP) principles, policies and procedures, and documentation logs.

Special Event Inspections

Vendors providing food and beverages during special events (e.g. fairs, festivals, farmer's markets) may require licenses and inspections. Inspectors are onsite during special events to complete inspections to assure food safety principles are being followed. Not only do we inspect our locally licensed vendors, but we also complete inspections for vendors that are licensed in other jurisdictions.

Grease Trap Inspections

In collaboration with the Watertown Water/Wastewater Department, inspection staff complete grease trap inspection for businesses in Watertown that have a grease trap (interceptor) installed in their facility.

Grease traps that are not maintained and serviced allow grease to flow into the city sewer lines and infrastructure causing build up and accumulations to occur in sewer laterals.

Inspection staff complete onsite visual inspections of the grease traps and review any service or maintenance logs.

Pool Closures January 2023 - December 2023

The Environmental Public Health Consortium continued its monthly onsite chemistry inspection for all recreational water licenses. Onsite chemistry inspections are completed each month when an annual routine inspection is not completed. Below is a breakdown of the closures during 2023, January through December.

323

inspections completed, both onsite and routine inspections of roughly 40 pools



29

temporary closures issued



8

facilities were temporarily closed 2 or more times 2023



10

temporary closures were high disinfectant levels over code limit (chlorine or bromine)



19

temporary closures were due to low disinfectant (chlorine or bromine), of those 15 had no disinfectant detected



Transient Well (TN) Program

Through a contract with the Wisconsin Department of Natural Resources, the Environmental Public Health Consortium is a county contract for the transient well water program. Transient well water systems are locations with private wells that serve at least 25 transient people at least 60 days a year. Our jurisdiction covers both Jefferson and Dodge Counties. Responsibilities of the contract include water sampling, well inspections, and enforcement.



Beach Water Quality Testing

In June, July and August, weekly E.coli sampling is performed at three Jefferson County Beaches: Lower Spring Lake, Palmyra; Rock Lake Ferry Park, Lake Mills; and Lake Ripley, Cambridge.

Beaches with levels over 235 p.p.m. E.coli are asked to post an advisory sign to let patrons know of the elevated levels and proper precautions. Beaches with levels over 1,000 p.p.m. are recommended to close.

3
Advisories Posted
in 2023

1
Closure Posted in
2023

We also continued our partnership with the City of Lake Mills to transport their beach samples along with ours to the Wisconsin State Lab of Hygiene. The partnership promotes consistency of sampling types and results for area beaches.

Communicable Disease Division

- Follow-up of cases is dependent on the Communicable Disease Category (I or II). Case reporting and investigation protocols are utilized to designate disease incidents as 'Suspect', 'Probable', 'Confirmed' or 'Not a Case', with each scenario requiring varied follow-up and/or case management by the JCHD Communicable Disease Nurses.
- All Communicable Diseases are reported to and by the Local Health Department using reporting requirements set forth by:
 - Wis. Stat. § 252.03(1)
 - Wis. Stat. § 252.2
 - Wis. Stat. § 252.05
 - Wis. Stat. § 252.11(7)(b)
 - Wis. Admin Code § DHS 145.15
 - Wis. Admin Code § DHS 145.04 (3) (a)

<div>Investigated approx.</div> <div>1,900</div> <div>communicable disease cases</div>				
Communicable Disease				
Disease	Confirmed 2023	Confirmed 2022	Confirmed 2021	Confirmed 2020
Campylobacteriosis	8	15	14	18
Cryptosporidiosis	5	4	7	7
Cyclosporiasis	-	1	-	3
E. Coli	4	11	4	-
Giardiasis	3	7	1	7
Listeriosis	-	-	-	-
Salmonellosis	17	11	9	10
Shigellosis	-	-	1	-
Yersiniosis	1	3	1	-
Invasive Strep A & B	16	11	9	12

