	Health and Human Services Committee **Wednesday, July 5, 2023 – 5:00 pm** **Conference Call 1.312-626-6799** **Zoom Meeting # 871 8448 9856** https://us02web.zoom.us/j/87194489856 **Iowa County HHS Center – Community Room** **303 W Chapel Street** **Dodgeville, Wisconsin**	**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.
2	Roll Call.
3	Approve the meeting agenda for July 5, 2023.
4	Approve the minutes of June 7, 2023 meeting.
5	Reports from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.
6	ADRC By-Laws review and approval
7	Presentation of Health Department Annual report
8	ADRC Department Update
9	HEALTH DEPARTMENT Department update
10	Next meeting: Wednesday July 12, 2023 at 5:00 PM
11	Adjournment.

Posting verified by Thomas C. Slaney: Date: Initials:

You may attend via videoconference by downloading the free Zoom program to your computer at https://zoom.us/download. At the date and time of the meeting, you log on through the Zoom program and enter the Meeting ID from the above agenda. You may also attend via conference call by dialing the phone number listed on the agenda above.

	UNAPPROVED MINUTES Health and Human Services Committee WEDNESDAY, JUNE 7, 2023, at 5:00 p.m. *Health and Human Services Community Room* 303 W. Chapel Street.; Dodgeville, Wisconsin	Iowa County Wisconsin

Item	
1	Chairman Nankee called the meeting to order at 5:00 p.m.
2	**Roll Call:** Members Present in Community Room: Chairperson Dan Nankee, Richard Rolfsmeyer, Joan Davis, Dody Cockeram, Justin O'Brien Others Present in Community Room: Larry Bierke, Nikki Mumm, Cecile McManus, Holly Knapp, Lynn Perkins, Dan Brandt, Jeff Lindeman, Tom Slaney, Richard Jinkins Others Present Remotely: Bruce Paull
3	**Approval of the June 7, 2023, Agenda**: Motion by Rolfsmeyer and seconded by O'Brien to accept the agenda. Aye: 5; Nay: 0. Motion carried.
4	**Approval of the April 5, 2023, Meeting Minutes**: Motion by O'Brien and seconded by Cockeram to accept the meeting minutes. Aye: 5; Nay: 0. Motion carried.
5	**Reports From Committee Members and an Opportunity for Members of the Audience to Address the Committee. No action will be taken.** ***Paull –*** He spoke about the Iowa County Dairy Breakfast. ***Nankee-*** He shared that Richland County's Dairy Breakfast is right across the County line at the Armbruster Farm. He shared articles from the *News & Views*. ***Jinkins –*** He shared a document and spoke about the conditions and symptoms caused by wind turbines. There is an event on June 26th at 7:00 p.m. at the Belmont Convention Center discussing the effects of the wind turbines.
6	**First Quarter Financial Reports:** Jamie Gould, Finance Director, provided a report. Nankee shared information from Debbie Siegenthaler, Health Department Director. Time reporting can allow the ADRC to earn more grant funding than anticipated. The Veterans Service Office received increased revenue due to ARPA funding. There are former Bloomfield residents still on payment plans that we are receiving revenue from as well as from insurance companies. Due to there being no budget for Bloomfield and the Opioid Settlement Funds for 2023, the reporting form is showing an error.
7	**Update and Possible Action on Opioid Settlement Funds**: Davis provided draft documentation and presented. She highlighted the wealth of knowledge shared by the taskforce members. The proposed application process was discussed, and the HHS Committee needs to create a rubric they will utilize to determine application scores, decide how the funding will be distributed, and how to advertise available funds. Nankee proposed a special session of the committee to continue discussion on Wednesday, July 12, 2023, at 5:00 p.m. in the HHS Center Community Room. Rolfsmeyer asked that an amount of time be set for the final written report and asked that an authorized representative sign and date the Award Letter. Davis shared that applicants would be asked to give a five-minute presentation at the HHS Committee meetings and Opioid Settlement Funds Taskforce members would also be at the presentation meetings and allowed to ask questions. O'Brien shared the taskforce members will assist the HHS Committee with technical details so they can make an informed decision.
8	**Presentation of ADRC/DSS Annual Report**: Slaney provided a report and presented. He highlighted child abuse and neglect referrals and adult abuse and neglect referrals. Other highlights included a 41% increase in clients seen by the Elder Benefit Specialist, and a 30% increase in calls to the Economic Support Southern Consortium Call Center.
9	**Seniors United for Nutrition Update**: McManus presented. The program is fully staffed, and she provided an update on her conversations with Sheriff Peterson to have the Law Enforcement Center provide meals instead of UW-Platteville. Walgreens

	Pharmacy allows customers to donate their cash reward points to a charity and have selected SUN as one of their three charities for June 1st through August 1st. She provided an update and copies of their January to April 2023 Financial Report. Davis inquired about the congregate net income being high. Mumm explained that congregate grant funds can be flexed to cover home delivered expenses until September 30, 2023. Davis asked if SUN has a plan for when we cannot flex funds. McManus provided background information on the funding. This is the 50th anniversary of the Senior Nutrition Program at the National level. The local SUN Program started in 1977.
10	**Unified Community Services Update**: Knapp provided a report and presented. She outlined 2023 agency priorities which includes staffing and technology updates, and shared future priorities including expanding staff and services provided to our communities. The next Unified Community Services Board meeting will discuss the status of Unified Community Services and her Interim Director title. Discussion was had regarding the lack of Psychiatrists that can prescribe medication entering the workforce and how Unified Community Services once employed five staff that could prescribe medications and are down to one who also oversees the CSP Program and medically assisted treatment program. Their Medical Director is contracted and serves multiple agencies.
11	**U.W. Extension Update**: Perkins provided a report and presented. Ruth Schriefer, Human Development and Relationships Manager is retiring after 48 years with U.W. Extension, 28 of which were in Iowa County. She introduced Dan Brandt, 4-H Youth Development Educator, and he shared highlights from his report, including, increased social media outreach by 150% and engagement by 358% over the last 90 days, he applied for and received a Garden Quilts Grant, and there are 26 Iowa County campers going to Upham Woods 4-H Camp this month. Perkins highlighted programming other Extension Agents are working on. Their Livestock Production Agent has resigned. O'Brien asked about who the Work n' Wheels program serves. Schriefer works in conjunction with SWCAP, and anyone who needs a vehicle with limited income can apply for the program. O'Brien also asked about the building social capital community space planning Hottman is working on. Davis shared this is a new conversation and is in very early planning stages. Davis inquired about what the Nutrition Educators are working with Drug Treatment Court on as that might be an option with the Opportunity House. Nankee shared that the Health Department is going to work with Extension to run Nitrate testing.
12	**Veterans Office Update**: Lindeman provided a report and presented. Milwaukee County Veterans Service Office offers free Milwaukee County Zoo admission and parking to Veterans. Lindeman passed out "Residents Guides" to Committee Members and shared information on possible television ads. There will be a flag retirement ceremony at 7:00 p.m. on June 20, 2023, at the American Legion in Mineral Point.
13	**Social Services Update**: Slaney provided a report and presented. We are currently in a crisis where there are no facilities that will take complex needs children, and we would need to send children to out of state facilities. There is a need in Wisconsin for places for children to go so they do not hurt themselves or someone else. Davis asked how many licensed Foster Homes we have and do we use them for respite. There are 11 licensed providers, and yes, they are used for respite. Davis shared that respite opportunities for parents in recovery that may need someone to take their children was a need identified at the Opioid Settlement Funds Taskforce. Davis inquired about the WiLearn training system. Slaney said the Dept of Children and Families and UW Professional Development System put together the training and revised it to be more responsive and get staff up and running quicker.
14	**Wednesday, July 5, 2023**: Approved for the next HHS Committee meeting at 5:00 p.m., HHS Center, Community Room, Dodgeville.
15	Motion by Rolfsmeyer and seconded by Davis to adjourn. Aye: 5, Nay: 0. Meeting adjourned at 6:58 p.m.

AGENDA ITEM COVER SHEET

Title: ADRC of Southwest Wisconsin, Iowa County By-Laws ◉ Original ○ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Recommendation to the HHS Committee to Approve the amended Aging and Disability Resource Center (ADRC) of Southwest Wisconsin, Iowa County By-Laws. On 6/27/23, the ADRC Board recommended that the amended by-laws be sent onto the HHS Committee. The ADRC Board would like to add an addendum to note the State of Wisconsin's requirement for board members to sign two policies annually. Please note the changes in color on pages 6 and 7. Additionally, the two policies were added as the addendum.

RECOMMENDATIONS (IF ANY):

To send the ADRC of Southwest Wisconsin, Iowa County By-Laws onto the County Board for Approval

ANY ATTACHMENTS? (Only 1 copy is needed) ◉ Yes ○ No If yes, please list below:

Amended Aging and Disability Resource Center of Southwest Wisconsin, Iowa County By-Laws

FISCAL IMPACT:

N/A

LEGAL REVIEW PERFORMED: ◉ Yes ○ No **PUBLICATION REQUIRED:** ○ Yes ◉ No

PRESENTATION?: ○ Yes ◉ No How much time is needed? 10 minutes

COMPLETED BY: Valerie Hiltbrand **DEPT:** DSS/Aging and Disability Resource Center

2/3 VOTE REQUIRED: ◉ Yes ○ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

AGING AND DISABILITY RESOURCE CENTER OF SOUTHWEST WISCONSIN, IOWA COUNTY BY-LAWS

ARTICLE I. NAME

The name of the organization shall be the Aging and Disability Resource Center of Southwest Wisconsin Iowa County, hereafter referred to in this document as the ADRC.

ARTICLE II. PURPOSE

The ADRC is committed to improving the quality of life for all Iowa County elderly as well as adults who are disabled. To these ends we will act as the voice, advocate and administrative arm of this county for these individuals with particular emphasis toward achieving a more visible and positive public image. We will strive to develop, review and stimulate programs based on the expressed needs and desires of our constituents. We will direct our efforts to assure that programs and services reach the vast majority, if not all, the county's adults with disabilities and elderly citizens. All planning will concern itself with the economic well-being and the maximum utilization of the potential of adults with disabilities and elderly citizens. It is the hope of this ADRC that these efforts will help all those it represents to lead a more peaceful, healthy, happy, and fulfilling life.

ARTICLE III. STRUCTURE

The ADRC shall consist of the ADRC Staff, ADRC Board, and sub-committees of that Board.

ARTICLE IV. ADRC BOARD

Section 1. Appointments

The ADRC will seek to assure ethnic and economic diversity representation for all geographic areas in the County as well as client group representation with at least one consumer, family member, guardian or advocate representing adults with physical disabilities, one representing adults with intellectual/developmental disabilities and one representing adults with either a mental health or a substance abuse issue. When a position on the ADRC Board becomes vacant, we will first try to fill that vacancy with somebody living in the same general geographical location. We will then seek to fill any need for a representative from one of our target client groups. We will solicit public input through advertisements in local papers and contact with local elderly and disability groups and public bodies. If it is not possible to locate someone in the geographic area, the ADRC Board will seek to appoint someone from another geographic or target client group area where it feels representation is needed. The ADRC Board will screen prospective applicants and present its recommendations to the Iowa County Administrator. Appointments will be made by the Iowa County Administrator subject to the confirmation by the full County Board.

