IOWA COUNTY WISCONSIN HEALTH DEPARTMENT	**AGENDA** **Board of Health** **Wednesday, May 10, 2023** **4:00 PM** **Health & Human Services Center** ***Community Room*** **303 West Chapel Street** **Dodgeville, Wisconsin** *Zoom* https://us02web.zoom.us/j/87368682729?pwd=VXJUU0hlanhVOUFxRUl5aVVubVJJdz09 Meeting ID: 873 6868 2729	**Iowa County, Wisconsin**

For information regarding access for the disabled, please call 935-0399

Any subject on this agenda may become an action item

1	Call to Order and Welcome
2	Roll Call and Introductions
3	Approve the agenda for this meeting
4	Approval of the minutes from the March 22, 2023 prior meeting
5	Report from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.
6	Board of Health Lay Member Appointment: Vickie Stangel
7	2022 Annual Report of the Iowa County Health Department - Approval
8	Environmental Health Program Update – Troy Moris, RS, EH Consortium Coordinator
9	Program Updates: • *2023 County Health Rankings Report* • *Healthy Iowa County Community Health Improvement Plan (CHIP):* update on progress with the four Community Action Teams (Transportation, Aging Concerns, Mental Health/AODA, Healthy Living) • *Public Health Program Updates* - End of PH emergency 5/11/23, Comprehensive Workforce Assessment per CDC Infrastructure grant, COVID-19 After Action Report and Improvement Plan, Narcan Training • *WPHA/WALDHAB Legislative and Policy Priorities*
10	Monthly report (programmatic stats)
11	Next meeting date
12	Adjournment

Posting Verified by: Debbie Siegenthaler, Director/Health Officer; Joan Davis, Chair Date: 5.3.2023 Initials: DS

	UNAPPROVED MINUTES **Board of Health** **Wednesday, March 22, 2023 @ 4:00 PM** **Health & Human Services Center – Community Room** **303 West Chapel Street** **Dodgeville, WI 53533**	**Iowa County Wisconsin**

For information regarding zoom or access for the disabled, please call 935-0399

1	**Meeting was called to order** by Chairperson Joan Davis at 4:00 PM.
2	**Roll Call and Introductions:** Committee members present: Joan Davis, Tom Howard, Justin O'Brien, Gerald Galle, Linda Pittz, Sue Steudel, Dody Cockeram. Others Present: Iowa County Board member Mel Masters, Iowa County Health Department Director Debbie Siegenthaler, Medical Advisor Dr. Peter Mullin, and citizens Bruce Paull and Kathy Ladd (participating via zoom). Director Siegenthaler introduced and welcomed new Board member County Supervisor Dody Cockeram. Health Department nurses Leah Walrack and Carly Tibbits were in attendance and introduced by Director Siegenthaler.
3	**Approve the agenda for this meeting:** O'Brien moved to approve the agenda for this March 22 meeting. Pittz seconded the motion. Motion passed unanimously.
4	**Approval of the minutes from the November 9, 2022 meeting:** Howard moved to approve the minutes of the November 9, 2022 meeting. Cockeram seconded the motion. Motion passed unanimously.
5	**Report from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.** County Board member Masters addressed the Board to advise them that he has received three complaints recently from citizens regarding wind towers in the county. Ladd spoke about wind turbine syndrome (noise, irritability, sleep issues, etc.) as well as long term effects including other health issues. She asked that the Department of Health form a wind turbine syndrome task force similar to the Opioid task force.
6	**Appreciation of Service to the Board of Health; Lay member Linda Pittz:** Director Siegenthaler presented a plaque of appreciation to Linda Pittz (who is retiring from the Iowa County Board of Health) and thanked her for her long, dedicated and valued service.
7	**Program Updates:** Director Siegenthaler reported that we are gradually "moving out of Covid" as the Public Health Emergency officially ends May 30th. This represents an "off ramp" to many parameters associated with the pandemic and decisions by state and federal authorities must be made regarding privatization of the vaccine, among other decisions. Health Departments are awaiting word from these authorities regarding many issues related to Covid-19 (such as free vaccine for local health depts). Director Siegenthaler reported on the acquisition of a pharmaceutical grade refrigerator and freezer at a cost of about $17,000 (with Covid funding support) and that some funding sources related to Covid will extend into 2024. She further reported about the Health Department's February campaign with long term care facilities (regarding booster vaccinations) and mentioned that future Covid vaccines would most likely be an annual vaccine, based on annual Covid characteristics. Director Siegenthaler stated that a new funding stream involves CDC infrastructure funds – a five year grant for $105,000 over five years that is characterized as "fairly flexible funding". Health Department Nurses Tibbits and Walrack informed the Board on Program/Services Partnerships, including: …an update on vaccine program connected with the Iowa County free clinic …Collaboration with the Thrift Store and Food Pantry, including education and radon test kit distribution …TDAP program moved from 6th to 7th grade students …Varicella and pneumococcal vaccine program updates (Discussion here regarding Wisconsin has yet to update vaccination requirements for school children and daycares at legislative level (an update of administrative rule) – amid much opposition from "anti-vaxxers". Medical, religious, or personal conviction waivers remain available. …Discussed how we screen and follow-up on high lead level cases in children

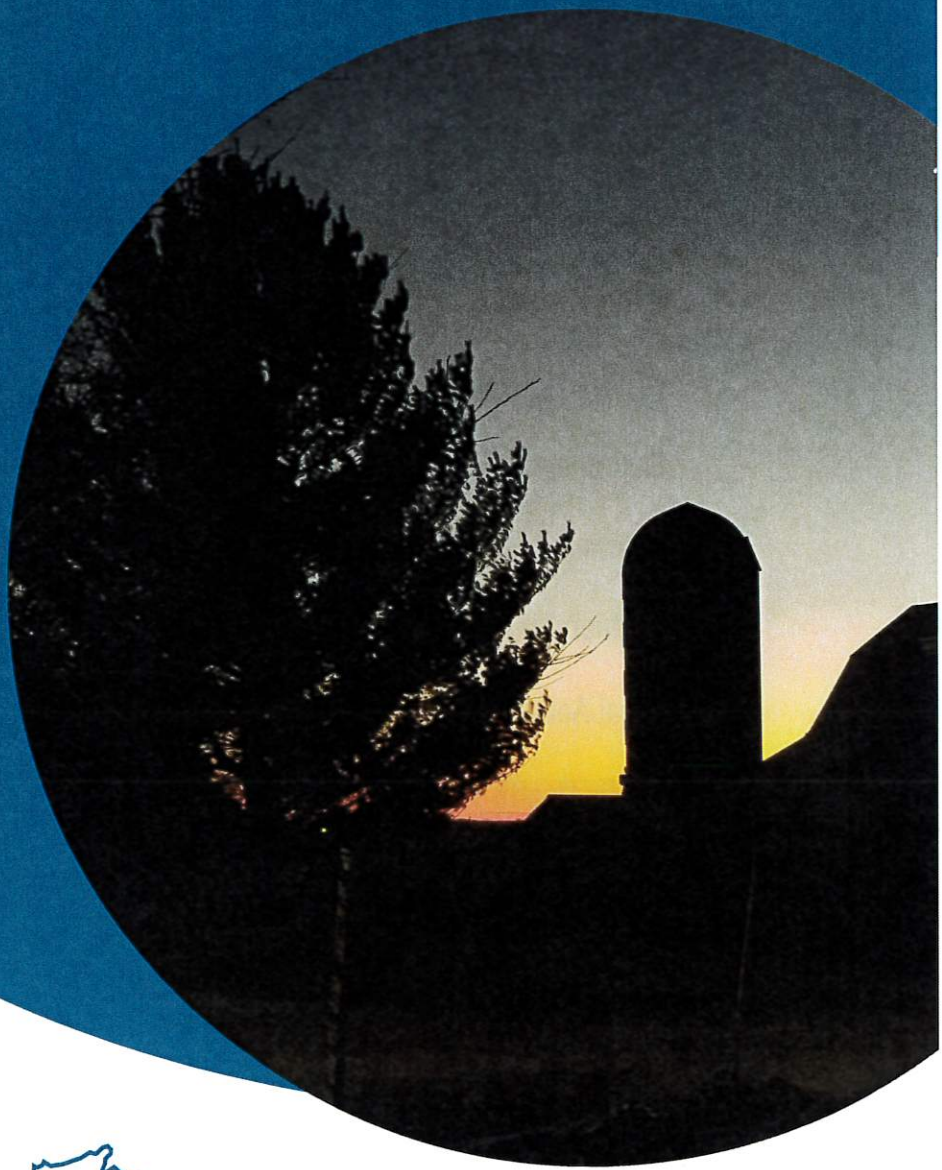
	…Maternal Child Health Program, visits to new mom and babies at risk, referrals from physicians …Family Resource Center – terrific partnership where we work collaboratively on programs and assistance to families. Director Siegenthaler reported on the Health Department's sponsorship of Nursing (BSN) and Master of Public Health (MPH) students – one student is here now and one will arrive later this summer. Director Siegenthaler presented an update on CHIP planning process: CHIP is the Community Health Improvement Plan and the Community Health Needs Assessment has been completed. The Health Department is taking the lead on each priority area identified in the needs assessment. The four priority areas are: Aging, Transportation, Healthy Living (nutrition/physical activity) and Mental Health/AODA. Community action teams have been formed and have each met and will continue meeting over the next few months to define goals and actions to address these priority needs. It is hoped to have a draft of the plan by the end of this summer. Director Siegenthaler confirmed the date of the 140 Review (an audit by DHS to ensure we are meeting the requirements of a level II health department) that will occur on May 31, 2023. Siegenthaler distributed copies of the Health Department's 2022 year-end budget update, including expenditures and revenues and briefly discussed this report: many line items were offset by Covid funds, the Health Department is no longer the fiscal agent for SCWIHEARC grant monies, and Expenses less Revenue total to Levy Request. The expenses for the year came in $7,123 under the Levy Request.
8	**Opioids Needs Assessment:** Board of Health Chairperson Davis reported on the progress of the Iowa County Opioid Task Force. Copies of the assessment document are available upon request to Davis. Background: The state and county sued opiate companies; our county hired SWRPC to do a needs assessment. The recommendations therein are fairly vague and the need now is to determine how to utilize the funds forthcoming from the litigation to fund prevention, treatment, and recovery ideas. Ideas need to be compiled and prioritized regarding funding and implementation.
9	**Monthly report (programmatic stats):** Director Siegenthaler distributed copies of the monthly report of the programmatic statistics, including a yearly summary.
10	**Next meeting date:** The next meeting of the Iowa County Board of Health will be 4:00 PM, May 10, 2023 (subject to change – members will be notified).
11	**Adjournment:** Pittz moved to adjourn the meeting; seconded by Cockeram. Motion carried. Meeting was adjourned at 5:33 PM.

Minutes submitted by Tom Howard, Iowa County Board of Health secretary

Iowa County Health Department Annual Report

2022

Published May 2023



Public Health
Prevent. Promote. Protect.

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STAFF AND BOARD OF HEALTH

Public Health
Prevent. Promote. Protect.

The Iowa County Health Department is the official agency of the County responsible for the promotion of wellness, prevention of disease and provision of a healthful environment. This is achieved through activities involving assessment of the community, policy development and evaluation of programs.

OUR TEAM

Health Officer/Director
Debbie Siegenthaler, MSN, RN

Public Health Nurse Lead
Carly Tibbits, BSN, RN

Public Health Nurse
Leah Walrack, BSN, RN
started in September 2022

Public Health Nurse
Ann Thompson, BSN, RN
retired in September 2022

Public Health Project Nurse
Carmen Carpenter, BSN, RN

LTE Public Health Nurse
Kelly Deterding, BSN, RN

Community Coordinator/Educator
Geana Shemak, PhD, ATC

Environmental Health Coordinator
Troy Moris, RS

Administrative Assistant
Marylee Oleson
started in June 2022

Administrative Assistant
Kathy Key
retired in June 2022

Board of Health

Joan Davis, *Chair/Elected Official*
Justin O'Brien, *Vice-Chair/Elected Official*
Gerald Galle, *Elected Official*
Bruce Haag, *Elected Official*
Brenda Hlavac, *Elected Official*
Jeremy Meek, *Elected Official*
Tom Howard, Secretary/*Community Member*
Linda Pittz, *Community Member*
Sue Steudel, *Community Member*

Dr. Peter Mullin, *Medical Advisor*

A MESSAGE FROM THE HEALTH OFFICER

To the Iowa County Board of Supervisors, Board of Health, Health & Human Services Committee, and Residents:

Two thousand twenty-two brought a third year of the COVID-19 pandemic response. The Omicron surge was in full swing at the start of 2022. We continued implementing key response pieces including drive thru testing, vaccine clinics at Lands' End and numerous rounds of school-based vaccine clinics all around Iowa County as well as case investigation and contact tracing. Continued communication with dozens of partners including health care systems, long-term care facilities, school districts, pharmacies, public safety, businesses as well as DHS also continued with too many challenges to list. It's obvious that a pandemic response continuing into a third year was a significant stress to the health department team and our partners. We also recognize the strain and impacts of this pandemic to our community.

A comprehensive pandemic response, even in year three, continued as a complex endeavor requiring capacity the Health Department normally does not have. 2022 saw our capacity surge continue to be at significant levels to operate dozens and dozens of vaccine and testing clinics. This surge was needed to continue to manage aspects of disease control and surveillance, as well as public messaging and education.

This year brought two retirements, signaling a near complete turnover in staff in just two years' time. We wished happy "next chapters" to Kathy Key and Ann Thompson who served Iowa County for decades. In their respective positions we welcomed Marylee Oleson and Leah Walrack.

This report represents a third consecutive annual report full of a majority of reporting specific to the pandemic response as it continued to consume the majority of our time. The first quarter of the year, our vaccine clinic location changed several times to accommodate and best meet needs and we visited our school districts multiple times in multiple rounds to offer and deliver vaccine. The home antigen test became available in August which signaled a key change in our response, allowing us to cease our drive through test site later in the year. The bivalent booster became available in September, refocusing efforts in delivering boosters to offer additional protection. It's important to note that all our testing, vaccination and response efforts were in parallel to the dedicated response our partners were also delivering. It truly takes a village!

Upon writing this, I am so proud to report that the COVID-19 vaccination effort in Iowa County has placed Iowa County #7 in the State of Wisconsin for uptake of the primary series and #5 in the state for uptake of boosters. This success represents so much hard work by so many as well as a responsive public, willing to be the critical partner we needed in order to achieve this success.

While the pandemic consumed so much of 2022, we were able to begin to resume several of our programs. With a very new staff, we spent much time and effort getting orientations completed, reviewing and organizing programs and procedures. One very large and ongoing activity was the implementation and completion of the Community Health Needs Assessment. Four priority areas were identified and 2023 will include taking the next steps of defining the Community Health Improvement Plan through four Community Action Teams.

