2012 ANNUAL REPORT



SERVING THE CITIES OF:

Beloit, Clinton, Edgerton, Evansville, Orfordville, Footville, Janesville, Milton, Rural Townships of Rock County

ROCK COUNTY HEALTH DEPARTMENT

P.O. Box 1088 Janesville, WI 53547-1088 608.757.5440 61 Eclipse Center Beloit, WI 53511 608. 364.2010

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Preventing Illness and Enhancing Health Through Quality Service

Message from the Director

March 26, 2013

I am pleased to present the annual report of services provided by the staff of Rock County Health Department in 2012. The men and women who provide public health services in Rock County are a talented and compassionate group of people who take great pride in protecting the health of our citizens.

Our services are provided in a variety of *locations* throughout the county:

- Homes,
- Schools,
- Restaurants and public lodging facilities,
- Campgrounds and beaches,
- Worksites,

Our services are provided via a variety of *methods*:

- Telephone consultations,
- Health education presentations,
- Home visiting,
- Newspaper and other media sites,
- Classroom presentations,

- Mobile clinics that are set up by Health Department staff,
- Health Department offices,
- Mobile home parks,
- Sites where new homes are being built.
- Membership on community coalitions,
- Inspections,
- Testing and analyzing samples,
- Screenings,
- Mailing information.

Funding for our services is provided from a variety of *sources*:

- Grants,
- Fees for services,
- Donations,

- State and federal tax dollars,
- County tax levy.

In helping us accomplish our mission, we are grateful to the Rock County Board of Supervisors, the Rock County Board of Health, and the County administration for providing us with the ways and means to getting our work accomplished. Without the support of these groups, Rock County citizens would not have access to the quality public health services currently available.

As you review the activities presented in this report, should you need or want more information, please feel free to contact Health Department staff. We believe it is our job to serve county citizens, and we take pride in being able to find answers to your questions or to provide information about our services.

Yours in health,

Karen Cain R.N., M.S. Director/Health Officer Rock County Health Department

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Rock County Board of Health Members

Sandra Kraft - Chair, County Supervisor Louis Peer - Vice Chair, County Supervisor Dr. Aaron Best, MD Dr. Dean Peterson, DVM Jane Thompson – County Supervisor Dr. Connie Winter, DDS

Richard Bostwick - County Supervisor James Rooney, RPh Judith Wade, WHNP

Health Department Personnel:

HEALTH OFFICER

Karen Cain, RN, MS - Health Officer

OFFICE STAFF

Erica Brandenburg – Public Health Support Specialist	
Christine Garey – Health Aide, 0.6 FTE	(resigned 7/12)
Terri Graham – Public Health Support Specialist	
Jolly Lamb – Clerk/Stenographer III	(resigned 12/12)
Carol McComb – Public Health Support Specialist	
Denise Pozzani - Public Health Support Specialist	(resigned 12/12)
Geri Waugh – Account Clerk II	

HEALTH EDUCATOR

Laura Conklin, MPH Jenna Lovaas, MPH

ENVIRONMENTAL HEALTH SANITARIANS

Timothy Banwell, RS, MPH – Environmental Health Director Janis Baumann, RS, BS – Registered Sanitarian Adam Elmer, RS, BS, – Registered Sanitarian Roger Eychaner, RS, BS – Registered Sanitarian Jeff Moore, BS – Environmental Health Technician Jackie Phillips RS, BS – Registered Sanitarian Mark Seymour, RS, MS – Registered Sanitarian Matthew Wesson, RS, BS – Registered Sanitarian Rick Wietersen, RS, MS – Registered Sanitarian Peter Zakarias, RS, BS – Certified Sanitarian I/Environmental Health Technician (*resigned 10/12*)

PUBLIC HEALTH NURSING

Janet Zoellner, RN, MS - Public Health Nursing Director Deborah Erickson, RN, BSN - Public Health Nursing Supervisor Sancee Siebold, RN, MSN – Public Health Nursing Supervisor Joanna Ames, RN, BSN – Public Health Nurse Valerie Christiansen, RN, BSN - Public Health Nurse Ginny Dorscheid, RN, BSN-Public Health Nurse Jessica Hefty, RN, BSN - Public Health Nurse (resigned 7/12) Carissa Hodges, RN, BSN, BA - Public Health Nurse Serena Jahnke-Berg, RN, BSN – Public Health Nurse (resigned 3/12) Erica Jenson, RN, BSN - Public Health Nurse Ann Klesic, RN, BSN – Public Health Nurse Jill Lampo, RN, BSN – Public Health Nurse Tara Morris, RN, BSN – Public Health Nurse Olga Myers, RN – Community Health Nurse Jennifer Stenger, RN, BSN, CHES - Public Health Nurse Amy Stricker, RN, BSN – Public Health Nurse Casey Stubbs, RN, BSN - Public Health Nurse Jennifer Weadge, RN, BSN – Public Health Nurse Anne Weirich, RN, BSN – Public Health Nurse Risa Weisensel, RN, BSN – Public Health Nurse Amy Williams, RN, BSN - Public Health Nurse

MEDICAL ADVISOR

Dr. William Clanfield, MD

SOURCES OF FUNDS

PROGRAM REVENUES

Public Health Nursing	\$ 316,949.00
Environmental Health	\$ 478,366.00
Laboratory Fees	\$ 18,922.00
Total	\$ 814,237.00
GRANTS/OTHER REVENUE	
Consolidated Contract	\$ 292,391.00
STI Grant	\$ 7,341.00
Brownfield Grant	\$ 7,878.00
Federal/State Aid	\$ 32,686.00
HUD/Lead Grant	\$ 12,522.00
Dean/SSM Grant	\$ 2,500.00
Community Transformation Grant	\$ 182,944.00
Prescription Drug Grant	\$ 6,800.00
Subtotal	\$ 545,062.00
COUNTY TAX LEVY	\$ 2,216,673.00
TOTAL SOURCES	\$ 3,575,972.00
APPLICATION OF FUNDS:	
SALARIES AND BENEFITS	\$ 2,808,084.00
OTHER OPERATING EXPENSES	\$ 767,888.00
TOTAL APPLICATIONS	\$ 3,575,972.00

Health Education

Health education is critically important to improving the health of communities and individuals. The goal of Rock County Health Education Program is to motivate a person or groups to act on learned information to change unhealthy behaviors to healthy behaviors, leading to an overall improvement in health. The overall health of Rock County citizens is of concern to the Rock County Health Department staff. Rock County ranks in the lower 1/3 of the counties in the state for overall health.

Health education in Rock County continues to grow and expand in its scope. The Health Department's Facebook page increased its popularity by highlighting department programs and services, as well as recognizing employee anniversaries and achievements.

Large grants (Wisconsin Partnership Program Grant \$48,000, Brownfields Grant \$148,000, and the Community Transformation Grant \$450,000) allowed the Health Department to hire additional health education professionals. Through these grants, the Health Educators hope to have a positive impact on the health of our citizens.

Objective 1: By December 31, 2012, expand the health education program for preschool-aged children to an additional location.

Color Me Healthy Program is a preschool education program that teaches young children how to select healthy foods. Teaching is done by a variety of methods including singing, demonstration, and group discussion. A second location for the Color Me Healthy Program was implemented in 2012.

Objective achieved

Objective 2: By December 31, 2012, implement a bi-monthly health column for the local newspapers.

All local newspapers print a health monthly column written by the Health Educator at the Rock County Health Department.

Objective achieved

Objective 3: By December 31, 2012, identify a population health need and implement an educational awareness program or conduct a community presentation on the topic.

The topic of Mental Health was selected, as a population health need. Prior to implementing a program, the Health Educator was reassigned to another department project.

Objective not achieved

Objective 4: By December 31, 2012, investigate and apply for mini-grants that would support current health department programming.

The Health Educator applied for and received mini grants from the Dean/St. Mary Hospital Foundation and the Target store. A full grant of \$450,000 was applied for and received from the Transform Wisconsin Coalition. A \$150,000 planning grant from the Wisconsin Partnership was written in 2011, but received in 2012.

Objective achieved

Objective 5: By December 31, 2012, assist nursing and environmental health staff to develop educational awareness programs and presentations.

A binder of readily available health educational awareness posters was developed in 2012. The binder lists by name and provides a thumbnail sketch of the specific poster. In total, there are 61 display boards/posters ready for use.

Objective achieved

Objective 6: By December 31, 2012, represent the health department on healthrelated community coalitions and committees

The Health Educator represented the Health Department on the Tobacco Free Coalition, Partners in Prevention Coalition, and the Beloit Coordinated School Health Committee.

Objective achieved

Objective 7: By December 31, 2012, conduct three (3) presentations on Health Department services for local service organizations.

This objective was met following the receipt of the Brownfield and Community Transformation Grant activities. More than fifteen (15) presentations regarding the Brownfields and Community Transformation Grants as well other services offered by the Health Department were provided to community service organizations, health care facilities, schools, and businesses in Rock County.

Objective achieved

Rock County Coalition for STI Prevention Grant

In recent years, Rock County has experienced a notable increase in the number of confirmed sexually transmitted infections (STI). From 2010 to 2012, the reported number of STIs (e.g., Chlamydia and Gonorrhea) increased by twelve percent (12%), with a thirty-five (35%) percent increase in gonorrhea alone.

To address this growing problem, in late 2011, the Rock County Health Department was invited to apply for a grant from the Wisconsin Community Academic Partnership Fund. In order to form a countywide, multi-sector coalition of community partners to assess the magnitude and extent of STIs and develop innovative, evidence-based solutions to reduce the number of those newly diagnosed. The Health Department was awarded the grant for \$46,200 in May 2012. Work on the grant began in June 2012, initially work was focused on outreach and developing the coalition.

The Coalition began meeting in October 2012 and meets on a monthly basis. Currently, the Coalition is comprised of 57 community partners, including representatives from health care providers, school districts, local colleges and universities, and community organizations. Approximately fifteen to twenty (15 - 20) of these community partners regularly attend the monthly meetings while the remainder act as resources and support as needed. By the end of 2012, the Coalition was established and had met three times. The Coalition had discussed the data, target populations for interventions, gaps in education, and diagnosis and treatment. A plan was developed by the Coalition for evaluating the community's level of awareness and readiness to address the growing problem of STIs.