Section 2. Memberships

The ADRC Board shall consist of at least 9 (but no more than 15 members). At least 50% of the members shall be 60 years of age or older. Three members shall be county supervisors. The ADRC Board shall include client group representation with at least one consumer, family member, guardian or advocate who represents adults with physical disabilities, one representing adults with intellectual/developmental disabilities and one representing adults with either a mental

health or a substance abuse issue.

Persons Prohibited from Serving on the ADRC Board:

i. An individual who is, or has a family member who is, employed by, has a financial interest in, or serves on the governing board of any of the following organizations is prohibited from serving on the ADRC governing board, committee or commission:

(a) A Family Care Managed Care Organization (MCO), Program for All-Inclusive Care for the Elderly (PACE) or Family Care Partnership program or Supplemental Security Income (SSI) managed care plan. (b) A service provider, which is under contract with a managed care organization or which, if included on the board, would give the perception of bias on the part of the ADRC towards that provider. (c) An Include, Respect, I Self-Direct (IRIS) Consultant Agency or IRIS Fiscal Employer Agency.

ii. County or tribal employees may not serve on the ADRC governing board, except with approval from the Department of Health Services.

iii. Providers that offer long-term services for older adults or people with physical or intellectual/developmental disabilities, and have a competitor providing the same service in the ADRC service area.

Section 3. Tenure/Terms

Each member shall serve a three-year term with the exception of those appointed to replace a member who resigns or retires in mid-term. (In the latter case, the appointee will serve out the remainder of the term of the person s/he replaces.) The ADRC Board will be divided into three groups of approximately the same size. Each year one of these groups, in rotations, will be eligible for reappointment or replacement, in accordance with State Statute. In accordance with s. 46.82 of the Wisconsin State Statutes, no member may serve more than two consecutive 3 year terms. County supervisors may not be appointed past their two-year elected terms. Therefore, to comply with state statutes, county supervisors may serve no more than three consecutive two-year terms.

Section 4. Absences

Any member of the ADRC Board absent without a valid excuse for three consecutive regular meetings shall be removed from their position.

Section 5. Removal

In accordance with the Wisconsin State Statutes, an ADRC Board member appointed by the County Administrator may be removed at the pleasure of the County Administrator, or by an affirmative vote of two-thirds of all the members of the ADRC Board.

Section 6. Ethics and Confidentiality

ADRC Board members must abide by the Iowa County Ethics Guide. Unless otherwise required by law, ADRC Board members shall not release the names and/or other confidential information about the program participants without the consent of the participant. The responsibility to maintain confidentiality should be fulfilled in such a way as to not obstruct or preclude legitimate public access to records or information relative to the activities, programs, service and financing of the ADRC.

Section 7. Training

Members of the ADRC Board shall receive training and education to enable the members to have a strong and effective voice.

ARTICLE V. OFFICERS

Officers will be elected from the ADRC Board and shall consist of a Chairperson, Vice-Chairperson, and Secretary.

Section 1. Duties of Officers

A. Chairperson:
Shall preside at all meetings of the ADRC Board, make appointments to committees, make recommendations to County committees, make recommendations to County Board with assistance of Director and in general s/he shall perform all duties incidental to the office of Chairperson and such other duties as may be prescribed by the ADRC Board.

B. Vice-Chairperson:
Shall preside at all meetings in the absence of the Chairperson or in event of their inability or refusal to act. The Vice-Chairperson shall perform all the duties of the Chairperson and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chairperson. The Vice-Chairperson shall perform such other duties as from time to time may be assigned to him/her by the Chairperson or by the ADRC Board.

C. Secretary
Review the unapproved minutes prior to the review by the ADRC Board. Assume the responsibilities of the Chair in the absence of both the Chair and the Vice-Chair.

Section 2. Election of Officers
Each year, at the Annual Meeting all three officers will come up for election. The ADRC Membership Committee will present a slate of candidates for office. Nominations from the floor may also be accepted. ADRC Board members present will have the opportunity to vote on the candidate of their choice at the time.

Section 3. Tenure
Each officer will be elected for a one-year term and no officer may serve more than three consecutive terms in any one office. Special elections may be held to fill a vacancy caused by a mid-term resignation. In the latter case, the replacement will be elected for the balance of said term and would be eligible to be nominated for and serve three additional consecutive, one-year terms.

ARTICLE VI. COMMITTEES

Section 1. Appointments
The ADRC Chairperson shall appoint members.

Section 2. Members
Each Committee shall consist of at least three (3), but not more than five (5) members who are members of the ADRC Board. The one exception to this, the Planning Committee, which may have as many members as necessary to fulfill the duties of that Committee.

Section 3. Structure
Each committee shall have a Chairperson who shall be responsible for reporting to the ADRC Board on resolutions recommended, action taken, and relevant issues.

Section 4. Standing Committees shall consist of:

A. Membership

May be responsible for presenting candidates to the ADRC Board for filling vacancies, and shall be responsible for presenting a slate of candidates for offices to the ADRC Board at the annual meeting. Nominations from the floor may also be accepted for filling ADRC Board offices.

B. Transportation Committee

Shall review Transportation Program policies and procedures on a regular basis. Making recommendations to the ADRC Board on any changes.

C. Planning Committee

Shall work with the ADRC Staff in the development of the County Plan.

D. Executive Committee

Executive Committee will be comprised of the Chairperson, Vice-Chairperson and the Secretary of the ADRC Board. They may advise the staff on issues arising between regular meetings.

ARTICLE VII. MEETINGS

Section 1. Regular meetings

Shall be held on the fourth Tuesday of each month at the Health and Human Services Center or any other predetermined time and/or location. Notice of regular meeting by agenda shall be sent, posted and presented for publication at least five (5) days prior to meeting date.

Section 2. Annual meeting

The annual meeting of the ADRC Board shall be held on the fourth Tuesday of May of each year for the purpose of receiving new board members, reviewing of the bylaws, transacting election of officers and for the presentations of the Annual Financial Report.

Section 3. Special meetings

The ADRC Board Chairperson or a majority of the ADRC Board Members may call special meetings. Any place within Iowa County may be fixed as a place for holding any special meetings of the ADRC Board. Notice must be given 24 hours prior to meeting.

Section 4. Quorum

A majority of active, voting ADRC Board Members shall constitute a quorum for transaction of regular meetings. If no quorum is present at a regular meeting and if in the opinion of the majority of the Executive Committee there is important business to be acted upon, the Executive Committee may advise the staff to act appropriately with such action to be reviewed at the following regular meeting at which a quorum is present.

Section 5. Rules and Procedures

The ADRC Board shall conduct its business according to the latest Roberts' Rules of Order. Absent an exception, all meetings of the ADRC Board must comply with the Wisconsin Open Meetings Law, Wis. Stat. §§19.81, et. seq.

ARTICLE VIII. BOOKS AND RECORDS

The ADRC of Southwest Wisconsin, Iowa County office shall keep records of all accounts, financial transactions, and meeting minutes available to Board Members at any time. All financial transactions shall take place through County Government offices.

ARTICLE IX. DUTIES AND POWERS

The following list includes some, but not all, of the powers and duties of the ADRC, which shall be exercised and performed in conformity with the laws and ordinances of the County of Iowa and the State of Wisconsin, shall be as follows:

A. The ADRC shall act as the clearinghouse for all county (public and private) programs on aging.

B. The ADRC shall have on file current information on ages, income, population, and demographic characteristics of the elderly and adults with disabilities in the county.

C. The ADRC shall delineate areas that need services and utilize existing community programs through community cooperation and coordination that will provide an efficient method for delivery of services.

D. The ADRC shall indicate the need for particular legislation with back-up data.

E. The ADRC shall make available to County Supervisors the information and research relating to the effects of proposed legislation.

F. The ADRC shall act as the mechanism through which the voices of the elderly and adults with disabilities can be heard on any and all issues relating to their well-being.

G. The ADRC shall be authorized to establish sub-committees to encourage community involvement, but in keeping with the purposes and objectives of the ADRC.

H. The ADRC shall, in cooperation with the Greater Wisconsin Agency on Aging Resources (GWAAR), encourage the development of new and expanded programs for older adults consistent with delineated areas of need.

I. The ADRC shall cooperate with the Greater Wisconsin Agency on Aging Resources (GWAAR), and the Department of Health Services, related public and private agencies, and elderly and adults with disabilities, in planning efforts.

J. The ADRC shall make an annual report of its activities to the County Board of Supervisors and shall make such other reports as the County Board from time to time requires.

K. The ADRC shall prepare annually a budget for necessary and reasonable expenditures to be incurred by the ADRC in accomplishing its goals and mandates, subject to review and approval of the County Administrator and County Board.

L. The ADRC shall also perform the following: Minimum Data Set (MDS) Q referrals, elderly and disability benefits counseling, provide access to publicly funded long-term care programs and services, assist consumers in gaining access to mental health and substance abuse services, assist

consumers in gaining access to other public programs and benefits, provide short term service coordination, assist consumers in gaining access to emergency services, work with the adult protective services to make sure that people are free from abuse and neglect, help young adults with disabilities experience seamless transition and entry into the adult long-term care system, and provide prevention and early intervention services.

ARTICLE X. CONFLICT OF INTEREST

All ADRC Board members shall abide by Iowa County Policy 406 (Code of Ethics) and Iowa County Ordinance 701 (Ethics Code). No ADRC Board member shall participate in voting on any matter that results in financial gain for him/herself.

Addendum #1 to the bylaws of the ADRC as adopted by the ADRC Board on the 27th of June 2023, and ratified by the Iowa County Board on the - day of -,2023. All ADRC Board members shall read and sign the policies contained in Addendum #1. See Addendum #1

ARTICLE XI. AMENDMENTS TO BY-LAWS

These by-laws shall be reviewed annually or as needed and may be amended by a majority vote of the ADRC Board at any regularly scheduled meeting provided that Board Members have received a copy of the proposed amendments at least one month in advance of the vote to amend.

Addendum #1

Article XII. ADDENDUM TO AGING AND DISABILITY RESOURCE CENTER OF SOUTHWEST WISCONSIN, IOWA COUNTY BY-LAWS

Section 1. Wisconsin Department of Health Services Confidentiality Policy (See attached)

Section 2. Wisconsin Department of Health Services Conflict of Interest Policy (See attached)

Applies to:
ADRC
Tribal ADRS

P-02923-06 (12/2022)

Confidentiality Policy

Last Revised: December 2022

Contents

This policy applies to aging and disability resource centers (ADRCs) and Tribal aging and disability resource specialists (Tribal ADRS), herein referred to as "agency" or "staff."

I. Purpose

The purpose of this policy is to provide guidance on how information should be accessed or shared consistent with the customer's right to privacy and with the requirements of state and federal law. The policy and procedures in this document are fundamental to any county or Tribal confidentiality policy that applies to the ADRC or Tribal ADRS. Agencies may have one confidentiality policy for their county or Tribe as long as the requirements in this policy are included in the county or Tribal policy.

