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

It is my pleasure to share the 2020 Annual Report of the Iowa County Health Department.

The year 2020 was an extraordinary year and an unprecedented time in public health. The path in 2020 was very challenging and our work is not yet done. The path forward requires our continued diligence—together—to ensure all have the opportunity to thrive.

In March, the World Health Organization declared COVID-19 a pandemic and on March 19, Iowa County reported its first case. The Iowa County Health Department implemented guidance, policies and procedures provided by the Department of Health Services and CDC to develop and implement a comprehensive response.

While the pandemic consumed the activities of the Iowa County Health Department and required many of our programs to be suspended, several programs and services continued. We are proud of the incredible work we have done to maintain essential services, respond to the COVID-19 pandemic while maintaining our designation as a Level II Health Department in the State of Wisconsin.

What is clear is that the pandemic has exposed the impact of chronic underfunding of America's public health and emergency preparedness systems. Building and maintaining a public health system capable of effectively protecting and promoting health requires a significant increase in sustained funding. My hope is that a positive outcome from this pandemic is that the public health system's value will be met with commensurate funding going forward. An investment in public health is essential considering the capacity needed to respond to a whole host of emerging diseases, epidemics, pandemics, not to mention the value of prevention in chronic disease, maternal and child health, social inequity, environmental health, mental health, substance use and abuse, etc.

The pandemic response in Iowa County has been full of challenge and hardship, for residents, businesses and all of us responding. However, it has also demonstrated tremendous diligence, fortitude and generosity.

I want to express my sincere gratitude and convey how stellar Iowa County truly is. March 13 was my first official day with the Iowa County Health Department. I literally hit the ground running and met many of the amazing people I would be working so closely with throughout the pandemic on my very first day. This is not ideal in any way when you are faced with serious and intense circumstances, and quickly changing variables. Each person I met, however, quickly displayed competence and dedication. In particular, Emergency Management Director Keith Hurlbert, has been an incredible co-pilot. I am grateful for him every day. I also want to send a special thank you to Sue Matye, the immediate past Health Officer, who assisted me tremendously. There are many other response partners to thank including Amanda Gardner at Emergency Management, Uplands Hills Health who has responded expertly, along with all of our school districts, 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 and county government.

Finally, I want to commend our team at the health department. They have taken challenges and acted professionally and compassionately. There were months where encounters with the public were at times met with hostile and unkind words. There were weeks where it seemed the climbing case numbers would not end, but they kept forging ahead. We have an incredible group working for the health of Iowa County residents and it is my sincere hope they are truly appreciated as the work they have done has absolutely saved lives.

Sincerely,

Debbie Siegenthaler MSN, RN
Director/Health Officer
Iowa County Health Department
debbie.siegenthaler@iowacounty.org

Posted by County Clerk's Office on 2/19/2025, Barbara Weinbrenner

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

The year 2021 proved to be another extraordinary and unprecedented year. The pandemic continued and evolved with new variants and surges in cases. With the pandemic lasting into a second year, like so many in our community, public health faced significant stress and strain as a result.

While the pandemic consumed the activities of the Iowa County Health Department and required many of our programs to continue to be suspended, several programs and services continued. In the midst of the pandemic, in November of 2021, we successfully achieved re-designation as a Level II Health Department in the State of Wisconsin.

A comprehensive pandemic response is very complex and requires capacity the Health Department normally does not have. 2021 saw our capacity surge far beyond the norm. We brought on dozens of additional staff to assist with vaccine administration, disease investigation, contact tracing, and community COVID-19 testing. In addition, we had over 100 volunteers step forward to offer assistance and support. The Community Health Coordinator/Educator position was extended which provided us with the capacity to deliver critical health information and guidance at a time when the information was changing every hour. Finally, we wished a happy retirement to Kari Bennett and welcomed Carly Tibbits.

This report includes a lot of information but several pandemic related activities stand out:

- COVID-19 vaccination clinic at Lands' End was a massive operation requiring the generous partnership of Land's End. We are so grateful to them and their team. This operation required the community's help. We scaled up vaccinator staff to assist, we had the incredible partnership of Emergency Management and we had dozens of community volunteers who helped us run the clinic for months. We are especially proud of the residents who helped us achieve robust vaccination rates. Iowa County has been a leader in this area.
- COVID-19 PCR drive through testing at HHS took a lot of coordination and work to stand up. We faced many challenges with testing supplies and weather but are proud of the service offered to the community. We are also grateful to all our community partners who offered testing.
- Contact tracing and disease investigation. This activity has been full of an incredible amount of challenge, stress and sheer manpower and hours. It required expertise, perseverance and grit. This work informed our data dashboard, which continued to prove a critical tool in our response.

I want to express my sincere gratitude to our amazing response partners. In particular, our Emergency Management partners, Keith Hurlbert and Amanda Gardner deserve specific recognition. They have never left our side and their support has been instrumental in our successful response. Uplands Hills Health continued an expert response, along with all of our school districts, 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 and county government, including the County Administrator, Board of Health and County Board of Supervisors. Thank you also to our medical advisor, Dr. Peter Mullin as well as Iowa County residents. So many contributed, supported and sacrificed for the health and safety of our county and we are grateful!

Finally, I want to commend our team at the health department. A second year provided not only more challenge, but was simultaneous to incredible fatigue and stress. This team rose to the occasion over and over and to say they are an incredible group working for the health of Iowa County residents seems such as small statement when compared to the true testament of their work. They are some of the most important heroes of this pandemic. They represent what is so special about Iowa County – the people. They are strong, resilient and brave. They give me hope for the future and our continued recovery.

Debbie Siegenthaler

Debbie Siegenthaler MS, RN
Director/Health Officer

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

CONCLUSION

The COVID-19 pandemic has been an unprecedented challenge, testing the resilience, adaptability, and capacity of public health systems worldwide. For the Iowa County Health Department, it was a period of immense learning, innovation, and dedication to safeguarding the health and well-being of our community.

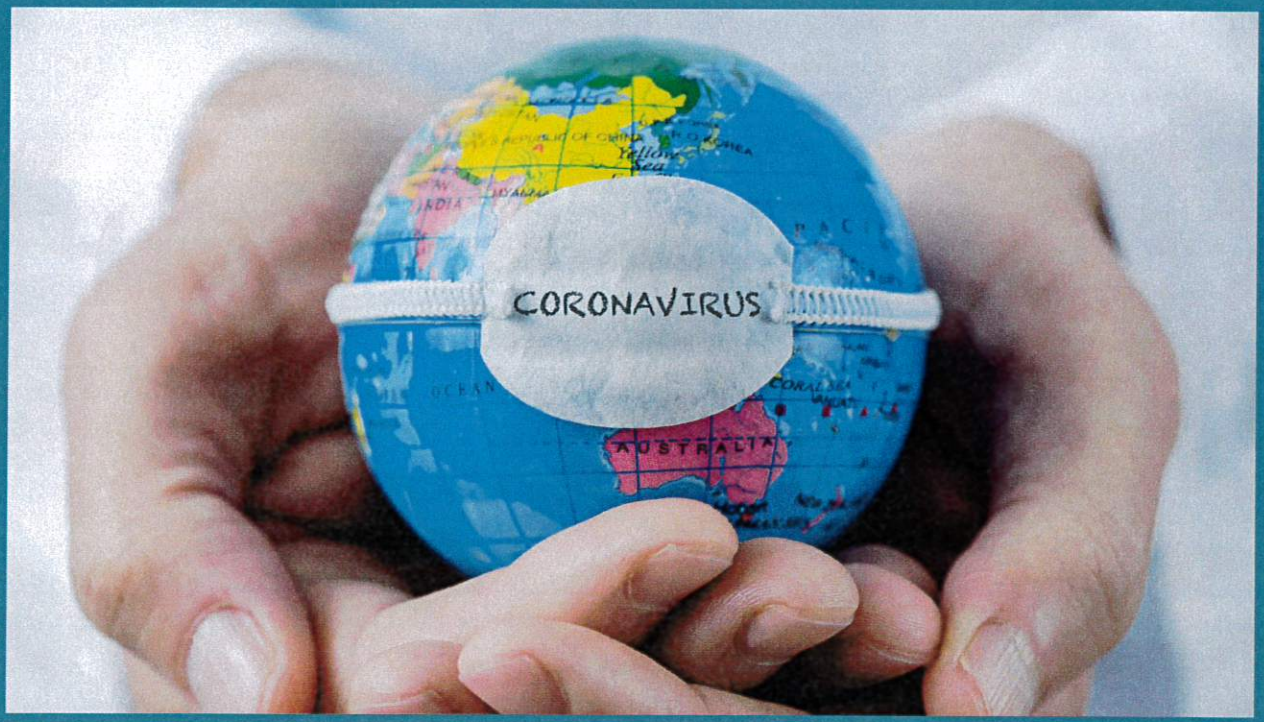
Over the course of the pandemic, our efforts focused on mitigating the spread of the virus, delivering life-saving vaccines, ensuring equitable access to resources, and supporting the most vulnerable among us. These accomplishments were made possible through the collaboration of public health professionals, community leaders, healthcare providers, and residents who came together in the face of adversity.

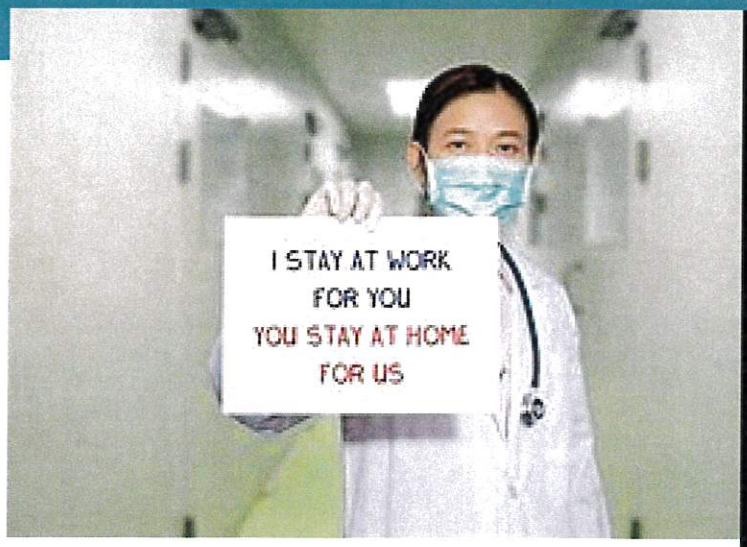
The lessons learned during this pandemic have reinforced the importance of preparedness, robust communication, equity, and strong community partnerships. As we transition to a new phase of living with COVID-19 as an endemic virus, we remain committed to applying these lessons to strengthen our public health infrastructure and build a more resilient community.

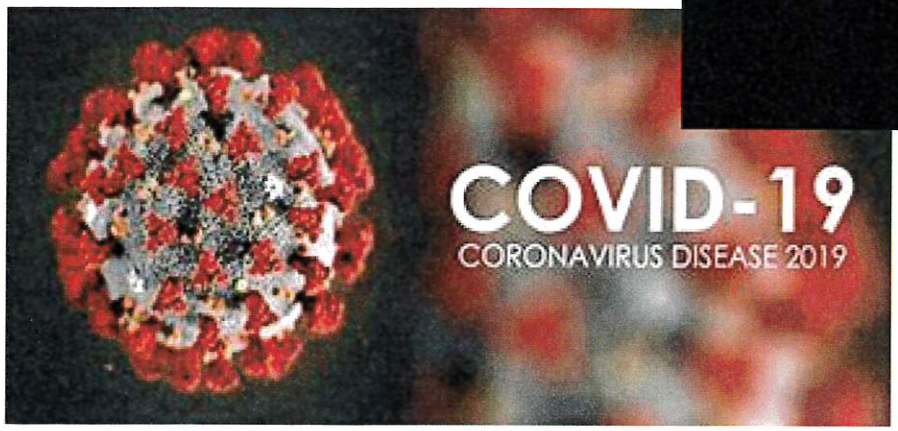
While the pandemic brought immense challenges, it also highlighted the strength, compassion, and determination of our community. By continuing to prioritize health equity, preparedness, and collaboration, we are better equipped to face future public health crises and protect the well-being of all residents.