(Re)Energize Janesville Grant: Rebuilding a Healthy Community

In October 2012, the Health Department received a \$148,400 grant from the Centers for Disease Control's Agency for Toxic Substances and Disease Registry (ATSDR). The funding was provided through the ATSDR grant "Community Health Projects Related to Contamination at Land Reuse and Brownfield Sites"; in order to reduce exposure to contaminants and improve the health of Janesville residents by incorporating community health concerns into redevelopment strategies for the City.

The ATSDR Action Model is being used during community meetings to gain feedback from community members regarding community health issues and what they would like to see happen in Janesville. The Action Model is a four-step community-level model designed to promote dialogue, communication and vision among diverse members of a community. The ATSDR Action Model encourages a focus on broad public health topics connected to community health.

The four steps, or questions, of the Action Model:

- (1) What are the issues in the community?
- (2) How can development address these issues?
- (3) What are the corresponding community health benefits?
- (4) What data are needed to measure change?

In 2012, community meetings were held with four (4) different organizations for a total of twenty-four (24) participants. One-on-one interviews were conducted with nine (9) community members at a local charity organization. Additional meetings are scheduled for 2013, including an open public meeting to share results along with providing another opportunity for community input.

In addition, in order to reduce exposure to contaminants directly linked to Brownfield sites in Janesville, the Health Department began reviewing environmental data from the City of Janesville on over seventy (70) sites. In 2013, the Health Department will continue to review that data, identify gaps, recommend additional testing and sampling to ensure the public is not being exposed to chemical hazards. The Health Department will make sure recommendations to mitigate public health risks are incorporated into future clean up and/or redevelopment plans.

Environmental Health Annual Summary

Each year brings new challenges and the Environmental Health Division staff responds to these challenges by providing services, regulatory action, and information to the general public and property owners. Some of the highlights of the Environmental Services Division in 2012 are described below.

Public education was a major effort in 2012 for the Environmental Health Division. Over the last three years the food inspection staff has offered onsite training at the licensed food establishment directed at their food workers. A review of the average scores of these facilities has shown a five-point improvement in inspection scores into the second and third year. Because food establishments are open to training and take food safety seriously, the food safety for the public has improved. Health Department staff is promoting onsite training and are eager to meet with additional establishments. March 27, 2012, was a food worker-training seminar at Blackhawk Technical College involving hands on and other interactive activities.

Swimming pool operators received special onsite training in 2011 and 2012. The results from routine inspections were observed. The program goal for 2012 was to reduce violations by 5%. The pool operators exceeded our expectations by reducing violations by 13%. The extra time spent in education does pay off in safer recreational facilities for our community.

2012 was the first full year for disposal of unwanted medications at seven (7) Rx Drop Boxes located at seven (7) sites across Rock County. Approximately 3,500 pounds of drugs were collected in 2012, which is slightly less than the total collected in 2011. Offering seven (7) conveniently located drop boxes is much more efficient than organizing one-day collection events. Our community is especially thankful for the assistance from local law enforcement agencies and volunteer pharmacists who make this worthwhile program work.

In September 2012, our department received a two (2)-year grant to assist the city of Janesville in redeveloping Brownfield sites in a manner that promotes public health. Interaction with community groups and individuals will help determine ideas for reuse of abandoned and/or contaminated properties that can meet the public health needs of the community.

Sampling of licensed beaches expanded in 2012 to include additional lakes, streams, and rivers. Not only are the three licensed beaches a recreational venue for the public, but also many of the other surface water sources are used for fishing, swimming, and boating. It was our intent to better understand the public health risks associated with our community's surface water resources.

Each of the three licensed beach locations had a single water quality advisory throughout the five-month monitoring season. In general, the results demonstrated that the water quality was good at the licensed beach facilities during 95% of the season. Many of the smaller streams experienced periodic high levels of E. Coli bacteria, often related to rainfall events. Health Advisory signs were placed at these locations and on our web site throughout the duration of the high bacteria counts.

RECREATIONAL HEALTH & SAFETY

Many recreational opportunities exist in Rock County for residents and visitors: beaches, pools, recreational educational camps and campgrounds.

These are excellent ways for social interaction and physical activity needed for a healthy life style. However, stepping out of a day-to-day routine places people at risk for injury and adverse health events, such as recreational water illnesses, drowning, and other accidents. Beaches, pools, recreational educational camps, and campgrounds are licensed by the Rock County Health Department and meet specific standards that reduce the public health risk for accidents and exposure to communicable disease.

The goal of the Recreational Health and Safety Program is to reduce or eliminate the spread of communicable disease and the risk of injury to the public who participate in recreational activities at beaches, swimming pools, campgrounds, and recreational educational camps in Rock County.

Objective 1: By December 31, 2012 conduct an annual inspection for each licensed facility.

During 2012, all nine (9) campgrounds, three (3) recreational-education campgrounds, sixty-eight (68) swimming pools, and three (3) beaches received an annual inspection.

Objective achieved

Objective 2: By December 31, 2012, respond to citizen complaints within two days regarding violation of state and local codes.

During 2012, two (2) swimming pool complaints were responded to within two days. Swimming pool complaints concerned improper fecal accident response, indoor air quality, and patron skin irritation.

Objective achieved

Objective 3: By December 31, 2012, conduct follow-up inspections within two weeks at facilities that have critical violations.

During 2012, follow-up inspections were completed for twenty-four (24) swimming pools, one (1) campground, and one (1) recreational-education camp.

Objective achieved

Objective 4: By December 31, 2012, conduct pre-inspections when new establishments open or current establishments change ownership to ensure compliance with the state and local codes.

During 2012, a pre-inspection was completed for four (4) swimming pools.

Objective 5: By December 31, 2012, provide a water safety awareness plan for licensed establishments.

In 2012, a water safety awareness plan was implemented for all licensed swimming pool establishments. The plan consisted of tracking repeat violations at a pool and reviewing with the establishments during routine inspections. Inspections were problem-solving opportunities for pool owners and operators in the ongoing attempt to decrease pool violations and promote a safer swimming environment.

Objective achieved

Objective 6: By December 31, 2012, reduce the number of violations identified at routine annual pool inspections by 5%.

Swimming pool operators received a scheduled visit in 2011 for the purpose of highlighting recurring violations and were educated on corrective options. Routine inspections in 2012 noted a 13% reduction in recorded violations.

Objective achieved

COMMUNITY HEALTH & SAFETY

The Community Health and Safety programs are resources to be used by Rock County residents to reduce or eliminate hazardous conditions in their home and community. Many of the improvements in health that were achieved in the 20th century resulted from improvements in housing and areas surrounding our homes. Problems from our past have not entirely dissapeared. Traditional insect and rodent pests are ever present waiting for the right opportunity to set up residence in and around our homes. Timely and adequate disposal of refuse will always be a challenge in this society. Radon and mold are examples of hazards that enter homes from the outside, are identifiable and exposure is preventable. Health Department staff have the expertise to assist citizens in reducing or eliminating these risks to their health.

Goal: To reduce or eliminate public health risks to citizens in their homes and in the community through the education of disease, injury prevention practices, and administration of state and local regulations.

RADON MONITORING AND RISK REDUCTION

Objective 1: By December 31, 2012, provide at least seventy-five (75) radon test kits to county residents.

During 2012, three hundred forty six (346) kits were provided to county residents.

Objective achieved

Objective 2: By December 31, 2012, develop and implement a community awareness effort in one community with low radon testing rates.

Because a review of radon testing noted that most radon testing occurred in the urban area of Rock County; the rural community was targeted for promotion of radon testing. During 2012, a system was developed to allow citizens in outlying communities to receive radon test kits by mail. Citizens can now print off a form downloaded from the Health Department's web site or mail in a form obtained from one of the posters. Displayed posters can be found at libraries, town halls, and community centers in rural communities that were identified as having low radon testing rates.

Objective achieved

Objective 3: By December 31, 2012, provide follow-up information to all citizens that receive results on radon test kits.

During 2012, all citizens who purchased radon test kits were provided with the US EPA Citizen's Guide to Radon and a list of local certified radon mitigation system installers. Consultation with staff trained in radon measurement and mitigation was offered to all citizens with elevated radon results.

Objective achieved

Objective 4: By December 31, 2012, determine homeowner rates for installing radon remediation systems and list options for increasing radon remediation system installation.

During 2012, one hundred forty five (145) radon tests in homes out of two hundred fifty (250) radon tests conducted in Rock County were above the EPA action level of 4 picocuries/ cubic meter. A telephone survey of fifty (50) citizens whom purchased radon test kits, and had results over the EPA action level, was conducted in order to determine the rate at which remediation systems were being installed. Of the fifty (50) called, forty (40) responded to the survey. Of the forty (40) respondents, twenty five (25) had installed a mitigation system or planned to install a system in the near future. The most common reasons for not installing a system was: the desire to do further testing, not thinking that the results were high enough to warrant mitigation, and not being able to afford to install a system.

The results of the survey show that most citizens with elevated radon results do install mitigation systems. Efforts to increase the number of systems installed should focus on educating homeowners about the risks of exposure to radon. Funding sources for those who cannot afford to install systems should also be investigated.

Objective achieved

MOBILE HOME PARK INSPECTIONS

Objective 1: By December 31, 2012, conduct an annual inspection of each licensed mobile home park.

During 2012, annual inspections were conducted for all twenty-three (23) licensed mobile home parks.

Objective 2: By December 31, 2012, respond to all citizen complaints within two days regarding violations of state and local codes.

During 2012, five (5) citizen complaints involving mobile home parks were received and responded to within two (2) days.

Objective achieved

Objective 3: By December 31, 2012, conduct follow-up inspections within thirty (30) days of mobile home parks that have violations.

During 2012, six (6) follow-up inspections were conducted for mobile home parks within thirty (30) days after critical violations were documented during routine inspections or complaint investigations.

Objective achieved

Objective 4: By December 31, 2012, conduct pre-inspections when new mobile home parks open or current mobile home parks change ownership to ensure compliance with the state and local codes.

During 2012, one (1) mobile home park changed ownership and required a preinspection. Pre-inspection was completed by Rock County Health Department.

Objective achieved

RABIES AND ANIMAL BITE MONITORING

Objective 1: By December 31, 2012, verify the compliance status of all animal owners issued animal bite orders by local law enforcement agencies.