All ADRC staff, including volunteers, board members, contractors, and Tribal ADRS are expected to be familiar and comply with the requirements of this policy. Benefit specialists are subject to the confidentiality requirements specific to their program and should follow their program guidelines when different from this policy.

II. Principles

A. Respect for the Privacy and Best Interest of the Customer

Decisions about what customer information is accessed or shared will be based on what is in the best interest of the customer and consistent with the customer's right to privacy. Customers should not be pressured to reveal more than they are willing to share and will be allowed to remain anonymous if they so desire.

B. Informed Consent

Customers should be told that the information they share with the agency is kept in confidence and may be shared, when needed, with the customer's permission. It is best practice to inform customers about how their information will be used and to obtain at least a verbal consent, even when consent is not strictly required.

If staff have reason to believe that the information the customer has shared or is about to share would not be protected, they should inform the customer of the limits to confidentiality. These include reporting abuse or neglect; cooperating with public health, adult protective services, law enforcement, or a court order; and emergency situations.

C. "Need to Know" and "Minimum Necessary" Standard

Staff shall obtain only that information which they need to know to assist the customer and will use customer information only for purposes directly related to the provision of services to the customer.

D. Compliance With Confidentiality Laws and Policies

Customer confidentiality is protected by federal and state statutes and regulations and by county or Tribal government policies and procedures. The agency and its staff will abide by all legal requirements relating to confidentiality.

III. Policy

A. Staff Training and Assurances

All newly hired staff will be trained on the confidentiality policy as part of their orientation. Refresher training will be provided to all staff annually.

All staff must sign a confidentiality and non-disclosure agreement stating that they have reviewed, understand, and will abide by the confidentiality policy before being given access to confidential customer information. A copy of the policy will be given to each staff member for their records, and a copy of the signed confidentiality agreement will be kept in each staff member's personnel file. This agreement shall be reviewed and signed annually, at a time determined by the agency.

B. Types of Confidential Customer Information

All personal information about a customer is considered confidential. This includes but is not limited to:

- The person's name, address, birth date, Social Security number, and other information that could be used to identify the customer.
- The person's physical or mental health, functional status, or condition.
- Any care or services that the customer has received, or will receive, from the agency or any other provider.
- Financial information, including income, bank accounts and other assets, receipt of benefits, eligibility for public programs, or method of payment for services provided to the customer.
- Employment status or history.
- Education records.
- Any other information about the customer that is obtained by staff.

C. Access to Confidential Customer Information

Staff, including directors and supervisors, may access confidential customer information to provide information and assistance, options counseling, benefits counseling, functional

eligibility determination, enrollment counseling, and other ADRC services.

D. Disclosure of Customer Information

Staff may not disclose or acknowledge whether a person has received or is receiving services from the agency, unless it has been established that the information can be legitimately shared. When unsure, staff receiving an inquiry regarding the status of a customer will respond in a non-committal manner. For example, staff may say, "The agency confidentiality policy does not permit the disclosure of that information."

1. Disclosures That Require Prior Written Informed Consent

The types of disclosures that require prior signed authorization from the customer or the customer's legal representative include:

- Information with counties outside of the agency's service area for purposes other than access to publicly funded long-term care programs.
- Medical information with an employer, life insurer, bank, marketing firm, news reporter, or any other external entity for purposes not related to the customer's care.
- Substance use disorder (SUD) treatment records.
- School records.
- Any disclosure for purposes not relating to the services provided by the agency.

2. Process for Obtaining Written Informed Consent

The agency will obtain a release of information form that describes the information to be shared and who can receive and use the information, and that is signed and dated by the customer whose information is to be shared or by their legal representative. A copy of the signed release form will be given to the customer or their legal representative.

The customer's records and a copy of the signed release of information form will be kept in the customer's file.

Any written disclosure of confidential information by staff will be accompanied by a written statement documenting that the information is confidential and that further disclosure without the customer's consent or statutory authorization is prohibited by

law.

3. When Verbal Consent Is Sufficient

The following situations require only verbal consent to share customer information:

- Sharing information with the customer's family, friends, caregivers, and providers who are involved with the person's care, when necessary to coordinate services for the customer.
- Contacting an agency or service provider on the customer's behalf.
- Referring the customer to services provided by the agency.
- Referring the customer to services provided by other county or Tribal departments or agencies.
- Linking customers to community resources.

Records of verbal consent should be documented and kept in the customer's file.

4. Customer Right to Revoke Consent

A written release of information or verbal consent may be rescinded by the customer or their legal representative at any time. This should be done in writing, if possible. Revocation of a prior consent should be documented in the customer's file.

5. Disclosures That May Be Made Without Written or Verbal Informed Consent

Neither written nor verbal informed consent is required in the following situations; however, it is advisable to let the customer know that these exchanges may take place when:

- Exchanging customer information necessary for the agency to perform its duties or coordinate the delivery of services to the customer.
- Transferring the long-term care functional screen for the purpose of enrollment into a managed care organization (MCO) or IRIS[1] consultant agency (ICA) in the

[1] IRIS stands for "Include, Respect, I Self-Direct".

agency's service area.

- Transferring the long-term care functional screen to the ADRC serving the county in which the customer resides.
- Exchanging information necessary to coordinate the delivery of ADRC services, county human services, Tribal services, social services, or community programs to the customer.
- Reporting possible abuse or neglect of an elderly person or vulnerable adult, per Wis. Stat. §§ 46.90 and 55.043.
- Cooperating with public health, adult protective services, or elder or adult-at-risk investigations.
- Cooperating with a law enforcement investigation. Check with your legal counsel before providing information in this type of situation, as there are limited situations where you can disclose information to law enforcement.
- Sharing information in the event of an emergency, per established emergency procedures.
- Exchanging information necessary for the Wisconsin Department of Health Services to administer the Family Care, IRIS, or Medicaid programs.
- Exchanging information necessary to comply with statutorily required advocacy services for Family Care and IRIS enrollees and prospective enrollees.
- Required by a signed court order.

IV. Procedures

A. Staff Actions to Safeguard the Confidentiality of Customer Information

Staff are expected to employ the following practices to safeguard customer confidentiality:

- Only access personal and identifiable customer information when you need it to perform your job.
- Disclose confidential information only to those who need it to complete their jobs and are authorized to receive it.
- Obtain informed consent prior to accessing or disclosing information, consistent with

provisions outlined in this policy.

- Do not discuss a customer's information with anyone else unless access to such information is expressly permitted by the customer.
- Do not access information about your family members, neighbors, or friends. Review any requests to serve people you know with your supervisor.
- Refrain from communicating information about a customer in a manner that would allow others to overhear.
- Keep confidential information out of sight.
- Protect access to electronic data.
- Send fax transmissions that contain confidential information with a cover sheet that includes a confidentiality statement.
- Delete or dispose of information that is outdated and no longer needed in accordance with record retention guidelines and state and federal laws.
- Report any violations of confidentiality to your supervisor.
- Check with your supervisor if you are unsure whether information may be disclosed.

B. Measures to Safeguard the Privacy of Customer Records and Data

In addition to the above guidelines for staff, the agency must have the following safeguards in place to protect the privacy of records and data and to prevent inappropriate use or disclosure of customer information:

- Locked file cabinets for confidential information and a secure area for records storage are provided.
- Confidential documents that are no longer needed are shredded.
- Staff computers are equipped with security features to protect customer data from unauthorized interception, modification, or access during electronic transmission and receipt, transfer, and removal of electronic media.
- Computers, laptops, and portable devices have encryption software installed.
- When disposing of printers, copiers, scanners and fax machines, the hard drives are wiped, or otherwise disposed of, in a way that prevents access to captured document images.

- Staff who leave their employment or affiliation with the agency lose their ability to access customer information and data systems, effective immediately upon their departure.

C. Accessing Records from Outside of the Agency

Customers or their legal representatives will be asked to sign a release of information form to permit the agency to access any confidential records needed to complete the long-term care functional screen or provide other services to the customer. The signed form will be kept in the customer's file and a copy of the signed form will be provided to the customer.

D. Informing Customers of Their Rights

1. Informing Customers About the Confidentiality Policy

As a common practice, staff will ask customers whether they have any objection to sharing information, even if written authorization is not required. Staff will inform customers about the agency's confidentiality policy and the customer's right to see their records, obtain copies, and contest the information contained in those records.

2. Customer Requests to View or Get Copies of Their Records

Customers have a right to view and receive copies of their records on file at the agency. To do so, the customer or their legal representative will submit a written request, a copy of which will be kept in the customer's file, together with a record of the information that was disclosed. The agency may charge the customer for paper copies of records exceeding 10 pages.

3. Requests to Share Agency Information with a Third Party

If the customer wants information from their record given to another person or agency, the customer or their legal representative must complete a release of information form indicating which information is to be sent and to whom. The agency may charge the customer for paper copies of records that exceed 10 pages.

E. Monitoring and Ensuring Compliance

Supervisors are responsible for monitoring and ensuring staff compliance with this

confidentiality policy by conducting periodic compliance checks, reviewing the confidentiality policy with annually with staff, and providing training to staff.

1. Reporting Security Violations and Breaches of Customer Confidentiality

Staff will report any breach of customer confidentiality to their supervisor or privacy officer as soon as it is discovered and follow the designated incident reporting process, where applicable. The ADRC director or supervisor should report the breach to their assigned regional quality specialist for awareness.

2. Mitigating and Correcting Breaches of Confidentiality

Violations of the confidentiality policy will be documented and corrected. Where required or appropriate, customers will be notified of the breach and of actions taken to mitigate the situation.

V. Additional Information

If you have questions or would like additional information, contact your assigned regional quality specialist.

Applies to:
ADRC
Tribal ADRS

P-02923-06 (12/2022)

Confidentiality and Non-Disclosure Agreement — ADRC Representative

As a representative of the Aging and Disability Resource Center of _____, I have reviewed and received training on the confidentiality policy. If I do not fully understand this policy or how it is relevant to my employment or association with the ADRC, I will not sign this statement until I have spoken with the ADRC supervisor and I understand this policy.

I acknowledge that I will be required to review the confidentiality policy on an annual basis.

As a representative of the ADRC, I acknowledge, by signature, that I have reviewed the confidentiality policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of ADRC staff to protect the confidentiality of ADRC customers in accordance with this policy.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

_____ _____

Supervisor Signature: Date signed:

Applies to:
ADRC
Tribal ADRS

P-02923-06 (12/2022)

Confidentiality and Non-Disclosure Agreement — Tribal ADRS

As a Tribal Aging and Disability Resource Specialist for the _____, I have reviewed and received training on the confidentiality policy. If I do not fully understand this policy or how it is relevant to my employment or association as a Tribal ADRS, I will not sign this statement until I have spoken with my supervisor and I understand this policy.

I acknowledge that I will be required to review the confidentiality policy on an annual basis.