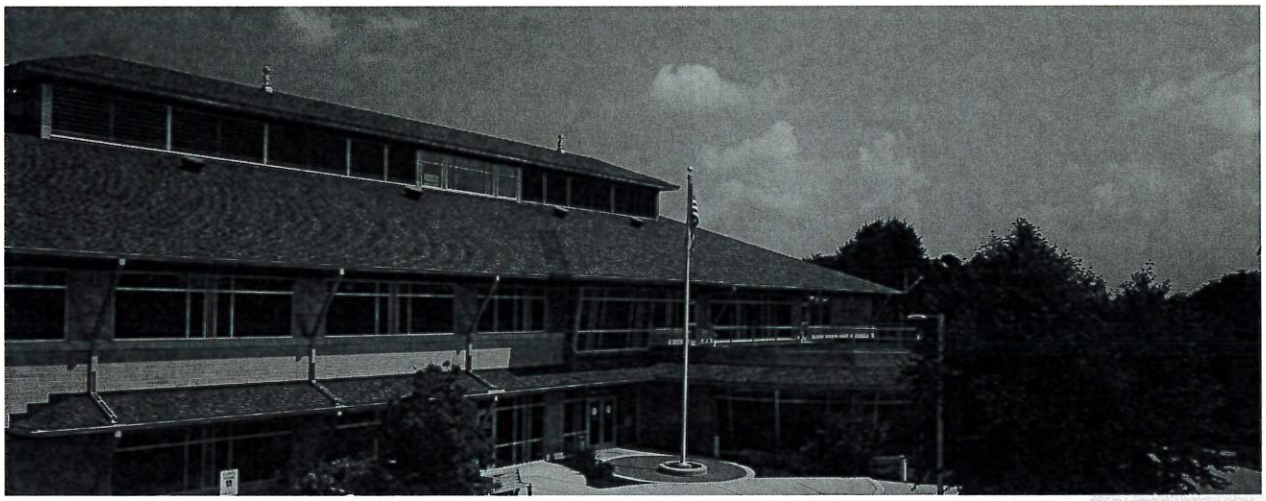
Continuing to express my sincere gratitude to our amazing response partners won't stop. Keith Hurlbert and Amanda Gardner from Emergency Management have been a constant and they deserve recognition and praise far beyond what we can adequately convey. Uplands Hills Health continued their expert response, along with our school districts (special shout out to the school nurses), long term care facilities, public safety partners, pharmacies, funeral homes and coroner's office, Sheriff's Department, Iowa County Corp Counsel, Iowa County District Attorney, Department of Social Services, Unified Counseling, and county government, including the County Administrator, Board of Health, HHS Committee and County Board of Supervisors. Thank you also to our medical advisor, Dr. Peter Mullin as well as Iowa County residents.

Finally, adequately conveying the incredible amount of time, challenge, fatigue and stress involved in these past three years is impossible. The response has required immense dedication, endurance, courage and grit. I can never sufficiently commend our team at the health department. They are the bravest, smartest and most resilient and fantastic group of humans, period. They are some of the most important heroes of this pandemic and will be sung about in the history books... my hats off to them!

Debbie Siegenthaler

Debbie Siegenthaler, MS, RN
Public Health Officer/Director

OUR ORGANIZATION



Our Mission

Maximizing quality of life across the lifespan.

Our Vision

Lifelong health and well-being for every person, family and community in Iowa County.

Our Core Values

Prevention and Promotion: Providing strategies that prevent disease and promote healthy living in healthy environments. Empowering citizens to take responsibility for their health and well-being.

Collaboration and Partnership: Working together to provide the best solutions that address health priorities of the community and support a strong public health system.

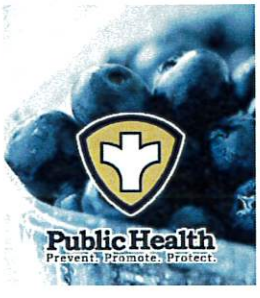
Evidence-Based: Practicing science based strategies and using best practices that improve population health.

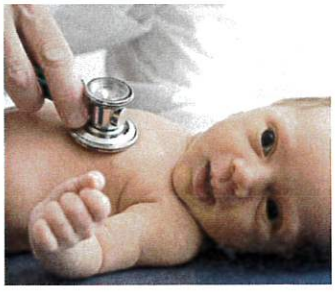
Respect: Approaching all people with significance, understanding, compassion and dignity.

Social Justice and Health Equity: Promoting equal rights and opportunities and advocating wellness for everyone regardless of social, economic, or cultural factors. Fostering policies and programs that are respectful of our diverse communities, considering the social determinants of health, and incorporating practices that reduce health disparities.

Integrity: Practicing commitment to honesty, fairness, professionalism, and accountability in all of our decisions and actions.

Teamwork: Contributing, learning, supporting and energizing team members while embracing each other's differences and abilities.





ESSENTIAL SERVICES

Essential Services of Public Health

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

POPULATION HEALTH

Assess and monitor population health

Wis. Stat. § 251.05(3)(a)

A local health department shall regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.

Demographic Profile

Fact	Iowa County, Wisconsin
Population Estimates, July 1, 2022	23,865
Age and Sex	
Persons under 5 years, percent	5.20%
Persons under 18 years, percent	21.80%
Persons 65 years and over, percent	20.30%
Female persons, percent	49.30%
Race and Hispanic Origin	
White	96.30%
Black or African American alone	0.90%
American Indian and Alaska Native	0.30%
Asian	0.80%
Native Hawaiian and Other Pacific Islander	0.10%
Two or More Races	1.60%
Hispanic or Latino	2.20%
White, not Hispanic or Latino	94.50%
Population Characteristics	
Veterans, 2017-2021	1,273
Foreign born persons, 2017-2021	1.70%
Median gross rent, 2017-2021	$828
Building permits, 2021	138
Households, 2017-2021	9,749
Computer and Internet Use	
Households with a computer, 2017-2021	89.90%
Households with a broadband Internet subscription, 2017-2021	85.20%
Education	
High school graduate or higher, percent of persons age 25 years+, 2017-2021	95.80%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	26.50%
Health	
With a disability, under age 65 years, percent, 2017-2021	8.10%
Persons without health insurance, under age 65 years, percent	5.40%
Income & Poverty	
Median household income, 2017-2021	$73,716
Per capita income in past 12 months, 2017-2021	$36,329
Persons in poverty, percent	7.50%
Geography	
Population per square mile, 2020	31.1
Land area in square miles, 2020	762.7

COMMUNICABLE DISEASE

Diseases in Iowa County	2018	2019	2020	2021	2022
Anaplasmosis, A. phagocytophilum	0	3	1	5	8
Arboviral Illness, Jamestown Canyon	0	0	0	0	1
Arboviral Illness, West Nile Virus	1	3	1	0	0
Babesiosis	0	0	0	0	1
Blastomycosis	0	0	0	0	1
Campylobacteriosis	14	20	11	18	13
Carbon Monoxide Poisoning	0	0	2	2	3
Chlamydia Trachomatis	36	44	36	41	29
Coccidioidomycosis	0	0	1	0	0
COVID-19 (confirmed positive cases)	--	--	1,657	1,828	2,927
Coronavirus (confirmed, probable, suspect, not a case)	--	--	11,620	7,996	--
Cryptosporidiosis	7	6	3	9	5
Cyclosporiasis	0	0	0	1	0
E-Coli	5	7	2	5	9
Ehrlichiosis/Anaplasmosis, A., E. Chaffeensis	0	1	0	0	3
Giardiasis	2	1	2	3	1
Gonorrhea	8	6	7	10	3
Haemophilus Influenzae, Invasive Disease	0	1	0	0	1
Hepatitis B	0	3	1	0	2
Hepatitis C, chronic	3	9	5	2	1
Histoplasmosis	0	1	0	0	1
Influenza (Hospitalizations)	37	18	15	0	8
Legionellosis	1	1	1	3	0
Leptospirosis	0	0	0	0	0
Listeriosis	0	1	0	0	0
Lyme Disease, Erythema Migrans Rash	4	9	2	2	3
Lyme Lab Report	29	37	21	69	83
Malaria	0	0	0	0	1
Meningitis, Bacterial other	0	1	0	0	0
Multisystem Inflammatory Syndrome in Children	--	--	1	0	0
Mumps	0	0	1	0	0
Mycobacterial Disease (non-Tuberculosis)	3	2	2	3	3

COMMUNICABLE DISEASE

Diseases in Iowa County	2018	2019	2020	2021	2022
Orthopoxvirus, Monkeypox	--	--	--	--	0
Pertussis	4	0	0	0	1
Q Fever, Unspecified	0	2	0	0	1
Rubella	0	0	0	0	0
Salmonellosis	10	3	2	7	7
Shigellosis	1	0	1	2	3
Spotted Fever Group	0	1	0	0	0
Streptococcal Disease, Invasive, Group A/Other	0	2	1	1	2
Streptococcal Disease, Invasive, Group B	1	0	6	2	1
Streptococcus Pneumoniae, Invasive Disease	5	0	1	1	2
Syphilis	0	1	1	0	1
Toxoplasmosis	0	3	1	0	2
Tuberculosis	0	1	1	0	1
Tuberculosis, latent	3	3	0	1	2
Varicella	2	0	0	0	1

Data Source: *Wisconsin Electronic Disease Surveillance System*

Tuberculosis

Public Health nurses administered 24 Mantoux tuberculin skin tests in 2022. One client was treated for latent tuberculosis by receiving medications administered by public health nurses over the course of 12 weeks. Another client is currently awaiting treatment due to short supply of tuberculosis medication.

Mpox

The ICHD worked with the Department of Health Services to become a regional Mpox vaccinator, advertised the tiered eligibility expansion, and provided outreach and education. The ICHD administered 38 doses of Mpox vaccine in 2022. Between June 30, 2022 and October 22, 2022, there were 86 cases of Mpox in Wisconsin. Fortunately, no cases were identified in Iowa County residents.

Immunizations

Appropriate administration of safe and effective vaccines is one of the most successful and cost effective public health tools for preventing disease. In 2022, 961 total immunizations (including flu) were administered. As reference, in 2021, 700 total immunizations (including flu) were administered. The Health Department is a provider of the Vaccines for Children Program (VFC), which can be administered to children through age 18 years with Medicaid, BadgerCare or no insurance. The Health Department is also a provider of the Vaccines for Adults Program, which allows for vaccination of our community aged 19 years and older based on specific guidelines set forth by the program. Currently, the ICHD is able to give out free Tdap vaccines regardless of insurance status.

Year	No. of Vaccines* Given to Children	No. of Vaccines* Given to Adults
2018	951	214
2019	880	206
2020	1005	181
2021	188	56
2022	640	60

** Includes flu vaccines*
Does NOT include COVID-19 vaccines

Year	% of Children who are fully immunized by their 2nd birthday
2018	65%
2019	68%
2020	66%
2021	68%
2022	68%

Routine reminders are sent to parents/caregivers of children who are overdue for immunizations. Articles on the topic of immunizations and vaccine preventable illnesses are shared in various publications and via social media throughout the year.

The Health Department staff continued to provide COVID-19 vaccines throughout all of 2022.

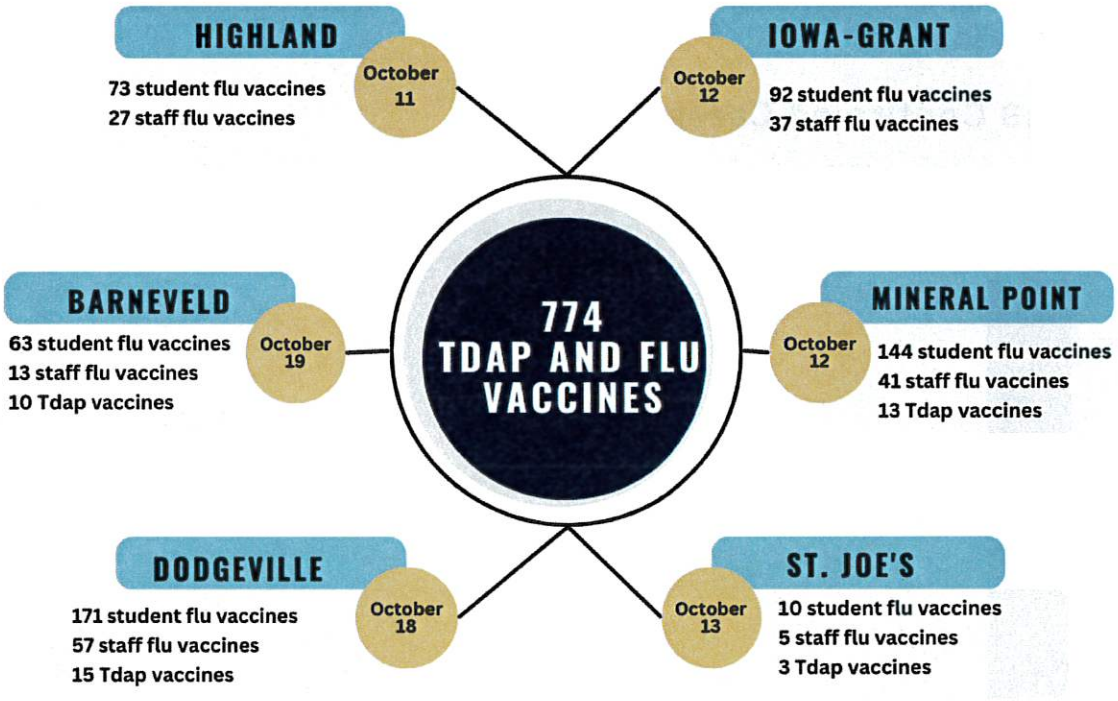
- **January-** vaccines are offered at both the Lands' End clinic site and HHS building
- **February/March**- vaccine clinics are held at HHS building and in schools
- **September-** brought the arrival of the Bivalent booster vaccine

SCHOOL-BASED VACCINE CLINICS

The Iowa County Health Department continues to place a high value on our relationships with schools in our county. We continue to grow and nurture our relationships with school nurses and administrators and serve as an ongoing resource, not only to them, but also the families they serve. In 2022, we continued to have regularly scheduled Zoom meetings with the school nurses. The frequency of those meetings was based on mutual need.

In addition, we collaborated with each school to provide mass vaccination clinics within the school setting both in February of 2022 (COVID-19 boosters) and again in October of 2022 (flu vaccines). In February and March, we provided 123 vaccines to area school children and in October, we provided 733 flu vaccines to the students and staff in Iowa County schools.