Invasive Strep (Other)	2	1	1	3
Coccidioidomycosis	-	1	-	-
Influenza	169	388	-	16
Influenza Hospitalizations	24	81	2	41
Legionellosis	3	-	5	2
Tuberculosis Latent Infection (LBTI)	3	3	4	8
Chlamydia Trachomatis	158	135	162	172
Gonorrhea	12	24	34	37
Haemophilus Influenzae Invasive Disease	1	4	2	-
Hepatitis B, Acute	-	-	-	-
Hepatitis B, Chronic	-	-	-	-
Mumps	-	-	-	-
Pertussis	-	1	-	-
Strep Pneumonia	4	5	3	4
Varicella (Chickenpox)	1	-	1	-
Lyme Disease	-	4	11	7
Anaplasmosis	2			
Babesiosis	1			
Arboviral Illness West Nile Virus	1	-	-	-
Q Fever	-	-	-	-

Carbon Monoxide Poisoning	3	3	4	-
Hepatitis C, Acute	-	-	-	1
Hepatitis C, Chronic	10	9	10	21
Methicillin Resistant Staph Aureus (MRSA)	2	2	-	-
Multidrug Resistant Organisms	8			
Mycobacterial Disease	8	7	5	13
Norovirus Infection	4	-	-	-
Total	470	731	290	382

Community Health Assessment & Community Health Improvement Plan

The Dodge-Jefferson Healthier Community Partnership (DJHCP), is a partnership of the following organizations:

- Jefferson County Health Department
- Dodge County Human Services & Health Department
- Fort HealthCare
- Greater Watertown Community Health Foundation
- Marshfield Medical Center- Beaver Dam
- Rock River Community Clinic
- Watertown Department of Public Health
- Watertown Regional Medical Center

The Partnership worked together on the community health assessment which included review of secondary data and past community health assessments, conducted focus groups and surveys, and hosted a Community Health Summit. At this summit, held in 2022, the results of the assessment were shared with community members and partners. It was at this event where participants had the opportunity to select the health needs that they felt leading agencies should focus on and help guide the work of the Community Health Improvement Plan.

At the Community Health Summit, participants selected the following health needs.



With this direction, those involved in the Partnership continue to worked hard at developing the Community Health Improvement plan.

Executive Summary

2022 Community Health Assessment

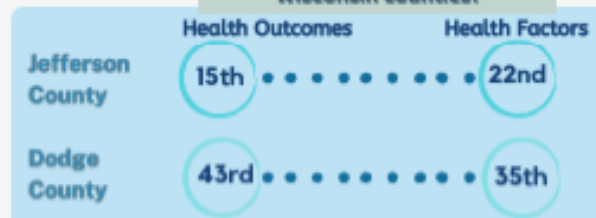
What is the CHA and why is it necessary?

A community health assessment (CHA) identifies key health needs and issues through systematic, comprehensive data collection and analysis within the Dodge and Jefferson County communities. The Dodge and Jefferson Healthier Community Partnership (DJHCP) works together to complete this assessment every 3 years with the ultimate goal being to identify the top health priorities and to give an overall picture of the current health status, needs, and issues.

The CHA then helps to develop a community health improvement plan (CHIP), where we begin to put together strategies and action plans to address the identified needs, and to form task groups to follow through with these strategies. The CHIP and planning process will ultimately help to justify how and where resources should be allocated within our communities.

The University of Wisconsin Population Health Institute created the Community Roadmaps and Rankings that provides a measure of the current overall health (**health outcomes**) of each county. Rankings data include a variety of measures, such as high school graduation rates, access to nutritious foods, and the percent of children living in poverty, all of which impact the future health of communities (**health factors**).

How do we compare with 72 Wisconsin counties?



TOP 3 IDENTIFIED COMMUNITY HEALTH NEEDS:



The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

How was the data collected?