As a Tribal ADRS, I acknowledge, by signature, that I have reviewed the confidentiality policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of the Tribal ADRS to protect the confidentiality of Tribal ADRS customers in accordance with this policy.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

_____ _____

Supervisor Signature: Date signed:

Conflict of Interest Policy

Last Revised: January 2023

Contents

This policy applies to aging units, aging and disability resource centers (ADRCs) and Tribal aging and disability resource specialists (Tribal ADRS), herein referred to as "agency" or "staff."

Purpose

The purpose of this policy is to ensure conflicts of interest are prevented, recognized, and promptly addressed so that the agencies can provide customers with objective and unbiased information about a broad range of programs and services.

Agency representatives, employees, volunteers, Commission on Aging, and ADRC governing board members must be sensitive to their own personal potential for conflicts of interest, be vigilant about the existence of conflicts of interest elsewhere, and take steps to limit, mitigate, or eliminate conflicts of interest that are discovered.

Definitions

Agency: The agency responsible for the ADRC, Aging Unit, or Tribal ADRS grant(s).

Agency Representative: Representatives include, but are not limited to, all limited-term or permanent employees of the ADRC, Aging Unit, or a Tribal ADRS (contracted or otherwise), volunteers, Commission on Aging, and ADRC governing board members.

Conflict of Interest: A conflict of interest is a situation that interferes with an agency representative's ability to provide objective information or act in the best interest of the customer. Avoiding conflict of interest is important to the reputation of the agency and to the public's trust in the agency as a place where people can get unbiased, professional advice and support.

Direct Service: A tangible product or specific service provided to an individual or a group in which a financial donation or payment, or other type of payment, is requested or expected. Examples of direct services include home delivered meals, congregate meals, health promotion workshops, respite services, etc.

Integrated ADRC/Aging Unit: For the purpose of this policy, integration is defined by the public's perception of the ADRC and Aging Unit as a single entity. Examples of public perception of integration could include the use of a single organization name, a common phone number, a single website or social media presence, or shared reception for both the ADRC and Aging Unit.

Potential Conflicts of Interest: Potential conflicts of interest include, but are not limited to, financial relationships. For example, secondary employment with an outside agency is a potential conflict of interest. All potential conflicts of interest should be discussed with the agency supervisor or director.

Policy

Representatives of the agency will be mindful of their duty to represent the interests of the general public as related to long-term care and therefore not represent the interest of any one group or agency. The function of the agency is to represent the interest of the customer at all times. Agencies that provide direct services to a customer, such as federally- or state-funded aging services, must ensure that customers are informed of all of the provider options in the community. For example, a customer may need nutrition services and the agency must provide all options including the elder nutrition program, mail order meals, etc.

Agency representatives will avoid potential conflicts of interest as described in this policy in order to provide impartial agency services. Agency representatives will likely encounter situations that may be a potential conflict of interest or something that is not clearly prohibited. Whenever an agency representative is concerned about a potential conflict of interest, they must discuss the situation with their agency supervisor or director. Not all situations that pose a potential conflict of interest are prohibited so long as the potential conflict can be mitigated, and mitigation efforts are documented.

Staff who are dually employed by both the agency and another employer are required to notify their agency supervisor or director in order to ensure a conflict of interest does not exist. The agency must establish a mitigation plan for any staff person that is dually employed with an entity that may have a relationship with the agency, such as a long-term care provider or health care provider. Examples of long-term care providers or health providers include, but are not limited to, managed care organizations, home health agencies, skilled nursing facilities, and assisted living facilities. The agency must make the mitigation plan available to the Department of Health Services (DHS) upon request. Mitigation plans must be reviewed and approved by the ADRC's governing board chair (or commission on aging, if applicable) and a designated county or Tribal official, such as a local corporation counsel. Staff that are dually employed by an entity that does not have a relationship with the agency do not need to complete a mitigation plan.

The following conflicts of interest are prohibited:

- Staff cannot counsel or otherwise attempt to influence customers for financial gain or other self-interests.
- Staff cannot counsel or otherwise attempt to influence customers in the interest of any provider, managed care organization (MCO), IRIS consultant agency (ICA), IRIS fiscal employer agent (FEA), or other organization.
- In accordance with the Federal Home and Community Based Services Rule § 441.730, an agency representative is not allowed to provide agency services to customers if they are:

- Related to the customer by blood or marriage or related to any paid caregiver of the customer.
- Financially responsible for the customer.
- Empowered to make financial or health-related decisions on behalf of the customer.
- Holding financial interest in any entity that is paid to provide care for the customer.
- Serving in a policy or decision-making position for any entity that provides or could provide direct services to the customer.

Agency representatives will work with their supervisor or director to ensure that another staff person provides agency services to customers in this situation.

- Elder benefit specialists and disability benefit specialists may not perform the long-term care functional screen, conduct eligibility determinations for SSI-E or other programs, or provide guardianship or adult protective services.
- Staff who also work in adult protective services may not provide enrollment counseling to any adult protective services client with whom they are working.
- Staff may not continue to provide services to customers in any situation where a mitigation plan is required but has not yet been approved by the ADRC board, commission on aging, or designated county agency for implementation.

Procedure

A perceived or potential conflict of interest may exist even if there has been no misconduct on the part of an agency representative. Perceived or potential conflicts of interest may occur in any situation that might lead a representative to put other interests ahead of those of the customer. Mitigation measures are needed to ensure that perceived or potential conflicts of interest do not turn into actual conflicts of interest or misconduct.

Agencies are required to:

- Have all staff review and sign this policy on an annual basis.
- Require one of the following:

- That customers sign the Customer Service Agreement (F-02923-03a) at the onset of options counseling; or
- Include a disclosure about conflict of interest on another document that is provided to all customers who receive options counseling. For example, the disclosure could be added to a client rights document if that is provided to all ADRC customers receiving options counseling.
- Exemption: ADRCs that are not integrated with their Aging programs **and** do not provide any direct service are exempt from the disclosure statement requirement. Examples of direct services that an ADRC may provide include health promotion and prevention workshops or assistive technology loan closets.

Ensure that no revenue generated from service provision is used to support options, benefits, or enrollment or disenrollment counseling.

Director or management responsibilities

The director or designee will identify any perceived or potential conflict of interest, determine whether to address the conflict, and when required, assist the agency representative in terminating or minimizing the conflict.

Agency representative responsibilities

The agency representative will exercise sound judgment by being aware of and reporting instances of potential or present personal conflicts of interest. In addition, agency representatives are prohibited from accepting gifts, loans, or favors from individuals or providers who might stand to benefit from referrals or other actions made by the agency.

Training

All agency representatives will receive training on the agency's conflict of interest policy prior to having contact with customers. ADRC governing board members and commission on aging members will receive training before serving on the ADRC governing board or commission. This policy will be reviewed with agency representatives annually.

Disclosure

Agencies that provide options counseling to customers must use the Customer Service Agreement Form (F-03093) or include the following disclosure language in another document of the agency's choice. Only ADRCs that are not integrated with their Aging programs **and** do not provide any direct services, such as health promotion workshops or loan closets, are exempt from using the disclosure statement.

> *The primary purpose of the ADRC Specialist is to provide the customer with unbiased information about services that will meet their needs. This includes sharing information with customers about agencies that provide needed services. The ADRC may operate programs that provide direct services to customers.*
>
> *The ADRC Specialist:*
>
> - *Cannot attempt to influence customers for financial gain or other self-interests.*
> - *Cannot attempt to influence customers in the interest of any service or program provider, including the ADRC itself.*
>
> *The ADRC is prohibited from using revenue generated from direct service programs to support the ADRC Specialist program.*

Federal regulation 42 CFR 438.810 prohibits the use of revenue generated direct service programs to be used to support ADRC Specialist services.

Assurances

Each agency representative will acknowledge, by signature, the receipt of training and the obligation to be objective and customer centered.

Reporting

Agency representatives will identify and report potential or present conflicts of interest to the director (or designee) upon hire or whenever a conflict is identified. All potential conflicts of

interest are treated as if a conflict exists until a determination is made and the potential conflict has been resolved.

Response

The director (or designee) will receive reports of possible conflicts of interest from agency representatives, employees, volunteers, Commission on Aging, and ADRC governing board members. The director (or designee) will then make a determination as to whether the situation is, in fact, a conflict of interest.

Resolution

The director (or designee) and the agency representative involved shall take immediate steps to terminate or minimize the conflict of interest. This may involve finding an alternative agency representative or source of service or terminating the relationship that has resulted in a conflict of interest.

Advocacy

The agency representative must ensure that customers receive appropriate advocacy, representation, and information, especially in regard to a customer's choice of or eligibility for program benefits or services. Therefore, agency representatives are required to provide the Customer Services Agreement to any customer who agrees to options counseling or Client Services Agreement to any customer who agrees to benefits counseling.

Conflict of Interest Policy Assurance—ADRC or Aging Unit Representative

As a representative of the Aging Unit or Aging and Disability Resource Center of _____, I have reviewed and received training on the conflict of interest policy. If I do not fully understand this policy or how it is relevant to my employment or association with the ADRC or Aging Unit, I will not sign this statement until I have spoken with the ADRC or Aging Unit director and I understand this policy.

I acknowledge that I will be required to review the conflict of interest policy on an annual basis, including the circumstances that may be potential conflicts of interest and the procedures for disclosing and mitigating potential conflicts of interest.

I understand that prior to a customer receiving options counseling, they must either:

a. Review and sign the Customer Service Agreement (F-03093); or

b. Review another agency document that includes the conflict of interest disclosure. If the document does not require a customer signature, agency staff should note in client tracking that the conflict of interest disclosure was reviewed with the customer.

I understand that prior to a customer receiving any other agency service, an optional Customer Service Agreement may be obtained.

As a representative of the ADRC or Aging Unit, I acknowledge, by signature, that I have reviewed the conflict of interest policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of ADRC and Aging Unit staff to be objective and customer centered.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

_____ _____

Supervisor Signature: Date signed:

Conflict of Interest Policy Assurance—Tribal ADRS

As a representative of _____, I have reviewed and received training on the conflict of interest policy. If I do not fully understand this policy or how it is relevant to my employment or association with the Tribe, I will not sign this statement until I have spoken with the Tribal supervisor and I understand this policy.

I acknowledge that I will be required to review the conflict of interest policy on an annual basis, including the circumstances that may be potential conflicts of interest and the procedures for disclosing and mitigating potential conflicts of interest.

I understand that prior to a customer receiving options counseling, they must either:

a. Review and sign the Customer Service Agreement (F-03093A); or

b. Review another agency document that includes the conflict of interest disclosure. If the document does not require a customer signature, agency staff should note in client tracking that the conflict of interest disclosure was reviewed with the customer.

I understand that prior to a customer receiving any other agency service, an optional Customer Service Agreement may be obtained.