2022 School-Based Mass Vaccination Clinics



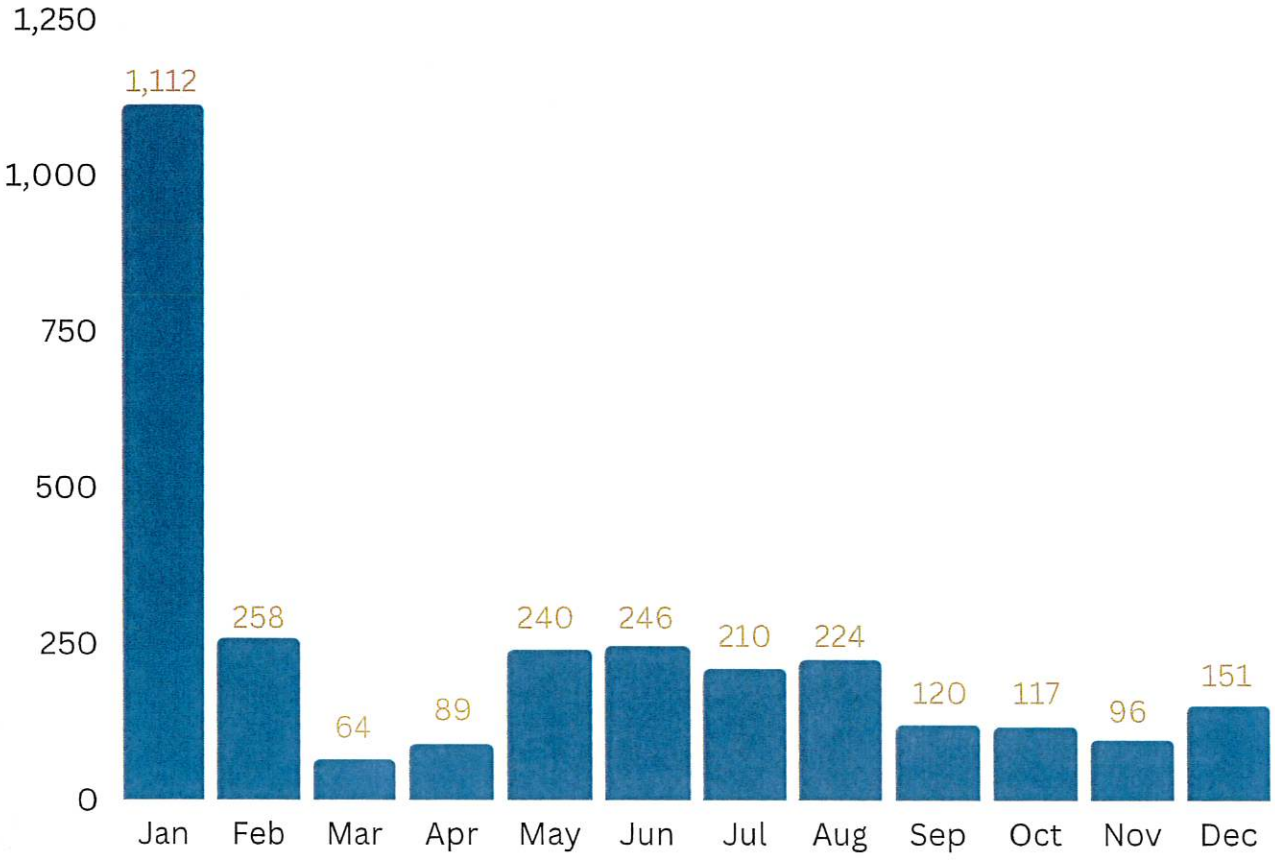
Providing Tdap and Flu vaccines to Iowa County Schools

Wisconsin State Law mandates that local health departments are the responsible agency for the surveillance and follow-up of over 70 reportable communicable diseases. Communicable diseases are tracked through a secure, confidential database between public health, private physicians, hospitals, labs and the state. This communication channel allows for prompt investigation of possible outbreaks and unusual situations. It allows for control measures to minimize further transmission of disease to others.

COVID-19 Pandemic Response and Recovery

COVID-19 contact tracing of positive cases continued in January 2022 and was managed by the nurses on staff at the Health Department with the assistance of some of the LTE staff. At the close of the month of January, it was determined that universal contact tracing efforts would cease based on capacity to continue these efforts as well as the changing recommendations received from the WI DHS and CDC. We continued to provide outbreak management and contact tracing support to organizations such as long-term care facilities and daycares. The public was notified of the change in protocol and the Health Department continued to provide information to the residents of Iowa County through Facebook posts and the COVID-19 Dashboard.

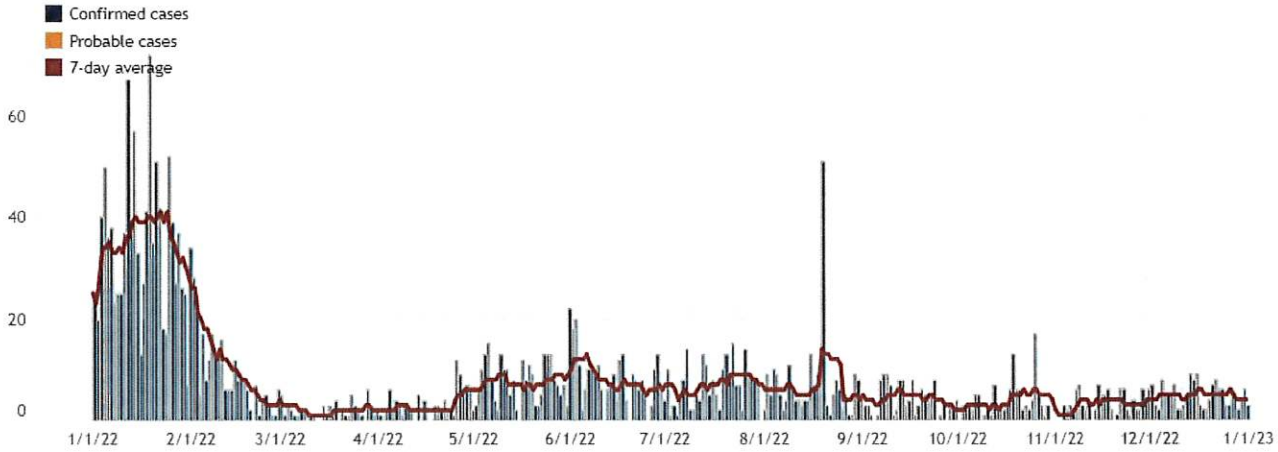
COVID-19 Confirmed Cases, 2022



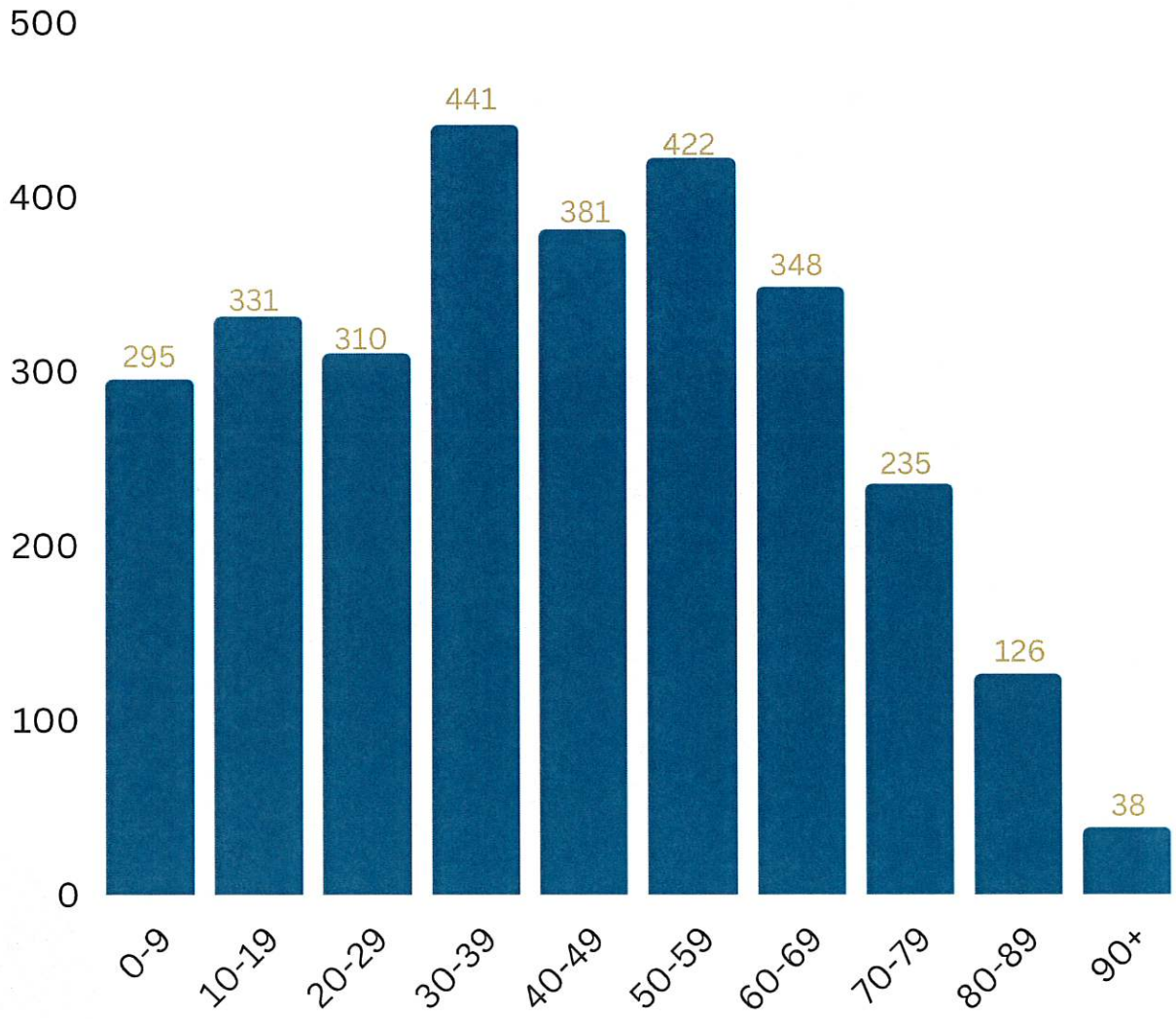
COVID-19 DATA

COVID-19 Epidemic Curve

(distribution of cases throughout 2022)

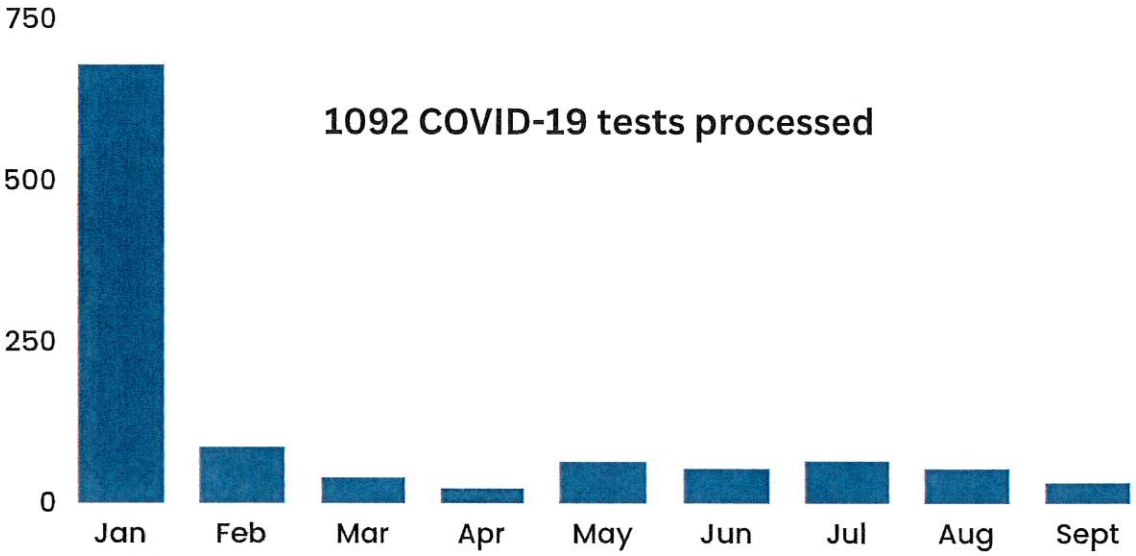


COVID-19 Cases by Age, 2022



COVID-19 Drive-thru Testing

The ICHD continued to offer drive-thru COVID-19 testing in 2022. Testing was offered twice weekly through the month of September. Beginning October 1, 2022, testing at the HHS building ceased and the promotion and distribution of at-home (antigen) tests continued.



ANTIGEN TESTS & MASK DISTRIBUTION

At-home Antigen Tests

The distribution of at-home COVID-19 antigen tests began in June 2022 during the drive-thru COVID-19 testing operation. This distribution continued through the summer months and was heavily promoted beginning in October, after the drive-thru operation ceased. These tests are available at no cost to the public.

N95 Masks

The distribution of N95 masks to the public began in February 2022.

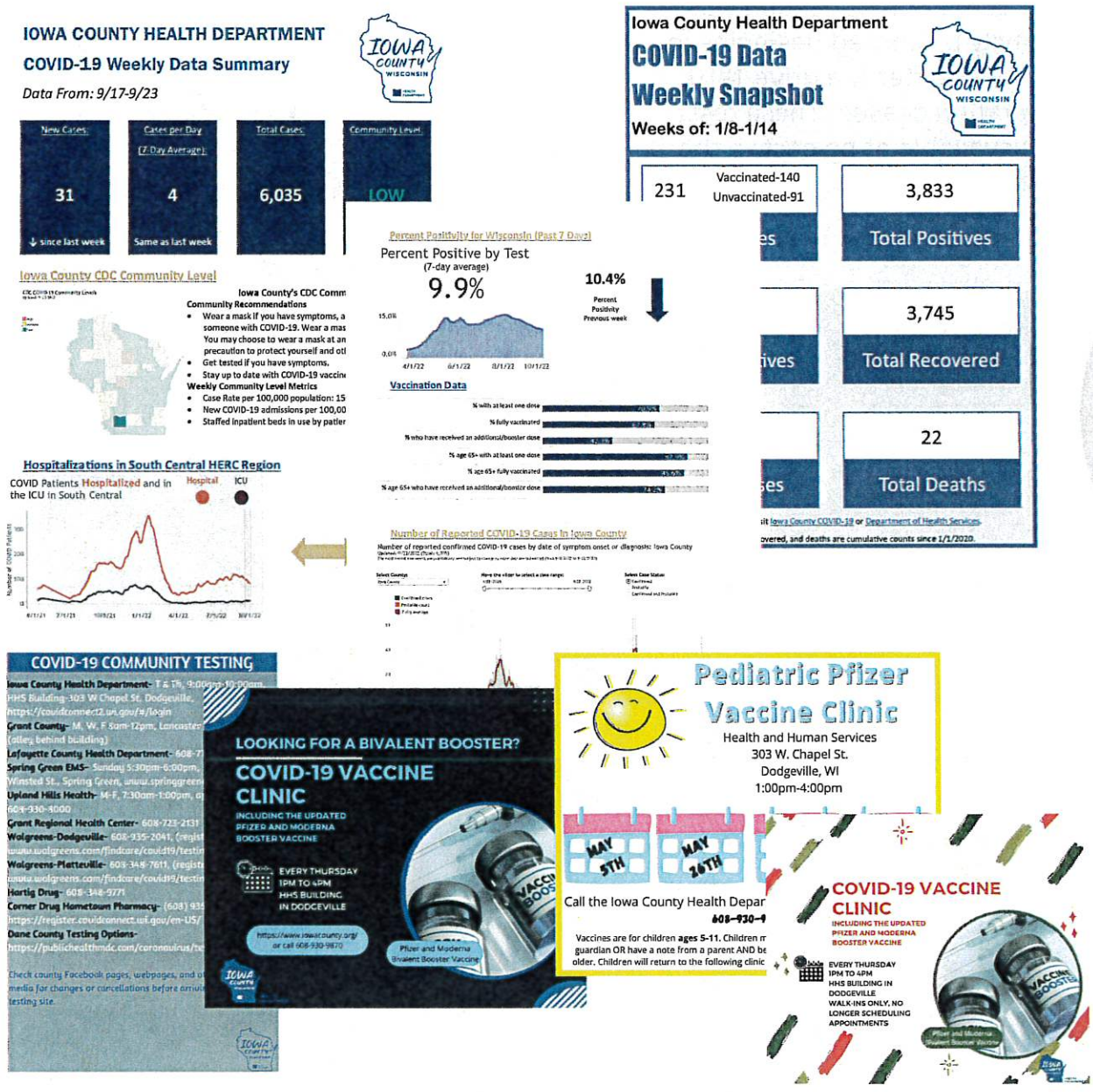
Emergency Management initially supplied 6000 masks and the ICHD and LTE staff packaged masks for the public's protection. We received an additional 1600 masks from Emergency Management later in the year.