Compliance status was verified for all three hundred fifty-eight (358) animal bite orders received in 2012. Animal owners found not in compliance with animal bite orders were referred to law enforcement.

Objective achieved

Objective 2: By December 31, 2012, refer all citizens not compliant with animal bite orders to law enforcement for further action.

During 2012, twenty-eight (28) non-compliant bite orders were referred to law enforcement for further action. The compliance rate for animal bit orders in 2012 was 92%.

Objective achieved

Objective 3: By December 31, 2012, all specimens of domestic cats, dogs, and ferrets that do not complete quarantine and wild animals with suspected risk of rabies transmission, will be submitted to the State Laboratory of Hygiene for rabies analysis.

Eighty-seven (87) specimens were submitted to the State Laboratory of Hygiene for rabies analysis during 2012. No specimens tested positive for rabies, however six (6) specimens tested indeterminate for the rabies virus and required further follow up.

Objective achieved

Objective 4: By December 31, 2012, promote awareness of animal bite prevention in one community identified with high reported animal bites.

In 2012, posters promoting rabies vaccination and animal bite awareness were posted in dog parks in the City of Milton and the City of Janesville.

Objective achieved

СІТҮ	VACCINA TED	UNVACCINA TED	UNKNOWN	TOTAL ANIMAL BITES ORDERS	PERCENTAGE VACCINATED
Afton	1	0	1	2	50%
Avalon	1	0	0	1	100%
Beloit	42	22	35	99	42%
Brodhead	1	2	0	3	33%
Brooklyn	1	1	0	2	50%
Clinton	5	1	0	6	83%
Edgerton	10	5	6	21	48%
Evansville	8	3	4	15	53%
Footville Orfordville Hanover	2	1	3	6	33%
Janesville	113	28	38	183	62%
Milton	11	2	5	18	61%
Sharon	0	0	1	1	0%
Location of Bite Unknown	0	0	1	1	0%
Totals	195	65	91	358	54%

RABIES CONTROL SUMMARY OF ANIMAL BITE ORDERS FOR 2012

This chart shows the number of vaccinated and unvaccinated animals with bite orders by city. Among cities with 5 or more reported animal bites, Clinton had the highest vaccination rate at 83% and the Footville/Orfordville/Hanover area had the lowest at 33%.

	2008	2009	2010	2011	2012
ANIMAL BITE ORDERS	371	400	382	422	358
CAT BITES	(97) 26%	(118) 30%	(108) 28%	(102) 24%	(83) 23%
DOG BITES	(274) 74%	(282) 70%	(274) 72%	(320) 76%	(275) 77%
FERRET BITES	0	0	0	0	0
% VACCINATED	57%	50%	52%	57%	54%
CATS VACCINATED	(22) 23%	(36) 31%	(33) 31%	(29) 24%	(28) 34%
DOGS VACCINATED	(188) 69%	(163) 58%	(167) 61%	(212) 66%	(167) 61%
FERRETS VACCINATED	(0) 0%	(0) 0%	(0) 0%	(0) 0%	(0) 0%

SUMMARY OF ANIMAL BITE MONITORING 2008-2012

This chart shows the number of reported animal bites by species and the rabies vaccination rate of these animals by species. In 2012, as in preceding years, cats were most likely to be unvaccinated. The vaccination rate for cats was only 23% in 2012. Dogs accounted for the greatest number of bites with 275 (77% of all bites). There were no ferret bites reported in 2012.

BREED	ANIMALS TESTED NEGATIVE FOR RABIES	ANIMALS TESTED POSITIVE FOR RABIES	INDETERMINATE OR INSUFFICIENT MATERIAL TO TEST	TOTAL
Bat	20	0	5	25
Cat	30	0	0	30
Dog	26	0	0	26
Opossum	1	0	0	1
Raccoon	2	0	0	2
Skunk	1	0	1	2
Squirrel	1	0	0	1
	81	0	6	87

ANIMALS TESTED FOR RABIES IN ROCK COUNTY FOR 2012

This chart shows the number of animals submitted to the State Lab of Hygiene for rabies testing by species. No animals tested positive for rabies in 2012. There were five bats and one skunk submitted that could not be tested due to the specimen being too damaged or decomposed to test.

HUMAN HEALTH HAZARDS

Objective 1: By December 31, 2012, investigate 100% of human health hazards reported to the Rock County Health Department within 3 days.

Direct field investigations of forty-six (46) complaints occurred in 2012. During 2012, 100% of the requests regarding human health hazards (not including lead hazards) were investigated and abated, referred to other appropriate agencies, or determined not to be hazards.

In addition to field investigations, information is provided to citizens to remedy human health hazards that they are experiencing. During 2012, information was provided to individuals for the purpose of: a) addressing public health concerns; b) resolving human health hazards; c) gaining compliance with the requirements of the Rock County Public Health Ordinance. All human health hazards were responded to within three (3) days by phone, mail, and e-mail or in person.

Objective achieved

TATTOO AND BODY PIERCING ESTABLISHMENTS

Objective 1: By December 31, 2012, conduct an annual inspection of each licensed tattoo and body-piercing establishment.

During 2012, fifteen (15) routine inspections were conducted for tattoo and body piercing establishments.

Objective achieved

Objective 2: By December 31, 2012, respond to all citizen complaints within two days regarding violations of state and local codes.

Six (6) tattoo and/or body piercing complaints were received and investigated within two days, during 2012.

Objective achieved

Objective 3: By December 31, 2012, conduct follow-up inspections within two (2) weeks at establishments that have critical violations.

During 2012, two (2) critical violation follow-up inspections were completed for tattoo and body piercing establishments.

Objective 4: By December 31, 2012, conduct pre-inspections when new establishments open or current establishments change ownership to ensure compliance with the state and local codes.

During 2012, four (4) pre-inspections were completed for new establishments or change of ownership.

Objective achieved

LEAD ABATEMENT AND MONITORING

Objective 1: By December 31, 2012, provide a lead safe environment for 100% of children with a blood lead level \geq 20 µg/dL through education and lead abatement orders.

During 2012, five (5) children were identified with blood lead levels \geq 20 ug/dL in Rock County. Five (5) properties where the children resided or spent significant time were investigated and ordered to undergo lead hazard reduction work to make the property lead safe. Two (2) of five (5) properties were made lead safe by undergoing lead abatement activities. Three (3) of the five (5) properties are still undergoing long-term hazard reduction activities, but were made lead safe through initial interim controls.

Objective achieved

Objective 2: By December 31, 2012, perform an environmental lead assessment and provide lead hazard reduction recommendations on 80% of residences occupied by children with a blood lead level of 10-19 μ g/dL.

During 2012, eleven (11) children were identified with blood lead levels of 10-19 ug/dL. These children either resided at or spent significant time at eleven (11) properties. Nine (9) or 82% of these properties were assessed for lead hazards and recommendations were sent to the families and property owners.

Objective achieved

Objective 3: By December 31, 2012, perform an environmental lead assessment and provide lead hazard reduction recommendations for all homes of concerned parents of children with a blood lead level of 0-9 μ g/dL.

Sixty-two (62) concerned parents with children at high-risk for lead poisoning requested a lead assessment of their homes in 2012. All sixty-two (62) or 100% were assessed for lead hazards and recommendations were sent to the families and property owners.

Objective 4: By December 31, 2012, 70% of owners of units that house a child with a blood lead level of 10-19 μ g/dL will show compliance with lead hazard reduction recommendations.

During 2012, 73% (8 of 11) of the owners of units associated with a child having a blood lead level of 10-19 ug/dL showed significant compliance with the lead hazard reduction recommendations they received from Rock County Health Department after assessment. One (1) rental property owner did not complete any of the hazard reduction recommendations. Two (2) properties could not be reassessed due the inability to contact the tenants or owners.

Objective achieved

Objective 5: By December 31, 2012, 60% of property owners with units that house a child with a blood lead level of 0-9 μ g/dL will show compliance with lead hazard reduction recommendations.

During 2012, 73% (45 of 62) of the property owners of units associated with a child with a blood lead level of 0-9 ug/dL resided showed significant compliance with the department's lead hazard reduction recommendations. Seventeen (17) of the properties either were not found to have the lead hazards treated or were unable to be reassessed due to the inability to contact the tenants or owners.

Objective achieved

Objective 6: By December 31, 2012, promote childhood lead poisoning prevention by posting information on the Rock County web site, issuing news releases, responding to citizens inquiring about lead poisoning hazards, and presenting two educational programs.

Lead poisoning prevention information was updated on the Rock County web site during 2012. Educational presentations during 2012 were conducted at the Rock-Green Realtors Family Fun Fair, the Frito-Lay employee health fair, and a Janesville Optimist Club meeting. All citizen inquiries and concerns were also addressed.

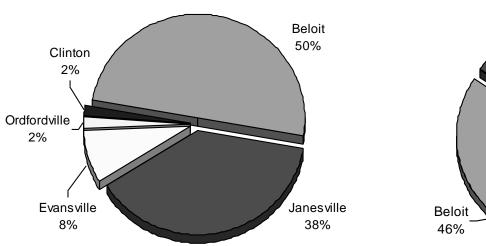
PbB*	2008	2009	2010	2011	2012
≥20 (EBL)**	15	5	3	6	5
10 - 19***	19	15	17	9	11
<10	64	48	65	46	62
Total	98	68	85	61	78

ENVIRONMENTAL LEAD ASSESSMENT SUMMARY NUMBER OF LEAD ASSESSMENTS 2008 - 2012

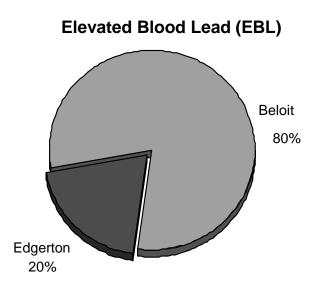
*PbB = Blood lead level measured in micrograms of lead per deciliter of blood ** Elevated blood lead level – environmental assessment mandated ***Lead Poisoning – defined as PbB > 10

PERCENT OF LEAD ASSESSMENTS CONDUCTED BY COMMUNITY CHILDHOOD BLOOD LEAD LEVELS (PBB) IN MICROGRAMS PER DECILITER OF BLOOD (mcg/dL)

PbB < 10 mcg/dL



PbB = 10-19 mcg/dL Janesville 45% Evansville 9%



	2008	2009	2010	2011	2012
Human Health Hazard Requests and Responses	485	621	670	538	587
Lead - Total Field Visits	277	250	203	163	184
Lead Onsite Assessments	98	68	85	61	78
Radon Project Contacts	149	386	275	253	268
Animal Bites Monitored for Rabies Control	449	449	418	475	389*
Citations Issued	1	1	0	1	1
General Sanitation Program Totals				I	I
Program Field Service Calls	532	643	939	880	809
Complaint Investigations	95	59	110	93	57
Clients Seen In Office	37	120	69	64	60
Telephone Calls	2,126	2,601	2,873	3,050	1,944

COMMUNITY HEALTH & SAFETY ACTIVITY DATA 2008-2012

The General Sanitation activity chart includes field visits, phone calls received, clients seen in the office, and information sent by mail or e-mail.