As a representative of the Tribe, I acknowledge, by signature, that I have reviewed the conflict of interest policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of the Tribal ADRS to be objective and customer centered.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

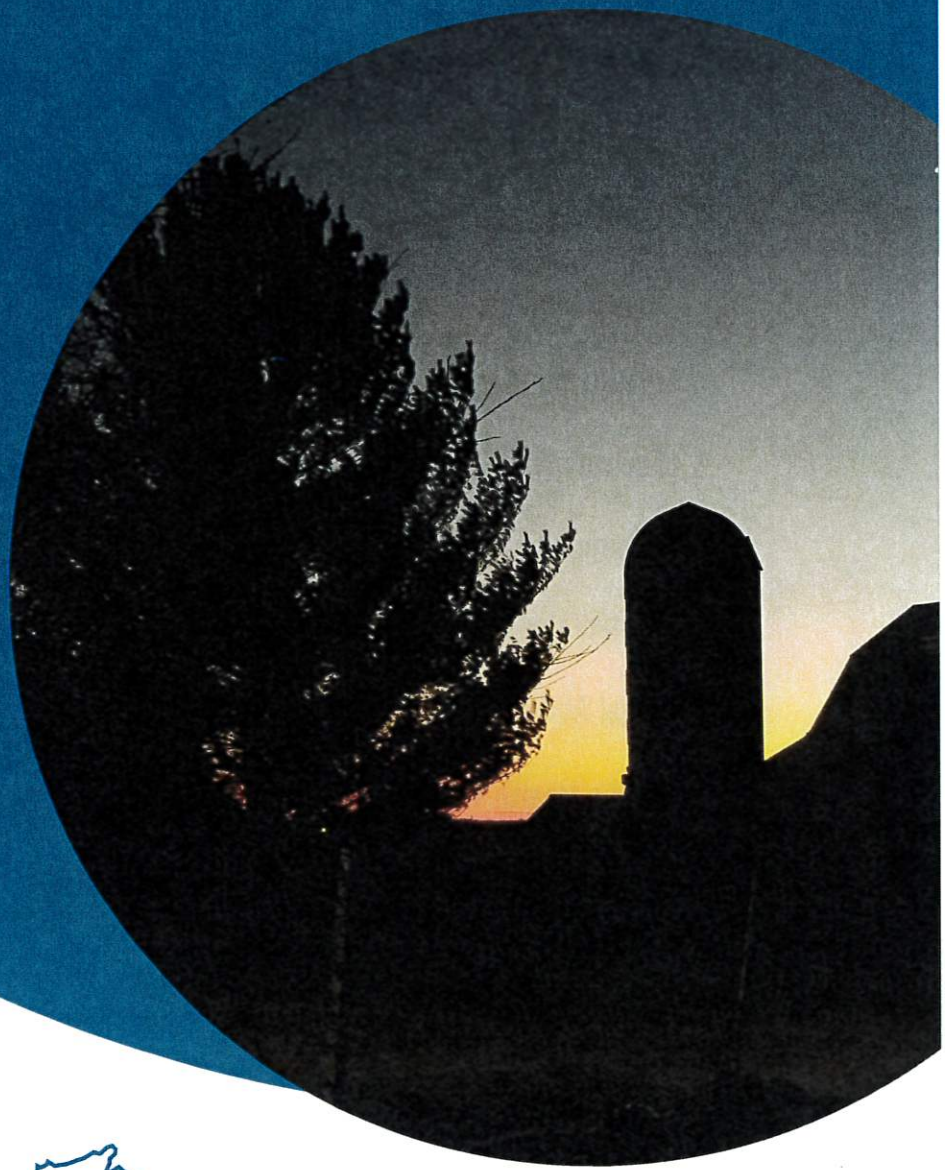
_____ _____

Supervisor Signature: Date signed:

Iowa County Health Department Annual Report

2022

Published May 2023



HISTORIC
MINING
AGRICULTURAL
SCENIC
IOWA COUNTY
1827

IOWA COUNTY
WISCONSIN
HEALTH DEPARTMENT

Public Health
Prevent. Promote. Protect.

Table of Contents

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.

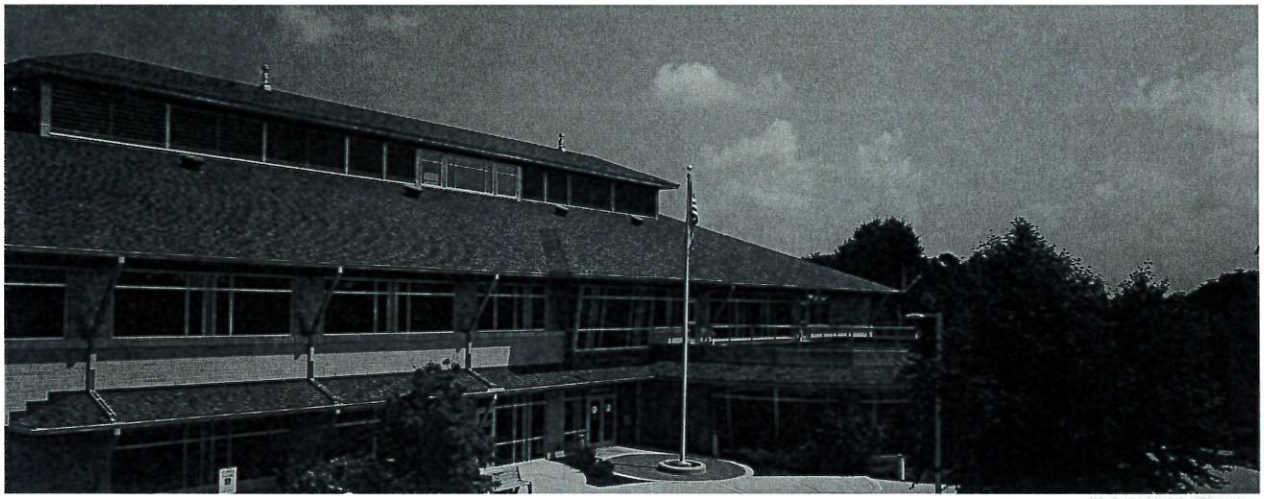
Continuing to express my sincere gratitude to our amazing response partners won't stop. Keith Hurlbert and Amanda Gardner from Emergency Management have been a constant and they deserve recognition and praise far beyond what we can adequately convey. Uplands Hills Health continued their expert response, 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.

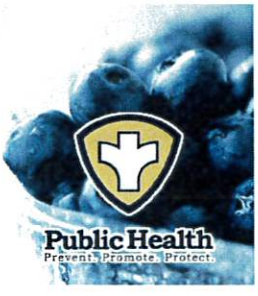
Evidence-Based: Practicing science based strategies and using best practices that improve population health.

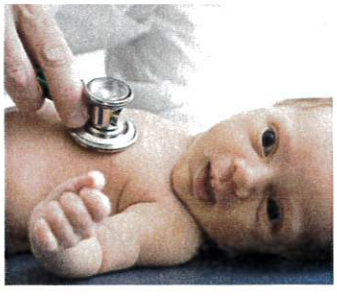
Respect: Approaching all people with significance, understanding, compassion and dignity.

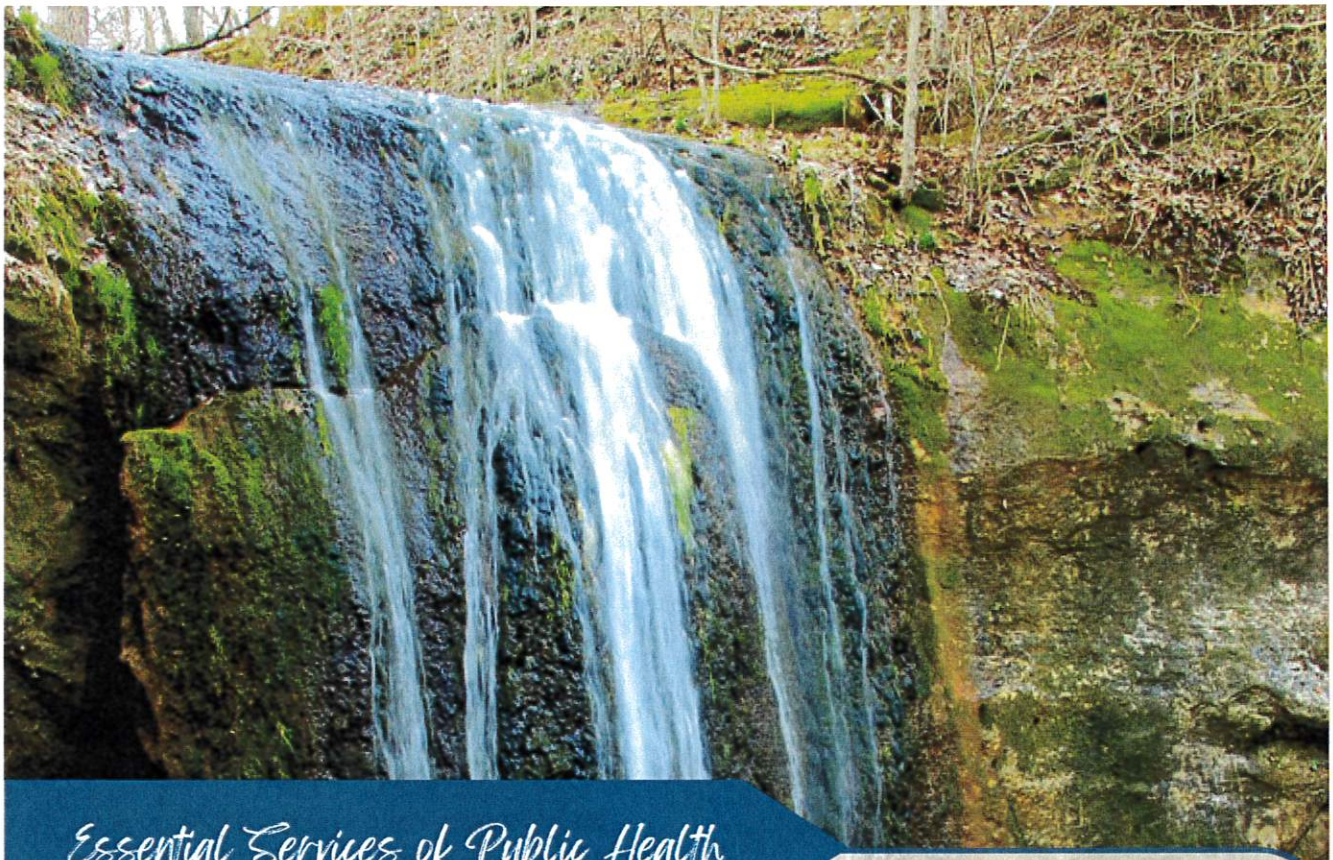
Social Justice and Health Equity: Promoting equal rights and opportunities and advocating wellness for everyone regardless of social, economic, or cultural factors. Fostering policies and programs that are respectful of our diverse communities, considering the social determinants of health, and incorporating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