Available inside the front door at the HHS building during normal business hours

To date - 3570 tests have been distributed and 7600 N95 masks

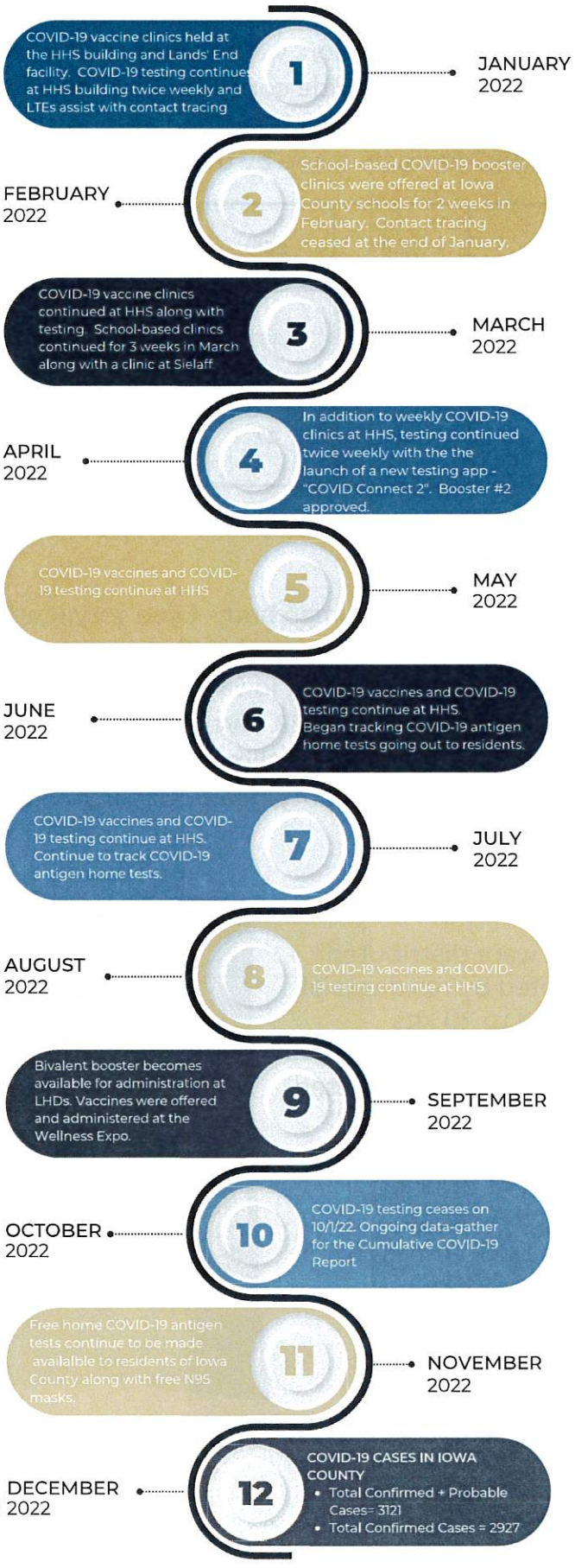
COVID-19 DATA & COMMUNICATIONS

Data continued to be a critical part of keeping the community and our partners updated on key metrics. The weekly dashboard summary was adapted as the response evolved as key metrics were used to inform the guidance and recommendations. These metrics were consistently communicated to partners, stakeholders, and the public.



Communication to partners, stakeholders and the public continued as the pandemic necessitated consistent and regular updates throughout 2022. Guidance and recommendations continued to evolve and much of the communications focused on testing and vaccine opportunities.

COVID-19 TIMELINE



ENVIRONMENTAL HEALTH

The Environmental Health Program is a valuable asset to our residents with a focus on issues like house hygiene, lead, radon, water quality and mold. The Environmental Health Coordinator continues to provide consultation and hands-on assessments for referrals in Iowa, Lafayette, Grant, Richland and Vernon counties. Below are the number of home visits and contacts made by the Environmental Health Coordinator.

	2018	2019	2020	2021	2022
Contacts	283	287	236	255	220
Home Visits	29	27	16	33	24

Childhood Lead Levels

There is no safe level of lead in the human body. Even very low levels of lead can cause permanent brain damage and negatively affect health, especially those between 6 months and 6 years of age. 121 Iowa County children were tested for blood lead levels at medical clinics in 2022. Five children had blood lead levels in the range of 3.5-9 mcg/dl and were provided follow-up by the nursing staff. Four blood lead tests were performed by Iowa County Health Department nurses at Head Start's classroom in Dodgeville.

Radon/Water Test Kits

Forty-eight radon kits were distributed and 58% were completed by residents of Iowa County, compared to 20 kits distributed and 15 (75%) returned in 2021. Follow-up guidance was completed for all clients with levels above 4 pCi/l. The risk of death for radon at 4pCi/l is approximately 1 in 100. At the 4 pCi/l EPA action guideline level, radon carries approximately 1,000 times the risk of death as any other EPA carcinogen.

19 water tests were distributed and sent to the Wisconsin State Lab of Hygiene.

Animal Bites/Rabies

The ICHD nurses provided follow-up and education on 64 animal bite investigations in 2022, compared to 69 animal bite investigations in 2021 and 73 in 2020. Animal bites occurred from 31 dogs, 17 cats, and 1 squirrel. Additionally, 15 bats were sent to the Wisconsin State Lab of Hygiene to be tested for rabies and all came back negative or indeterminate. Of the 48 domestic animals, 24 were not vaccinated for rabies.

Communicate effectively to inform and educate

Wis. Admin. Code § DHS 140.04(1)(c)
Development and delivery of services to reduce the incidence or prevalence of the chronic diseases or injuries that are the leading causes of disability and premature death in the jurisdiction of the local health department.

Communications/Branding

Social media posts were created to increase awareness about public health events and educate the public about public health related topics. Educational posts included topics related to current events and awareness and promotional happenings.

Strengthen, support, and mobilize communities and partnerships

Wis. Stat. § 251.05(3)(c)
A local health department shall involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03(1)(L).

Chronic Disease Prevention

The Iowa County Health Department works to address chronic health conditions through its work on the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). In 2022, Upland Hills Health, the Iowa County Health Department, along with several community partners convened several meetings to plan and implement a CHNA as well as review progress collectively made on the previous CHIP.

Each three-year cycle, the CHNA provides an important opportunity to review secondary data which profiles key demographic data as well as the statistical health of Iowa County via review of national, state and local data sources. In addition, the CHNA is a critical opportunity to gather the voices of our community through primary data collection, accomplished through a community survey to learn about residents' concerns. Approximately 327 stakeholders contributed their responses and ideas to the community survey disseminated in 2022. Community health needs were identified and prioritized based on: available data, input from community members regarding perceived importance of health concerns via a community survey, and our ability to make a significant impact.

Four priorities will be the focus in our 2022-2024 Community Health Improvement Plan:

- Mental Health and Alcohol/Drug Abuse/Misuse
- Access to Transportation
- Healthy Eating/Exercise (Healthy Living)
- Aging Concerns

At this writing, we are in the process of facilitating planning meetings with four Community Action Teams to define specific goals, objectives and desired outcomes in each of the four priority areas. Chronic disease prevention is woven into several - if not all - of these priority areas. The specific role the Health Department will play in the workplan activities is not yet defined; however, it is the health department's mission, vision, and values to be a critical and engaged partner in the work of addressing and preventing chronic disease.

PARTNERSHIPS

Create, champion, and implement policies, plans, and laws

Wis. Stat. § 251.05(3)(b)
Develop public health policies and procedures for the community.

Collaborations

Collaboration is at the heart of the work public health does in affecting the health of our communities. The Iowa County Health Department is engaged in dozens of coalitions, partner organizations and initiatives that provide the opportunity for the Health Department to influence the health of Iowa County residents through policy, prevention and/or intervention efforts.

Wisconsin Association of Local Health Departments and Boards (WALHDAB), Chair of Southern Region
Wisconsin Public Health Association (WPHA)
Southwest Community Action Program (SWCAP)
Community Connections Free Clinic
Iowa County HeART Coalition
Iowa County Homeless Coalition
Substance Abuse Prevention Coalition
Infection Prevention Council at Upland Hills Health
Salvation Army
Traffic Safety Commission
Southwest Wisconsin Environmental Health Consortium
Southwest Wisconsin Emergency Preparedness Consortium
South Central Health Care Coalition
Southern Wisconsin Immunization Coalition
Aging Network (I-Team)
Local Emergency Planning Committee (LEPC)
Family Resource Center of Iowa County
South Central Wisconsin Healthcare Emergency Readiness Coalition (SCWIHERC)
Southwest Alliance for Tobacco Prevention (SWATP)

Iowa County Health Department staff partnered with the ADRC to administer free COVID-19 booster vaccines at the 2022 drive through Wellness Expo. In December of 2022, the public health nurses began partnering with the Iowa County Food Pantry. The nurses continue to provide education, radon test kits, COVID test kits, N95 masks, and vaccines for adults on site at the food pantry on select Thursday mornings. In 2022, the Iowa County staff began Iowa County Immunization Stakeholder Meetings with the intent to bring those who administer vaccines in Iowa County a space to collaborate, identify gaps and minimize duplication.

LEGAL ACTION

Utilize legal and regulatory actions

Wis. Stat. § 251.06(3)
A local health officer shall: (a) Administer the local health department in accordance with state statutes and rules. (b) Enforce state public health statutes and rules. (c) Enforce any regulations that the local board of health adopts and any ordinances that the relevant governing body enacts, if those regulations and ordinances are consistent with state public health statutes and rules.

Orders

In 2022, there was one order of abatement issued in December. Additionally, one previously issued order was resolved in 2022.

Enable equitable access

Wis. Admin. Code § DHS 140.04(1)(c)3
Services to prevent other diseases....Arranging screening, referral and follow-up for population groups for which these activities are recognized by the department as effective in preventing chronic diseases and injuries.

Home Visits

The Health Department nurses went on a total of 16 home visits across Iowa County this year. They went on 11 visits to provide support, education, connection to resources, and infant weight checks to Iowa County mothers with infants who requested public health follow-up. Three visits were to provide education and administer vaccinations to homebound individuals. Two visits were to provide environmental health hazard follow-up.

STUDENT NURSE CLINICAL EXPERIENCE

Build a diverse and skilled workforce

Wis. Stat. § 251.06(3)(e)

A local health officer shall...Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications and have supervisory power over all subordinate personnel. Any public health nurses and sanitarians hired for the local health department shall meet any qualification requirements established in rules promulgated by the department.

Student Nurse Experience

The Health Department Nurses served as preceptors/mentors for a UW-Madison BSN nursing student in the fall of 2022. The Iowa County Health Department is committed to helping students and interns develop the knowledge and skills required for them to gain entry into their desired professional fields. To that end, our nursing student was assigned one official preceptor (Lead Public Health Nurse) who provided daily guidance and assignments and served as the liaison to the nursing department at UW-Madison. All other staff mentored and guided her learning experience during her semester with us. Our student quickly learned that their experience at ICHD involves a teamwork approach. The Iowa County Health Department offers its students a rich, fully immersive experience allowing them to get a comprehensive look at the many ways a local health department serves it's community.

Here is an overview of her experience:

- Assisted with administration of COVID vaccines at the Wellness Expo
- Administered flu and Tdap vaccines at our mass vaccination school-based clinics
- Observed and administered tuberculosis skin tests at the Health Department
- Shadowed staff on maternal-child health home visits
- Participated in mock anaphylactic reaction scenarios
- Was educated on the procedure for animal bite investigations and communicable disease follow-up
- Prepared and presented an educational opportunity for the staff on the subject of Ebola during the Uganda Ebola Outbreak.
- Completed research on the vaccine rates in Iowa County over the past 5 years to identify specific vaccines that have experienced a decrease in uptake over that time period.
- Submitted an article to the Iowa County News and Views on Mpox and COVID-19 vaccines
- Designed an educational brochure on rabies prevention to be used as an educational tool
- Attended a WALDHAB meeting and spent time in an Iowa County school under the supervision of the school nurse.
- Increased her knowledge of both the WIC program and general preparedness

PUBLIC HEALTH WORKFORCE

Limited-Term Employees (LTEs)

A complex multi-year response involves complex operations far beyond the normal capacity of the Health Department. The capacity added in 2020 continued into 2021 and 2022. Many Public Health Nurses joined the staff as Limited-term Employees. These LTE nurses added essential capacity with vaccination and testing operations as well as contact tracing. In addition, one of the Public Health Nurse Project positions approved/added in 2020, continued in 2022. These were essential in assisting with the operations noted above as stakeholder coordination with long term care facilities and school districts. In addition, the assistance of Iowa County Department of Social Services in lending a team member continued in 2022. Also listed are our Emergency Management partners who have been absolutely essential to our operations and success.