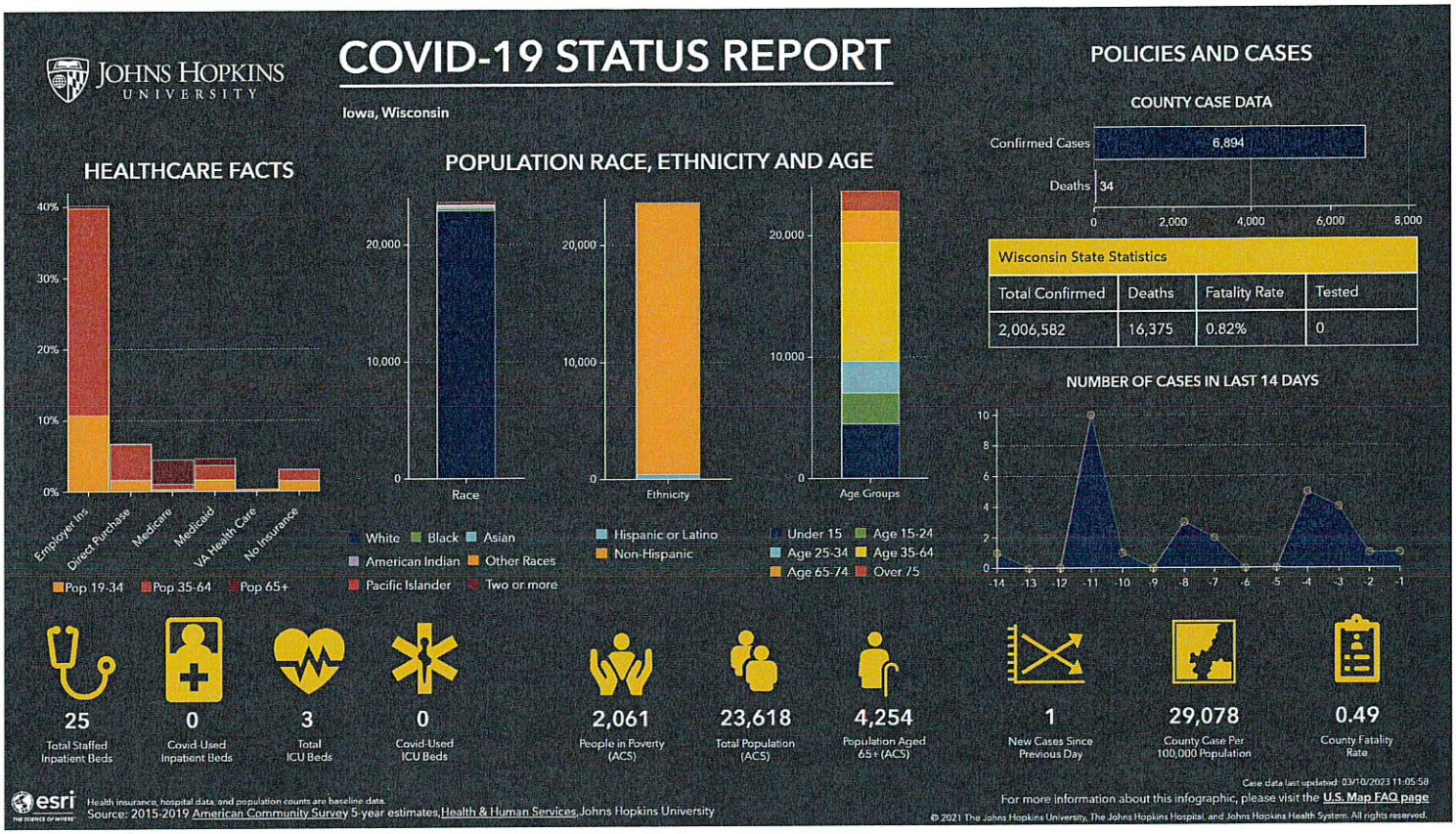
We express our deepest gratitude to our staff, partners, and community members for their unwavering support and resilience during these trying times. Together, we move forward with a renewed commitment to fostering a healthier, stronger, and more united community.

APPENDICES & BIBLIOGRAPHY








JOHNS HOPKINS UNIVERSITY
COVID-19 STATUS REPORT
Iowa, Wisconsin
HEALTHCARE FACTS
40%
30%
20%
10%
0%
Employer Ins.
Direct Purchase
Medicare
Medicaid
VA Health Care
No Insurance
Pop 19-34
Pop 35-64
Pop 65+
POPULATION RACE, ETHNICITY AND AGE
20,000
10,000
0
Race
White
Black
Asian
American Indian
Other Races
Pacific Islander
Two or more
Ethnicity
Hispanic or Latino
Non-Hispanic
Age Groups
Under 15
Age 15-24
Age 25-34
Age 35-64
Age 65-74
Over 75
POLICIES AND CASES
COUNTY CASE DATA
Confirmed Cases
6,894
Deaths
34
0
2,000
4,000
6,000
8,000
Wisconsin State Statistics
Total Confirmed
Deaths
Fatality Rate
Tested
2,006,582
16,375
0.82%
0
NUMBER OF CASES IN LAST 14 DAYS
10
8
6
4
2
0
-14
-13
-12
-11
-10
-9
-8
-7
-6
-5
-4
-3
-2
-1
25
Total Staffed Inpatient Beds
0
Covid-Used Inpatient Beds
3
Total ICU Beds
0
Covid-Used ICU Beds
2,061
People in Poverty (ACS)
23,618
Total Population (ACS)
4,254
Population Aged 65+ (ACS)
1
New Cases Since Previous Day
29,078
County Case Per 100,000 Population
0.49
County Fatality Rate
esri
Health insurance, hospital data, and population counts are baseline data.
Source: 2015-2019 American Community Survey 5-year estimates, Health & Human Services, Johns Hopkins University
Case data last updated: 03/10/2023 11:05:58
For more information about this infographic, please visit the U.S. Map FAQ page
© 2021 The Johns Hopkins University, The Johns Hopkins Hospital, and Johns Hopkins Health System. All rights reserved.

Dodgeville Police Department COVID-19

PANDEMIC AFTER ACTION REPORT

Summary

As the exposure control officer, I, Lt. Brandon Wilhelm, created this after-action report in June of 2023 as a tool to be utilized for future exposure prevention and mitigation practices as identified in Dodgeville Police Department Police 1008.4.

Purpose

During the COVID-19 health crisis, first responders, including police, firefighters, and EMS personnel were placed into an unprecedented position dealing with a global pandemic that involved contact with the public during times and in situations in which quarantines and isolation guidelines were in effect. This hazardous situation would later lead to the identification of first responders, including law enforcement, as "frontline workers". This after-action report is intended to document and serve as a reference of the challenges the Dodgeville Police Department faced throughout the global COVID-19 Pandemic. The report also includes guidelines that were put into place as the health crisis progressed. Some data which identifies the time frame of potential exposures and or infections are included, though specific Officer names are not identified. The after-action report concludes with recommendations and lessons learned throughout the pandemic. Additional recommendations may be identified in other after-action reports completed by other members of Emergency Management or emergency services in Iowa County and the City of Dodgeville.

Background

On December 31, 2019, China notified the World Health Organization (WHO) of several cases of pneumonia in Wuhan, identified as a novel coronavirus (2019-nCoV or COVID-19) related to SARS, and reported the virus had been isolated on January 7, 2020. (1) In the United States, the federal government was slow to begin its response. The Washington Post reported that President Trump and Congress had received several warnings and briefings from U.S. intelligence agencies that the virus posed a global threat. (2) Health and Human Services (HHS) Secretary Alex Azar presented findings from a Centers for Disease Control and Prevention (CDC) report to White House officials as early as January 3. (3) On January 17, the CDC began entry health screenings at San Francisco, New York (JFK), and Los Angeles (LAX) airports. The CDC activated its Emergency Operations Center establishing its Coronavirus Incident Management system on January 21. (4) The CDC confirmed the first case of coronavirus in the United States on January 21: a Washington state man in his 30s who had just returned from Wuhan, China. On January 30, the WHO declared COVID-19 a Public Health Emergency of International Concern (PHEIC) and warned that the virus was expected to spread internationally. (5) The next day, January 31, HHS Secretary Azar declared a public health emergency in the United States. (6) The declaration of a public health emergency by HHS made COVID-19 a top priority for the federal government, states, and local health departments.

Local Implications and Timeline

On March 12th, 2020, the first identification of protocols regarding local response was provided by Dodgeville Area Ambulance Chief Brian Cushman titled: Interim Guidance for Emergency Medical Services, practitioners and Public safety points regarding COVID-19. The document was developed by the Wisconsin Department of Health Services. As the pandemic became more widespread each day, the Dodgeville Police Dept. identified gaps between readily available information and the needs of our Department and its Officers. On March 12th, 2020 Wisconsin Governor Tony Evers declared a State of Emergency due to the pandemic potential. With limited information, the Department followed guidance from various U.S. and international agencies, including the World Health Organization (WHO) and the Centers for Disease Control (CDC). Because COVID-19 was a new coronavirus, clear guidance was not readily available. This further hampered the Department's efforts to find scientific and medical expertise to ensure officers followed appropriate protocols during the rapidly changing situation. In some cases, the department was left to develop our own guidance based on information about the transmission of the virus which included: dispatch protocols, quarantine and isolation, shortages of PPE and testing, vaccination guidance, response to calls for service, as well as other protocols to protect members safety. These issues became top priorities as we consulted with the Iowa County Health Department, Dodgeville Area Ambulance Service, Iowa County Emergency Management, and other local officials.

Department Timeline and Directives

On March 16th, 2020, the first Department-wide directive was issued by Chief David Bauer regarding the pandemic and is included as Attachment 1.

March 17th, 2020- The second department-wide directive was issued by Chief David Bauer regarding the pandemic and is included as Attachment 2. Guidance was also provided that unregistered vehicles could not be cited during the State of Emergency. Guidance from Wisconsin Training and Standards was provided which noted that 24 hours of instructor-led or learner-led online training would be permissible toward meeting the recertification training
requirement for the fiscal year. The City of Dodgeville Common Council met and created a Covid 19-Response Plan.

March 18th, 2020- Attachment 3, an addendum to the City of Dodgeville Employee Handbook (Or Personnel Manual), was distributed to City of Dodgeville Employees. This language was also added to the Union Contract as identified in Attachment 4.

March 18th, 2020- At 1630 hours the Police Dept. became closed for in-person business.

March 18th, 2020- at 1820 hours Attachment 5 was sent to all employees regarding restrictions and requirements related to the COVID-19 pandemic.

March 19th,2020- Attachment 6 was sent to all employees along with instructions to not go to dispatch or the jail for non-business purposes.

March 23rd, 2020- staff were advised that full PPE suits were available for use if responding to potential Covid cases.