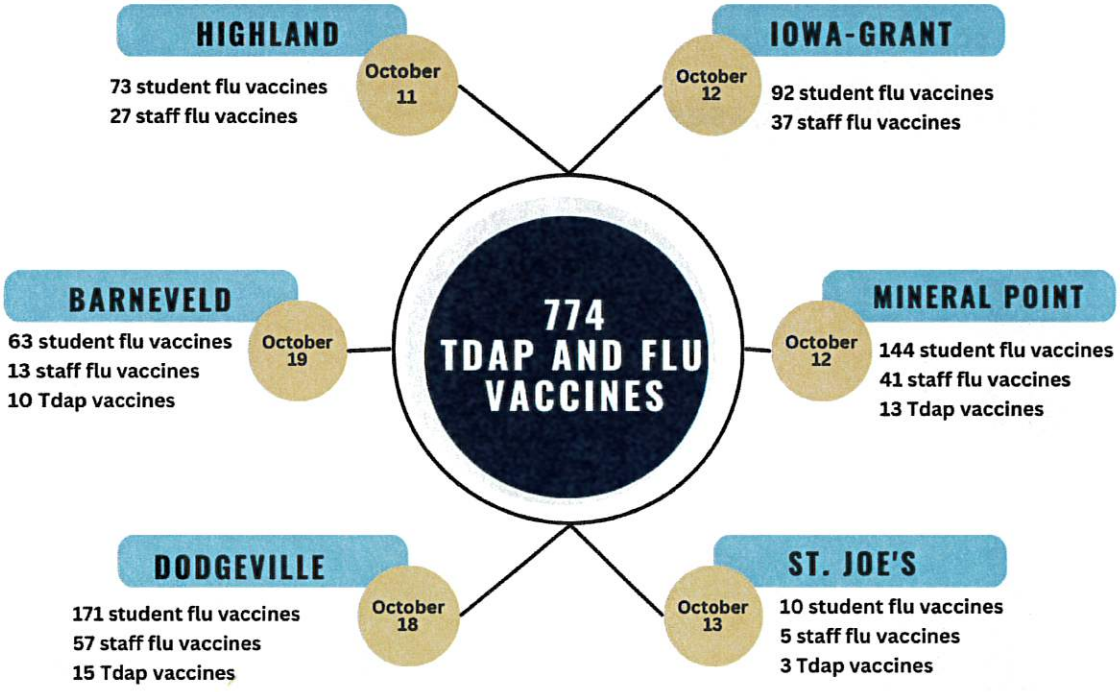
- **January-** vaccines are offered at both the Lands' End clinic site and HHS building
- **February/March-** vaccine clinics are held at HHS building and in schools
- **September-** brought the arrival of the Bivalent booster vaccine

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



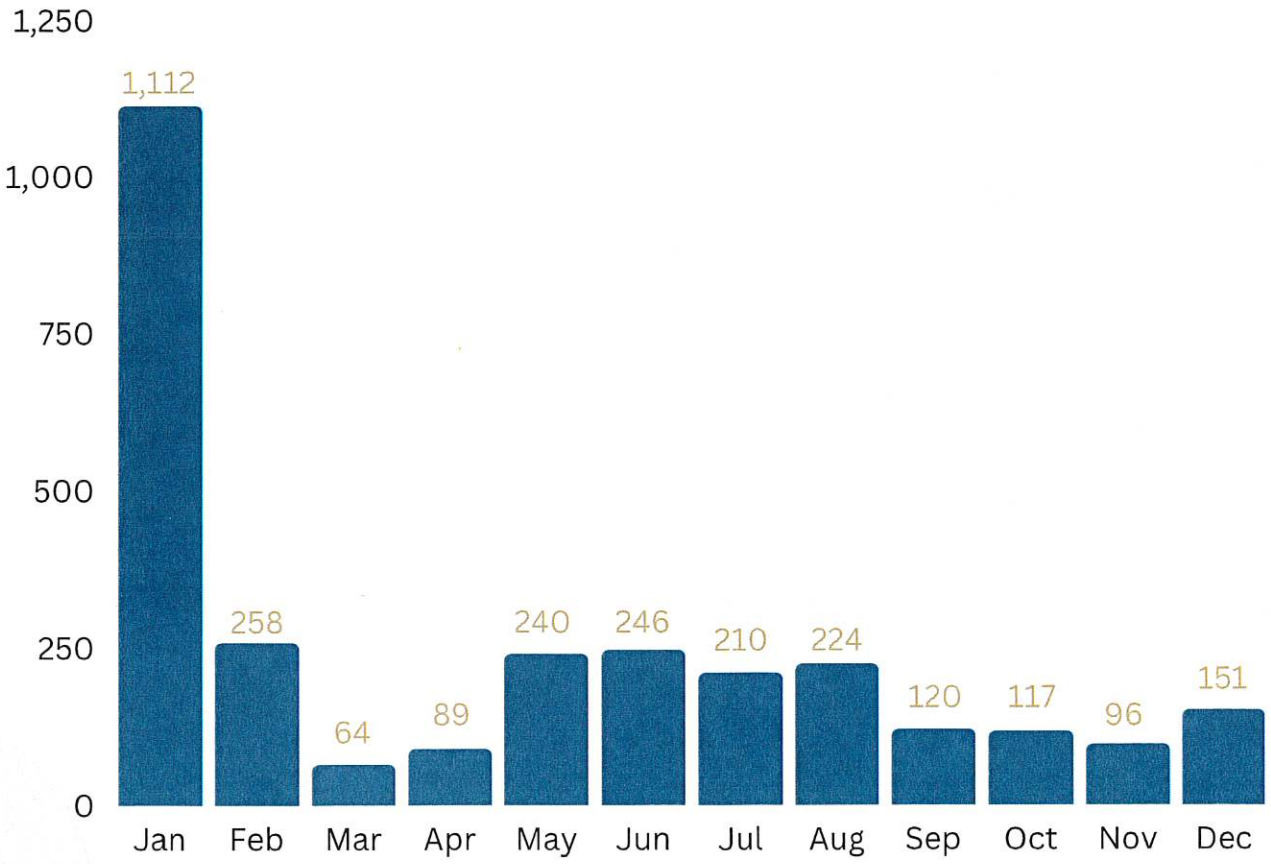
Providing Tdap and Flu vaccines to Iowa County Schools

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.

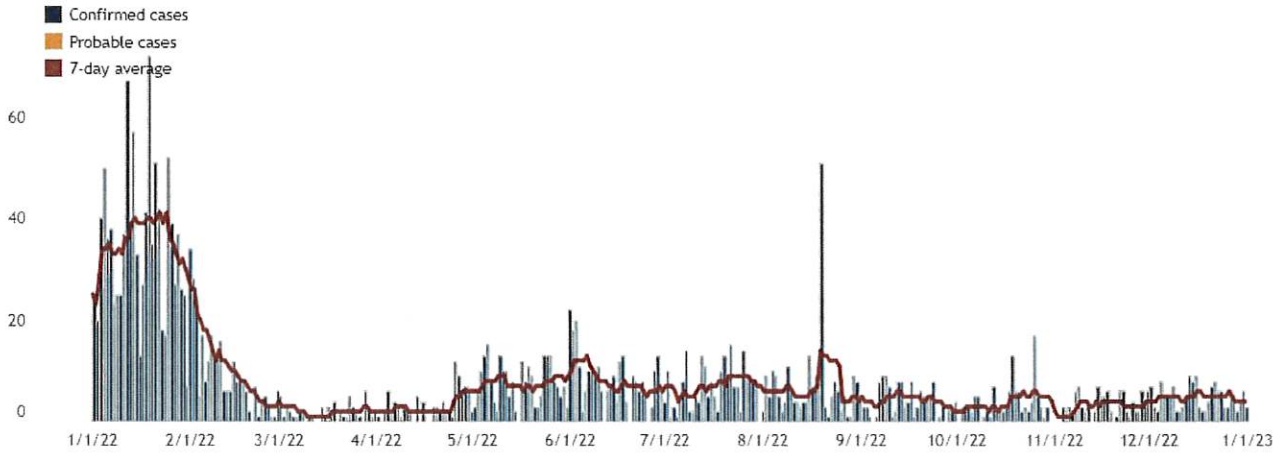
COVID-19 Confirmed Cases, 2022



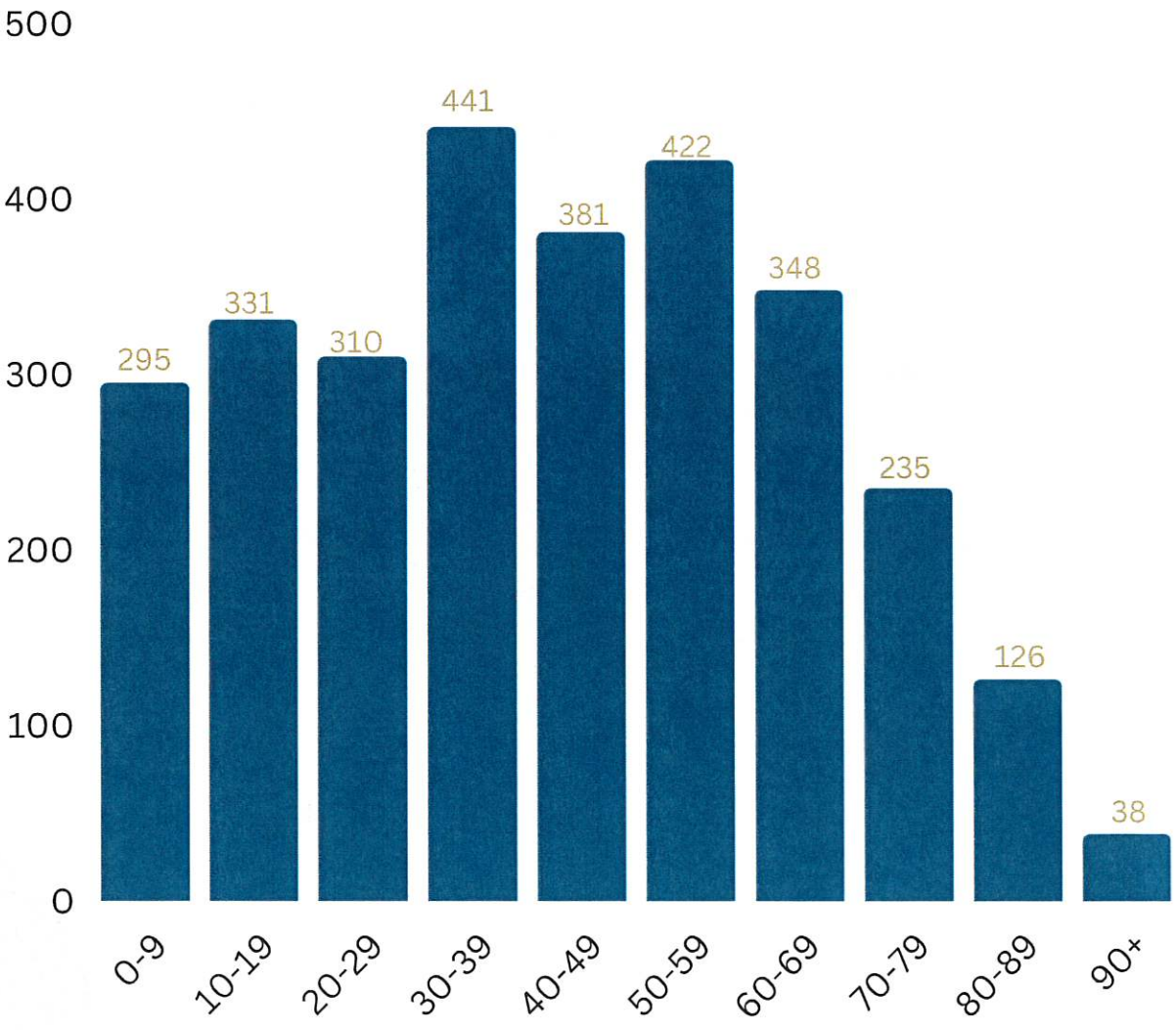
COVID-19 DATA

COVID-19 Epidemic Curve

(distribution of cases throughout 2022)