*Animal bites monitored for rabies control includes wild animals that were submitted for testing, but did not have an associated bite order.

PRIVATE SEWAGE DISPOSAL PROGRAM

Proper treatment of wastewater has been instrumental in the reduction of communicable disease over the last century. For those living in a city or village, sewage is collected in a distribution of underground piping and treated in a central location to remove pathogens and chemicals before being discharged to a river or stream. Homes and businesses outside the municipal boundaries depend on their own means for treating wastewater called private onsite wastewater treatment systems (POWTS).

The Private Sewage Program regulates and controls the installation of the POWTS and the soil testing necessary for designing. The goal of the Private Sewage Disposal Program is to protect the public health and the environment of Rock County by ensuring that all POWTS are properly installed, repaired and maintained.

Objective 1: By December 31, 2012, complete the review of all submitted soil and site evaluation reports.

Fourteen (14) Certified Soil Testers (CSTs) were monitored and assisted in completing soil test reports and field evaluations of soil borings. In 2012, a total of sixty-seven (67) soil test reports were reviewed, corrected when needed, approved and filed. Twenty-four (24) soil onsite visits were made to verify soil conditions to assure soil testing reports are completed in an accurate manner.

Objective achieved

Objective 2: By December 31, 2012, ensure that properly designed and installed POWTS are provided for all properties not served by public sewer.

Twenty-one (21) different plumbers were monitored and assisted in completing accurate plans and installing code conforming POWTS. In 2012, seventy-three (73) state sanitary permits were issued to install or repair POWTS. Twenty-four (24) sanitary permits for new construction and forty-nine (49) sanitary permits for replacement or repair work were issued in 2012. In addition, six (6) sanitary permits were issued to connect new or additional buildings to an existing POWTS or to install non-plumbing systems.

Seventy-nine (79) POWTS were installed in 2012, which includes thirty (30) new POWTS and forty-nine (49) replacement POWTS or POWTS connections. In 2012, numerous orders and/or reminders were issued to correct non-compliant aspects of POWTS being constructed or to correct or complete permit applications. Nine (9) of these directives required follow-up orders/reminders to obtain compliance.

Objective achieved

Objective 3: By December 31, 2012, administer the Wisconsin Fund Program and process all applications to assist citizens in obtaining State grants for repair and/or replacement of a POWTS.

In January 2012, the Wisconsin Fund grant applications for six (6) property owners were submitted to the State. Total awards received were \$19,433. Individual awards of \$1,915 to \$4,505 were granted. No applicants were denied grants, but amounts were reduced as a result of State budget cuts.

During 2012, forty- two (42) property owners were sent information on the Wisconsin Fund Program. Three (3) applications received in 2012 were submitted in January 2013 and are awaiting action.

Objective 4: By December 31, 2012, administer the POWTS maintenance program for private onsite wastewater treatment systems.

Each year, as new or replaced POWTS are installed, property owners are informed of the septic maintenance program requirements. In 2012, approximately seventy-nine (79) notices of required maintenance were given or mailed to property owners at the time of sanitary permit issuance and seventy-nine (79) letters informing property owners of the mandatory maintenance program were mailed after POWTS installation.

Property owners are notified every three (3) years to maintain their POWTS. Four thousand six hundred sixty six (4,666) initial notices were sent to property owners in 2012 for POWTS maintenance. During 2012, sixteen (16) citations were issued for failure to comply. 2012 Compliance rate for POWTS is 99.7%.

In addition to POWTS maintenance, seventy-nine (79) owners of holding tanks and twelve (12) pumpers of holding tanks were monitored in regard to proper reporting of servicing holding tanks.

Objective achieved

Objective 5: By December 31, 2012 develop and implement a plan to educate four (4) town building inspectors that all building permits involving properties with existing POWTS be reviewed by our department to evaluate the compatibility of proposed construction with existing POWTS.

During, 2012, an informational letter was created which informs Townships of the POWTS review requirements before the issuance of building permits. The letters will be sent in early spring of 2013, the beginning of building season.

Objective not achieved

Objective 6: By December 31, 2012 evaluate all soil and site evaluation reports for land divisions not served by public sewer and make recommendations to Rock County Planning and Zoning Committee.

As a reviewing agency for the Rock County Planning and Development Committee, the Rock County Health Department assesses proposed property development for the suitability of onsite wastewater treatment. During 2012, fifty (50) land divisions consisting of fifty-eight (58) lots were reviewed. In addition, four (4) soil onsite visits were conducted and one soil test report was filed involving new land divisions.

Objective achieved

Objective 7: By December 31, 2012 document that less than 2% of failing septic systems are less than 25 years of age.

During 2012, less than two percent (2%) of the existing 13,000 septic systems failed before 25 years of age. Forty-nine (49) permits were issued for failing septic systems, with five (5) being less than 25 years of age. Two (2) were 21 years old, two (2) were 11 years old and one (1) was installed 8 years ago.

The disposal of large amounts of prescription drugs is suspected to be a significant factor in the failure of the eight (8) year old system. The causes of failure for the other four (4) were unable to be determined with certainty, but since faulty components or installations were not found, it is suspected that hydraulic overloading and/or improper waste disposal contributed to the shortened anticipated life spans of the POWTS.

Objective achieved

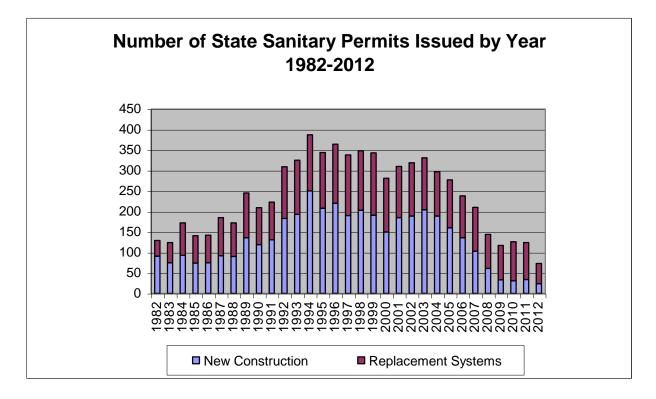
ACTIVITY DATA PRIVATE SEWAGE DISPOSAL PROGRAM 2008 – 2012

Activity	2008	2009	2010	2011	2012
Office Visits	168	151	160	141	129
Telephone Calls	1,450	1,298	1,369	1,396	939
Sanitary Permits Issued	144	117	126	124	73
New	61	33	31	34	24
Replace or Repair	83	84	95	90	49
County Sanitary Permits	6	2	3	5	6
Land Divisions Review	64	66	67	61	50
Lot Review Under Land Division	113	135	80	77	58

OFFICE WORK

FIELD WORK

Activity	2008	2009	2010	2011	2012
Initial System Inspection	151	118	130	127	79
Conventional Gravity	90	63	82	86	46
Mound	46	43	40	34	22
Inground Pressure	3	0	0	0	0
At Grade	3	2	1	0	0
Holding Tanks	1	1	3	3	5
Treatment Tank Only (including aerobit tanks)	2	8	1	1	2
Other	6	1	3	3	6
System Re-Inspections	82	70	58	38	25
Soil Test Onsite Verification	76	61	69	61	24
Consultations and Surveys	324	276	270	186	110
Failing System Investigations/Complaints	104	57	64	45	33



The Number of Sanitary Permits Issued by Year 1982-2011 chart reflects decrease in the number of new construction building permits our community has experienced in recent years.

GROUND WATER PROGRAM

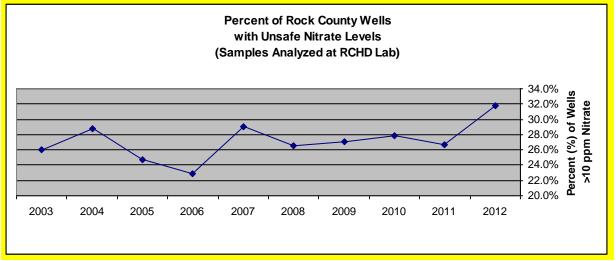
Every person and business in Rock County depends on a daily source of clean drinking water. In this area of Wisconsin, groundwater is our sole water supply source. In addition to the municipal water supply systems in our community, there are approximately 13,000 private water wells providing water to homes and businesses throughout the county. The groundwater protection program assists citizens and property owners with their drinking water concerns regarding bacteria and chemicals. The goal of the groundwater protection program is protect the quality of ground water in Rock County for drinking water use.

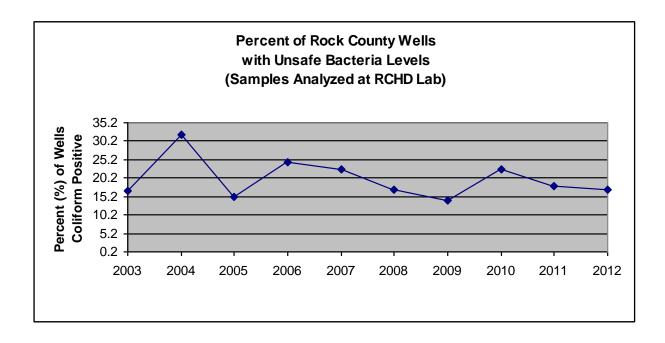
Objective 1: By December 31, 2012, review two hundred (200) private well sample results for nitrate, other chemical contamination, and/or bacteria levels.