March 23rd, 2020- saw the first confirmed case of COVID-19 in Iowa County.

March 24th, 2020- Wisconsin Governor Tony Evers issued, the Safer at Home Order urging citizens to stay at home unless performing essential activities as identified within the order included in Attachment 7. This information was disseminated to Department staff along with updated guidelines included in Attachment 8.

March 25th, 2020- Attachment 9 was sent to Department Staff.
March 26th, 2020- Attachment 10 was sent to Department staff regarding symptoms.
March 26th, 2020- Attachment 11 was sent to Department staff regarding criminal enforcement of the Safer at Home order with guidance from the District Attorney's Office included as Attachment 12.
As of March 27th, 2020, there were three confirmed cases of Covid-19 in Iowa County.
March 27th, 2020-Attachment 13, compiled by Iowa County Sheriff Steve Michek was forwarded to Dept. Staff. This attachment identified questions that would be asked by dispatch personnel and potential information which would be provided to responding officers.
March 29th, 2020- Attachment 14 was sent to DPD personnel.
April 1st, 2020- Attachment 15 was sent identifying Safer at Home essential businesses as well as enforcement guidelines.
April 6th, 2020- Chief Bauer sent Attachment 16 regarding a masking requirement.
April 8th, 2020- Lt. Wilhelm sent Attachment 17 regarding clarification on the masking requirement.
April 9th, 2020- Chief Bauer sent Attachment 18 regarding documentation of violations pertaining to the safer at-home order.
April 9th, 2020- Chief Bauer sent Attachment 19 regarding the use of face shields.
April 16th, 2020- Chief Bauer sent Attachment 20 which was an extension of the safer-at-home order signed by Governor Evers. Attachment 21 was also sent which included frequently asked questions pertaining to the safer at-home order.
April 22nd, 2020- Chief Bauer sent Attachment 22 which included updated protocols for Officers regarding COVID. This attachment was sent via an email that identified other information and is saved as Attachment 23.
April 24th, 2020- Lt. Wilhelm sent Attachment 24 to the Dodgeville Police Dept. staff regarding a Zoom meeting that was to take place on April 27th at 1400 hours to address concerns related to COVID. On April 27th at 1400 hours the Zoom meeting took place with all members of the Department present. The agenda is included as Attachment 25.
As of April 28th, 2020, there were seven positive Covid cases in Iowa County.
April 30th, 2020, Lexipol assigned a coronavirus learning and policy assignment consisting of multiple modules. This would be completed by Department Staff by May 29th, 2020.
May 11th, 2020- Governor Evers signed Executive Order #36 allowing stand-alone retail stores to open. This was sent to Dept. Personnel and is included as Attachment 26.
May 14th, 2020- The Dept. received guidance from the Iowa County District Attorney's Office regarding aspects of the Safer at Home order that had been struck down in court. Schools still were to remain closed but enforcement of other aspects was halted. Attachment 27 contains the email regarding the decision.
May 15th, 2020- The Iowa County Dept. of Emergency Management sent a news release regarding the determination not to create an Iowa County order. This was forwarded to staff via email and is included as Attachment 28 this also contained the press release included as Attachment 29.
As of June 20th, 2020, the case count in Iowa County was 2.
July 24th, 2020- Lt. Wilhelm forwarded an email sent from Jail Administrator Pam Steffes regarding arrest(s). This is included as Attachment 30.

July 30th, 2020- Governor Evers signed Emergency Order #1 requiring face coverings/masks in certain places. This Order, saved as Attachment 31, was forwarded to Dept staff via email with clarification. The email text is saved as Attachment 32. Also included in the email is Attachment 33 which was a press release sent by Iowa County Sheriff Steve Michek with input from all Iowa County Law Enforcement agencies.

August 1st, 2020- the lobby at the Police Department was reopened. A glass partition was installed with a speaker system to allow contact with citizens without direct contact.

As of August 3rd, 2020, the case count in Iowa County was 65.

As of September 8th, 2020, the case count in Iowa County was 123.

As of October 5th, 2020, the case count was 220.

October 8th, 2020- Indoor gatherings were limited per Governor Order #3.

October 14th, 2020- The first Iowa County death was reported related to Covid.

October 29th, 2020- Chief Bauer sent an email, included as Attachment 34, regarding updated Covid protocols.

As of October 30th, 2020, the case count in Iowa County was 521.

The November 2020 briefing included reminders for Officers to wear masks and disinfect squads regularly.

As of November 9th, the case count in Iowa County was 758.

November 11th, 2020- The following guidance from Iowa County Chief Deputy Austin Durst was forwarded to Dept. personnel. "Given the uptick in COVID cases in the area the Iowa County Jail will continue to be restrictive with our intake. Please reserve arrest situations to subjects who have committed felonies or pose a risk to public safety. I know no two situations are the same and if anyone has a question or think they have a situation that would be a
reasonable for exception. Please contact myself or Sheriff Michek."

November 17th, 2020- Chief Bauer sent the email message contained in Attachment 35 regarding a Virus Update.

November 20th, 2020- Lt. Wilhelm sent the most up-to-date protocols in an email included as Attachment 36.

December 3rd, 2020- Lt. Wilhelm identified in the December briefing the availability of full Tyvek suits available for response to Covid related incidents. A reminder was also sent regarding limiting in-person contacts at the Department.

As of December 4th, 2020, the case count in Iowa County was 1323.

December 7th, 2020- The first Officer at the Dodgeville PD tested positive for Covid. Chief Bauer sent the following message: "It appears that we have our first department COVID positive. Please continue to wear masks, wipe down surfaces and wash your hands. We will not be quarantining anyone at this point who does not show symptoms. Please continue to monitor your temperature and consider getting tested if it spikes above your normal range and definitely if you have a fever of 100 or more. Also be aware of changes in smell or tase or even persistent minor coughing. You are not to come to work with a fever of 100 or higher and you should consider staying away if you have other symptoms and have not been tested. Anyone in contact with day shift towards the end of last week should be vigilant with any signs or symptoms they are seeing. It is anticipated that we will begin seeing the effects of Thanksgiving gatherings this week. Many of us had contact with persons outside our household so please be proactive with getting yourself tested if you are made aware of family or friends you had contact with being ill or you see changes in your normal health. "

December 9th, 2020- Chief Bauer sent the following email to staff regarding the second Officer infected with COVID. ***** will be out of the office until the end of next week due to COVID illness. He will be available by phone but please limit your calls as he is on leave. He will likely he staying at ***** so contact may be limited anyway. This is our second positive test. As of this point, we do not know the origin or if the cases are related but we should exercise additional caution going forward as resources are starting to thin. Please wear you masks as much as possible in the buildings and cars to prevent spread and make sure to wipe down surfaces and wash hands frequently. A reminder that except for the lobby, this office is closed to all non- employee personnel. This includes other law enforcement, delivery persons and all civilians. *if you are experiencing signs or symptoms of illness, we need you to stay out of the office until getting tested. Both ***** & ***** only had short temperature spikes. Please be proactive in this so we can limit this exposure.

December 21st, 2020- Chief Bauer forwarded an email from Emergency Management Director Keith Hurlbert regarding the first vaccinations available. The email included a signup link. Chief Bauer also forwarded the following information: "Just a reminder that there are surgical masks, N95 masks, sanitizer, gloves, and face shields in the supply closet. I have additional supplies in my office but what is in the closet should suffice until I return to work."

The first week of January 2021 saw the first doses of Covid vaccinations administered to DPD Officers who signed up. Additional sign-up opportunities were provided in an email sent by Chief Bauer on 01-08-2021 and included as Attachment 37.

As of January 15th, 2021, the Iowa County Case count was at 1744.

January 29th, 2021- PAPRS Suits were made available to staff responding to COVID incidents. A training video regarding donning the suit was also forwarded by Lt. Wilhelm on this date.

March 12th, 2021- Chief Bauer sent an email, included as Attachment 38, regarding updated protocols.

As of April 30th, 2021, the Iowa County case count was 2005.

May 18th, 2021- Chief Bauer sent an email to Dept. Staff with information included in Attachment 39 regarding updated protocols. In the July 2021 briefing, Lt. Wilhelm sent the following information: "Covid precautions and restrictions including mask use are still on par with CDC guidelines. If you have questions, you can find current guidelines here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html"

August 6th, 2021- Chief Bauer sent an email to Dept. Staff included in Attachment 40 regarding updated protocols.

August 9th, 2021- Iowa County was updated to a "High Transmission Level" per the CDC. The information contained in Attachment 41 and distributed by the Iowa County Dept. of Emergency Management was forwarded to Dept. Staff by Chief Bauer.

August 23rd, 2021- Chief Bauer sent the following email regarding an apartment complex in the City of Dodgeville. "For the time being, please refrain from going into this location when possible. If you are required due to investigation or there is an emergency call, please use N95 masks and other protective gear. I believe that the residents are all vaccinated but there are a number of break-through Covid cases at the facility."

In the November 2021 briefing, Lt. Wilhelm sent the following information: "COVID- Please remember to make sure you are wearing masks in homes and around people, especially when arresting/transporting (when feasible). Further, if you have any cold symptoms, please wear a mask at all times within the building. Preferably in squads as well, but if you need a break, be certain you wipe squad down at end of shift. Actually, wipe it down regardless.
November 4th, 2021- Chief Bauer sent out an email in reference to Covid Booster shots at Lands' End. "

As of November 9th, 2021, the Iowa County case count was 2838.
January 12th, 2022- Chief Bauer sent an email included as Attachment 42 regarding updated protocols.
In the February 2022 briefing, Lt. Wilhelm provided the following information: "COVID-Please keep an eye on symptoms and if you need a rapid test, please let us know. Currently if testing Covid Positive you are out for ten days unless a negative test after five days allows you to come back. You will still need to be 48 hours past any symptoms. If you are having symptoms, we will need you to take a rapid test unless having one conducted elsewhere. The tests seem to not be coming back positive in the early stages as much as in the later stages. I know it's confusing, but we want to try to at the very least stagger everyone coming down with it."
March 1st, 2022- Chief Bauer Sent an email contained in Attachment 43 regarding updated protocols.
The March 2022 briefing from Lt. Wilhelm contained the following information: "COVID-Mask use in the Office is no longer required (generally) as of March 1st. Please see Chief Bauer's email for circumstances where mask use will be required. "
May 9th, 2022- Chief Bauer sent an email with the following information on Dept. Staff: "All Staff, we currently have two positive cases of Covid among our staff members. We are not through with this virus yet. Please remember, our protocol is to mask if you are exhibiting any cold or flu-like symptoms. Please test when you feel like you have been exposed or are exhibiting symptoms. If you do not have access to tests, we have some at the office. Remember to wipe down any shared equipment, vehicles or computers. "
July 28th, 2022- Chief Bauer emailed Dept. Staff the following information: "As the case numbers rise, we want to make sure that you and your family remain safe. Each household is allowed to get free COVID tests sent to them in the mail. I have attached the link so that you can provide testing for you and your family. It is easy to fill out and the tests arrive fairly quickly, usually a week or so. COVID.gov/tests - Free at-home COVID-19 tests. It looks like this site works too. COVID Home Tests | USPS"
September 14th, 2022- Chief Bauer emailed the following information: "The federal government is no longer supplying home covid tests. You are still eligible to get tests through the state of Wis at the following website. Home - Say Yes! To Covid Test (sayyescovidhometest.org). Also, I believe that Iowa County Health Department may still have a cache of tests that they are giving out to homes as well."
September 22nd, 2022- Chief Bauer emailed the following information: "For those of you that are interested in COVID booster shots. The health department now has the bivalent booster for Moderna and Pfizer. This is an updated booster that works for the initial strains and has additional protections specific to the Omicron variant. They are doing vaccinations on Thursdays from 1 – 4 and you need to sign up on their website. Also, your local clinic may also have the boosters by next week. I believe you are eligible as long as it has been 1 month since your last booster. "

May 11th, 2023, the CDC classification regarding Covid as a "Pandemic" ended.
On June 12th, 2023, Lt. Brandon Wilhelm sent Attachment 44 with what is anticipated to be the final protocol related to COVID. This after-action report was also disseminated to staff with instructions to email any recommendations or observations related to Covid that should be included in the report as Attachment 45.