70 Community Stakeholders in 8 Focus Groups

1,206 Community Survey responses

78 Individuals from 54 Community Organizations

- Public health data – death statistics, County Health Rankings, cancer incidence.
- Demographics and socioeconomic – population, poverty, uninsured, unemployment.
- Psychographics – behavior measured by spending and media preferences



- **23%** surveyed do not have a reliable, affordable place to live.
- The **under 25** population and those without insurance have more housing issues than any other age group or insured group.
- **23%** in both counties were paying **30%** or more of their income on housing if they own their home, and for renters, **43%** were paying more in Jefferson County and **37%** in Dodge County.
- The median household income has not risen as fast as the average home sale price.
- **34%** of workers in Dodge County and **39%** of Jefferson County commute over **30 minutes**, higher than WI at **28%**.
- The population per mental health providers was higher in Dodge (**840:1**) and Jefferson Counties (**900:1**) than WI (**440:1**) and the U.S. (**350:1**).
- Dodge (**68%**) and Jefferson (**71%**) Counties had access to exercise opportunities compared to **78%** of WI and **80%** of the U.S.
- Dodge and Jefferson Counties ranked **60th** and **46th** in physical environment out of 72 Wisconsin counties.
- Wisconsin is ranked **20th** out of 50 states and the District of Columbia for most expensive infant care.
- The average household in Dodge & Jefferson County spent **26%** of income on child care for two children.

Sources: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/>; <https://www.countyhealthrankings.org/reports/state-reports/2022-wisconsin-state-report>; SDCH statistics retrieved from 2022 published DJHCP CHA and <https://www.epi.org/child-care-costs-in-the-united-states/#WI>

Demographic Overview



Dodge Co.

Population: 90,186

Racial Identity:

- White: 92%
- Black: 3%
- American Indian: 1%
- Asian/Pacific Islander: 1%
- Other: 2%
- Mixed Race: 1%
- Hispanic Origin: 5%



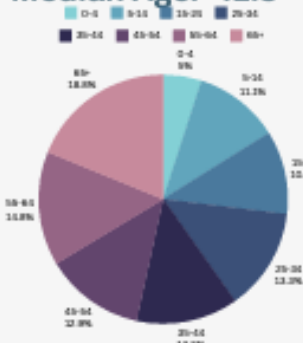
Jefferson Co.

Population: 85,622

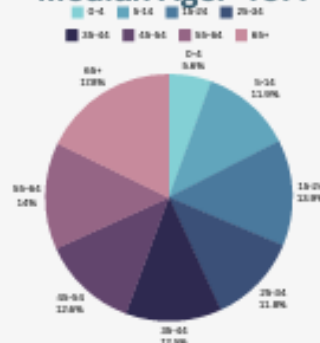
Racial Identity:

- White: 92%
- Black: 1%
- American Indian: 0%
- Asian/Pacific Islander: 1%
- Other: 3%
- Mixed Race: 2%
- Hispanic Origin: 8%