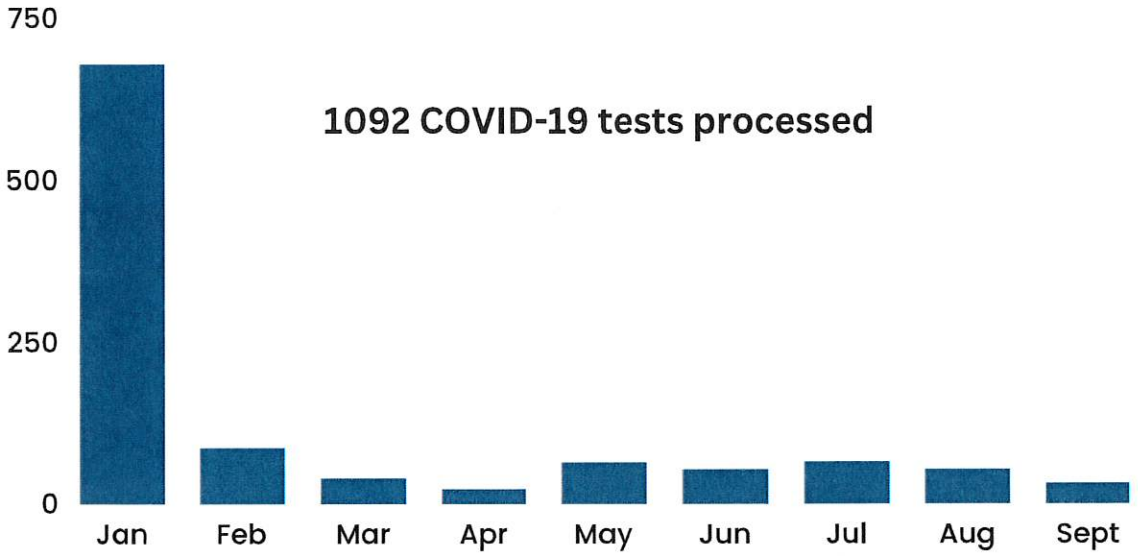


COVID-19 Cases by Age, 2022



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

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.

At-home Antigen Tests

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.

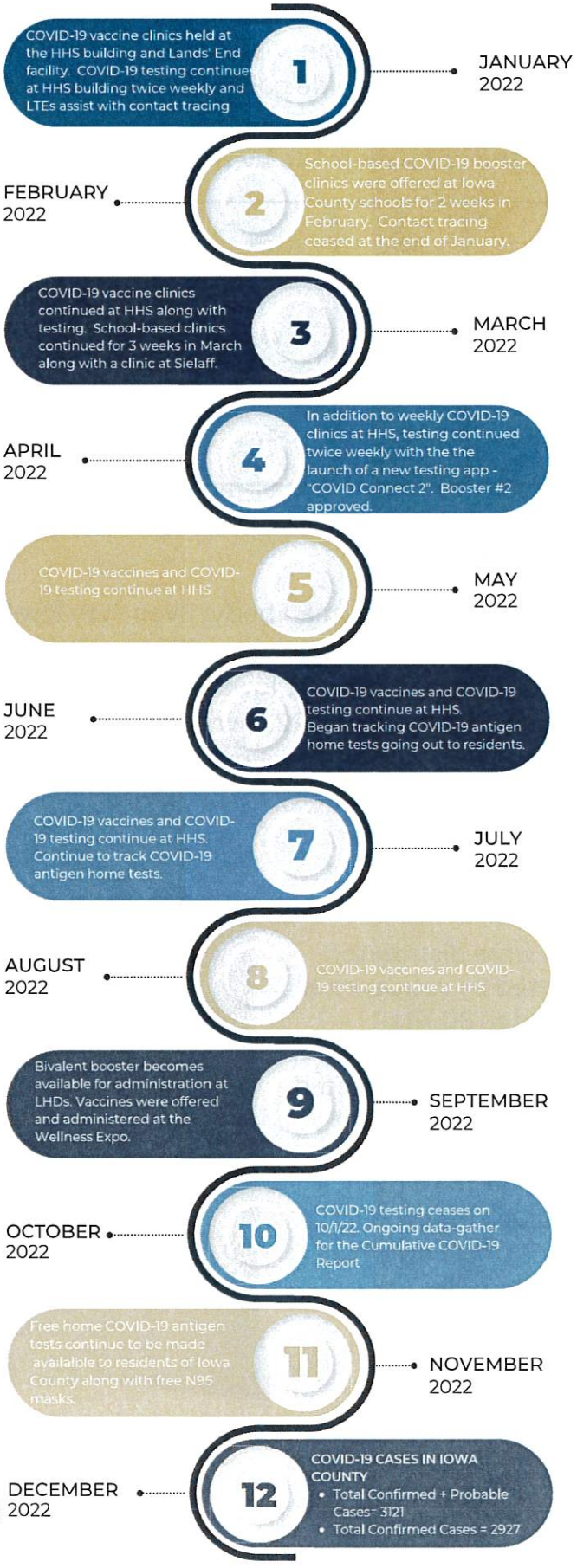
Available inside the front door at the HHS building during normal business hours

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

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



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/I. The risk of death for radon at 4pCi/I is approximately 1 in 100. At the 4 pCi/I 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.

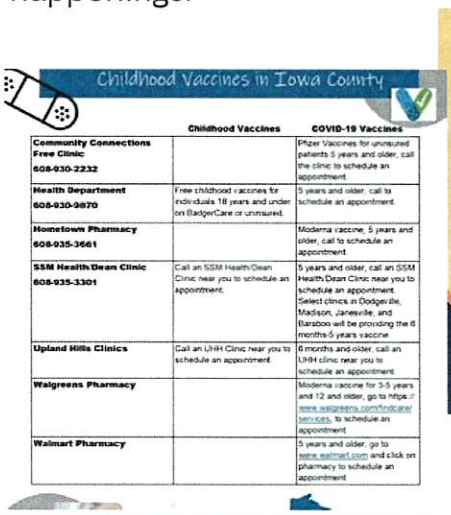
Communicate effectively to inform and educate

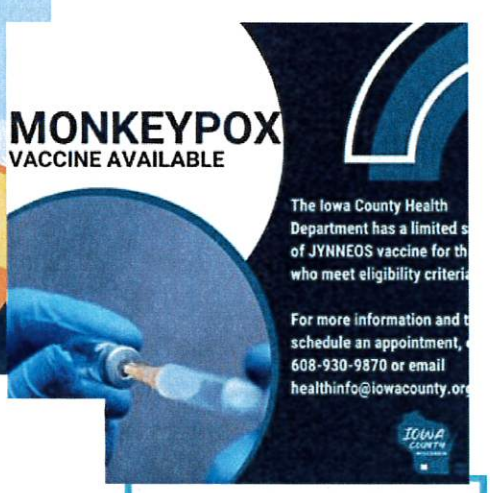
Wis. Admin. Code § DHS 140.04(1)(c)

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

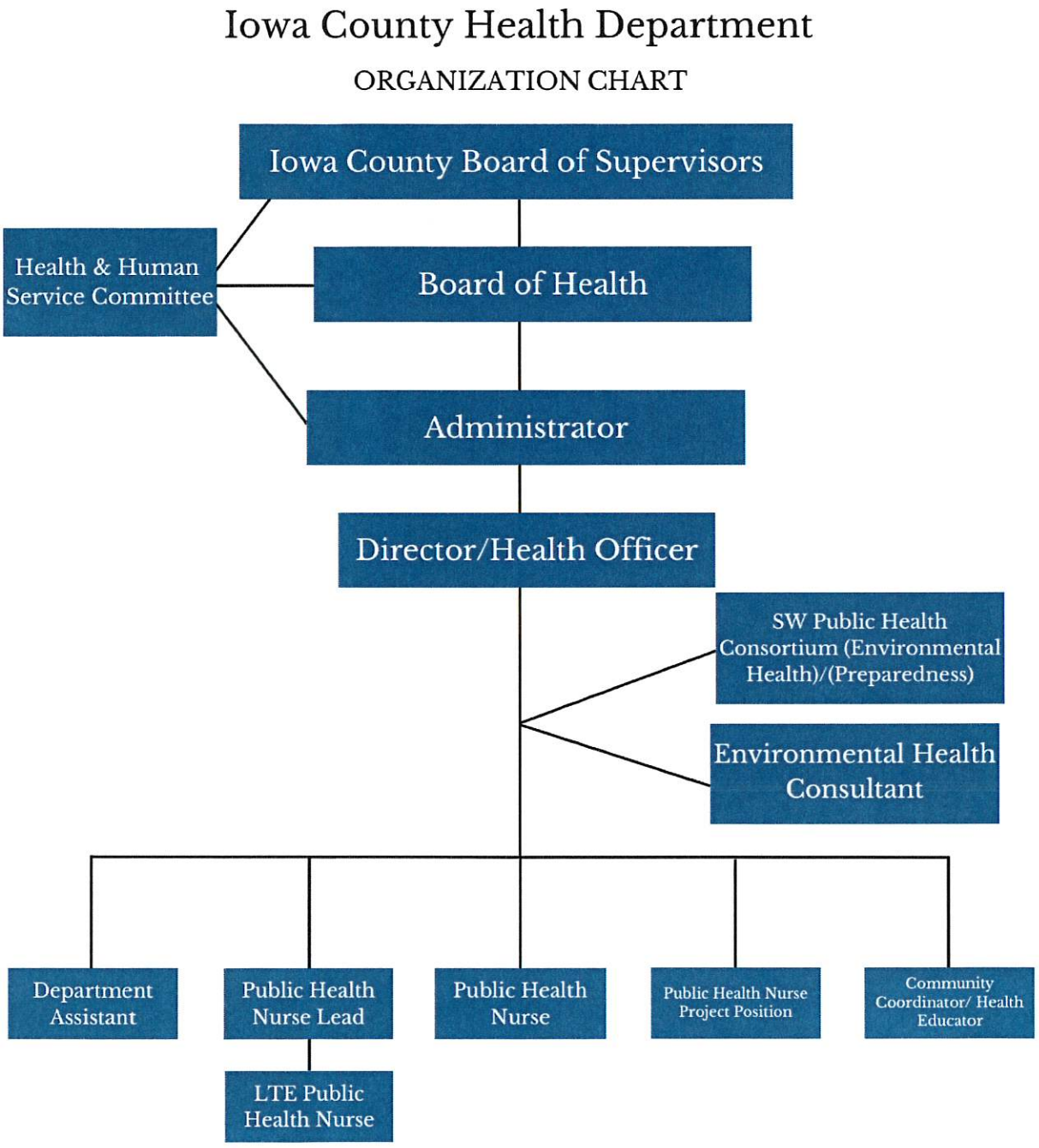
The LTE staff of nurses made it possible for the ICHD to vaccinate students and staff in the school setting for both COVID-19 boosters in February and the flu vaccine in October. With their assistance we were able to administer 773 flu vaccines as part of a mass vaccination school-based clinic.