LESSONS LEARNED

PROTOCOLS & COMMUNICATION

Throughout the pandemic approximately 904 emails were received by Dodgeville Police Department administration regarding Covid. This information came from various agencies, businesses and individuals. A majority of the information required further analysis and legal review to determine appropriateness and factuality. Approximately 58 total emails were distributed from administration to staff related to Covid. These 58 emails contained information identified as important for dissemination based on a wide array of factors. Determining which information to forward or provide to Department staff was a delicate balancing act with a focus on determining what information was necessary for Department effectiveness and operation without overwhelming the department staff. Of the 58 emails, approximately 30 contained specific guidelines or protocols for Officers to follow regarding the pandemic. The majority of these protocols were based on consultation with the Iowa County Health Dept., Emergency Management, Dodgeville EMS, City Mayor and Attorney or review of CDC guidelines as updated via their website. Information and disinformation were prevalent. Determining what information was necessary for Officers and reviewing that information to determine appropriate protocols and procedures at a department level was vital to ensuring department continuity and success. A numbered system regarding protocols with similar format would have been helpful for determining which protocol was in effect. The most up-to-date protocol could have also been posted in a high-traffic area at the department as a reminder to Officers regarding the current protocols. This would have also helped with this after-action report.

STAFFING

From the beginning of this pandemic, the Dodgeville Police Department experienced new occupational exposures, long hours, staff shortages, dramatic lifestyle changes and new stressors surrounding unknowns about COVID-19. Despite these challenges and concerns, our Officers and staff risked exposure to COVID-19 and showed up every day to perform their job to ensure their communities remained safe and that those who needed Law Enforcement services received it. The CDC's guidance for healthcare workers, which defined high-, medium- and low-risk exposure as determining factors for quarantine or isolation, did not account for the uncontrolled and high-risk environments Officers work in every day. The Department established quarantine protocols based on exposures near the onset of the pandemic. These protocols often resulted in Officers missing work for varying periods of time determined by the proximity and/or severity of the contact. These protocols were updated throughout the pandemic to ultimately pertain to instances where only those Officers testing positive for the virus were required to isolate. Though ongoing variance in quarantine protocols occurred, resulting in many missed hours by Officers, at least minimum staffing levels were maintained at the Department throughout the pandemic without ordered overtime. Final approximate hours from 03-01-2020 through 05-01-2023, attributed to Covid totaled 1336 hours or 121.5 hours on average per Officer.

In 2020 a request was made for an additional full-time Officer to meet staffing needs at the Department. This Officer was hired and trained by January 2021 and fulfilled a critical role in accommodating time off due to the Covid illness. It is important to note that additional staffing levels may be considered excessive in times of non-crisis but are pivotal to Dept functionality when crises such as the Covid pandemic occur. It is also important to note that ensuring that Officers who may have been exposed or who did have a positive Covid test, were afforded their time off thereby preventing a potential "snowball effect" whereby other Officers acquired illness and were then also placed on sick leave, depleting the resources of the Department. Though some protocols, in retrospect, may appear to have been excessive, the ability to at least slow spread and impact of the illness afforded opportunities for continued efficiency at the Department.

TRAINING

Near the onset of the pandemic, the Wisconsin Training and Standards Board allowed for all 24 hours of Department training to be completed via online platforms. The exception included the handgun qualification. The Dodgeville Police Department canceled multiple in-person trainings throughout the pandemic due to employee sickness, scheduling issues, and/or covid infection rates rising. It has become evident that online training may serve as a supplement to training needs and requirements but should not be used as a full replacement for in-person training. There are multiple benefits of in-person training in the Law Enforcement profession, especially as it relates to defense and arrest tactics, communication and de-escalation strategies, tactical strategies, firearms, and more. The ability to utilize platforms such as Police One to complete basic annual training requirements at least allowed a temporary solution. Due to guidance from federal agencies regarding in-person contacts and training, the department's stance was that lessening the potential for exposure was generally preferred over officers attending an in-person training. It is unclear if this was the correct approach as is often the case with any "we don't know what we don't know" situation. Perhaps an Officer could have been exposed to Covid and suffered serious complications due to training. Alternatively, an Officer may have learned something at a training that could prevent serious harm or injury. As of the timing of this after- action report, in person training will begin without Covid restrictions. Online platforms such as Police One may continue to be utilized due to their ease.

PERSONAL PROTECTIVE EQUIPMENT AND SUPPLIES (PPE)

Personal Protective Equipment and Supplies (PPE) are critical to minimizing high-risk exposures, yet shortages dominated the onset of the pandemic. Initial guidance for proper PPE for incidents where an Officer was responding to COVID-19 included a minimum of a N95 respirator, gloves, an impervious gown and goggles or a full face-shield. However, the immediate shortage of N95 respirators forced the CDC to issue guidance allowing surgical masks to be worn as a substitute for an N95 respirator. The Dodgeville PD recognizing the need for N95 respirators acquired additional N95 masks, N95 half mask respirator attachments and surgical face masks in March of 2020. A substantial stockpile remains for future deployment as needed. Initial guidelines considered the potential reuse of N95 masks in certain situations. With the stockpile in current inventory, this will likely be unnecessary to the degree outlined in Attachment 9 in the future. The Department was also proactive in the ordering and issuance of antibacterial soaps, latex gloves and face shields. An aeroclave was also purchased in conjunctions with Dodgeville EMS and utilized throughout the pandemic as a tool for disinfecting squad cars and the Department on a weekly basis and/or when necessary, based on needs. A purchase of PAPR suits was acquired in 2021 with four suites placed into inventory. These suits were not deployed at any point in the pandemic but are maintained as a potential item of PPE. *It is important to recognize the need for a stockpile of supplies such as N95 masks, face masks, gloves, disinfectant soaps, washes, and other PPE. Annual inventory and inspection of supplies is vital to ensuring that Department needs are met and exceeded in times of crisis.

TESTING

The department utilized a progression of at-home testing and monitoring at the onset of the pandemic to attempt to alleviate the potential for infected and asymptomatic employees to arrive at work. This included a mandate that Officers monitor their temperature on a daily basis prior to coming into work. If an employee had a temperature greater than 100.4 they were to take a Covid test and remain home. The most reliable tests – according to industry experts –was the RT-PCR swab test, or nasal swab COVID-19 test. From the onset of the pandemic, testing was generally available for Department staff via Upland Hills Hospital and the Iowa County Emergency Management via the Health Dept. The National Guard also assisted with testing during heightened transmission times throughout the pandemic.

In-person testing was generally quick and easy throughout Iowa County due largely in part to the efforts of hospital staff and emergency management personnel combined with a smaller population. Department staff faced several issues in regard to testing: (1) results, once testing became available, sometimes took more than seven days. (2) Admin was forced to often quarantine members who may not be positive but still awaiting the results of testing due to a close contact. These complications caused slight scheduling issues that were fortunately tempered by some amount of luck as multiple members were seldom in quarantine at the same time. As the pandemic progressed, at-home testing was made available to employees. This assisted with the ability to determine potential positive cases with limited disruption and faster results. At-home testing also provided employees near the end stages of the pandemic, with the ability to determine when they could return to work after being infected with Covid. • It was important to provide Officers with at-home tests, once available, to identify and address infections at early times. It was also important to identify the need for self-monitoring and provide specific guidelines to be adhered to regarding self-monitoring.

VACCINES

In January 2021 vaccines became available to department staff. No mandate was ever directed to receive the vaccine. The vaccine was initially in high demand and somewhat short supply. Fortunately, Iowa County Emergency and the Health Dept. management worked closely with the department offering vaccinations during initial distribution when daily supplies were left that would have otherwise been discarded at the end of the day. All Officers wishing to receive vaccinations were provided opportunities by the time shots were offered to "frontline workers" in February of 2021. Some side effects were noted but were mostly mild and consisted of fatigue and chills. Vaccines were a topic of much debate and discussion by the public and department staff throughout the pandemic. The Department attempted to navigate this topic by allowing Officers to make choices based on their needs, values, and preferences.

CONTROVERSY

There were generally two views contextually at odds with the other throughout the pandemic: One side felt there was too much being done and one felt that there was not enough. Topics such as vaccines, mask mandates, the stay-at-home order, and Covid in general, manifested into a polarizing atmosphere where gray areas became narrow and complex. The department attempted throughout the pandemic to utilize information provided by credible government agencies and enforce legal orders provided by state and local agencies in consultation with the District Attorney's office. Department administration attempted, to a reasonable degree, to remain neutral on controversial topics and provide information for Officers and citizens to make informed decisions. Though not always the popular stance, this appeared to at least minimize the potential for civil recourse or citizen disparagement. *Working closely with accredited agencies and attempting to interpret information from multiple sources was critical to ensuring that Officers were presented with unbiased information throughout the pandemic even if it may be at odds with their own beliefs.

BEHAVIORAL HEALTH

COVID-19 has impacted the lives of department members on the job, at the department, and at home with their families. The Department understood from the very beginning that there would be a mental and emotional toll on our members and their families. Some modular training related to these stressors was provided via the online Covid courses and Lexipol annual training. Following the height of the pandemic additional focus has been placed on behavioral health and officer wellness. The Dodgeville Police Department has recently collaborated with the Iowa County Sheriff's Office to develop and implement a peer Officer Support Training program. An event was also held in March of 2023 regarding officer wellness during which all Officers and their families were encouraged to attend. The pandemic placed multiple new stressors on Officers already engaged in a stressful job. Repercussions of these additional stressors will likely echo throughout the next decade. The department should anticipate the potential for additional turnover, limited applicants and mental health struggles with officers currently employed as well as the citizens we serve. The department should ensure that mental health and officer support is at the forefront of the post-pandemic response.

CLOSING

Covid presented new challenges and stressors never before encountered by Law Enforcement personnel. The Department recognizes the need to evaluate the response including shortcomings and lessons learned during the pandemic. This report should be utilized in conjunction with any other after-action reports or debriefs generated by the Iowa County Emergency Management, Health Dept., Dodgeville EMS, FEMA or the CDC. This report was provided to Department staff for review on 06-12-2023. Staff were encouraged to provide their own recommendations regarding the Department response to the pandemic. These were included as Attachment 45. Additional attachments may be contributed to this report in the future pertaining to other agency after action reports and debriefs.