PHN Project Positions
Carmen Carpenter
Kaylee Litchfield

LTEs
Kelly Deterding
Judi Ascher
Elizabeth Bothfeld
Cara Biddick
Janet Brown
Maria Felland

LTEs
Kathy Honerbaum
Denise Hummel
Marion Van Asseldonk
Debra Short
Cathy Tanner

Iowa County Social Services
Nohe Caygill

Emergency Management Department Staff
Keith Hurlbert, EM Director
Amanda Gardner, Assistant

Public Health Emergency Preparedness

The Iowa County Health Department has enjoyed a multi-decade long partnership with neighboring counties to work on, train and exercise emergency preparedness plans. The partnership includes Iowa, Grant, Lafayette, Richland, Vernon and Crawford counties. The pandemic provided opportunity for regional collaboration across the consortium. We specifically partnered and pooled resources with Lafayette County when standing up our initial testing clinics. We also partnered with messaging and public education across the region. Health Officers planning together, sharing creative solutions, or even sharing frustration is always helpful. The support of our neighbors was critical to the response as well as fulfilling the requirements of the Public Health Emergency Preparedness Grant. Having said all of this, there are additional opportunities to collaborate as enhanced regional collaboration was identified in our COVID-19 After Action Report as a gap.

South Central Wisconsin Healthcare Emergency Readiness Coalition (SCWIHERC)

Iowa County is one of 14 counties in the South Central Wisconsin HERC Region 5. The coalition is comprised of hospitals, public health, emergency management, emergency medical services and trauma. Through effective policy development and training practices, the Healthcare Emergency Readiness Coalition integrates individual planning capabilities from regional responders to facilitate a coordinated and collaborative response to emergencies in the region. From 2018 to June 2021, Iowa County Health Department served as the fiscal agent for SCWIHERC. As stated above, in the COVID-19 After Action Report, collaboration with the SCWIHERC was identified as an area where we feel there are opportunities to enhance the benefits that come from regional collaboration.

2022 LTES

Limited Term Employees

LTE NURSES CONTINUE TO ASSIST IN 2022

Vaccinations

The staff of LTE nurses that played an integral role in vaccination efforts in 2021 continued to assist the ICHD into 2022 on a smaller scale. This staff continued to assist with COVID-19 vaccination clinics held at both the Lands' End site and the HHS building.

COVID-19 testing

In addition to assisting with our vaccination effort, the LTE staff was also involved in helping with our COVID-19 drive through testing site until testing ceased on October 1, 2022.

School-based clinics

The LTE staff of nurses made it possible for the ICHD to vaccinate students and staff in the school setting for both COVID-19 boosters in February and the flu vaccine in October. With their assistance we were able to administer 773 flu vaccines as part of a mass vaccination school-based clinic.

Other notes on LTEs

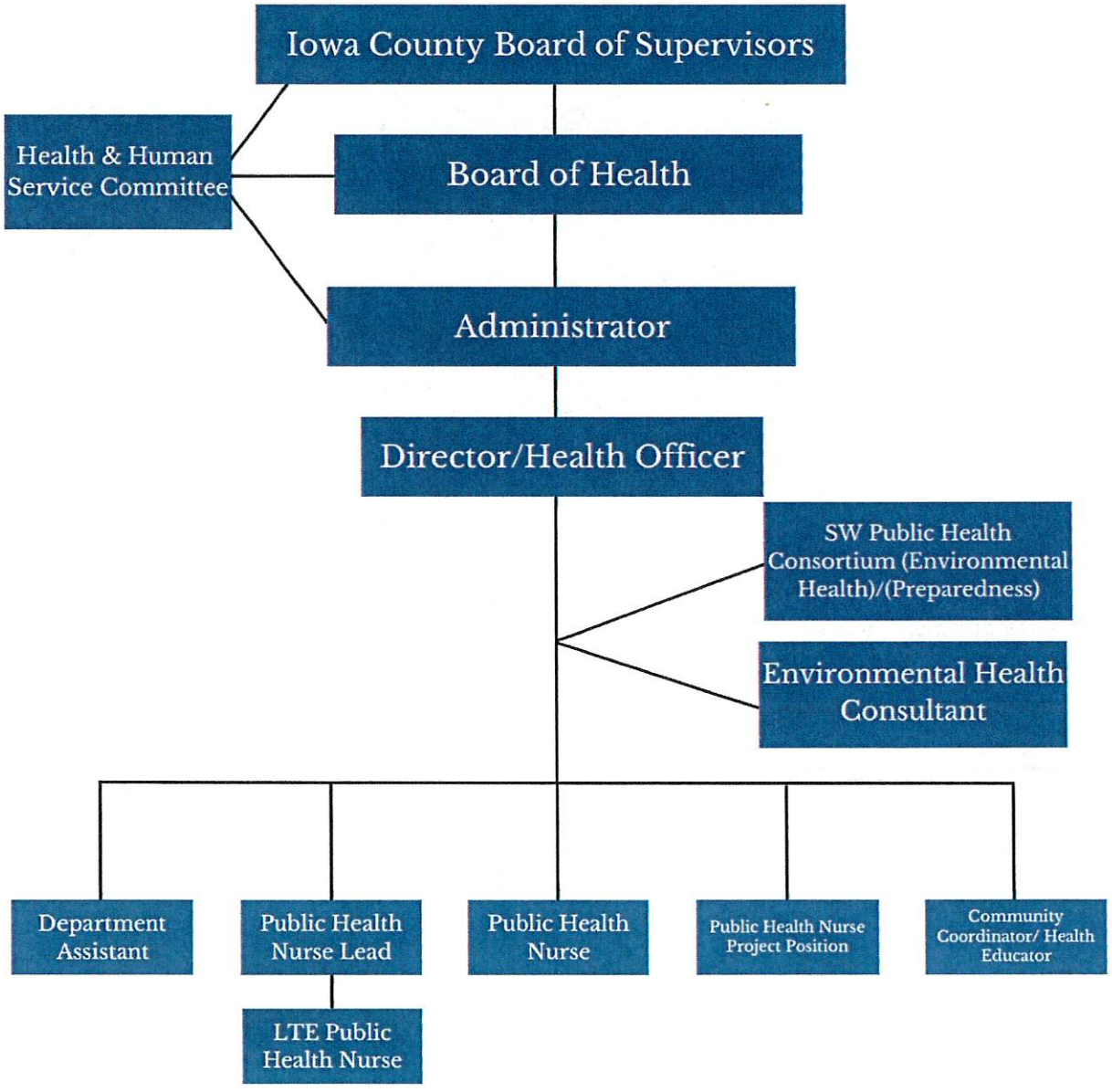
LTE staff was also available when the decision was made to provide N95 masks and at-home antigen testing to the residents of Iowa County. They prepared thousands of masks and tests for distribution. They also assisted ICHD staff with contact tracing during the month of January.

Social events were scheduled three times during 2022 to offer opportunities for the LTE staff to stay connected to the ICHD staff while providing social time to build relationships.

ORGANIZATION CHART

Iowa County Health Department

ORGANIZATION CHART



Improve and innovate through evaluation, research, and quality improvement

Organizational Review

The Iowa County Health Department staff spent considerable time and effort in 2022 beginning an organizational review. With a nearly entirely new staff, we took a first important and essential step in a detailed review of the programs we implement, staffing models, data collection methods/metrics as well as our agency mission, mission and values. This organizational review included several key pieces contributing to our overall commitment to the delivery of quality programs and constant improvement. These pieces included: review and revision of policies and procedures; electronic scanning of thousands of immunization records/documents in our effort to move toward electronic storage of health records; upgrading the pharmaceutical grade refrigerator and freezer that stores our vaccinations.

This organizational review was the first step in updating our Strategic Plan which we will continue in 2023. The Health Department's current Strategic Plan: goals and strategies of the Department are below.

Improve Health Outcomes in our Jurisdiction

- Develop and evaluate department programs, policies, and procedures based on community needs
- Focus on health equity
- Strengthen and expand collaborative relationships and partnerships

Workforce Development

- Maintain a professional staff that works together as a cohesive team
- Diversify workforce - Health Educator position
- Plan for Environmental Health Coordinator sustainability
- Develop a Succession Plan

Fiscal and Performance Management

- Explore cross-jurisdictional sharing opportunities
- Become a high functioning LHD – accreditation ready, slowly adopt PHAB standards over time based upon PHAB self-assessment results

Communication and Community Awareness

- Continue to communicate with the public on health and consumer related issues
- Increase visibility of health department as community resource and partner
- Explore options to keep website and social media current and interesting
- Focus on health literacy

POLICIES AND PROCEDURES

Policy and Procedure Review

In June of 2022, the staff of the ICHD made a commitment to update the Policy and Procedure Manual for the department. Throughout the height of the COVID-19 pandemic, it was not possible to review and update policies and procedures on a regular basis, but as part of the recovery process the decision was made to begin the review process and update the policy and procedure manual.

Individual policies and procedures were divided among staff members who then reviewed and updated the content of each policy. This task involved researching and obtaining updated information, state statutes, and hyperlinks to resources and references. From there, the policy was reformatted and brought back to the staff for review and edits.

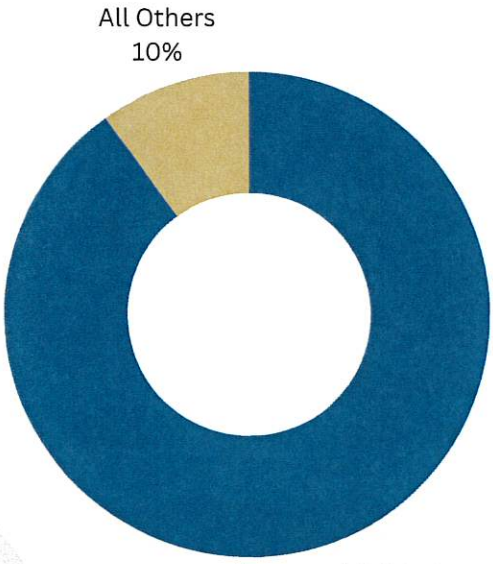
During the final 6 months of 2022, the staff reviewed, researched, updated, and formatted 43 departmental policies. The goal of the ongoing review/updates is to keep the ICHD policy and procedure manual current and relevant for use.

FISCAL SUMMARY

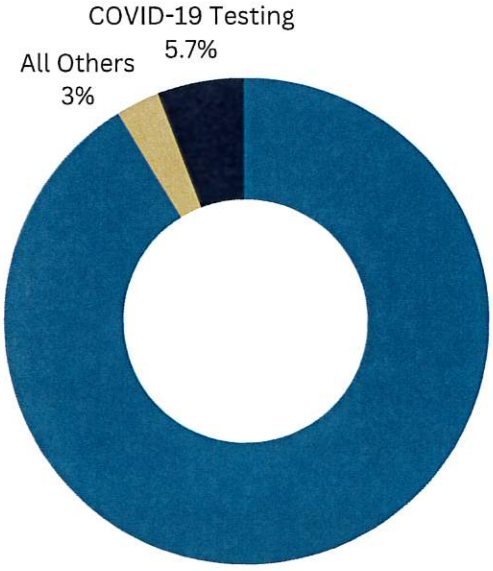
Build and maintain a strong organizational infrastructure

Expenses	2018	2019	2020	2021	2022
Personnel & Fringe	325,600	348,542	569,773	692,167	569,703
All others	49,965	59,172	76,554	178,733	63,448
*SCWIHERC	-	355,592	216,637	38,414	-
Total:	$375,565	$763,307	862,964	909,314	633,151
Revenue					
Grants	107,549	135,934	435,789	404,922	329,313
All others	12,368	10,558	1,230	2,772	10,764
*SCWIHERC	-	360,912	237,593	173,598	-
Covid-19 Testing				23,120	20,700
Total:	$119,917	$507,404	674,612	604,412	360,777
Tax Levy	$255,648	$255,903	188,352	304,902	272,374

*Fiscal Agent for the South Central Wisconsin Health Emergency Readiness Coalition (SCWIHERC) ended 6/30/2021.



2022 Expenditures



2022 Revenues

Annual Report:
For additional copies, call 608-930-9870 or visit our website at
https://www.iowacounty.org/departments/HealthDepartment/health-resource-links

Iowa County Health Department
303 W Chapel St.
Suite 2200
Dodgeville, WI 53533

IOWA COUNTY WISCONSIN HEALTH DEPARTMENT

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303 W. Chapel St.
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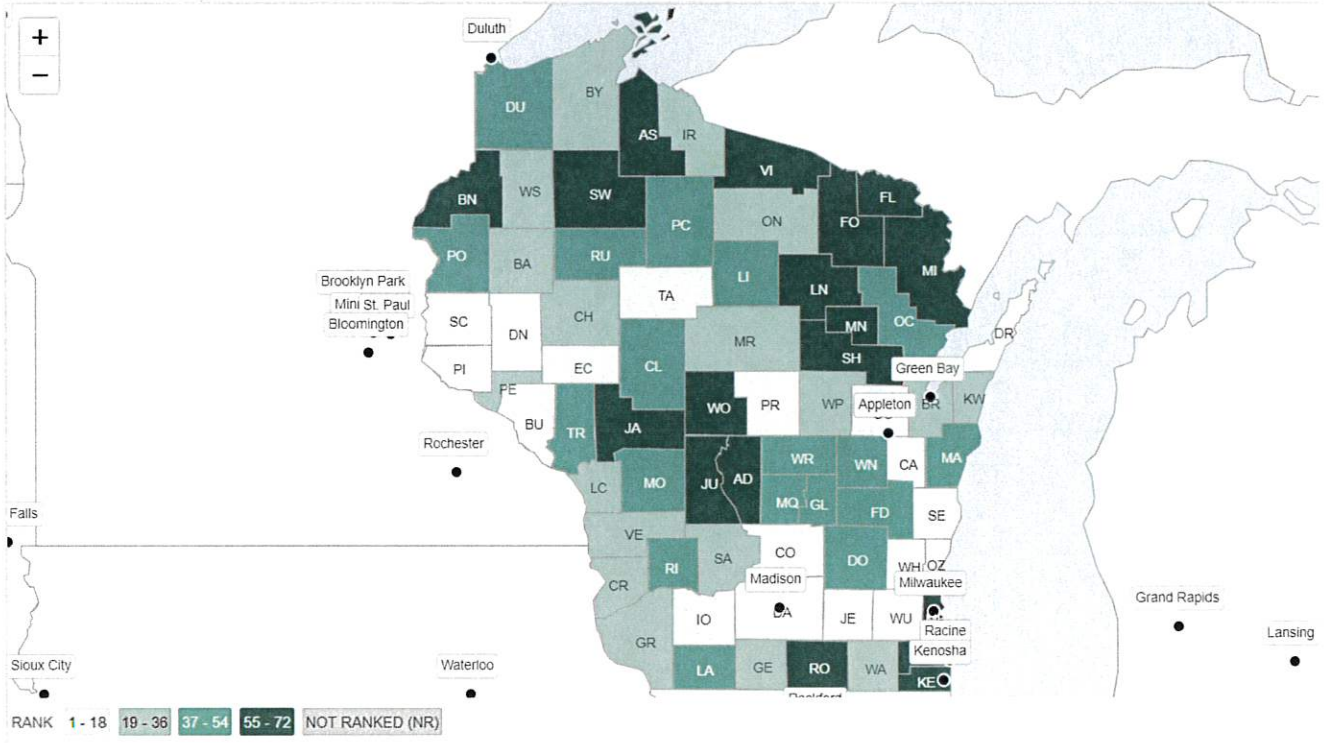
Phone: (608) 930-9870
Fax: (608) 937-0501
https://www.iowacounty.org/departments/HealthDepartment

2023 County Health Rankings

https://countyhealthrankings.org

Iowa County ranks #11 out of 72 in health outcomes.
See detailed measures in the following pages and by visiting https://countyhealthrankings.org



County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY

Iowa, WI

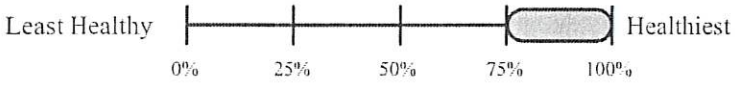
2023

Rank #11 of 72 ranked counties in Wisconsin

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Iowa (IO) is ranked among the healthiest counties in Wisconsin (Highest 75%-100%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Iowa (IO) is ranked in the higher middle range of counties in Wisconsin (Higher 50%-75%).