The Rock County Health Department Laboratory (RCHDL) completed eight hundred sixty six (866) well water tests: four hundred sixty nine (469) nitrate and three hundred ninety seven (397) coliform bacteria. Thirty two percent (32%) of wells tested for nitrates in 2012 exceeded the ten (10) parts per million health advisory level. This rate of unsafe nitrates was the highest level in the past ten years.

Seventeen percent (17%) of samples brought to the Rock County Health Department Laboratory tested positive for coliform bacteria in 2012. Only one (1) positive E.Coli well water sample was recorded at the RCHDL in 2012. The percentage of wells testing unsafe for coliform bacteria in 2012 was lower than the 10-year average.

Objective achieved





Objective 2: By December 31, 2012, manage the Wisconsin Department of Natural Resources Safe Drinking Water contract by sampling and following up on all Transient Non-community wells.

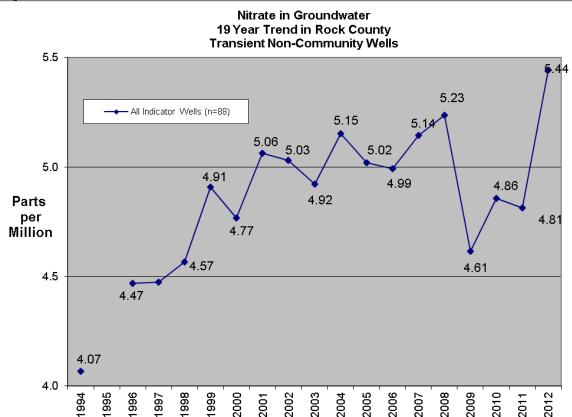
Transient non-community wells provide drinking water availability for the public at various types of facilities (campgrounds, parks, restaurants, taverns, etc.). This contract involves sampling one hundred forty six (146) transient non-community wells in Rock County for bacteria, nitrate and nitrites. Bacteria "unsafe" water samples occurred at

eight (8) wells. Fecal Coliform was not found to be present in any of these wells. Multiple sampling is required after unsafe bacteria tests. The unsafe wells resulted in two hundred eighty seven (287) additional bacteria samples taken by program staff. Time and effort required of staff has been reduced as problem wells are identified and upgraded.

The Health Department is responsible for seeing that the one hundred and forty five (145) transient non-community water supplies in Rock County were sampled in compliance with the requirements of the Safe Drinking Water Act. Four hundred forty-two (432) bacteria, one hundred fifty-six (156) nitrate and five (5)-nitrite results were obtained from these wells. Twenty-nine (29) well system surveys were also conducted.

Nitrates were above the drinking water standard of ten (10) parts per million at twenty five percent (25%) of facilities. All facilities with nitrates above the standard must post the water supply as a warning to all drinking water users. When a water supply exceeds twenty (20) parts per million, the facility must provide an alternative water supply by drilling a new well.

The average concentration of nitrates from eighty-eight (88) transient non-community "indicator wells" that have been sampled continuously for the past eighteen (19) years provides an indication of nitrate trends in the groundwater of Rock County. This trend had indicated an increase in nitrates over the past 19 years. After a significant decrease in nitrate levels in 2009-2011, which is likely attributed to high groundwater recharge levels; the nitrate levels have increased to record high levels in 2012.



Objective achieved

Average annual nitrate concentrations from eighty-eight (88) transient non-community wells continuously sampled for the last eighteen years (see Objective 2 above).

Objective 3: By December 31, 2012, investigate 100% of citizen complaints and requests concerning ground water quality within two days.

During 2012, the Groundwater Program had four hundred one (401) field visits, five hundred nineteen (519) telephone consultations, and one hundred twenty one (121) office visits regarding private well and/or ground water concerns. All citizens were given consultation from our office, by on-site visits, phone, and e-mail or mail. When needed, referrals are made for services to other agencies.

Objective achieved

Objective 4: By December 31, 2012 increase private well sampling in Rock County to 1,000 private well tests by promoting drinking water safety through posting information on the Rock County web site, issuing news releases, and responding to citizen inquiries.

Private well sampling reached a level of eight hundred sixty six (866) samples analyzed at the Rock County Health Department Laboratory. This volume of well testing was one percent (1%) less than the previous 5-year average.

Multiple approaches were utilized in 2012 to promote awareness of drinking water safety. Three groundwater awareness news releases were issued in 2012. Water testing posters and test kits were distributed at dozens of public locations throughout the county.

Objective not achieved

Objective 5: Present five (5) Ground Water Educational Programs to Rock County citizens.

Presentations on local groundwater concerns were provided to local Well Water Professionals, the Wisconsin State Laboratory Network, and the Wisconsin Public Health Association. We participated with the City of Janesville in a Water Emergency Exercise. Groundwater educational displays were prepared for display at community events.

The Rock County Health Department participated with the Rock River Coalition groundwater issue team. The 2012 Rock County Environmental Health Report Card was completed and made publicly available. The Report Card tracks key environmental health indicators in our community.

In the fall of 2012, the Rock County Health Department was awarded a Brownfield Environmental Health Assessment Grant to evaluate environmental health issues associated with Brownfield properties in the City of Janesville. As part of this project, Health Department staff conducted several educational meetings with community organizations and neighborhood action groups in 2012. The Brownfield Grant project will continue into 2013.

Objective 6: By December 31, 2012, in coordination with Rock County Land Conservation Department, administer the county well abandonment program.

The Rock County Health Department is delegated by the State Department of Natural Resources to conduct a well abandonment program. This delegation is included in the Rock County Public Health Ordinance. The Land Conservation Department implements the well abandonment program in coordination with the Health Department. In 2012, the Health Department conducted enforcement action on two (2) County well owners that failed to comply with voluntary abandonment assistance.

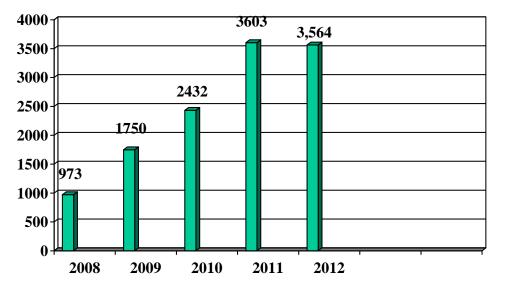
Objective achieved

Objective 7: By December 31, 2012, coordinate the Prescription Drug Community Collection Program with the Cities of Beloit and Janesville.

The Rx Round-Up Planning Committee organized four (4) pharmaceutical collection events in 2012. This committee consists of representatives from: the Rock County Health Department, Rock County Coroner's Office, local law enforcement, City of Milton, City of Edgerton, City of Beloit, and City of Janesville.

Seven (7) permanent drop boxes are now installed around the county. Six (6) of these drop boxes have 24-hour access. The drug drop boxes are located in the cities of Milton, Edgerton, Evansville, and Beloit. In Janesville, there are three (3) Rx drop box locations.

A total of three thousand five hundred sixty four (3,564) pounds of unwanted pharmaceuticals were collected at the four (4) events and from the collection drop boxes. The amount of drugs collected in 2012 was slightly less than amounts collected in 2011. The drop boxes accounted for a majority of the collected drugs. In 2012, the amount of drugs collected at one-day events decreased for the second year. The convenience of the 24-hour drop boxes is the biggest reason given for their increased use over the one-day collection events.



Objective achieved

The above graph shows the pounds of unwanted drugs collected annually through the Prescription Drug Community Collection Program.

	2008	2009	2010	2011	2012
Requests on Groundwater Concerns	1,226	1,255	1,274	1,174	1,050
Telephone Consultations	725	759	639	606	519
Public Education	12	10	8	8	9
Program Field Service Calls	408	360	494	419	401
Clients seen in Office	81	126	133	149	121
Water Sample Results Reviewed	2,451	1,921	2,230	1,620	1,620
Bacteria	1,547	1,118	1,495	1,029	1,311
Nitrate	713	727	564	502	678
Chemical and Other	191	76	171	89	79
Local Emergency Management Plans	27	26	29	26	27

ACTIVITY DATA GROUND WATER PROTECTION PROGRAM

LABORATORY SERVICES

The laboratory provides a local service for Rock County citizens to test the drinking water quality of their private water wells. Public health recommendations are for private well owners to test their water once a year. The goal of the laboratory services is to provide basic drinking water analysis for citizens in Rock County.

Objective 1: By December 31, 2012, provide laboratory testing for 1,000 wells in Rock County.

Rock County residents and visitors obtain drinking water from approximately thirteen thousand (13,000) private wells servicing homes, eating establishments, campgrounds, churches, and other facilities. The laboratory maintains State Certification for coliform bacteria and nitrate analysis. Coliform bacteria and nitrate analysis is provided to citizens and businesses in a cost effective and convenient manner.

In 2012, a total of eight hundred sixty six (866) drinking water tests were completed by the Rock County Health Department Lab; four hundred sixty nine (469) nitrate tests and three hundred ninety seven (397) coliform bacteria analysis. Approximately thirty-two percent (32%) of the nitrate test results were above the drinking water standard of 10 parts per million. Approximately seventeen percent (17%) of the coliform tests were positive and less than one percent (1%) of bacteria tests were positive for E. Coli bacteria.

The volume of samples analyzed in the lab during 2012 maintained a strong trend of water quality testing service to the community, reflecting our efforts to increase public awareness of our lab and the need for water quality testing of private wells.

Objective not achieved

EMERGENCY PLANNING

The Health Department has the administrative responsibility to complete the offsite plans for farms and fixed facilities under the Superfund Amendments and Reauthorization Act (SARA). Title III legislation. The Health Department works with Rock County Emergency Management to complete the plans for the county.

Objective 1: By December 31, 2012, complete offsite plans as determined by the Local Emergency Planning Committee (LEPC) for farms using extremely hazardous chemicals.

Ten (10) farm plans were completed for the LEPC. Each new updated plan contains local information to identify specific hazard risks for each farm, identifies a chemical vulnerability zone, and identifies sensitive populations in case an evacuation was required.

Objective achieved

Objective 2: By December 31, 2012, complete new and updated plans as determined by the LEPC committee for fixed facilities using extremely hazardous chemicals.

Seventeen (17) offsite facility plans were completed for the Local Emergency Planning Committee (LEPC). Each new updated plan contains facility site plans and local information to identify specific hazard risks for facility, identifies a chemical vulnerability zone, and identifies sensitive populations in case an evacuation was required.