Brandon Wilhelm _____ _____

Lt. Brandon Wilhelm Date

Sources

(1) World Health Organization (WHO): https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/

(2) Washington Post: https://www.washingtonpost.com/national-security/us-intelligence-reports-from-january-and-february-warned-about-a-likely-pandemic/2020/03/20/299d8cda-6ad5-11ea-b5f 1 a5a804158597_story.html

(3) Washington Post:https://www.washingtonpost.com/national-security/us-intelligence-reports-from-january-and-february-warned-about-a-likely-pandemic/2020/03/20/299d8cda-6ad5-11ea-b5f 1-a5a804158597_story.html

(4) CDC: https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/index.html

(5) WHO:https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum#:~:text=On%2030%20January%202020%20following,of%20International%20Concern%20(PHEIC)

(6) HHS: https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html

Bibliography

Government Reports
Dodgeville Police Department *COVID-19 Pandemic After Action Report* (Appendix B)

Websites
Centers for Disease Control and Prevention (CDC). (March 15, 2023). CDC Museum COVID-19 Timeline. Retrieved from CDC Museum COVID-19 Timeline | David J. Sencer CDC Museum | CDC

Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2024, December 26. Retrieved from Add a subheading

Johns Hopkins University and Medicine (JHU) Coronavirus Resource Center (2023). Impact of Opening and Closing Decisions by State. Retrieved from Impact of Opening and Closing Decisions in Wisconsin, New Cases - Johns Hopkins

Wisconsin Department of Health Services (DHS). (2024). COVID-19: Wisconsin Data. Retrieved from COVID-19: Wisconsin Data | Wisconsin Department of Health Services

Iowa County Health Department
303 W. Chapel St.
Suite 2200
Dodgeville, WI 53533
Phone: (608) 930-9870
Fax: (608) 937-0501
https://www.iowacounty.org/departments/HealthDepartment

Board of Health Update
February 2025 (2.17.25)

Public Health Vending Machine Success!!!

Machine locations:

- 303 West Chapel Street, Dodgeville (by the flagpole)
- 345 West Street, Arena (go through the front porch door)

PHVM Dispensing Statistics
(items dispensed since inception: 10/28/24)

	Arena Nov.	Dodgeville Nov.	Arena Dec.	Dodgeville Dec.	Arena Jan.	Dodgeville Jan.	Arena Feb.	Dodgeville Feb	Arena Mar.	Dodgeville Mar.	Arena April	Dodgeville April	TOTAL DISPENSED
NARCAN	7	14	2	8	0	20	0	0	0	0	0	0	51
Fentanyl test strips	1	5	0	1	0	15	0	0	0	0	0	0	22
Condoms	6	8	0	5	0	7	0	0	0	0	0	0	26
Pregnancy tests	3	8	2	6	1	9	0	0	0	0	0	0	29
Emergency blankets	3	25	2	8	2	7	0	0	0	0	0	0	47
Gun locks	0	6	0	7	0	1	0	0	0	0	0	0	14
CPR masks	1	2	0	6	0	4	0	0	0	0	0	0	13
Med disposal bags	0	1	2	3	0	4	0	0	0	0	0	0	10
Dental kits	3	15	8	24	4	9	0	0	0	0	0	0	63
First aid kits	1	10	4	8	1	6	0	0	0	0	0	0	30
Hygiene kits	3	11	6	5	1	13	0	0	0	0	0	0	39
Single deodorants/soaps	1	7	1	1	4	4	0	0	0	0	0	0	18
COVID test kits	11	94	2	85	1	167	0	0	0	0	0	0	360
Bottled water	0	5	0	1	2	2	0	0	0	0	0	0	10
Total	**40**	**211**	**29**	**168**	**16**	**268**	**0**	**0**	**0**	**0**	**0**	**0**	**732**

With deep gratitude, we thank our partner donors who have made these machines possible: Care Coordination Network - SWCAP, Iowa County Veteran's Office, Neighborhood Health Partners, Dodgeville Dental, Mineral Point Family Dentistry, Upland Hills Health, WI Department of Health Services, Dodgeville Hometown Pharmacy, the Deterding family, Barry Hottman and the City of Dodgeville, Arena Village Hall, Iowa County Sheriff's Department, Iowa County Opioid Settlement funds, Iowa County Board of Supervisors, HHS Committee and Board of Health

Welcome to the Official Website of Iowa County, WI - Public Health Vending Machines
https://www.iowacounty.org/departments/HealthDepartment/PublicHealthVendingMachines

++

What's Happening with the Water Testing Lab?

Partnership with Neighbor County Water Lab for Nitrate Sample Processing

Nitrate contamination in well water is a significant issue in our region. The state will be requiring additional businesses to test annually for nitrates. Through our lab, we process bacteria samples and send water samples to UW Oshkosh for processing nitrate, lead and arsenic testing. We anticipate that UW Oshkosh will not have adequate capacity to handle this additional sample load across the state. To get ahead of this, we wish to collaborate with a neighboring county's certified nitrate lab. Both Lafayette County and Vernon County have certified nitrate labs.

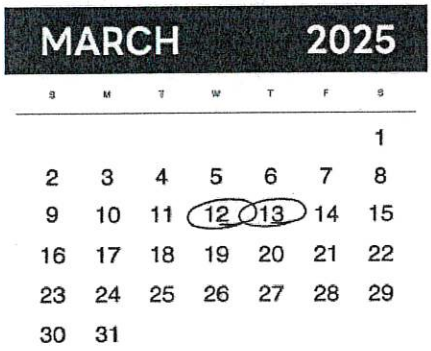
Lafayette County can perform the nitrate testing for slightly less of a charge than Vernon. This factor, along with the savings in postage expense (due to our ability to drop off the samples versus paying UPS/USPS prices), prompts us to ask for the Board of Health's support of a partnership with Lafayette County.

More information on nitrates can be found:
https://dnr.wisconsin.gov/sites/default/files/topic/Groundwater/GCCGWQuality/Nitrate.pdf
https://dnr.wisconsin.gov/topic/Wells/privateWellTest.html

Environmental Health Literacy Mini Grant
The Health Department successfully wrote a competitive grant opportunity to address literacy to help residents take steps to understand the quality of the water they drink.
Grant activities: free well water testing; awareness campaign (billboards, advertising, radio) during National Groundwater Awareness Week (March 9-15). The grant also covers some personnel time, mileage, to help with specimen collection in the event people need help or who aren't comfortable taking samples themselves.

NATIONAL GROUNDWATER AWARENESS
The Iowa County Health and Land Conservation Departments are thrilled to collaborate on several activities for annual National Groundwater Awareness Week! Did you know National Groundwater Awareness Week is an annual observance that was established in 1999 to highlight the responsible development, management, and use of groundwater? The event is also a platform to encourage yearly well water testing and well maintenance, and the promotion of policies impacting groundwater quality and supply. The Iowa County Health and Land Conservation Departments take pride in our work to educate our community on groundwater and the importance of yearly well water testing, which is why we are hosting another exciting groundwater awareness week!

2025 ACTIVITIES



March 12th at 6:00 PM: PFAS Presentation
Who? Jeremiah Yee, Toxicologist from the Bureau of Environmental and Occupational Health at DHS, will be presenting on PFAS.
Where? Health and Human Services Community Room. 303 West Chapel Street, Dodgeville, WI.

March 13th 9:00 AM-12:00 PM: Nitrogen Efficiency Workshop
Who? UW Madison Division of Extension, a Farmer Panel and Land Conservation Staff.
Where? Lafayette County Multipurpose Building. 11974 Ames Road, Darlington, WI.
Registration Link: Visit Land Conservation's Facebook

First 10 well water test kits returned to Iowa County Health Department water lab between Monday, March 10-Thursday March 13 will be FREE.
Limited grant funded testing

We accept well water samples Monday-Thursday 8:00 AM to 4:00 PM. You must pick up your testing kit at the health department and utilize the sample bottles we provide. Happy testing!

608-930-9870 IOWA COUNTY WISCONSIN HEALTH DEPARTMENT

Questions? Call us!

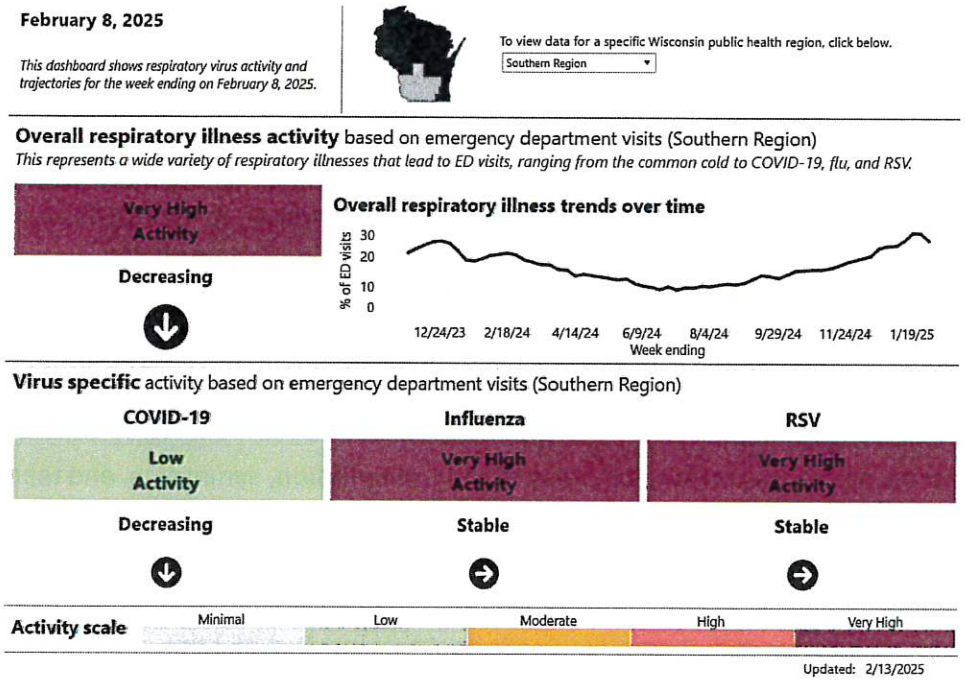
IOWA COUNTY WISCONSIN LAND CONSERVATION 608-930-9891

Respiratory Illness Data Snapshot

Visit https://www.dhs.wisconsin.gov/disease/respiratory-data.htm for the latest information on viral respiratory illness in Wisconsin.

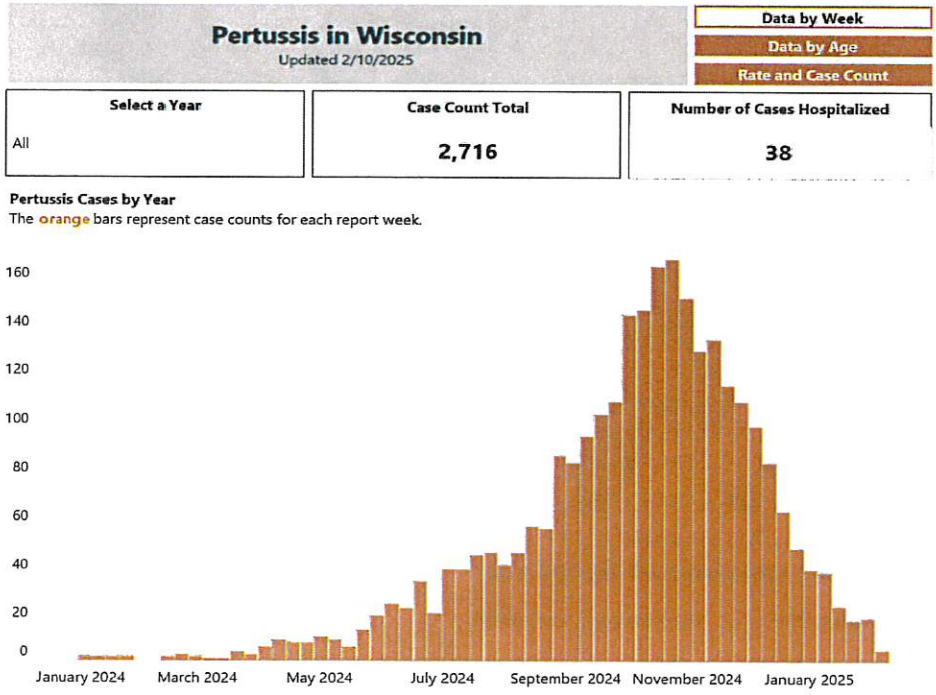
What to know

- Statewide respiratory illness levels are very high.
- Influenza activity is very high based on emergency department, laboratory testing, and wastewater data.
- RSV activity is high, particularly among children under 5; COVID-19 activity is low.
- It is not too late to get the influenza, COVID-19, and RSV vaccines.