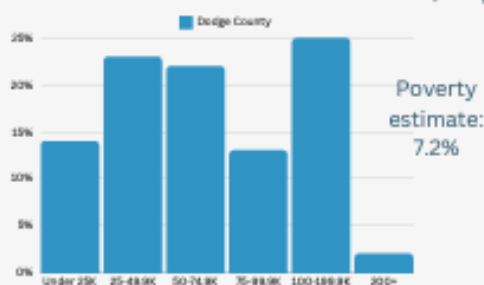
Median Age: 42.3



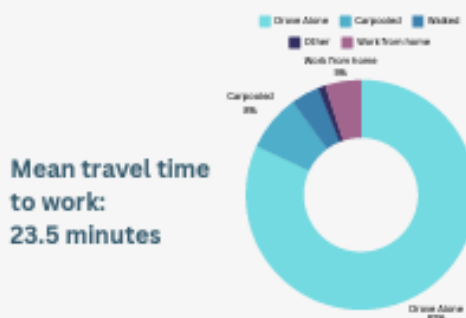
Median Age: 40.4



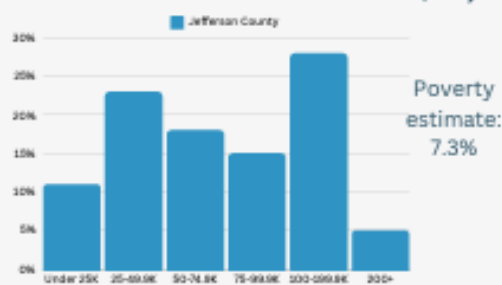
Median household income: \$61,696



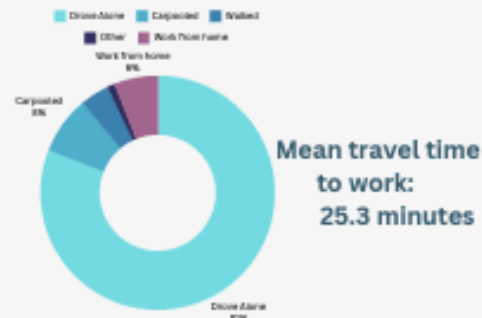
95% of adults speak English at home
4% speak Spanish