FOOD PROTECTION AND PUBLIC LODGING PROGRAM

Residents and visitors to our community use food service establishments and public lodging facilities. The threat of food borne illness is ever present and citizens expect that they can dine out and travel in relative safety. Recent statistics from the Center for Disease Control (CDC) state that one in six (1 in 6) people suffer from food borne illness over the course of a year. The role of public health is to not only license and regulate, but to provide owners, operators, and workers with the latest information on food safety practices.

The goal of the Food Protection and Public Lodging Program is to protect the health and safety of the public that utilizes licensed food and public lodging establishments in Rock County.

Objective 1: By December 31, 2012, the requirements of the State Department of Health Services and Department of Agriculture, Trade, and Consumer Protection will be met.

Routine inspections were conducted at each of the seven hundred six (706) licensed full service facilities and seventy-eight (78) temporary food operations at special events in Rock County. The average score for restaurant and retail facilities was 87.9 in 2012, which is an improvement from 86.8 in 2011. Routine inspections were also completed at thirty (30) public lodging facilities and forty-five (45) school lunchrooms.

Objective achieved

Objective 2: By December 31, 2012, conduct at least one inspection of each senior citizen nutrition facility to ensure safe food handling practices.

Inspections were completed for all ten (10) senior meal sites.

Objective achieved

Objective 3: By December 31, 2012, continue outreach to licensed establishments through quarterly newsletters and quarterly meetings of the Food Safety Advisory Committee.

Four quarterly newsletters were sent to licensed establishments. Two (2) meetings were held with the Food Safety Advisory Committee.

Objective not achieved

Objective 4: By December 31, 2012, conduct twelve training visits to licensed food establishments.

Fourteen (14) training visits were provided to licensed establishments in 2012.

Objective achieved

Objective 5: By December 31, 2012, identify one educational need and conduct one training session for food establishment operators.

A Food Operator training seminar was held at Blackhawk Technical College on March 27, 2012. Sixty-five (65) food service workers attended from approximately forty (40) establishments. The focus was directed to high-risk violations that had been identified in past routine inspections.

Objective achieved

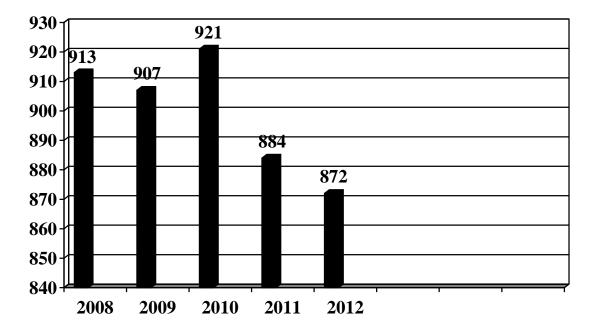
Objective 6: By December 31, 2012, reduce the number of high-risk food safety violations identified in routine annual inspections by 5%.

The number of CDC high-risk violations per routine inspection dropped from 1.08 in 2010 to 0.92 in 2012, resulting in a14.8 % reduction.

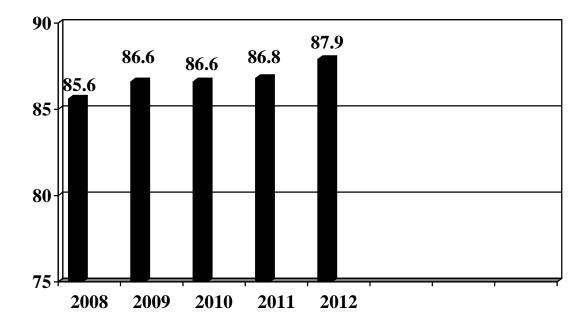
	2008	2009	2010	2011	2012
Food Establishments, Retail, School, Public Lodging and Milk Vending Permits	913	907	921	884	872
Restaurant Routine Inspections	515	505	491	490	540
Retail Food Routine Inspections	234	238	228	229	243
School Lunch Room Routine Inspections	41	41	43	44	45
Motel, Hotel, Bed & Breakfast & Tourist Rooming Houses Routine Inspections	32	32	30	34	30
Temporary Restaurant and Retail Food Establishment Inspections	79	82	107	70	78
Vending Machine & Milk Vending Machine Inspections	421	355	359	320	290
Restaurant, Retail and Lodging Establishments Pre-Inspections.	88	78	74	88	61
Restaurant, Retail, Lodging and School Establishment Critical Violation Follow-up Inspections	109	134	100	71	80
Restaurant & Retail Written Compliance Orders Issued	17	21	16	9	3
Food borne Illness Complaints	22	8	13	11	12
Restaurant, Retail, School Complaints: General	53	60	52	52	81

FOOD PROTECTION AND PUBLIC LODGING PROGRAM DATA

ROCK COUNT HEALTH DEPARTMENT NUMBER OF FOOD & LODGING PERMITS



ROCK COUNTY HEALTH DEPARTMENT RESTAURANT AND RETAIL FACILITY AVERAGE SCORE HISTORY ROUTINE INSPECTIONS



Public Health Nursing Division

Public health nursing is a unique profession that focuses on services related to maintenance of health and prevention of communicable illness and disease. The strategies of our nursing division detailed in this report reflect the ongoing delivery of core programming while also responding to emerging issues and outbreaks in our county and nation. The nursing division serves as a conduit for all types of information regarding health status and health services and is increasingly relied upon to deliver the message of illness prevention and health maintenance to individual citizens, media, coalitions, and elected officials.

In 2012, the Public Health Nursing Division continued working to meet the public health needs of citizens and groups across many service areas.

In summary, the nursing division:

- Reached out in partnership with Community Action to provide 120 immunizations to First Choice Women's Health Center participants
- Through collaboration with the planning department and Dean Health Systems, delivered 74 Pack and Play cribs into the community with follow-up visits to ensure a safer sleeping environment for babies
- Provided health education and advice to Hispanic families through Beloit's Even Start program
- Taught two "Steppin' On" classes to elders in the community to prevent injury from falls
- Protected nearly 5,200 Rock County residents through vaccination
- Participated in vision and hearing screening and follow-up of over 2,400 head start and school children.
- Provided 665 hours of school nursing services to the school districts of Edgerton, St. Paul Lutheran and Orfordville-Parkview.
- Provided information and assistance to all public and parochial schools regarding new state guidelines for immunization eligibility at local health departments.
- Made 568 contacts to families with children that were not up to date with immunizations.
- Followed up on 1,456 clients referred for communicable illnesses.
- Investigated 649 persons with known contact to pertussis (whooping cough) cases and an additional 548 contacts to other communicable illnesses.
- Made 2,181 home and office visits to families in the Healthy Families First program
- Performed 517 ASQ developmental screenings on infants and toddlers, detected 55 with delays warranting intervention
- Co-chaired the Rock County Child Death Review Team to analyze the deaths of all individuals age 25 and younger in Rock County
- Provided nursing consultation with 1,077 individuals on the phone

COMMUNICABLE DISEASE PREVENTION AND CONTROL

Communicable disease control is a state-mandated public health service.

Public health nursing services in communicable disease control are focused on three major functions:

1. Preventing the occurrence of all disease, which can be prevented by immunizations; activities include:

- Providing immunization clinics for childhood and adult vaccines
- Providing immunization services and communicable disease guidance to travelers
- Monitoring immunization rates
- Offering consultation services to clients who are in need of immunization information
- Educating communities, schools, and providers about improving immunization rates

2. Controlling the spread of the 80 plus state mandated reportable acute and communicable diseases by prompt investigation and community education; activities include:

- Contacting clients diagnosed with communicable diseases to educate, inform and monitor treatment
- Educating contacts to clients with reportable diseases about signs and symptoms, testing, treatment and prevention strategies
- Consulting with day cares and preschools about communicable disease prevention strategies
- Updating and consulting with community partners about changes in communicable disease reporting and treatment guidelines
- Investigating outbreaks of communicable illness in high-risk settings, such as nursing homes

3. Maintaining ongoing surveillance of diseases in the community; activities include:

- Reviewing communicable disease data and information to determine what communicable diseases are occurring in the county
- Following up with reports of illnesses and potential outbreaks
- Maintaining ongoing communication with infection disease practitioners locally and in the state Division of Public Health

While there are many strategies implemented by the Health Department to reduce and limit transmission of communicable diseases, nine specific objectives were targeted for 2012. Those objectives and results are described on the following pages.

Vaccination continues to be the best prevention for many childhood diseases. It continues to be a high priority service of the public health nursing division. This year with the advent of changes in the Affordable Health Act, local health departments are no longer allowed to use the Vaccines for Children supply to vaccinate children with health insurance covering immunization at a physician's office. Education was provided to citizens and schools regarding these changes. Ongoing data collection will ascertain if this change will hurt the immunization rates in Rock County going forward.

Regular clinics are offered at each of the Health Department offices 2-3 days per week. Clinics are also operated on a rotating basis in each community in Rock County. The table that follows lists the number of people served at Health Department clinics and the number of each vaccine given. Because of the lower rate of immunity gained in elders receiving regular influenza vaccine the Health Department gave the newer "high dose" formula to elders served at all influenza clinic

LOCATION OF 2012 CLINICS AND VACCINATIONS BY TYPE

Immunization Clinics	Client Count	Vaccine Type	Vaccine Count
Clinton Clinic	37	Dtap	114
Edgerton Clinic	52	Hepatitis A – Adult	180
Evansville Clinic	4	Hepatitis A – Peds	620
Thursday North Office Walk – In	507	Hepatitis B – Adult	151
First Choice Women's Health Center	76	Hepatitis B – Peds	155
Health Department North Office	2000	Hib	78
Health Department South Office	1120	HPV	423
Tuesday Evening North Office Walk – In	122	Influenza - Injectable	1276
		Influenza - Intradermal	91
Milton Clinic	26	Influenza – Nasal Mist	575
Orfordville Clinic	25	Influenza – High Dose	737
South Office Evening Walk - In	76	Jananese Encephalitis	0
Flu & Pneumonia Clinics	1091	Kinrix (Dtap and Polio)	136
Other	60	Meningitis	344
		MMR	324
		Pediarix (Dtap, Hep B, & Polio)	23
		Pentacel (Dtap, Hib, and Polio)	153
		Pneumonia	86
		Polio	150
		Prevnar	224
		Rabies	3
		Rotavirus	77
		Td	7
		Tdap	1345
		Twinrix	126
		Typhoid	241
		Varicella	528
		Yellow Fever	107
		Zostavax	331
Total	5,196	Total	8,604

In addition to a primary focus on prevention through vaccination, the Health Department also provides secondary prevention through the investigation of communicable disease. The State of Wisconsin mandates the reporting of certain communicable diseases to the Health Department for investigation and follow-up. The nursing staff coordinates with the primary physician and provides information to the client on medical follow-up and treatment, transmission of the illness, and how to best to prevent the spread of illness to others. Not all reports of communicable disease result in a confirmed diagnosis. The following table below shows a comparison of the type and number of reportable diseases the Health Department investigated in 2011 and 2012.