Pertussis

- Wisconsin pertussis cases have peaked. Jan 2024 through Feb 17, 2025, Wisconsin **has had 2,716** confirmed cases, compared to 51 cases in all of 2023; Iowa County has had six cases.
  Learn more at: dhs.wisconsin.gov/immunization/pertussis.htm



H5N1 Bird Flu update

Your Local Epidemiologist sharing content from Dr. Jetelina's YLE newsletter **2/14/25**

H5N1 (also known as bird flu) is still spreading. What you can do hasn't changed: Avoid unpasteurized milk, don't touch wild birds, and protect yourself from sick animals.

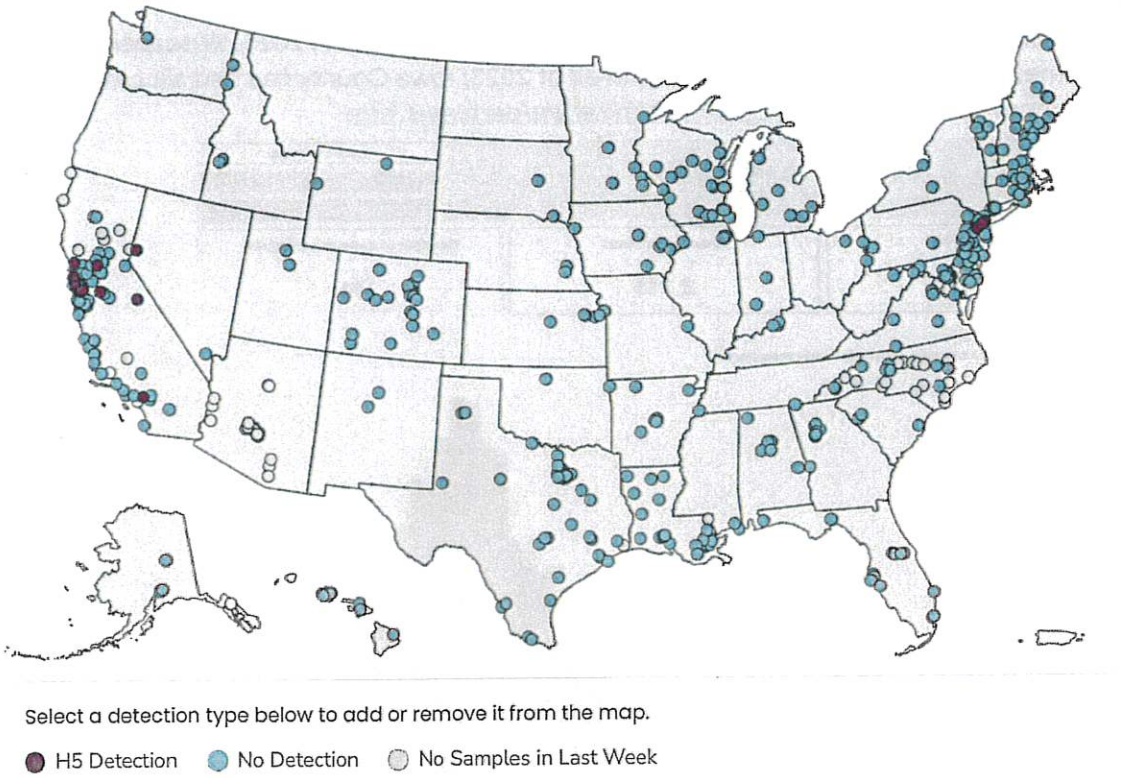
- ***68 human cases confirmed in 13 states.*** We know the virus is still around because new herds are getting infected. Cases have been linked to dairy cattle (42), poultry (28), other animal (1), and unknown (4). There has been one death due to H5N1. The current public health risk is reported to be low.
- Because we've failed to contain this, farmers have to kill their poultry, and thus, ***egg prices are increasing***. Eggs in grocery stores are still safe to eat.
- ***The virus is changing***, as epidemiologists discovered a new H5N9 strain in ducks in California. A dairy herd in Nevada has been infected through spillover with a different clade of A(H5N1): D1.1 One human D1.1 case has been noted in Nevada.
- The virus changing isn't surprising, as flu mutates and changes all the time, but this is the first time we've seen H5N9—a reassorted strain from H5N1, H7N9, and H9N2 subtypes—in the U.S. (It has previously been found in China.) This reminds us that the U.S. can't afford to relax monitoring efforts.
- New data from 4 dairy herds in Nevada suggest that birds infect cows more than we thought. This raises the question of how realistic it is to eradicate this virus from dairy herds (probably unlikely).
- If you have backyard poultry, there's a lot you can (should) be doing with the H5N1 outbreak.
- If you work with or have other contact with poultry, dairy cows, unpasteurized (raw) dairy products, or wild birds, you're at higher risk for getting H5N1 bird flu.

Visit the CDC website for more information, including risk of transmission, symptoms, and testing.
www.cdc.gov/bird-flu/index.html

Wastewater Data for Avian Influenza A(H5) | National Wastewater Surveillance System | CDC

A critical surveillance tool is wastewater data. https://www.cdc.gov/nwss/rv/wwd-h5.html

This below graph is Feb 2-8,2025



What else is in the news??

- ***TB (tuberculosis)***, also known as TB, is an infectious disease caused by the bacterium Mycobacterium tuberculosis. Not everyone infected with TB germs becomes sick as there are latent and active cases of the disease. A productive cough is a common symptom of TB, and phlegm may be bloody. When TB is in your l is airborne and transmission generally requires prolonged exposure in a poorly ventilated area, so a high-quality mask is the best way to protect yourself.

Is TB Making a Comeback in the U.S.? What You Need to Know About this Ancient Disease

++

Administrative Updates:

- 2024 Annual Report
- COVID-19 Pandemic – A Cumulative Report of the Iowa County Response
- 2024 Year-end Budget Summary (separate attachment - tentative)
- Mandated Services Summary
    - There is insufficient state funding to local health departments for the provision of mandated services under S.251.05(2) and 251.05(3).
    - Wisconsin is tied for **last** in the U.S. for state GPR dedicated to public health per person. Explore Public Health Funding in Wisconsin | AHR
    - Currently, dedicated state funding for mandated services includes only a $500,000 annual appropriation for communicable disease control and prevention under S.252.185 for dispersal among 84 local health departments across the entire state.
        - Iowa County HD receives $3,600 (.005% of revenues)
    - Local property tax revenue and federal revenue are the largest sources of funding for local health departments.
        - Iowa County HD: 45% of revenue is federal funding and 48% is tax levy
    - Given the heavy reliance on federal grants, cuts to federal funding would have devastating impacts on the public health workforce in local communities and the health and well-being of residents.
    - A consistent, reliable funding source to deliver core, mandated public health services as required by state law is critical to ensure the health and safety of Wisconsinites.
    - Without funding for mandated services… 1) which mandated services should be cut? 2) would the statutes change to reflect the cuts to mandated services? 3) are we prepared for the health care costs down the road because we didn't invest in prevention.
- UW Madison 4th Year Nursing Student

++

Dental Check Ups: Friday, March 28th @ 303 West Chapel St, Dodgeville

For children ages 1-4, pregnant women and women up to 1 year postpartum.
NO COST if you have BadgerCare.
If you do not have BadgerCare, a screening & cleaning will be donated to you.
Do NOT have to be an Iowa Co. resident.
Appointments are required: call 608-930-9870 to secure your spot!
**BBS cannot bill private insurances*

IOWA COUNTY WISCONSIN HEALTH DEPARTMENT

BRIDGING Brighter Smiles

DENTAL CHECK UPS

Location: 303 West Chapel St, Dodgeville

Friday, March 28th

Call 608-930-9870 or email healthinfo@iowacounty.org to register and schedule an appointment

WHO IS ELIGIBLE?

- Children age 1-4
- Pregnant women
- Women up to 1 year postpartum

SERVICES PROVIDED:

- Oral Screenings
- Dental Cleanings
- Fluoride Varnish
- Oral Hygiene Instruction
- Sealant Placement
- Silver Diamine Fluoride
- Dental Referrals

NO COST FOR SERVICE IF YOU HAVE BADGERCARE!

If you do not have BadgerCare, a complimentary screening, cleaning, and fluoride varnish will be donated to you. For additional cleanings and other elective services, see fee schedule below:

- Oral Screening $19.00
- Cleaning $43.00
- Fluoride Application $23.00
- Sealants $28.00/Tooth
- Silver Diamine Fluoride (SDF) $28 for 2 Applications *2 Applications Required

*BBS CANNOT BILL PRIVATE INSURANCES.

2024 Financial Summary

In the 2024 budget submission, we submitted a levy request of 352,568
(Expenses 622,339 (not inclusive of wage increases)/Revenues 269,771)
The actual tentative 2024 levy request of 333,763 is $18,805 to the good.
We are good financially– largely due to several competitive grants that we wrote for and were successful in securing.

Expenses	2020	2021	2022	2023	2024
Personnel & Fringe	569,773	692,167	569,703	553,954	538,987
All others	76,554	178,733	63,448	40,081	124,302
SCWIHERC*	216,637	38,414	-	-	-
Total:	862,964	909,314	633,151	594,035	663,289#

2024 Expenses - staffing decreased. Community Health Educator position ended in June.

Revenue					
Grants	435,789	404,922	329,313	263,856	293,411
All others	1,230	2,772	10,764	3,520	36,114
SCWIHERC*	237,593	173,598	-	-	-
Covid-19 Testing	-	23,120	20,700	-	-
Total:	674,612	604,412	360,777	267,376	329,526#

Tax Levy	188,352	304,902	272,374	326,659	333,763#

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

2024 **unconfirmed** expenses/revenues based on Year-To-Date Budget Report 2/14/2025.

2025-2026 POLICY AGENDA

wpha Wisconsin Public Health Association

WALHDAB Public Health In Action

Wisconsin Association of Local Health Departments and Boards

Public health is what we as a society do collectively to assure the conditions in which all people can be healthy. These conditions go far beyond access to healthcare and individual choices. In fact, 80% of what makes people healthy occurs outside of a doctor's visit. For everyone to thrive, we must create and maintain community conditions and systems that support health like safe housing, good-paying jobs, public transportation, and well-resourced schools. Public policies that promote public health are essential for building a stronger Wisconsin, where everyone has the chance to live their healthiest lives.