~ Trends Available

Health Outcomes				
Length of Life		Iowa (IO) County	Wisconsin	United States
Premature Death	~	4,800	6,600	7,300
Quality of Life		Iowa (IO) County	Wisconsin	United States
Poor or Fair Health		10%	12%	12%
Poor Physical Health Days		2.9	3.2	3.0
Poor Mental Health Days		4.5	4.4	4.4
Low Birthweight		7%	8%	8%
Additional Health Outcomes (not included in overall ranking)				
Health Factors				
Health Behaviors		Iowa (IO) County	Wisconsin	United States
Adult Smoking		17%	16%	16%
Adult Obesity		33%	33%	32%
Food Environment Index		9.1	8.8	7.0
Physical Inactivity		19%	20%	22%
Access to Exercise Opportunities		40%	84%	84%
Excessive Drinking		27%	26%	19%
Alcohol-Impaired Driving Deaths	~	19%	36%	27%
Sexually Transmitted Infections	~	164.7	456.2	481.3
Teen Births		8	14	19
Additional Health Behaviors (not included in overall ranking)				
Clinical Care		Iowa (IO) County	Wisconsin	United States
Uninsured	~	5%	7%	10%
Primary Care Physicians	~	2,150:1	1,240:1	1,310:1

Dentists		1,580:1	1,380:1	1,380:1
Mental Health Providers		1,480:1	420:1	340:1
Preventable Hospital Stays		3,737	2,559	2,809
Mammography Screening		34%	43%	37%
Flu Vaccinations		56%	56%	51%
Additional Clinical Care (not included in overall ranking)				+
Social & Economic Factors		Iowa (IO) County	Wisconsin	United States −
High School Completion		96%	93%	89%
Some College		70%	70%	67%
Unemployment		3.4%	3.8%	5.4%
Children in Poverty		11%	14%	17%
Income Inequality		4.1	4.2	4.9
Children in Single-Parent Households		19%	23%	25%
Social Associations		8.0	11.2	9.1
Injury Deaths		74	89	76
Additional Social & Economic Factors (not included in overall ranking)				+
Physical Environment		Iowa (IO) County	Wisconsin	United States −
Air Pollution - Particulate Matter		8.4	7.8	7.4
Drinking Water Violations		Yes		
Severe Housing Problems		11%	13%	17%
Driving Alone to Work		78%	78%	73%
Long Commute - Driving Alone		37%	28%	37%
Additional Physical Environment (not included in overall ranking)				+

Note: Blank values reflect unreliable or missing data.

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

FOR IMMEDIATE RELEASE
April 26, 2023

Contact
Jennifer Miller, 608-266-1683
Elizabeth Goodsitt, 608-266-1683

DHS Details End of Emergency COVID-19 Response

COVID-19 prevention and precaution remain a priority as response programs transition

The federal government has announced the COVID-19 Public Health Emergency will end May 11. In Wisconsin, case numbers, hospitalizations, and deaths from COVID-19 are significantly lower than they were during the surge in late 2021 and early 2022, and the Wisconsin Department of Health Services (DHS) has been making plans to move away from an emergency response to the virus.

The federal public health emergency has been in place since early 2020, and it gave federal and state governments flexibility to waive or modify certain requirements in a variety of areas. Associated legislation provided funding and additional flexibilities to help combat the virus.

DHS continues to transition its emergency COVID-19 response programs and services. Some programs, including COVID-19 testing and vaccine services, will continue to undergo changes in the coming months.

"The declaration of a public health emergency helped support Wisconsin's efforts to combat COVID-19 with resources that saved lives statewide," said DHS Secretary-designee Kirsten Johnson. "As the federal public health emergency declaration nears its end, DHS will continue to shift our COVID-19 response operations. However, it is critical that Wisconsinites know this does not mean COVID-19 has gone away. The virus remains a threat to health, and we must continue to care for ourselves and each other."

DHS and CDC recommend the following steps to protect yourself and your community from the spread of COVID-19 [https://dhs.wisconsin.gov/covid-19/index.htm] :

- Stay up to date on recommended COVID-19 vaccinations [https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html] for the best protection.
    - People ages 65 and older and those who are immunocompromised now have the option to receive an additional updated or bivalent COVID-19 vaccine dose(s), following recent approvals from the FDA and CDC.
- Know the level of COVID-19 in your community [https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html] and follow appropriate guidance, including masking in public places, when levels are high.
- Know the symptoms [https://dhs.wisconsin.gov/covid-19/symptoms.htm] , get tested [https://dhs.wisconsin.gov/covid-19/testing.htm] , and stay home if you're sick.
- Seek treatment [https://dhs.wisconsin.gov/covid-19/telehealth.htm] as soon as you develop symptoms.

"DHS will continue to work with public health partners, including local and tribal health departments, hospital systems, and community agencies and advocates as the state and the nation transition from an emergency response to this virus," Johnson said.

Monitoring of COVID-19 will continue

The DHS Division of Public Health Bureau of Communicable Disease (BCD) will continue to monitor COVID-19 in Wisconsin. BCD regularly monitors respiratory diseases like influenza, RSV, and rhinovirus, in addition to other diseases [https://dhs.wisconsin.gov/disease/a-z.htm] as part of the state's ongoing public health efforts.

COVID-19 levels will continue to be monitored in Wisconsin to allow the state to respond to any future surges in case levels or other developments.

Resources for uninsured Wisconsinites

In the months after the end of the public health emergency, many programs that are currently free may be reverting to insurance and/or personal payment for services. Wisconsin has resources for under-and uninsured people, including programs providing health care for free or at a lower cost. We encourage Wisconsinites who don't have insurance, or who are under-insured, to access these resources.

A good place to begin is ForwardHealth [https://dhs.wisconsin.gov/forwardhealth/index.htm]. ForwardHealth brings together many Department of Health Services health care and nutrition assistance benefit programs. This webpage has links to many programs, including BadgerCare Plus and the Wisconsin Well Woman Program.

What's changing and what's not changing

Vaccines

COVID-19 vaccines will still be available free of charge until the federally purchased supply is depleted. The FDA's emergency use authorization for the COVID-19 vaccines will not end with the public health emergency.

After the federally purchased supply of vaccines is depleted, those with public or private insurance will continue to be able to access COVID-19 vaccines, according to their insurance requirements. On April 18, the U.S. Department of Health & Human Services (HHS) announced the HHS Bridge Access Program for COVID-19 Vaccines and Treatments [https://www.hhs.gov/about/news/2023/04/18/fact-sheet-hhs-announces-hhs-bridge-access-program-covid-19-vaccines-treatments-maintain-access-covid-19-care-uninsured.html] to continue to provide COVID-19 vaccines to maintain broad access to COVID-19 vaccines for millions of Americans who are uninsured. The program will continue to provide COVID-19 vaccines to people who are uninsured at with no cost, even after the federally purchased supply is exhausted.

To find out the latest recommendations regarding COVID-19 vaccines, visit the CDC COVID-19 vaccines [https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html] webpage. To find a location to get a COVID-19 vaccine, visit Vaccines.gov [https://www.vaccines.gov/].

Testing

The end of the public health emergency will mean changes to the availability of free COVID-19 testing resources, including how insurance covers testing.

At-home tests

At-home tests will likely become more costly for people regardless of their insurance status, although some insurance plans may still cover them. People covered by Medicaid will be able to access free at-home tests through September 2024. At-home tests will continue to be authorized for use and will likely remain available for purchase at retail outlets, such as pharmacies.

Laboratory-based tests

Most insured people will still have some coverage for tests ordered or administered by a health professional. Laboratory-based tests, such as PCR tests, will likely no longer be free for those without health insurance, and may result in a co-pay or out-of-pocket costs for those with health insurance. Some free resources may still be available for those without health insurance, such as through free clinics or federal testing programs, such as the CDC Increasing Community Access to Testing (ICATT) [https://www.cdc.gov/icatt/index.html] program. The eligibility and testing criteria for free testing may change with these programs after the end of the public health emergency.

State-supported testing programs

Wisconsin's state-supported testing programs offering have begun to wind down:

- The Say Yes! COVID Test [https://sayyescovidhometest.org/] direct-to-household antigen test distribution program has seen sustained demand and will remain available through May, while supplies last. Wisconsinites are encouraged to order before supplies run out and the program ends.
- The K-12 COVID-19 testing program has ended in-school testing. Schools may order at-home antigen tests to distribute to students, staff, and families until June 15.
- The Community Testing Support Program, the funding support for local pharmacies, local and tribal health departments, and other community locations, ended April 15.
- Testing support for confinement facilities will end April 30. Supplies for confinement facilities serving persons in our care, including unhoused facilities, will remain available until June 15.
- Access to laboratory-conducted (PCR) COVID-19 testing may be limited, and people may be charged, even if they have health insurance.
    - For people with health insurance, COVID-19 PCR testing may need to be conducted by a health care provider as community testing sites will be limited.
    - People without health insurance may need to access PCR testing through a free clinic, or through a federal program like the ICATT [https://www.cdc.gov/icatt/index.html] program.

Treatment and telehealth

Much like COVID-19 vaccines, doses of the pharmaceutical COVID-19 treatment purchased by the federal government will remain free until the supply is depleted. Antiviral treatments like Paxlovid and Lagevrio can help prevent serious illness, hospitalization, and death in people with COVID-19.

DHS' free COVID-19 treatment telehealth service [https://dhs.wisconsin.gov/covid-19/telehealth.htm] has been extended to December 31, 2023. DHS decided to extend the free service to continue its success in making COVID-19 antiviral treatment accessible throughout Wisconsin. Approximately 4,000 people have consulted with providers through the program since its launch in November 2022, and almost half of those were over the age of 60.

Additional updates

As the COVID-19 pandemic and response continues to evolve and more information becomes available about policies and efforts affected by the end of the public health emergency, DHS will provide updates to the public and to health care partners.

DHS will also begin to consolidate COVID-19 information on the DHS website. DHS remains committed to providing the most up to date and accurate information about severe illness and death from COVID-19. These updates will help people find the COVID-19 information they need more easily on the DHS website.

DHS response to COVID-19

"The successful operation of these programs over the past three years has saved lives, protected health, and helped Wisconsin through the most serious public health emergency of our lifetimes," said Johnson. "I continue to thank the public health, health care, and emergency response professionals statewide, including the dedicated public servants of DHS, who have worked tirelessly to move us to a new phase of COVID-19 response."

Some highlights include:

- Since 2020, DHS has distributed 15 million tests throughout the state. This would not have been possible without the partnership of local and tribal health departments, laboratory and specimen collection vendors, community testing support program partners, pharmacy partners, and the Wisconsin National Guard (WING).
- Nearly $31 million in grant money distributed to 185 community organizations to help share vital information about COVID-19 and vaccines to under-represented groups in culturally conscious ways.
- Since September 2022, more than 2.2 million at-home tests have been distributed through Say Yes COVID test, the state's mail-order test distribution program. Tests have been sent to households in all 72 Wisconsin counties.
- Since 2021, nearly 3 million COVID-19 tests have been administered at almost 300 Community Testing Support Program locations.
- In the 2022-2023 school year, more than 1 million at-home tests were sent to K-12 schools throughout the state, with schools in 71 counties receiving testing supplies or testing support through the K-12 COVID-19 Testing Program.
- More than 3.6 million (61.8%) Wisconsin residents have completed the COVID-19 vaccine primary series.
- Nearly 1.2 million Wisconsinites (20.6%) have received the updated COVID-19 booster.
- COVID-19 telehealth treatment has been used in all 72 counties in Wisconsin.
- As of April 21, 2023, 65 of Wisconsin's 72 counties are at a low CDC COVID-19 Community Level [https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html] .

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Open Records

Understand the Statute [https://docs.legis.wisconsin.gov/statutes/statutes/19/ii/31]
Make a Request [https://dhs.wisconsin.gov/des/openrecords.htm]

Last revised April 26, 2023

Debbie Siegenthaler

From: Wisconsin Department of Health Services <widhs@public.govdelivery.com>
Sent: Monday, April 24, 2023 2:49 PM
To: Debbie Siegenthaler
Subject: COVID-19 Vaccine Program: DHS Supports FDA Authorization, CDC Recommendation Permitting Additional Bivalent COVID-19 Booster Dose to Select Individuals, Retirement of Monovalent mRNA Vaccines, and Changes in COVID-19 Vaccination Schedule

Wisconsin COVID-19 Vaccine Program

This email is being sent to local health officers, tribal health directors, COVID-19 vaccinators, COVID-19 vaccine stakeholders, HERC coordinators, and key DHS staff.

DHS Supports FDA Authorization, CDC Recommendation Permitting Additional Bivalent COVID-19 Booster Dose to Select Individuals, Retirement of Monovalent mRNA Vaccines, and Changes in COVID-19 Vaccination Schedule

The Wisconsin Department of Health Services (DHS) supports the Centers for Disease Control and Prevention's (CDC) actions that are summarized below:

- Current bivalent vaccines are to be used for all doses administered to individuals 6 months of age and older, including for an additional dose or doses for certain populations.
- Previously authorized mRNA COVID-19 monovalent vaccines manufactured by Moderna and Pfizer-BioNTech are no longer authorized for use in the U.S. and should not be administered.
- Individuals 65 years of age and older who have received a single dose of the bivalent vaccine may receive one additional dose at least four months following their initial bivalent dose.
- Most individuals with certain kinds of immunocompromise who have received a bivalent COVID-19 vaccine may receive a single additional dose of a bivalent COVID-19 vaccine at least 2 months following a dose of a bivalent COVID-19 vaccine with additional doses administered at the discretion of, and at intervals determined by, their healthcare provider.
- Most individuals, depending on age, previously vaccinated with a monovalent COVID-19 vaccine who have not yet received a dose of a bivalent vaccine may receive a single dose of a bivalent vaccine.
- Most individuals who have already received a single dose of the bivalent vaccine are not currently eligible for another dose. The FDA intends to make decisions about future vaccination after receiving recommendations on the fall strain composition at an FDA advisory committee in June.
- Most unvaccinated individuals may receive a single dose of a bivalent vaccine, rather than multiple doses of the monovalent vaccines.
- Children 6 months through 5 years of age who are unvaccinated may receive a two-dose series of the Moderna bivalent vaccine (6 months through 5 years of age) OR a three-dose series of the Pfizer-BioNTech bivalent vaccine (6 months through 4 years of age).