DISEASE	2011	2012	DISEASE	2011	2012
HIV Infections	15	**see note	Parapertussis	0	1
Blastomycosis	1	1	Pertussis	*45 (7)	*377 (45 ^c) (33 ^p) (76 ^s)
Campylobacter	33	39	Q Fever	*4 (0)	*2 (0)
Cryptosporidium	40	12	Rocky Mountain	*2 (0)	0
			Spotted Fever		
E. Coli	5	5	Salmonella	21	40
Ehrlichiosis	*2 (1)	$*5(1^{c})(2^{s})$	Shigella	1	5
Food/Waterborne	9	2 (0)	Strep A or B,	13	11
Outbreaks			invasive		
Giardia	16	13	Strep Pneumoniae	18	6
Haemophilus	2	2	Toxoplasmosis	*3 (1)	3
Influenzae					
Hepatitis A	*6 (0)	*4 (0)	Tuberculosis (total)	48	
Hepatitis B (acute)	*31 (4)	*35 (0 acute)	Active	*14 (2)	*15 (0)
Hepatitis C	85	*127 (87 ^c)	Atypical	11	*19 (14 ^c)
Influenza, hospital	18	*33 (11 [°])	Latent	35	*49 (38 ^c)
assoc.		(11 ^p)	Infection (LTBI)		
Influenza, pediatric	1	0	Varicella (Chicken	*8 (5)	21 (21 [°])
death			Pox)		
Lead Poisoning >10	*33 (23)	*27 (22 ^c)	Tularemia	0	1 (0)
Lead Poisoning 5-9	0	58 (42 ^c)	Vancomycin	0	1
			Intermediate Staph		
			Aureus (VISA)		
Legionellosis	3	2	West Nile Virus		$*2(1^{\circ})1^{p})$
Listeriosis	0	2	Sexually Transmitted Infections		
Lyme Disease	*63 (35)	*33 (13 ^c)	Chlamydia	*780 (777)	*723 (719 ^c)
Measles	*1 (0)	0	Gonorrhea	83	111
Mumps	2 (0)	0	Syphillis	4	**
Norovirus &	$4(2^{c})$	6 (5 ^c)			
respiratory long-term					
care outbreaks					
* = reported cases			Total all reported	*1456	*1793
$\binom{c}{c} = \text{confirmed after in}$					
$\binom{p}{2}$ = probable after investigation			10:	10-2	
$(^{s})$ = suspect after investigation			Total confirmed	1317	1273
**Statistics are reported by the state and are not			after investigation		
yet available			1.0751	2.40	225
Reported sexual contacts to individuals with confirmed STI			248	236	
Reported contact to all other communicable illnesses				438	806

The following are ten specific communicable disease objectives set for the nursing division in 2012.

Objective 1: By December 31, 2012, have an incidence of 0 for the following vaccine preventable diseases: measles, mumps, rubella, polio, pertussis in children <1 year of age and 11-18 years of age and hepatitis B children 2 – 18 years of age and varicella in children < 17 years of age.

The State of Wisconsin continues to struggle to control the outbreak of pertussis (whooping cough) that started in 2010 in children and adults. Statewide there were 6,189 reported cases of pertussis in 2012, compared with 1,357 pertussis investigations in 2011. In Rock County the nursing division investigated 377 reports of pertussis a *738% increase* over reported cases in 2011. Of those cases reported, 78 were confirmed or probable, 76 were suspected to be pertussis. Eight (8) cases were confirmed in infants age less than 12 months, 9 were confirmed in those age 11-18 years. More than 650 contacts to these cases were educated, informed on prevention and assisted to obtain medicine for preventative treatment when warranted. The nursing division also continued to work with area hospitals on efforts to fully immunize families around a newborn infant.

Four confirmed cases of varicella were reported in children less than 17 years of age.

Objective not achieved

Objective 2: By December 31, 2012, 80% of children who turn 24 months during the year will have received 4 DTaP, 3 polio, 3 Hib, 3 Hepatitis B, and 1 MMR vaccination(s).

In 2012, 68% of Rock County infants who turned 24 months were up to date with recommended vaccinations. This year is the first year using the 24-month benchmark for measuring progress.

Objective not achieved

Objective 3: By December 31, 2012, a public health nurse will contact 100% of all residents reported Category I infections within 1 day of case assignment.

Category I infections are those that can cause the most severe illness, indicate a high risk for foodborne or waterborne outbreaks, or are highly unusual in our area. This year the nursing division investigated 401 Category I illnesses. Not all of these reports were confirmed after investigation. Reported illnesses included invasive Haemophilus influenzae B, Hepatitis A, Tuberculosis, Foodborne outbreaks, Vancomycin Intermediate Staphylococcus aureus, and Pertussis. All of these cases were given a high priority with nursing investigation and were contacted within 24 hours of case assignment.

Objective 4: By December 31, 2012, 85% of persons followed for treatment of active tuberculosis or latent tuberculosis infection receive follow-up and education by a public health nurse regarding treatment recommendations.

Of the 15 individuals that were followed for active, suspect or latent tuberculosis in 2012 (excluding atypical mycobacterium), 14 (94%) were contacted and received education and follow-up by a public health nurse. One individual was not able to be located.

Objective achieved

Objective 5: By December 31, 2012, 90% of children less than 6 years of age, with a capillary blood lead level >10 mcg/dl, will show a decline in lead levels with subsequent blood tests.

In 2012, 22 children were referred for lead levels over 10 mcg/dl. Nineteen children showed a decline in subsequent lead levels. Three clients moved out of jurisdiction before the next measured levels were due.

This year the Centers for Communicable Disease Prevention and Control (CDC) lowered the threshold of concern for lead levels in children from 10 mcg/dl to 5 mcg/dl. The Health Department began opening those cases about mid-year and took in an additional 58 cases of children with lead levels between 5-9 mcg/dl. Those families were educated about the effects of prolonged lead exposure and assisted to see their healthcare provider for further testing. In one case it was discovered that neighborhood children were playing on the porch of an abandoned house containing very high amounts of flaking lead paint. The environmental health division worked with the nursing staff and family to assure that this property was marked off-limits for play.

Objective achieved

Objective 6: By December 31, 2012, 30% of families with a potential for infant lead exposure ("birth certificate" lead program) will agree to and complete an educational home visit by a public health nurse or nursing student.

The "birth certificate" lead program seeks to identify infants at risk for lead paint in their environment and provide nursing intervention and education to prevent these risks before the infant begins crawling. Because the time after a baby's birth is one of great family transition at times the family moves before the baby is 6 months of age. Additionally, many parents of infants have already received this service with a prior birth and are not interested in repeating the process. Of the 498 clients that still occupied the at-risk houses that were named on their birth certificate at the baby's six month birthday, 130 individuals (26%) accepted a home visit for education. This is an 83% increase in visits made over 2011, however since more individuals were identified to be living in at-risk housing this did not fulfill the stated objective.

Objective not achieved

Objective 7: By December 31, 2012, public health nurses will give at least 2 community presentations geared toward the prevention of sexually transmitted infections (STIs) in high-risk populations.

The nursing division participated in 6 community presentations aimed at the prevention of sexually transmitted infections. These included a talk with the March Teen Parent Connections group, an HIV/AIDS focus at a Beloit College health fair, three presentations at the Rock Valley Community Program, and a presentation to the Beloit Domestic Violence Shelter. In addition, the agency received and began implementation of a Wisconsin Partnership Program grant to examine the issue of STIs in Rock County and develop a strategy for further prevention.

Objective achieved

Objective 8: By December 31, 2012, at least 80% of persons visited for Partner Services (PS) follow-up will accept a rapid HIV test when the partner HIV status is unknown.

The Health Department received a total of 42 referrals through the multi-jurisdictional agreement serving Rock, Green, Walworth and Lafayette counties. Twenty-three (23) referrals were for clients diagnosed with HIV, 12 of these were newly diagnosed. Nineteen (19) referrals were partners to those with a diagnosed case of HIV/AIDS. All partners were offered testing. Of the 7 partners that did not know their HIV status, 5 agreed to be tested (71%).

The Health Department uses the rapid HIV test. This allows the client to receive results in 15 minutes instead of having to schedule a return visit for results. This year an additional nurse was oriented in the provision of partner services and HIV testing. The agency performed a total of 45 HIV tests. This is a 69% increase in tests performed over last year (2011). When tested, all clients are provided with information and education on HIV prevention.

Objective not achieved

Objective 9: By December 31, 2012, all licensed tattoo and body piercing establishments will receive education by a public health nurse on prevention of bloodborne infections.

Tattoo and body piercing businesses continue to expand in Rock County. This year 17 licensed tattoo and body piercing establishments received education. This is a 76% increase over last year.

Objective 10: By December 31, 2012, 80% of all animal bite victims in Rock County will receive follow-up education by a public health nurse.

Three hundred individuals were referred for information and education follow-up after an animal bite. Of these referrals, 209 responded to nursing contact and received education and follow-up (65%).

Objective not achieved

MATERNAL AND CHILD HEALTH SERVICES

The Healthy Families First Home Visiting Program is a voluntary service offered to women and families. Pregnancy and parenting is a time of great transition and not all women that are referred for services agree to ongoing visits. Referrals for services come from many sources. The total number of referrals received in 2012 was 515, a large decrease from 2011. In the past the health department has rented space to serve prenatal clients over the age of 20 at the Beloit WIC office. 1.2 nursing positions were devoted to services in this clinic. This year the WIC program terminated that agreement, explaining a large decrease the number of clients served. The agency is working on a strategic plan to outreach to local providers and inform them of the services available to Rock County families.