POLICY PRIORITIES WE WILL LEAD

Local & Tribal Health Department Funding

Secure funding for local and tribal health departments to carry out essential and mandated public health responsibilities and services

Community Health Funding

Secure funding for community-based organizations, local and tribal health departments, and community partners to address community specific health gaps based on community health needs assessments

Public Health Workforce

Support the recruitment and retention of the public health workforce in Wisconsin

Public Health Authority

Assure public health authority for control of communicable diseases and other public health threats

POLICY PRIORITIES WE WILL SUPPORT

Increase Access to Care & Improving Clinical Linkages

- Extension of Medicaid postpartum coverage to one year
- Expansion of Medicaid eligibility as allowed under the Affordable Care Act
- Access to comprehensive reproductive rights and healthcare
- Policies that support doulas and birth workers
- Policies that increase access to oral health care
- Reimbursement for community health worker services

Safe, Healthy, & Thriving Communities

- Equitable policies that prevent and reduce substance use
- Increased funding for the expansion of youth and adult mental health and substance use treatment programs, and support for legal diversion programming
- Allocation of a greater proportion of opioid settlement dollars to community-based prevention and harm reduction initiatives
- Evidence-based policies and programs to prevent chronic disease
- Policies that address the inequities and health harms of the criminal legal system
- Policies that reduce firearm-related harm and violence
- Evidence-based immunization practices
- Expanded civic engagement and equitable access to voting

Environmental & Climate Health

- Expanded funding for PFAS testing, mitigation, and remediation
- Policies that remove lead hazards
- Policies that improve the quality of air, water, and food safety

Economic Growth & Family Stability

- Increased access to affordable childcare
- Increased access to affordable and safe housing
- Paid family leave
- Universal school meals and reduced food insecurity
- Policies that support family caregivers
- Expanded child tax credits

Who are we?

The Wisconsin Public Health Association (WPHA) is the state's largest membership organization for public health workers and includes those working in both governmental and nongovernmental sectors. The Wisconsin Association of Local Health Departments and Boards (WALHDAB) is the professional organization representing leaders and workers in local governmental public health. Together, WPHA and WALHDAB represent more than 1,200 public health professionals across Wisconsin who are striving to create a healthier, safer, and more equitable state for all people.

WphA Wisconsin Public Health Association

WALHDAB Public Health In Action

Wisconsin Association of Local Health Departments and Boards

wpha.org | walhdab.org

DEPARTMENT FUNCTION:

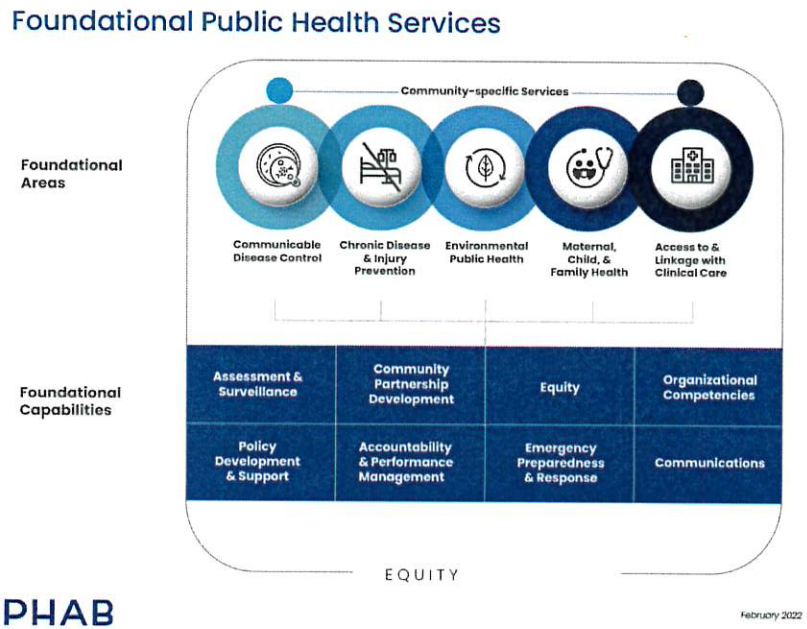
Wisconsin Local Public Health Department: Requirements

Sources: https://www.dhs.wisconsin.gov/lh-depts/requirement-updates.htm; Wisconsin DHS 140 Review Discussion Question Review Prep 3.31.21

Updates to Wis. Admin. Code ch. DHS 140 went into effect 1.1.19. Wis. Admin. Code ch. DHS 140 specifies the required services for Levels I, II, and III local health departments (LHDs). This chapter was created in 1998, and the 2019 update aligns local requirements with changes in public health practice since that time, as well as with the latest innovations modernizing Wisconsin's public health system.

The Iowa County Health Department is a Level II Health Dept. The requirement for Level II LHDs is to provide Level II services in addition to Level I.

- ***Level I LHD requirements*** *focus on the public health core functions, the 10 Essential Public Health Services, national public health performance standards, and the Foundational Public Health Services model.*
  - Service requirements of local health departments listed in Wis. Stat. § 251.05(2)a.
  - The Level I requirements align with public health core functions, the 10 Essential Public Health Services, national public health performance standards, and the Foundational Public Health Services model.
- ***Level II LHD requirements*** *focus on organizational performance and capacity-building.*
  - A Level II health department must provide services in the following **foundational areas**: communicable disease (including immunizations); chronic disease and injury prevention; environmental public health; maternal child family health; and access to, linkage with, clinical health care.
  - A Level II health department must provide services in the following **foundational capabilities**: assessment and surveillance; community partnership development; equity; organizational competencies; policy development and support; accountability and performance management; emergency preparedness and response; communications. Foundational Public Health Services model. FPHS-Factsheet-2022.pdf



- A Level II health department must assure workforce development by doing the following: maintaining a workforce development plan, including core public health competencies in job descriptions, and assessing staff core public health competencies every two years. Performance reviews and development plans are also required unless prohibited by the local governing body.
- A Level II health department must engage in quality improvement efforts, including training/resources to staff and governing body.
- A Level II health department must engage in performance management by setting performance measures for the mission, vision, values, and goals of the agency.
- A Level II health department must embed public health nursing services throughout.

Programs/Services organized under the **5 Foundational Areas** and the **8 Foundational Capabilities**

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
COMMUNICABLE DISEASE **ASSESSMENT & SURVEILLANCE, COMMUNICATIONS, COMMUNITY PARTNERSHIP, ORGANIZATIONAL COMPETENCIES, ACCOUNTABILITY**					
Communicable Disease (PH Essential Services): • Develop public health policies and plans • Enforce public health laws and regulations • Protect people from health problems and health hazards • Engage the community to identify and solve health problems					
Communicable Disease Surveillance, Investigation and Case Management	Investigates all circumstances concerning appearance of any communicable disease in the jurisdiction of the local health department within 24-72 hours, promptly takes all measures to prevent, suppress and control the communicable disease and makes a full report to the department. Provide education to those involved as well as to medical providers and the community as needed. Works with local providers to increase testing and follow up. Outbreak investigation and management.	.4 FTE percentage over all positions (.4 of 4.2 FTE)	Wisconsin Stat. ch. 252 Communicable Diseases Statue 252.03, 252.05, 252.06, 252.12 (7) Wisconsin Legislature: DHS 140.04(1)	2% State Grant 98% Tax Levy	Required to per statute and administrative rule. If local authorities fail to enforce the Statues/ rules, the state department shall take charge, and the county or municipality shall pay for expenses incurred. Increase in communicable diseases
Sexually Transmitted Infections	Conduct partner notification, referral and counseling services for individuals diagnosed with STI's, and works with medical clinics on STI follow up.	.03	Statue 252.11	100% Tax Levy	Increase in morbidity and mortality r/t STI's, increase in # STIs, decrease in education to the community re diseases, decrease in knowledge.
Tuberculosis (TB) Control Program	The TB Program facilitates activities to assure identification and appropriate follow-up care of individuals who may be at higher than usual risk of contracting or spreading tuberculosis. In conjunction with the Wisconsin TB Program, ICHD can provide anti-tuberculosis medication free of charge to persons with TB infection, suspect or confirmed disease or their household contacts. The ICHD works with the client's physician who prescribes the medication. Public	.08	Statue 252.07	10% State TB Dispensary 90% Tax Levy	Increase in morbidity and mortality related to TB. Increase in communicable disease transmission. Increase in health care costs. Increase in health insurance costs. We

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
	Health Nurses provide health education and monitor the client's response to the medication. The ICHD also helps local agencies by providing TB Skin Tests to employees and first responders.				provide over 100 TB tests/screenings each year to LTC facilities, group homes, students for school entrance, EMS and other healthcare entities
Food and/or Waterborne Illness Surveillance and Investigation	Investigate reportable food and waterborne diseases in a timely manner. Investigation outbreaks to identify source of exposure. Institute necessary control measures to prevent further spread of disease. Provides education to community agencies/organizations as needed.	.05	Statue 252.03, 252.05, 252.06	100% Tax Levy	State would need to take over outbreaks; surveillance would decrease in the county.
Immunization Program (PH Essential Services): • Protect people from health problems and health hazards • Enforce public health laws and regulations • Help people receive health services					
Immunization Program	Vaccine preventable diseases: Maximize childhood immunization rates in the county to prevent vaccine preventable disease, promote and provide adult and childhood vaccinations via state VFC/VFA programs (safety net), promote childhood immunization tracking systems in healthcare settings and assures that immunizations are a part of health promotion services in healthcare settings, provides updated information to school nurses and clinics, established best practices for vaccine administration, and provide counseling for travel health. Coordinate and implement mass vaccination clinics. Vaccine outreach, inventorying and required trainings.	.4	Statue 252.04 Wisconsin Legislature: DHS 140.04(1)	10% State Grant 10% MA & Medicare 80% Tax Levy	Immediate – a decreased awareness of and access to affordable childhood and adult immunizations. Decrease community linkage and coordination of vaccination. Increase in vaccine preventable diseases and death. Increase in health care costs.
	COMMUNICABLE DISEASE Total FTE	**.96**			
CHRONIC DISEASE AND INJURY PREVENTION **ASSESSMENT & SURVEILLANCE, EQUITY, COMMUNICATIONS, COMMUNITY PARTNERSHIP**					
Continuous Public Health Programs (PH Essential Services): • Monitor health status and understand health issues facing the community • Give people information they need to make healthy choices • Develop public health policies and plans • Foster the understanding and promotion of social and economic conditions that support good health					

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
Injury Prevention	Collaborator in events: Rural Safety Day, Falls Prevention Initiative, Backpack Event, Wellness Expo, Car Seat Safety	.04			
Chronic Disease	Blood Pressure screening				
Health Education and Promotion Events	Education to community on health-related topics/concerns. Events: Rural Safety Day, Falls Prevention Initiative, Backpack Event, Wellness Expo, Car Seat Safety **Disease and Injury Prevention** [Wis. Stat. § 251.05(2)(a); Wis. Admin. Code § DHS 140.04(1)(c)] • Describe how the LHD develops and implements interventions intended to reduce the incidence, prevalence, or onset of chronic diseases, or to prevent or ameliorate injuries. [Wis. Admin. Code § DHS 140.04(1)(c)1.] o How do these interventions align with community needs and the most recent state public health agenda?	.1	Wisconsin Stat. ch. 255 Chronic Disease and Injuries Wisconsin Legislature: DHS 140.04(1)	100% Tax Levy	Increase in preventable diseases and injuries. Community resources would not be utilized. Lower health literacy and awareness. Increased risk of diseases and delayed preventative care.
PH Vending Machine	Distribution of Harm reduction items in collaboration with dozens of community partners	.05	Wisconsin Legislature: DHS 140.04(1)	70% grant funds 30% donations	
Narcan Direct	Distribution of NARCAN and fentanyl test strips through the Department of Health Services.			100% grant funds	Potential increase in overdose death and injury
	CHRONIC DISEASE AND INJURY PREVENTION Total FTE	**.19**			
ACCESS TO CARE/LINKAGES W CLINICAL CARE **COMMUNITY PARTNERSHIP, EQUITY, COMMUNICATIONS**					
Continuous Public Health Programs (PH Essential Services): • Help people receive health services • Assure access to primary health care for all • Monitor health status and understand health issues facing the community • Give people information they need to make healthy choices • Foster the understanding and promotion of social and economic conditions that support good health					
Health Promotion, Health	[Wis. Stat. § 251.05(2)(a); Wis. Admin. Code § DHS 140.04(1)(e)] • How has the LHD developed and implemented interventions, policies, and systems to promote practices	.1	Wisconsin Legislature: DHS 140.04(1)	100% Tax Levy	Increase in preventable diseases and injuries. Community resources would not be utilized.