Children who are 5 years of age may receive two doses of the Moderna bivalent vaccine or a single dose of the Pfizer-BioNTech bivalent vaccine.

- Children 6 months through 5 years of age who have received one, two or three doses of a monovalent COVID-19 vaccine may receive a bivalent updated vaccine, but the number of doses that they receive will depend on the vaccine and their vaccination history.

On April 18, the FDA announced the changes and CDC endorsed them on April 19.

With this latest FDA authorization and CDC recommendation, the Pfizer-BioNTech and Moderna COVID-19 bivalent vaccines are the only COVID-19 vaccines authorized under most circumstances. The EUAs for the bivalent vaccines have been amended.

Moderna COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5)

- For active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 6 months of age and older.

Moderna COVID-19 Vaccine Fact Sheets and Materials

- Fact Sheet for Healthcare Providers about Moderna COVID-19 Vaccine, Bivalent
- Dear Healthcare Provider Letter about Moderna COVID-19 Vaccine, Bivalent
- Fact Sheet for Recipients and Caregivers about Moderna COVID-19 Vaccine, Bivalent

Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5)

- For active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 6 months of age and older.

Pfizer-BioNTech COVID-19 Vaccine Fact Sheets and Materials

- Fact Sheet for Healthcare Providers about Pfizer-BioNTech COVID-19 Vaccine, Bivalent
- Fact Sheet for Recipients and Caregivers about Pfizer-BioNTech COVID-19 Vaccine, Bivalent

The Johnson & Johnson/Janssen and Novavax monovalent non-mRNA vaccines will continue to be authorized. Any restrictive language already in place around the use of either of these monovalent vaccines remains. Note that all the remaining Johnson & Johnson/Janssen vaccine doses expire by May 6, 2023. The Novavax vaccine will be available for at least the next several months.

Ordering information

The bivalent Moderna and Pfizer-BioNTech COVID-19 vaccines are available for ordering through the COVID-19 Vaccine Ordering Survey.

Disposal and reporting of the monovalent Moderna and monovalent Pfizer-BioNTech vaccines

The monovalent Moderna and monovalent Pfizer-BioNTech vaccines are no longer authorized for use. CDC now recommends the use of bivalent vaccines for all recommended mRNA COVID-19 vaccine dose(s).

To minimize the risk of administration error, vaccinators should:

- Remove all monovalent mRNA vaccine from storage units immediately, even if they are not expired. This includes both EUA and BLA products (Comirnaty and Spikevax).
- All remaining non-expired monovalent vaccine inventory should be wasted in the Wisconsin Immunization Registry (WIR) using the reason code "Other". In the free text box, please enter "no longer FDA authorized", or something similar. Only fill out and submit the COVID-19 wasted vaccine record form if the vaccine has actually expired per the manufacturer expiration date.
- If an unauthorized monovalent vaccine dose is inadvertently administered, refer to Appendix D. Vaccine administration errors and deviations of the Interim Clinical Consideration for use of COVID-19 Vaccines.

Wisconsin Immunization Registry verification

Vaccinators are encouraged to check WIR and/or a patient's CDC vaccination card before administering the bivalent Pfizer and bivalent Moderna COVID-19 vaccines to verify that individuals are meeting the authorized uses noted above.

CDC Clinical Considerations

The updated CDC Interim Clinical Considerations were released on April 22 with specific guidance relating to the COVID-19 vaccination schedule for persons with immunocompromise expected to be available soon.

Immunization Policy and Procedure Manual

The Immunization Program Policy and Procedure (P&P) Manual is in the process of being updated and the updates will be finalized sometime later this week. A reminder that Local Health Departments (LHDs) cannot administer the Pfizer and Moderna updated bivalent COVID-19 vaccines to the individuals detailed above until the Immunization Program P&P Manual is updated. All other vaccinators can vaccinate in accordance with the updated clinical guidance from CDC.

Staying Up to Date with Vaccines

We ask you to encourage people to stay up to date on all their vaccines, including the COVID-19 vaccine.

It is important for Wisconsinites to stay up to date with COVID-19 vaccines and receive all recommended doses, when eligible.

Encouraging Vaccination with the Bivalent Vaccine

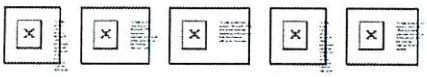
We urge you to continue conversations with people who have not received the bivalent vaccine.

Less than 25% of Wisconsinites have received a bivalent COVID-19 vaccine. It is especially important for older people, people with chronic health conditions, people who are pregnant, and young children to get a bivalent vaccine to prevent severe disease.

We need a strong focus on increasing the number of residents that have received the bivalent vaccine. You can find several resources to support these conversations on the DHS COVID-19 Vaccine Partner and Vaccinator Resources webpage.

Please do not reply directly to this email message. If you have a question, please email DHSCOVIDVaccinator@wi.gov.

CONNECT WITH DHS



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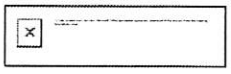

Iowa County Public Health

COVID-19 Response After Action Report and Improvement Plan

August 2022

Event Overview

Event Name: Iowa County Public Health COVID-19 Response

Date(s): March 2020- June 2022

Incident Hazard or Threat: Pandemic

After Action Debriefing and Report: The purpose of this document is to provide an analysis for Iowa County Public Health Department on the management, coordination and response to the COVID-19 pandemic from March of 2020 through June of 2022. This report identifies the strengths, areas for improvement and suggested corrective actions. Information was obtained for analysis in this report through debriefing sessions and electronic feedback forms.

Analysis of Incident Core Capability Performance

Aligning incident objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the incident core capabilities with associated overall performance ratings (P, S, M, or U) as evaluated in the event after action debriefing and feedback forms.

Table 1-Summary of Core Capability Performance

Core Capability Performance	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Operational Coordination		**S**		
Emergency Public Information and Warning		**S**		
Medical Countermeasure Dispensing and Administration		**S**		
Public Health Laboratory Testing/Epidemiology		**S**		

Ratings Definitions

- **(P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s).
- **(S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. However, opportunities to enhance effectiveness and/or efficiency were identified.
- **(M):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance; contributed to additional health and/or safety risks; and/or was not conducted in accordance with applicable plans, policies or procedures.

Core Capability: Operational Coordination

Description: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

Objective(s)/Task(s):

- ✓ The public health incident command and emergency management functions were activated and included the necessary public health staff to support the response. These structures were activated at the appropriate level and adjusted as needed throughout the response.
- ✓ Personnel with the necessary skills to fulfill required incident command and public health incident management roles were identified and assigned appropriately.
- ✓ Coordination occurred with emergency management agencies and other partners to coordinate the response activities throughout the incident.
- ✓ Critical stakeholders were incorporated into the information sharing process and information exchange occurred in a timely, effective manner.
- ✓ Pre-existing stakeholder partnerships enhanced operations, coordination and communication throughout the COVID-19 response.

Analysis and Key Observations: Iowa County organized effectively and efficiently in the response to the pandemic. Iowa County Public Health in conjunction with Emergency Management established an Incident Command System (ICS) structure and activated the Emergency Operations Center (EOC) in early March of 2020, although many partner meetings and response measures had taken place prior to the activation. Given the limited staffing resources within public health and emergency management there was limited capacity to have secondary or backup staffing for key EOC and ICS positions. This, coupled with the longevity of the COVID-19 response, lead to extended work hours. Consideration should be given to identifying additional staffing to support public health in the EOC and ICS structure. This could include internal staffing, although those positions were busy with COVID-19 as well, or agreements with neighboring public health departments or other county agencies/departments.

The EOC was initially established in the Community Room and had insufficient technology to effectively conduct and manage operations. Since the pandemic, the EOC has been established at the new Law Enforcement Center and provides up to date technology and space for EOC staff and operations.

Coordination occurred with Iowa County Emergency Management, Upland Hills Health, public safety agencies, the coroner's office, funeral directors, long term care facilities, school districts and Iowa County government agencies on a regular basis. A local Iowa County dashboard was established early in the pandemic with key metrics on average cases, percent positive, number of outbreaks, local hospital capacity, etc. This dashboard assisted with local decision making and also supported future planning efforts. A school indicator dashboard was also established that provided decision triggers and questions to guide virtual pivots. Consistent and regular information sharing and communication in the form of email updates and virtual meetings was very effective to maintaining situational awareness across all impacted agencies.

Although communication and information sharing within Iowa County was identified as a strength, there were frustrations identified in how and when communication was received from state level. Timely and relevant guidance was not always provided, leaving county health departments on their own to develop appropriate information for key sectors such as schools, long-term care, etc. A more proactive approach

could have occurred with DHS and local health department in planning for and responding to the phases of the pandemic. A more consistent approach from the state level could have enhanced the public perception and allowed for an enhanced response from local health departments.

As COVID-19 continues, it is clear that focus must also be given to returning to "normal" operations and duties. While this must be done cautiously, consideration should be given to developing a plan or process to identify how staff will demobilize or lessen COVID-19 activities/responsibilities and start to incorporate and return to previous public health duties.

Strengths:

- Iowa County Public Health has a strong relationship with Iowa County Emergency Management.
- The Emergency Operations Center and Incident Command System were established sufficiently to support COVID-19 operations throughout the pandemic.
- Consistent communication with external and internal agencies/departments were conducted throughout the pandemic to support a common operating picture.
- A new Emergency Operations Center location was established with appropriate technology to support operations.

Recommendation(s):

1. Identify additional (backup) staffing to support public health operations within an active ICS or EOC.
2. Develop a COVID-19 demobilization plan.

Core Capability: Emergency Public Information and Warning

Description: Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.

Objective(s)/Task(s):

- ✓ Systems were established for managing public and media inquiries and included scalable methods, such as Internet sites, call centers, poison control centers, non-emergency lines, such as 211, and social media to respond to public and media inquiries, as needed, for the incident.
- ✓ Public information was developed and coordinated with key stakeholders throughout the response. A consistent message was shared from involved agencies.
- ✓ Approved messages were disseminated to the public through multiple mechanisms, and ensure that languages and formats of information account for the access and functional needs of individuals.

Analysis and Key Observations: During this pandemic, public information was somewhat challenging to navigate as there was a heavy political influence on how people perceived information. Additionally, there was ever changing information from the federal and state levels resulting in the need to update and/or change guidance and information on a consistent basis. It was identified that information and communication from DHS could be improved to provide more timely information sharing with local health departments to ensure a consistent message was coming from the local and state level. Initially, Emergency Management took the lead Public Information Officer (PIO) role. The PIO was able to provide competent messaging to the public and media. The Community Health Educator assisted in

public information efforts and provided assistance in communication and messaging. Iowa County Public Health should consider identifying and training a Public Information Officer and back-up specific to public health.

Information was provided through the online dashboard. The current Iowa County website is old and provided many challenges in getting information out to the public. The current system housed a lot of information but it was not user friendly in data input or in navigation. There was limited IT support in utilizing the platform. Consideration should be given to updating the current Iowa County website platform. Iowa County Public Health also utilized social media, print, television and radio to disseminate public information. Emergency Management supported information regarding mass clinics through the use of the county wide RAVE notification system.

It was noted that there was some difficulty in providing public information for non-English speaking populations. Information was translated through other county health departments, the free clinic or through the SWCAP community workers. Additional translations services should be identified and included in plans for future reference and use.

Strengths:

- A dashboard for COVID-19 metrics was established to share information with the public.
- County Emergency Management provide assistance in public information development and dissemination.

Recommendation(s):

1. Identify a PIO for public health, provide PIO training.
2. Consider updating county website service platforms.
3. Identify additional translation services and/or opportunities. Include in plans as appropriate.

Core Capability: Public Health Laboratory Testing

Description: Effectively implement and perform methods to detect and confirm public health threats, including the ability to report timely data and conduct surveillance.

Objective(s)/Task(s):

- ✓ Coordination occurred with subject matter experts, partners, and stakeholders to develop strategies to provide specimen testing operations.
- ✓ Specimen collection sites were identified and activated effectively to provide services to the impacted populations.
- ✓ Epidemiological surveillance occurred in a timely and efficient manner to track positive cases.

Analysis and Key Observations: Iowa County Public Health assisted in establishing COVID-19 testing operations. In the beginning of the pandemic, it was challenging due to lack of supplies, personal protective equipment (PPE), and limited laboratories for specimen analysis. Eventually, Iowa County Public Health collaborated with Lafayette County and the Wisconsin National Guard (WING) to established weekly testing opportunities. There were 13 testing sites in Iowa and Lafayette counties from October 2020 through January 2021 with 470 tests conducted. This collaboration was identified as a strength and offered maximum opportunities with limited resources.

There was not any drive through specimen collection sites identified throughout the COVID-19 response. Weather, both hot and cold, made drive through site planning challenging. Consideration should be given to further exploring and identifying drive through site testing locations. These locations should be included in plans as resources.

Contact tracing was challenging throughout the pandemic due to the number of close contacts that needed to be contacted and educated. Limited Term Employment (LTE) staffing was brought on to support contact tracing efforts within Iowa county. A staffing onboarding process and schedule was established, these processes were beneficial and should be documented for future reference.

Iowa County Public Health developed a spreadsheet to track positive cases and other disease investigation information. The spreadsheet was extremely beneficial within the county however, disease investigation lacked in consistency as a whole across the region. A regional tool to promote a consistent approach across counties to collect and track disease investigation information would be beneficial. A request to support this development should be made to HERC.

Strength(s):

- Regional collaboration for testing was beneficial and allowed greater opportunity to the public.
- The onboarding and scheduling processes for LTE staff was effective and efficient.

Recommendation(s):

1. Identify potential drive through specimen collection sites. Document in plan(s).
2. Request HERC assistance in developing a regional disease investigation spreadsheet and process.

Core Capability: Medical Countermeasure Dispensing & Administration

Description: Provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations. Effectively implement and perform methods to detect and confirm public health threats, including the ability to report timely data and conduct surveillance.

Objective(s)/Task(s):

- ✓ Coordination occurred with subject matter experts, partners, and stakeholders to develop strategies to dispense/administer medical countermeasures (vaccine) based on jurisdiction-specific risks, resource availability, and incident characteristics. Strategies included consideration for allocation methods for scarce resources or limited supplies.
- ✓ Incident-specific volunteer needs were identified and the number of volunteers, skills, and resources needed to support an incident were supported based on existing volunteer registration lists.
- ✓ Dispensing/administration sites were identified and activated effectively to provide vaccine administration.
- ✓ Necessary medical countermeasure response roles and responsibilities were identified and assigned in coordination with partners and stakeholders.
- ✓ Site-specific security measures were implemented to ensure facility safety, personnel safety, product integrity, and crowd management when dispensing or administering medical countermeasures.