Median household income: \$71,285

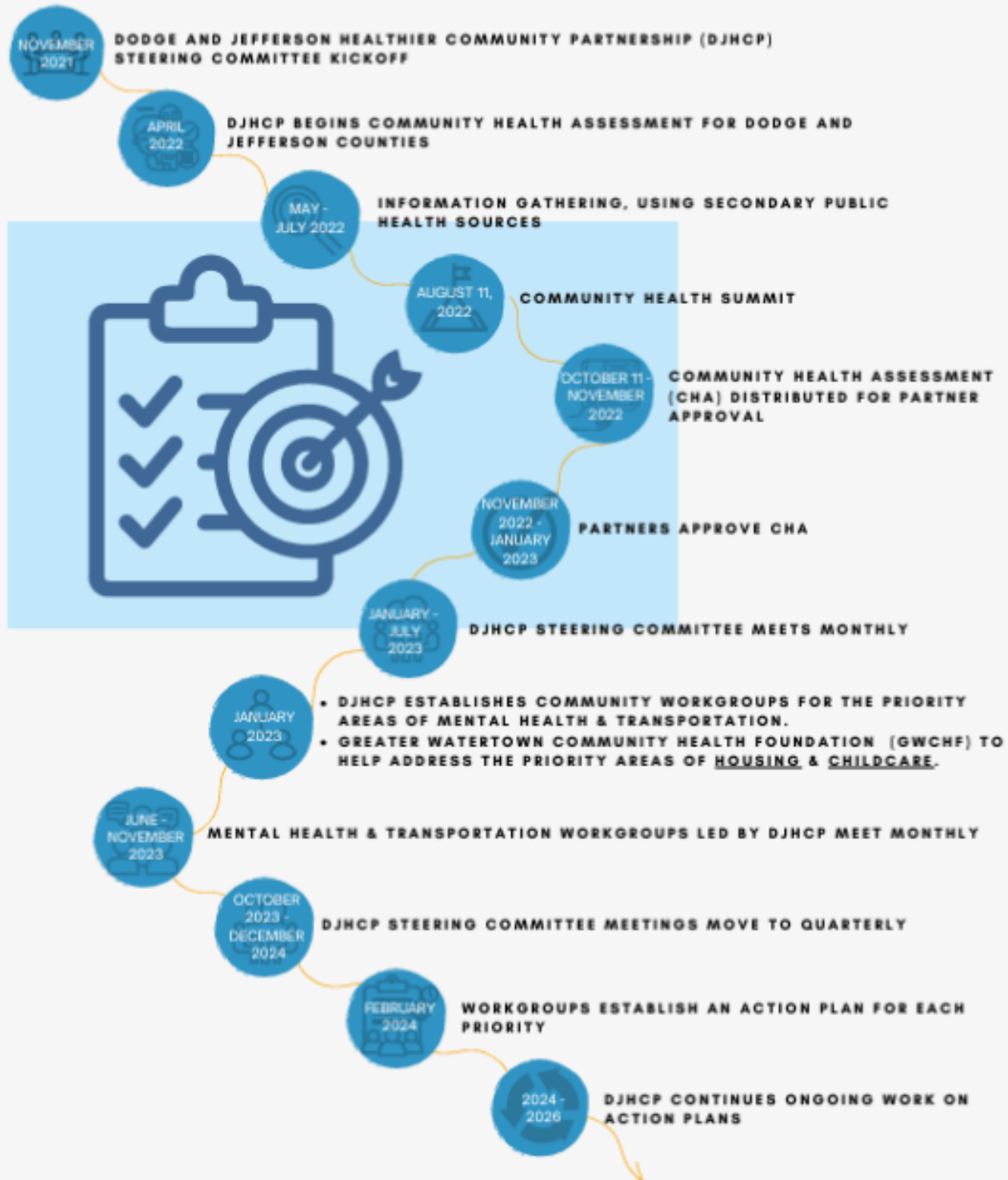


94% of adults speak English at home
4% speak Spanish



Sources: Data retrieved from <https://censusreporter.org/> profile pages for Dodge and Jefferson County census data 2021 and from 2022 DJHCP CHA report

Community Health Assessment and Improvement Plan Timeline



Executive Summary

What is the CHIP and why is it necessary?

The Community Health Improvement Plan (CHIP) is an ongoing effort that uses the results from the Community Health Assessment (CHA), with the help of community partners, to develop and implement a long-term health plan that addresses the identified health needs of the communities.



The CHIP has been a Wisconsin state required document since 1993, and is required to be completed on a 5 year cycle for health departments or a 3 year cycle for hospitals. Working collectively with other community partners, including hospitals and clinics, the Dodge-Jefferson Healthier Community Partnership cycle is completed every 3 years. The outcome of the CHIP is to lead to the advancement of the health and wellbeing of the communities.

Who are the community partners?

The Dodge-Jefferson Healthier Community Partnership (DJHCP) leads the work of the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) by strategically guiding and leading the work of the action plan that will benefit the overall health of the communities. The organizations working together on the steering committee this cycle include the following:

- Dodge County Human Services & Health Department
 - Fort HealthCare
- Greater Watertown Community Health Foundation
 - Jefferson County Health Department
 - Marshfield Medical Center- Beaver Dam
 - Rock River Community Clinic
 - Watertown Department of Public Health
 - Watertown Regional Medical Center



Sources: Wisconsin Department of Health Services - <https://www.dhs.wisconsin.gov/chip/index.htm>



2023-2026

COMMUNITY HEALTH IMPROVEMENT PLAN

Priority Area: Access to Affordable Quality Mental Health Care

OVERALL OBJECTIVE

6.8.23 FIRST MENTAL HEALTH WORKGROUP MEETS AT MADISON COLLEGE IN WATERTOWN. INTRODUCTION OF THE COMMUNITY HEALTH ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN AND RESULTS BASED ACCOUNTABILITY PROCESS. DATA WAS SHARED ON HOW THE COMMUNITIES ARE DOING AND WHY. THE QUESTION WAS ASKED: WHAT ARE THE QUALITY OF LIFE CONDITIONS WE WANT TO SEE FOR THE COMMUNITY AS IT RELATES TO MENTAL HEALTH & WELLBEING? (RESPONSES)

THE GROUP IDENTIFIES THE OVERALL OUTCOME:
TO HAVE ALL CHILDREN & FAMILIES WITHIN OUR COMMUNITY STABLE & CONNECTED.

8.8.23 EXISTING EFFORTS WERE SHARED OUT BY EACH ORGANIZATION, THE IMPORTANCE OF SOCIAL CONNECTEDNESS WAS INTRODUCED, AND THE GROUP DISCUSSED POPULATION LEVEL INDICATORS THAT ARE AVAILABLE TO SUPPORT THE WORK.