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



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

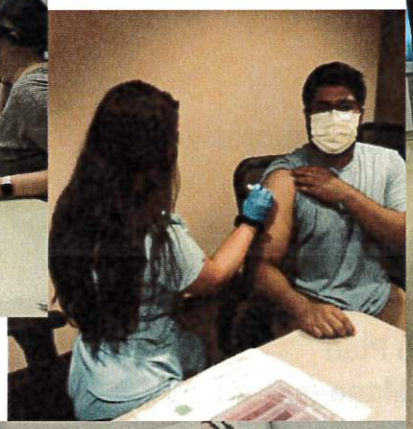
POLICIES AND PROCEDURES

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.

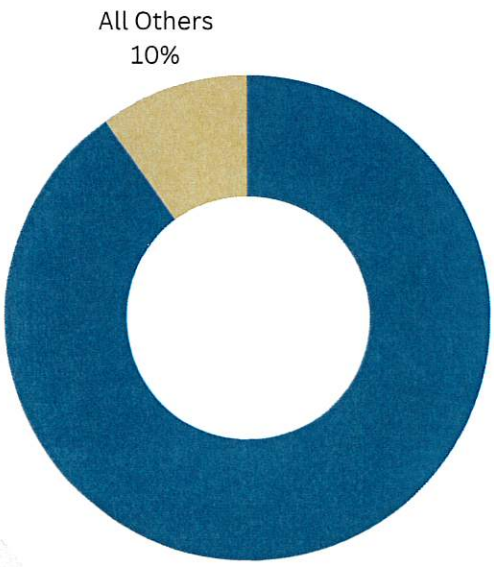


FISCAL SUMMARY

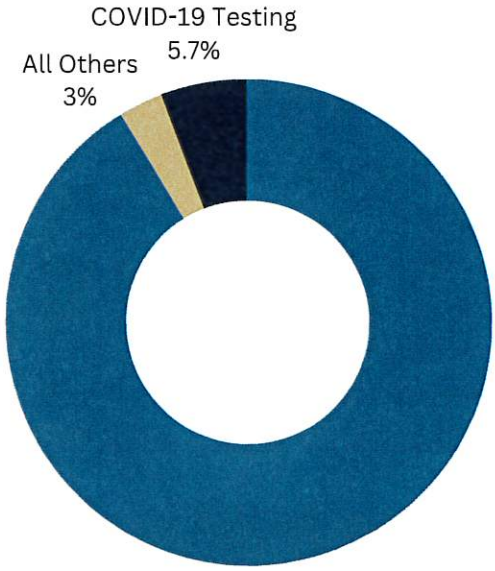
Build and maintain a strong organizational infrastructure

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

ADRC Manager's Report: July 2023 HHS Meeting

At our June ADRC Board meeting, we welcomed two new community board members, Kari Wunderlin and Dawn Kabot.

Wisconsin Senior Farmers' Market Nutrition Program: Iowa County is participating in the Senior Farmers' Market Nutrition Program again. This is an opportunity for eligible participants to purchase fresh, locally grown fruits, vegetables, and herbs from participating local farmers. Participants use their vouchers at any participating farmers' market or roadside stand within Wisconsin by October 31, 2023. We have held distribution sites throughout the county.

The ADRC hosted Dementia Live event on Wednesday June 14th. This was an opportunity for caregivers and community member to participate in a simulation to experience what it might be like to have dementia. There is an educational component, along with an opportunity to ask questions about dementia or caring for someone who has dementia.

June 12-17th was declared by Governor Evers as Benefit Specialist Appreciation Week. This is the first year for this declaration and we appreciate the acknowledgment for our Benefit Specialists. Our Elder Benefit Specialist is hosted a Medicare 101 at the Mineral Point Public Library on Thursday, June 22. We appreciate the partnership with the Mineral Point Public Library.

June 15th was World Elder Abuse Awareness Day. On Thursday June 15th, the ADRC partnered with the Iowa County Sheriff's Office and Wisconsin Senior Medicare Patrol to do a presentation about scam prevention. There is also a display located near the entrance of the HHS Building. During the month of June, we brought back our pinwheel display in the ADRC lawn. This is a low-cost way for us to bring attention, spread awareness, and open up discussions about Elder Abuse and Neglect. There are 118 pinwheels on display, each one representing a case of Elder Abuse or Neglect that was reported in 2022 in Iowa County. This is up significantly over the previous year where we received 73 reports of Elder Abuse or Neglect in 2021.

Upcoming events:

"Mug Club for Caregivers" meets on the third Tuesday of the month from 10:30-11:30, hosted by our Caregiver Coordinator and the regional Dementia Care Specialist. They are currently offering a hybrid meeting so attendees can choose Zoom or in-person.

The ADRC will be participating in the Farmers Appreciation Parade in Dodgeville on Sunday, July 9th.

The ADRC will be participating in the Town Square Night Market event in Dodgeville on Wednesday, July 19th.

We are working with Upland Hills Health to provide an educational series for the public. Plans are in the works to hold this event on the first Wednesday of the month. Topics will include things like Medicare Part D Open Enrollment, ADRC Services, Breast Health, and Advanced Directives. The series will begin in September and be advertised in the News and Views, flyers, on the ADRC website/Facebook along with Upland Hills website/Facebook.

The Health and Wellness Expo is scheduled for Friday, September 15, 2023 at Hidden Valley Church. We are partnering with Upland Hills Health to host this in-person event.

Advocacy:

Many of Wisconsin Aging Advocacy Network's advocacy efforts regarding Aging and Disability priority issues have been put into the Joint Finance Committee's budget. These include additional funding for ADRCs, Adult Protective Services, Alzheimer's Family Caregiver Support Program, Home Delivered Meals, Home and Community Based Services rate increase, Family Care Direct Care Reimbursement and Personal Care Reimbursement.

Transportation (submitted by Nikki Mumm):

We are currently working on our five year Regional Transportation Plan with Southwest Wisconsin Regional Planning and the counties in our region. This will help us identify needs and create goals for our grant applications.

We are also working with the Health Department and other community partners on the transportation portion of the Healthy Iowa County Community Health Improvement Plan. Part of this includes the development of a joint ADRC/SWCAP Healthy Iowa County Volunteer Driver Recruitment Brochure and other volunteer driver recruitment outreach opportunities.

The ADRC Board has encouraged us to reach out to the Hispanic and Latinx community in Iowa County. As part of that we are working on translating our transportation materials to Spanish and met with the SWCAP Multicultural Outreach Center Team to develop a relationship with them and share the services we provide.

Respectfully submitted,

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HHS Committee
July 2023

What's new:

- May 2023: Successful 140 Review/Audit by DHS to ensure the requirements of a level II health department are met. Formal letter will arrive this summer.
- We are in the process of becoming a DATCP certified Well Water Testing Lab – in partnership with Land Conservation and UW Extension to ensure better access to well water testing in our area. We will be performing bacteria testing in house and working with UW Oshkosh to perform additional testing for nitrate, arsenic, lead, etc.
- Wellness Expo September 15th 9-noon: will be offering COVID vaccine dependent upon commercialization, Tdap (Tetanus Diphtheria Pertussis) vaccines, antigen tests, blood pressure checks, free antigen tests, information on services, Healthy Iowa County Community Action Teams, Tobacco and Vaping education. information on services, Healthy Iowa County Community Action Teams, Tobacco and Vaping education.
- We are part of the NARCAN® Direct Program through State of Wisconsin, Department of Health Service, which allows us to offer Naloxone Training. We have had two sessions for county employees with plans to offer the training to the public later this summer. All attendees receive two doses of NARCAN®.
- Family Resource Center – terrific partnership where we work collaboratively on programs and assistance to families. Several great events!
    - Car Seat Safety Check-up: August 16th (see page 2)
    - Backpack Event: August 7th – Harris Park Pavilion
    - Parent Cafes **Weathering the Storm**
      May 16th @ 5pm; 1105 N Bequette St. Dodgeville
      Call or text (608) 935-7300 to register
      Meal and Childcare provided
      Connect with other families who understand the challenges and joys of parenting
    - Partnership with Upland Hills Health OB Department
    - Support to high-risk new OB referrals
- Collaboration with Bridging Brighter Smiles and WIC to host a Dental Clinic to enhance access to dental prevention services to WIC eligible families.
- Collaborating with WIC – SWCAP to tentatively resume monthly in-person clinics in August.
- Comprehensive Costing and Capacity Assessment per CDC Infrastructure grant
- Healthy Iowa County Community Health Improvement Plan (CHIP): update on progress and emerging themes and goals/aims/strategies with the four Community Action Teams (Transportation, Aging Concerns, Mental Health/AODA, Healthy Living)
- In the process of continuing to update/improve our Health Department website

Several community partnerships are reinvigorated including providing vaccines at the Iowa County Community Connections Free Clinic; collaboration with the Thrift Store and Food Pantry, to provide education and radon test kit distribution; continued campaign on radon awareness and prevention (radon kits); continued campaign to increase screening and follow-up on high lead level cases in children. We

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partner with Head Start to blood lead test their children at the Dodgeville location. We remain a VFC (Vaccines for Children) and VFA (Vaccines for adults) provider. We continue to provide TB skin tests and TB medication treatment for those with latent or active TB. We also continue our normal business of case investigation/management on communicable diseases, conduct animal bite investigations, conduct immunization clinics, perform lead screening, distribute water test kits and radon kits, conduct EH investigations (to name just a few). We also are assisting Richland County Health Department with animal bite investigation and follow-up as they are short staffed.

Students –
UW MPH (Master of Public Health) this May/June
4th Year UW Madison Nursing BSN student – this fall

2022 Annual Report of the Iowa County Health Department (separate agenda item and attachment)

Family Resource Center of Iowa County and the Iowa County Health Department are hosting a free.....

Car Seat Check-Up Event

Wednesday, August 16th, 2023

4:00-6:00pm

605 N Bennett Rd., Dodgeville, WI

(parking lot of Hidden Valley Community Church)

Iowa County families can learn about child passenger safety and have their child's car seat or booster seat checked by a Certified Child Passenger Safety Technician

Please bring your child, car seat, car seat manual and vehicle's owner manual to the event

pre-registration is recommended, call or text 608-935-7300 or email partnerwithparents@gmail.com

IOWA COUNTY WISCONSIN HEALTH DEPARTMENT

Every participant will be entered into a drawing for a $50 gift card (2 gift cards to give away)

CELEBRATE FAMILIES
FAMILY RESOURCE CENTER OF IOWA COUNTY, INC