The goals of the Rock County Healthy Families First program are to:

- Promote positive health behaviors
- Reduce the risks associated with reproductive health of mothers and families
- Promote the growth, development, and optimal functioning of infants, children, and youth

Reduce racial disparity in birth outcome and to prevent injury and disability.

Objective 1: By December 31, 2012, the infant mortality rate for families served during pregnancy by the Rock County Health Department will be zero.

The Rock County Health Department served 244 pregnant women during this service year. There was one infant death due to extreme prematurity.

Objective not achieved

Objective 2: By December 31, 2012, at least 80% of closed antepartal clients who smoke will have stopped smoking during the pregnancy

Of the 151 pregnant women seen for more than 3 visits, 30% smoked. 74% of these clients either stopped or decreased smoking.

Objective not achieved

Objective 3: By December 31, 2012, 100% of clients that have accepted at least one home visit after their baby's birth will receive information on reducing infant death through safe sleep strategies.

Unsafe sleep environments continue to be a primary cause of death in Rock County for infants under one year of age. Through funding provided by Dean Health Systems and other contributors the Health Department was able to purchase and distribute 74 pack and play cribs to families that were unable to afford a safe place for their babies to sleep. Additionally, the public health nurses provided information to all 168 postpartum clients served about safe sleep on their first home visit to the family.

Objective achieved

Objective 4: By December 31, 2012, 80% of all referrals generated by Early Head Start will receive at least three home visits by a public health nurse.

In the third year of co-visiting in homes, the Rock County Health Department continues to collaborate with the Rock Walworth Head Start/Early Head Start Program. By teaming to visit together, the client is able to benefit from the expertise of two agencies concerned with the growth, development and health of the family. Of the 27 referrals received for these visits by the Rock-Walworth Early Head Start program, 18 families received more than three home visits before closure (67%).

Objective not achieved

Objective 5: By December 31, 2012, 80% of children in the Head Start program who fail the vision and screening will receive public health nurse follow-up to facilitate medical evaluation.

Early detection of vision and hearing difficulties is a crucial service and can allow for early medical treatment. Failure to detect and treat these problems early in life can lead to speech and language difficulties and permanent vision loss. A total of 267 children were screened for vision at the four Head Start locations in Janesville and Beloit. Of these, 55 (21%) were referred for concerns. Hearing screening was also performed on these 267 children. Of those screened for hearing, 22 (8%) were referred for concerns. All children received follow-up from a public health nurse to facilitate a medical evaluation. Of the children referred for evaluation and follow-up, 84% received vision exams and 77% received hearing exams.

Objective partially achieved

Objective 6: By December 31, 2012, at least four "Color Me Healthy" presentations will be given at each Head Start location.

Head Start programs in Rock County serve at risk preschool children. The health department provides public health nurse consultation and a nursing "presence" in each of Rock County's Head Start facilities. A total of 303 hours of service was provided to the head start program in 2012. A primary focus of these visits is nutrition education with the "Color Me Healthy" curriculum. Eight (8) presentations were made in the buildings following the Color Me Healthy curriculum.

Additionally, parent socializations offered an opportunity for the nurse to reinforce the learning that the children experienced and carry it through to adult and family nutrition at home.

Objective achieved

Objective 7: By December 31, 2012, 100% of all medically needy students in school districts served by the Rock County Health Department will have a plan of care in place to assure accurate and safe care is being provided.

Contracted nursing services are provided to St. Paul Lutheran, Parkview and Edgerton School Districts. School staff refers students for initial care planning and the nurse updates these plans at least yearly, or as often as needed. Through care planning, the school nurse works with staff on needed modifications to assure children with health needs have a safe and healthy environment in which to learn. Care plans are developed with the cooperation of school staff and parents, and the approval of the child's primary physician. The care plan serves as a vehicle to inform staff of special needs and communicate any special procedures or emergency health plans. This year the school nurses involved in these districts developed 76 care plans.

Objective achieved

Objective 8: By December 31, 2012, the Child Death Review Team (CDRT) will review all deaths in children/adults through age 25 years.

The Child Death Review Team is co-chaired by the Rock County Coroner and the Health Department. This team reviews deaths with the goal of understanding the causes of these deaths and developing collaborative programming around prevention of such deaths in the future. Recognizing that young adult deaths often are the result of risks acquired in childhood, review of deaths is extended to all infants, children and adults up to age 26. In 2012, 20 deaths were reviewed.

Objective achieved

Objective 9: By December 31, 2012, provide two outreach activities focused at decreasing racial and ethnic disparities in birth outcomes.

The Health Department continues to be an active participant on the Beloit Lifecourse Initiative for Healthy Families, a group with the core mission of reducing disparities in birth outcomes and infant mortality in Beloit. This multidisciplinary group meets monthly and reaches out to many in the community with information and education regarding their mission.

Nurses participated in the Latino Health Fair and a resource fair for new immigrants to the United States. A nurse is involved with information, resource referral and parenting education for the teen parent program via the School District of Beloit.

A public health nurse is staffed in the First Choice Women's Health Center office in Janesville to provide intake for those women that are diagnosed with pregnancy and have no health insurance. The public health nurse moves directly to express enrolling the

woman in medical assistance and providing assessment, education and enrollment in home visiting services to assure a healthy start to the pregnancy.

Objective achieved

Objective 10: By December 31, 2012, revenue received through Medical Assistance billing for maternal child health services will increase 10% over 2011 billing.

Because our WIC-Beloit collaboration was terminated we were not able to devote efforts to prenatal care coordination (PNCC) in the same way as in the past. There was an overall decrease of 28% in PNCC billing for the year. Healthcheck billing for infants and toddlers visited through the Healthy Families First Program increased by 8% over 2011, Medicaid "Express Enrollment" for pregnant women without insurance decreased by 2%. The 2012 total billing for all areas of maternal and child health decreased by 17%.

Objective not achieved

ADULT HEALTH

The goals of adult health services are to reduce and/or eliminate risks associated with chronic and communicable diseases, prevent premature disability and/or death, and promote positive health outcomes and optimal levels of functioning.

Objective 1: By December 31, 2012, public health nurses will participate in at least 4 adult health and wellness activities in a community-based setting.

The nursing division continued to participate in the annual Rock County Wellness Fair, providing TdaP vaccinations for employees. A public health nurse staffed a booth at 8 "Super Tuesday" events at a local natural foods store, focusing on a different topic monthly. In addition the health department was invited to provide health related articles for the newsletter published by the store. Nurses made 4 health presentations at the Beloit Domestic Violence Shelter and provided monthly health talks to Latino women enrolled in the Evenstart education program.

Objective achieved

Objective 2: By December 31, 2012, public health nurses will provide at least 4 population-based services or presentations aimed at meeting the health needs of special populations.

A public health nurse continued to provide classes for fall prevention for elders called "Steppin' On". Two sets of classes were held in 2012. Health topics were presented at a resource fair for those with low income, at Rock Valley Community Programs for homeless veterans, Early Head Start monthly socialization meetings for parents and a local day care that serves low-income families.

During the flu season the agency provided flu vaccination clinics for several agencies serving the homeless and needy families, the Latina population of Evenstart, and a local food pantry population. This was made possible through a donation of flu vaccine from a pharmaceutical company with extra supply. Additionally the nursing supervisors

arranged for many group homes with residents that cannot travel to have flu vaccination via home visit by a public health nurse.

Objective achieved

Objective 3: By December 31, 2012 public health nurses will provide at least 2 programs designed to meet the health needs of rural populations.

A "Strong Woman" class series was presented in the village of Orfordville. These classes are designed to assist women that may be in a sedentary lifestyle to build core strength. A presentation of rural health concerns was the focus of a Health and Wellness Fair at Blackhawk Technical College.

Objective achieved

FAMILY HEALTH CLINIC

The Family Health Clinic provides services that transverse the Communicable Disease Control Program, Healthy Families First Program, and Adult Health Program. These clinics provide a needed service and also make available a way to identify clients and families who may need extended services through other program areas.

The goal of the Family Health Clinic is to provide Rock County citizens low-cost nursing clinic services that provide health assessment, health information and appropriate referrals.

Objective 1: By December 31, 2012, at least 30 individuals in need of screening and referral for low cost vision resources will be served.

The Health Department offers clinic services to screen individuals seeking care for vision problems and facilitates applications to Lions Clubs in Janesville and Beloit. This year 57 individuals were assisted to apply for vision care and glasses through the services of the family health clinic.

Objective achieved

Objective 2: By December 31, 2012, public health nurses will provide education and information to 400 travel immunization clients via phone or clinic visit.

A unique service at the local Health Department level, the travel clinic continues to flourish as individuals readying for travel seek information, education, and immunization to ensure a safe and healthy visit abroad. Phone calls are taken for general advice and clients are assisted to schedule a clinic visit with a nurse that administers immunizations that are advised for the area to which they are traveling. Nurses provided 321 traveling clients with immunization clinic services and assisted another 163 individuals that requested education over the phone.

Objective 3: By December 31, 2012, public health nurses will assist at least 24 women to apply for medical assistance benefits via Express Enrollment.

Express Enrollment is a service to assist pregnant women that meet certain income guidelines to qualify quickly for medical insurance coverage for issues relating to their pregnancy. Removing the barrier of health insurance coverage allows these women to begin their prenatal care earlier in their pregnancy. All women seen for this service are also offered ongoing nursing visits through our Healthy Families First program and provided referrals to local health care providers, and other services for which they may qualify. Forty-four (44) women received express enrollment services in 2012.

The Health Department added a clinic service to First Choice Women's Health Center, providing a public health nurse in their Janesville office each Tuesday afternoon. The public health nurse is devoted to assisting clients to enroll in express enrollment and referring them for services in the Healthy Families First program.

Objective achieved

Objective 4: By December 31, 2012, public health nurses will provide 24 immunization clinics to adults being served through First choice Women's Health Center.

In 2010, a collaborative effort was launched to provide an on-site immunization clinic to men and women receiving health services at the First Choice Women's Health Center (FCWHC) in Janesville. Through this satellite clinic 76 individuals received a total of 120 immunizations. These clinics were held twice a month on Wednesday afternoons and teamed a public health nurse and public health support specialist to provide assessment and immunization for human papilloma virus (HPV), tetanus, diphtheria and pertussis (TdaP) and viral hepatitis A and B.