INDICATORS

9.26.23 THE GROUP DISCUSSED GAPS WITHIN THE COMMUNITY AND ESTABLISHED INDICATORS:

- 1) **DECREASE THE PERCENTAGE OF YOUTH REPORTING DEPRESSION/ANXIETY.**
- 2) **INCREASE THE NUMBER OF YOUTH RECEIVING HELP WHEN THEY NEED IT.**

STRATEGIES

10.17.23 REVIEW OF EXISTING EFFORTS & GAPS. EVIDENCE BASED PRACTICES WERE SHARED. BASED ON THIS INFORMATION AND PREVIOUSLY SHARED DATA, THE GROUP BRAINSTORMED STRATEGIES THAT WOULD SUPPORT THE PRIORITIES AND VOTED ON THE TOP 3:

- 1) **COUNTY-WIDE EVENTS TO SUPPORT SOCIAL CONNECTEDNESS**
- 2) **MENTAL HEALTH FIRST AID TRAINING FOR VOLUNTEERS/COMMUNITY MEMBERS**
- 3) **ADDRESSING FAMILY COPING SKILLS**

ACTION PLAN

11.7.23 MENTAL HEALTH WAS DEFINED AS A GROUP AND EACH ORGANIZATION DISCUSSED HOW THEY ARE ALREADY, OR HOW THEY WILL, IMPLEMENT THESE STRATEGIES. DISCUSSED PERFORMANCE MEASURES THAT WILL BE LOOKED AT BY EACH ORGANIZATION.

BEGIN TO CREATE THE ACTION PLAN FOR A SOCIALLY CONNECTED COMMUNITY.
WORKGROUP TO RECONVENE IN FEBRUARY.

12.23 -1.24 **DJHCP MENTAL HEALTH SUB-GROUPS CONTINUED MEETING TO DISCUSS THE PLAN FOR A SOCIALLY CONNECTED COMMUNITY.**

SOCIAL CONNECTEDNESS

2.13.24 DEEPER DIVE INTO SOCIAL CONNECTEDNESS. SHARED WHAT IS GOING ON AT A NATIONAL LEVEL. ASKED THE GROUP: WHAT DOES SOCIAL CONNECTION LOOK, FEEL, AND SOUND LIKE? **GROUP TO PARTNER WITH A NATIONAL ORGANIZATION, HEALTHY PLACES BY DESIGN**, AND RECONVENE IN JUNE FOR A COMMUNITY NARRATIVE WORKSHOP AND COMMUNITY LEADER BRIEFING.

5.24-6.24 **SEEK MORE INPUT FROM COMMUNITY MEMBERS ON SOCIAL CONNECTEDNESS.** FURTHER THESE EFFORTS BY WORKING WITH HEALTHY PLACES BY DESIGN TO LEARN ABOUT A COMMUNITY NARRATIVE, WORKSHOP COMMUNITY VALUES, FRAME COMMUNITY MESSAGES, AND CONDUCT COMMUNITY CONVERSATIONS TO IMPROVE SOCIAL CONNECTEDNESS.

2024 -2026 ONGOING WORK ON ACTION PLAN.



JCHD





2023-2026

COMMUNITY HEALTH IMPROVEMENT PLAN

Priority Area: Access to Affordable Reliable Transportation

OVERALL OBJECTIVE

6.8.23 FIRST TRANSPORTATION WORKGROUP MEETING MEETS AT MADISON COLLEGE IN WATERTOWN. THE QUESTION WAS ASKED: WHAT IS THE QUALITY OF LIFE CONDITIONS WE WANT FOR OUR COMMUNITY AS FAR AS TRANSPORTATION? COLLECTIVELY THE GROUP DECIDED: **ALL PEOPLE IN OUR COMMUNITY HAVE ACCESS TO SAFE, RELIABLE AND AFFORDABLE TRANSPORTATION OPTIONS.**