- ✓ Inventory management systems were maintained to track medical countermeasure inventories and ancillary medical supplies throughout the response.

Analysis and Key Observations: The Iowa County mass vaccination campaign was a success. Public Health and Emergency Management coordinated with Lands' End to run a large mass clinic. Additionally, four rounds of vaccine clinics were held at all eight of the school districts within Iowa County. Public health, emergency management, volunteers and community partners should be applauded for their efforts in supporting vaccination efforts throughout the county.

Iowa County has a system in place that allowed for the timely scale up in staffing to support vaccination clinics. Additionally, volunteers were utilized to support clinic operations, over 100 volunteers were available to support as needed. Although the volunteer turnout was amazing, there was not a clear plan in how to manage volunteers. Consideration should be given to developing a volunteer management plan specific to public health. Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance. Additional information on the CDC volunteer management capability can be found through the following link: https://www.cdc.gov/cpr/readiness/00_docs/capability15.pdf

Iowa County Emergency Management was tasked with managing the personal protective equipment (PPE). This process was identified as a strength as PPE needs were identified, supported and tracked appropriately throughout the COVID-19 response. Communications were effective and efficient with those agencies in need of PPE and the equipment was provided as it became available.

Strength(s):

- The system in place supported staffing enhancements for vaccine clinics.
- PPE inventory and distribution was managed effectively.

Recommendation(s):

1. Consider development of a public health volunteer management plan.

Appendix A-Improvement Plan (IP)

This IP has been developed specifically for Iowa County Public Health Department in the response and recovery of the COVID-19 Pandemic from March 2020 through June 2022.

Core Capability	Recommendations	Capability Element[1]	Primary Responsible Organization	Target Completion Date
Operational Coordination	Identify additional (backup) staffing to support public health operations within an active ICS or EOC.	Planning	ICPH	12/23
	Develop a COVID-19 demobilization plan.	Planning	ICPH	03/23
Emergency Public Information and Warning	Identify a PIO for public health, provide PIO training	Planning/Training	ICPH	06/23
	Consider updating county website service platforms	Equipment	Iowa County	12/23
	Identify additional translation services and/or opportunities. Include in plans as appropriate.	Planning	ICPH	03/23
Laboratory Testing	Identify potential drive through specimen collection sites. Document in plan(s).	Planning	ICPH	06/23
	Request HERC assistance in developing a regional disease investigation spreadsheet and process.	Planning	ICPH, HERC	12/23
Medical Countermeasure Dispensing and Administration	Consider development of a public health volunteer management plan.	Planning	ICPH	03/24

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Wisconsin Public Health Association
https://www.wpha.org/page/CurrentLegislative#

Current Legislative Issues

2023-2024 WPHA-WALHDAB Legislative Priorities

WPHA-WALHDAB 2023-2024 Policy Agenda

WPHA / WALHDAB 2023-2024 BUDGET PRIORITIES

Click here for PDF version.

The Wisconsin Public Health Association (WPHA) is the state's largest professional membership organization for public health workers, and includes those working in both governmental and nongovernmental sectors. The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is the professional organization representing leaders and workers in local governmental public health.

WPHA and WALHDAB understand that strong public policy in support of public health is essential to the health, wellbeing, and productivity of Wisconsin residents. But there is significant room for improvement in those policies, given that, Wisconsin's 2021 Health Report Card gives the state a "C" for health outcomes overall, and grades ranging from "C" to "F" for health disparities (see link).

When Wisconsinites are not healthy, they are not productive, their families and communities become less secure, and healthcare costs go up for everyone. But investing in strong policies that support public health is an investment in prevention. And, as the saying goes, "an ounce of prevention is worth a pound of cure."

The Institute of Medicine defines Public Health as "What we do, collectively, to assure the conditions in which people can be healthy." These conditions go far beyond access to quality healthcare, or on the degree to which individuals engage in their own healthy behaviors. In fact, healthcare and healthy behaviors account for less than half of what drives health for people, for communities, and for Wisconsin as a whole.

A strong, well-funded, well-staffed, resilient public health workforce is also essential. WPHA and WALHDAB intend to take a lead role in promoting policies in these areas, including policies that:

- Preserve public health statutory responsibility and authority
- Address gaps in health statewide and in local communities, emphasizing root-cause prevention of those health gaps
- Support public health workers in Wisconsin through policies that advance recruitment, retention, and protections from harassment
- Support best practices in public health

In addition, WPHA and WALHDAB will be strong supporters of our partners who are taking the lead in other policy areas that are crucial to the health of individuals, families, communities, and our state as a whole. These include, for example, policies that:

- Expand Community Preventive Services
- Improve our Criminal Justice System & Keep our Communities Safer
- Improve Environmental Health
- Strengthen Income Stability & Employment
- Increase Access to Affordable and Safe Housing
- Support Healthy Babies and Children
- Expand Civic Engagement

WPHA / WALHDAB 2023-2024 POLICY PRIORITIES

Click here for PDF version.

Policy Priorities – "Lead Role" Policies

- Build and retain public health infrastructure through increased and more flexible public health funding (see separate Budget Priorities document).
- Preserve public health statutory responsibility for communicable disease control and other essential public health functions (i.e., uphold critical public health laws/regulations, and reverse damaging rollbacks of public health authority)
- Directly address gaps in health at both statewide and local community levels, emphasize root-cause prevention of those health gaps, and infuse health in all policies.
- Better recruit and retain public health workers in Wisconsin, and create and improve protections for public health workers.
- Support "Best Practice" Public Health Policies (including but not limited to immunization policies)

Policy Priorities – Examples (among others) **of Policy Areas We Support**

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4/26/2023
Membership Committee Meeting

4/27/2023
WPHA Health and Racial Equity Series

4/27/2023
WPHA WALHDAB Policy & Advocacy Committee Briefing

5/4/2023
WPHA Health and Racial Equity Series - May 4th

5/8/2023
WPHA Resolutions Hearing

Community Preventive Services

- Secure Medicaid Expansion and prevention reimbursement
- Advocate for Community Health Workers
- Support Access to Comprehensive Reproductive Healthcare & Health Services
- Support efforts to regulate Tobacco & Vapor Products
- Reducing Opioids, Alcohol and Substance Misuse

Reforming our Criminal Justice System & Keeping our Communities Safe

- Increase treatment alternatives and diversion program (TAD) funding for mental health and substance use issues
- Increase funding allocated to counties for juvenile justice services
- Violence Prevention: Suicide, Mental Health & Gun Violence Prevention

Improving Environmental Health

- Water Quality (PFAS, etc)
- Climate Change
- Lead and other toxins

Strengthening Income Stability & Employment

- Support and expand Paid Family Leave
- Increase Earned Income Tax Credit
- Establish tax credit for family caregivers
- Raise Minimum Wage
- Increase workforce training/transitional jobs

Increasing Access to Affordable and Safe Housing

- Expand low-income housing tax credits for developers and rental assistance vouchers for renters
- Fund abatement for lead paint, soil and pipes

Supporting Families and Healthy Birth Outcomes

- Fully fund universal school meals for all
- Make childcare affordable
- Literacy
- Transportation

Civic Engagement

- Increase opportunities for voting rights, voter engagement, and fair maps

WPHA & WALHDAB will monitor and support additional efforts as time and resources allow. This legislative agenda is meant to guide WPHA & WALHDAB's state advocacy work. WPHA & WALHDAB Lobbyists and staff, with direction and oversight of the respective Board of Directors and the WPHA/WALHDAB Joint Policy and Advocacy Committee, may have to reprioritize, add, or delete items depending upon new initiatives, threats, and legislative activities. Please contact the WPHA office with any comments or questions! More information and resources to come to support these priorities.

Please click here for previous session's legislative priorities.
Please click here for 2019-2020 session's legislative priorities.

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WPHA • WALHDAB

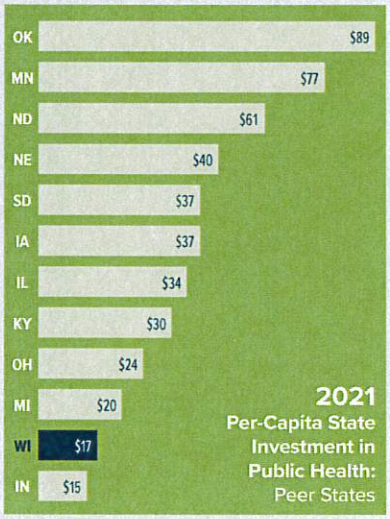
BUDGET PRIORITIES

FY 2023 – 2025

BACKGROUND

Wisconsin needs a strong, well-funded public health system, including both local governmental health agencies and non-governmental community-based partners, in order to collectively assure the conditions in which people can be healthy[1]. But Wisconsin is lagging behind.

In 2021, Wisconsin ranked 42nd out of 50 states with the lowest budget funding for public health[2] investing only $17/person when compared to the median investment of $36/person in the United States.



Poor public health funding results in poor health outcomes for everyone[3]. Unfunded mandates and reliance on short-term "ARPA" funds leave local health departments insecure. A stable public health system is good for Wisconsin.

Increasing investment to the U.S. median ($34-$36/ person) requires $100M+ additional per year. The Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) urge lawmakers to start investing now to create stable, healthier communities across Wisconsin.

1. https://jamanetwork.com/journals/jama/article-abstract/382688

2. Among the 50 US states plus the District of Columbia. http://statehealthcompare.shadac.org/rank/117/per-personstate-public-health-funding Data not available for 5 states in 2021. *Note: $17/person refers only to state budget funding. When federal and state funds are combined, Wisconsin invests only $72/person/yr in public health, which is tied for the worst per capita funding of any state.*

3. https://uwmadison.app.box.com/s/u1tnv0e04uezf8o2wkfnewj9n2va8w7x

PRIORITIES

1. ***Sustained Funding for Local Health Departments – $18 million***
   - Strengthen Wisconsin's underfunded local public health infrastructure
   - Pay for administering nearly two-dozen unfunded state mandates
   - Enable local communities to implement public health strategies more effectively and equitably
   - Improve additional core functions:
     - Develop effective strategies to respond quickly to public health emergencies
     - Communicate important, accurate data and information to the public in a timely manner
     - Improve quality and performance

2. ***Communicable Disease Grants for Local Health Departments – $10 million***

   This specific role of local public health departments requires targeted funding. Unmanaged spread of communicable diseases, like Hepatitis C, Influenza, Lyme Disease, and others, increases employer costs due to employees' illness. Help Wisconsinites stay well.

3. ***Local Grants for Community-Based Organizations, Hospitals, and Local Health Departments to Address Community-Specific Health Gaps – $30 million***

   Hospitals and local health departments maintain strong action plans, but they need prevention funding to accomplish their communities' health priorities.

For more information about WPHA-WALHDAB Policy Priorities, visit www.wpha.org/page/CurrentLegislative

WE URGE LAWMAKERS TO INCREASE FUNDING FOR

Environmental Health
- Windows Plus Lead Exposure Prevention Program
- Lead screening and outreach grants

Maternal and Child Health
- Expanded eligibility for Birth to 3 Program
- Black women and infants' health
- Extended postpartum medical assistance eligibility

Community Health
- Services proven to work, like cancer screenings, substance use prevention, and mental wellness programs
- Community Health Medical Assistance Benefit
- Community Health Workers
- Medication-assisted Treatment (MAT) reimbursement for individuals with substance use disorder
- Tobacco and vaping prevention

WPHA • WALHDAB

POLICY AGENDA

2023–2024

POLICY PRIORITIES WE WILL LEAD

A strong, well-funded, well-staffed, resilient public health workforce is essential.

- Build and retain **public health infrastructure** through increased and more flexible public health **funding** *(see separate Budget Priorities document)*
- Preserve public health **statutory responsibility** for communicable disease control and other essential public health functions *(i.e., uphold critical public health laws/regulations, and reverse damaging rollbacks of public health authority)*
- Directly address gaps in health at both statewide and local community levels, emphasize **root-cause prevention** of those health gaps, and infuse health in all policies
- **Recruit and retain public health workers** in Wisconsin and create and improve protections for public health workers
- Support **"best practice" public health policies**, including, but not limited to immunization policies

For more information about WPHA-WALHDAB Policy Priorities or Budget Priorities, visit www.wpha.org/page/CurrentLegislative

POLICY PRIORITIES WE WILL SUPPORT

Community Preventive Services
- Securing Medicaid expansion and prevention reimbursement
- Advocating for community health workers
- Supporting access to comprehensive reproductive healthcare and health services

Safe Communities & Criminal Justice Reform
- Increased treatment alternatives and diversion program (TAD) funding for mental health and substance use issues
- Increased funding allocated to counties for juvenile justice services

Environmental Health
- Water quality
- PFAS
- Climate change
- Lead and other toxins

Income Stability & Employment
- Paid family leave
- Earned income tax credits
- Family caregiver tax credits

Access to Affordable and Safe Housing
- Expand low-income housing tax credit for developers
- A robust abatement fund for lead hazards in paint, soil and pipes

Supporting Families and Healthy Birth Outcomes
- Universal school meals for all
- Affordable childcare
- Robust literacy and transportation support services

Expanding Civic Engagement
- Increased opportunities for voting rights, engagement and fair maps

WHO WE ARE

The Wisconsin Public Health Association (WPHA) is the state's largest professional membership organization for public health workers and includes those working in both governmental and nongovernmental sectors. The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is the professional organization representing leaders and workers in local governmental public health.

Public Health is what we do, collectively, to assure the conditions in which all people can be healthy.[1] These conditions go far beyond access to quality healthcare or making individual healthy choices.

WPHA and WALHDAB understand that strong public policy in support of public health is essential to the health, wellbeing, and productivity of Wisconsin residents. But there is significant room for improvement[2]. When Wisconsinites aren't healthy, they're not productive, their families and communities become less secure, and healthcare costs go up for everyone.

1. https://jamanetwork.com/journals/jama/article-abstract/382688
2. https://uwmadison.app.box.com/s/ujltnv0e04uezf8a2wkfnewj9n2vq8w7x

	Iowa County 2023							
	Comm Dis Misc	Covid-19 Cases	Covid-19 Vaccinations	Animal Bites	(New) Lead Follow-ups	TB Treatment	TB Tests	TOTAL
January	44	70	21	4	0	0	1	140
February	14	46	4	3	0	0	4	71
March	11	69	8	3	0	1	1	93
April	16	43	6	5	1	0	1	72
May								
June								
July								
August								
September								
October								
November								
December								
TOTAL-YTD	**85**	**228**	**39**	**15**	**1**	**1**	**7**	**376**

2023	Radon Tests	Water Tests	Antigen Tests	Masks	Childhood Vaccines	Adult Vaccines	Adult Flu Vaccines	Kids Flu Vaccines
Total	80	8	294		18	52	0	1

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IOWA COUNTY WISCONSIN HEALTH DEPARTMENT