STRATEGIES

8.10.23 LOOKED AT EXISTING EFFORTS AND GAPS IN THE TWO COUNTIES.
TWO PRIORITY STRATEGIES WERE CHOSEN BY THE WORKGROUP:

- 1) **INCREASE ACCESS TO TRANSPORTATION FOR NON-EMERGENCY MEDICAL APPOINTMENTS**
- 2) **RAISE AWARENESS OF AVAILABLE TRANSPORTATION RESOURCES.**

INDICATORS

9.14.23 REVIEWED AVAILABLE DATA AND CHOSE TWO INDICATORS TO FOCUS ON:

- 1) **MISSED MEDICAL APPOINTMENTS DUE TO TRANSPORTATION**
- 2) **NUMBER OF COMMUNITY MEMBERS USING TRANSPORTATION FOR MEDICAL APPOINTMENTS.**

DATA COLLECTION

10.12.23 DISCUSSED WHAT DATA IS NEEDED, WHO IT IS NEEDED FROM, AND WHO HAS THE CONNECTIONS TO GET IT. LOOKING FOR HELP FROM THE HEALTHCARE SYSTEMS, AND COUNTY & PRIVATE TRANSPORTATION SERVICES.

DATA COLLECTION IS THE START OF THE ACTION PLAN.

RESULTS BASED ACCOUNTABILITY FRAMEWORK

11.9.23 DEEPER DIVE INTO TURN THE CURVE PLAN AND THE RBA PROCESS. REVIEWED DATA COLLECTION - HOSPITALS TO START COLLECTION EFFORTS. BRAINSTORMING AND IDEA SHARING, LIST OF STRATEGIES DEVELOPED AND GROUP VOTED ON TOP 3.

ACTION PLAN

12.7.23 TWEAKED INDICATOR #1 TO "PERCENT OF MEDICAL APPOINTMENTS MISSED DUE TO TRANSPORTATION". THREE STRATEGIES WERE CHOSEN:

- 1) **INCREASE DRIVER RECRUITMENT FOR PAID AND UNPAID DRIVERS**
 - 2) **INCREASE FUNDING FOR TRANSPORTATION SERVICES**
 - 3) **INCREASE AWARENESS OF TRANSPORTATION SERVICES TO CONSUMERS.**
- START OF ACTION PLANNING.

2.8.24 **COMMITMENT FROM THE VARIOUS ENTITIES TO PROVIDE DATA.** CONTINUED DISCUSSION ON ACTIVITIES FOR EACH OF THE THREE STRATEGIES AND THEN COMMITMENT BY WORKGROUP PARTICIPANTS TO TAKE OWNERSHIP OF ACTIVITIES.

4.11.24 WHERE IS THE MOMENTUM? HOW CAN THE GROUP SUPPORT THIS? WHAT DO EACH OF THE VARIOUS ORGANIZATIONS NEED FROM THE WORKGROUP TO MOVE FORWARD WITH THEIR ACTION PLAN ACTIVITIES?

2024 -2026 ONGOING WORK ON ACTION PLAN.



JCHD



Organizational Goals for 2024

1. Train all staff in Results Based Accountability and complete turn the curve plans for priority areas within the Department.
2. Enhance partnerships with local stakeholders to improve stakeholder support and community outreach.
3. Engage in partnership opportunities with other Jefferson County Departments to advance environmental health priorities.

Contact Information

Health Department Main Number	920-674-7275
Health Department Fax	920-674-7477
Public Health Emergencies (after hours)	911 Ask for Health Department to be contacted for emergency response
Environmental Health Complaints	920-262-8090
WIC	920-674-7189
Facebook	https://www.facebook.com/JeffersonCountyHealth
Instagram	JCHD Health
Website	www.jeffersoncountywi.gov
Email	Health@jeffersoncountywi.gov