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
Education, Communication,	that support positive public health outcomes and resilient communities? • Describe an example of the LHD providing public education to promote the health of the public. • Describe the LHD's communication and outreach processes. ○ How is health literacy considered in the development of materials? ○ How is feedback from the public and community partners gathered? ○ Does the communication and outreach process change in the event of a public health emergency? Social media, HD website, HIC website information dissemination, planning (billboards, press releases, email. Identifying, collecting, and sharing data. We participate in dozens of community coalitions (tobacco, homeless, family health, mental health, head start). We facilitate and coordinate the Community Health Needs Assessment and Community Health Improvement Plan.		Wis. Stat. § 251.05(2)(a); Wis. Admin. Code § DHS 140.04(1)(e)		
Community Needs Assessment (CHNA)/ Community Health Improvement Plan (CHIP)	This is a major required undertaking every five years to assess the community (CHNA) and identify community priorities. A Community Health Improvement Plan (CHIP) must be assembled to address the community priorities. The HD stewards and facilitates this process and Community Action Teams in each of the priority areas. Goals, objectives and strategies are defined for each CAT to implement (Community Health Improvement Plan). Healthy Iowa County is coordinated and facilitate by the HD. 3 CATs and website, resource page, data sources, community calendar and asset map.	.2	HPS 140.04 Statue 251.05 Wisconsin Legislature: DHS 140.04(1)	100% Tax Levy	Assessing the community needs is critical to determine which needs are priority so we can have a healthier community.
Support and Increase Access to Medical and Oral Health	Describe LHD efforts to increase access to health care services for the jurisdiction. [Wis. Admin. Code § DHS 140.04(1)(c)3.] • Partnership with Community Connections Free Clinic to deliver immunization services and care coordination for TB and LTBI cases • Coordinate/host a clinic via Bridging Brighter Smiles Care Mobile for medical assistance, un/underinsured children.	.15	Statue 251.02 (2) (a)	100% Tax Levy	People without access to care contribute to less healthier community. Increased economic burden to others. Working to solve/support our burdened health care and dental care systems contribute to a more vibrant

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
	• Implement referral system for people with ACCESS dental clinic.				and healthier community.
	ACCESS TO CARE/LINKAGES W CLINICAL CARE Total FTE	**.45**			
MATERNAL AND CHILD HEALTH **EQUITY, COMMUNICATIONS, COMMUNITY PARTNERSHIP**					
Maternal Child Health (MCH) Services: • Monitor health status and understand health issues facing the community • Help people receive health services • Engage the community to identify and solve health problems • Assure access to primary health care for all					
MCH	Child & Family Health Promotion: Postpartum follow-up, breastfeeding services, networking with agencies on topic. Family Resource Center partnership. Equity as our objective. Resource for Iowa County school nurses and daycares.	.2	Wisconsin Stat. ch. 253 Maternal and Child Health 253.085 Outreach to low-income pregnant women. Wisconsin Legislature: DHS 140.04(1)	30% DHS 70% Tax Levy	Lack of connection to resources. Increase in post-partum anxiety, depression, abuse and neglect. Higher incidence low birth weights, etc. Decreased health education and awareness. Increase in disparities.
	MATERNAL AND CHILD HEALTH Total FTE	**.2**			
ENVIRONMENTAL HEALTH **POLICY DEVELOPMENT AND SUPPORT, COMMUNICATIONS, COMMUNITY PARTNERSHIP, ORGANIZATIONAL COMPETENCIES, ACCOUNTABILITY AND PERFORMANCE MANAGEMENT**					
Environmental Health: • Enforce public health laws and regulations • Monitor health status and understand health issues facing the community • Give people information they need to make health choices • Enforce public health laws and regulations					
Rabies Prevention	The Rabies Prevention Program provides surveillance of rabies, education about rabies prevention, follow-up on reported bites, and referral for treatment.	.25	Statue 254.51 (4) (5) OC Ordinance #18-87	100% Tax Levy	Required to per statute and administrative rule. Increase in morbidity and mortality relating to rabies in humans.
Human Health Hazard Control	Investigation and enforcement of state laws which protect citizens from damage to human health and/or environmental hazards. [Wis. Stat. § 251.05(2)(a); Wis. Admin. Code § DHS 140.04(1)(f)]	.25	Wisconsin Stat. ch. 254 Wis. Stat. § 251.05(2)(a) Environmental Health Statue 254.59, 254.93	100% Tax Levy	Required to per statute and administrative rule.

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
	• LHD shall report and investigate occurrences of occupational disease, environmental disease, or exposure to a human health hazard. [Wis. Admin. Code § DHS 140.04(1)(f)1.] • Partnerships with other entities to control human health hazards within your jurisdiction. • Participation, and provision of environmental health expertise, in the development of community plans. [Wis. Admin. Code § DHS 140.06(5)(a)] • Practices related to providing or arranging for the availability of services authorized under Wis. Stat. ch. 254, such as for toxic substances, indoor air quality, animal-borne or vectorborne disease, and human health hazards [Wis. Admin. Code § DHS 140.06(5)(b)]		Wis. Admin. Code § DHS 140.04(1)(f)1. Wisconsin Legislature: DHS 140.04(1) Wis. Admin. Code § DHS 140.06(5)(a) Wis. Admin. Code § DHS 140.06(5)(b)		Increase in potential for diseases related to environmental hazards.
Water Quality/DATCAP Certified Well Water Lab,	The Health Department promotes annual well testing for all homeowners and renters via our in house **DATCAP Certified Well Water Lab,** Promote free Well water testing to families with pregnant women and infants. This is especially important for bacteria and fluoride tests. Municipal water Quality Consultation	.25	Statue 95.21 (9) b HFS 140.06 (1) (e) (4)	100% Fees and DHS Grant	Increase in illness related to water quality issues. Increase in infant mortality.
Radon	Provide public information and education on radon testing. Testing kits available, analyze and notify homeowners of results and recommendation for remediation. (Environmental Health Coordinator assists.)	.05	Statue 254.59	100% Grant	Increase radon exposure. Increase in potential for disease related to radon exposure.
Beach Testing	Iowa County has an MOU with beaches. Has authority to post closure as needed if the bacteria count is high.	.01	Statue 254.46	100% Tax Levy	Increase in waterborne illnesses.
Lead	Public health nurses provide mandated blood lead screening and surveillance, lead exposure risk assessments, prevention education and lead hazard referral and case management. Municipal water Quality Consultation Lead in Remediation Program	.04	Statue 254.13, 254.164, 254.152, 254.166 (2) (b) and 254.171 HFS 140.04 (1) (c)	75% DHS Grant 25% Tax Levy	Increase of children with elevated blood lead levels due to lack of outreach, education, and screening. Long range – High levels of lead can cause developmental/cognitive delays in children.
	ENVIRONMENTAL HEALTH Total FTE	**.85**			
EMERGENCY PREPAREDNESS AND RESPONSE **COMMUNICABLE DISEASE**					
Public Health Preparedness & Response – PH P&R • Monitor health status and understand health issues facing the community					

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
• Protect people from health problems and health hazards • Engage the community to identify and solve health problems • Enforce public health laws and regulations • Maintain a competent public health workforce					
Partner Communication	Communicate with partners and stakeholders constantly on issues re emerging diseases, current risks such as respiratory infections, enhanced surveillance and testing	.2	Wisconsin Legislature: DHS 140.04(1)(d)	40% PHEP grant 60% Tax levy	Required to per statute and administrative rule.
Planning	The Health Department works with the Southwest Wisconsin Consortia as well as two surrounding Counties to fulfill objectives of the grant which include writing and updating plans for Bioterrorism events, exercising plans, trainings, working with Emergency Management Government and Iowa County contingency plans, ICS, working with county agencies and organizations regarding emergency planning and recovery, working with special needs populations and medical providers	.2	Statue 254.015 (1), 254.02 (3) (b) Wisconsin Legislature: DHS 140.04(1)(d)	40% PHEP grant 60% Tax levy	Required to per statute and administrative rule. Being unprepared in the event of terrorist attack/hazardous material exposure, or flu pandemic. Decrease our partnering and communication with community members. Increase in lives lost, confusion among the public, potential to cause harm. Healthcare partners rely on PH response. Medical supply shortages.
Exercising	SCWIHERC and local exercises	.15	Wisconsin Legislature: DHS 140.04(1)(d)	40% PHEP grant 60% Tax levy	Grant funds require exercising; required to per statute and administrative rule.
Response	Pandemic, pertussis, H5N1 monitoring	.1	Wisconsin Legislature: DHS 140.04(1)(d)	100% COVID-19 Grant	Statutorily required to respond and protect public health
	EMERGENCY PREPAREDNESS AND RESPONSE Total FTE	**.65**			
POLICY DEVELOPMENT AND SUPPORT Policy and Planning [Wis. Admin. Code § DHS 140.04(1)(g)] • Shall maintain internal operating policies and procedures					

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
• Shall serve as a source of information and expertise in the development and implementation of policies affecting public health? [Wis. Admin. Code § DHS 140.04(1)(g)1.]					
Public Health Nuisance Ordinance	Example of informed policy leading to action.		Statue 251.05 Wisconsin Legislature: DHS 140.04(1)(g)		Collaborated with county administrator, Sheriff's Dept, Corp Counsel on development
DATCP Certified Water Testing	Example of informed policy (& SWIGG study) leading to action.		Wisconsin Legislature: DHS 140.04(1)(g)		Collaborated with Land Conservation Department
Board of Health, HHS Committee	Board of Health required with membership requirements; HD also reports to the HHS Committee • Board of Health appointed members reflect the diversity of your jurisdiction and meet the requirements of a board of health. [Wis. Stat. § 251.03(1)] • Board of health must employ qualified public health professionals? [Wis. Stat. § 251.04(8)] • Frequency of meetings. [Wis. Stat. § 251.04(5)] • How has the board of health assessed public health needs and advocated for the reasonable and necessary provision of public health services? [Wis. Stat. § 251.04 (6)(a)] • Describe how the board of health develops policy and provides leadership that: ○ Fosters involvement and commitment of the community. ○ Advocates for equitable distribution of public health resources. ○ Is consistent with public health needs in the jurisdiction of the board of health. [Wis. Stat. § 251.04(6)(b)]	.2	Wis. Stat. § 251.03(1) Wis. Stat. § 251.04(5) Wis. Stat. § 251.04 (6)(a) Wis. Stat. § 251.04(6)(b)		Required to per statute and administrative rule.
	POLICY DEVELOPMENT AND SUPPORT Total FTE	**.2**			
LEADERSHIP AND ORGANIZATIONAL COMPETENCIES					

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
Leadership and Organizational Competencies	Wis. Admin. Code § DHS 140.04(1)(h) • Who are the LHD's partners and stakeholders? [Wis. Admin. Code § DHS 140.04(1)(h)1.]How are they involved with the development of the LHD's goals? [Wis. Admin. Code § DHS 140.04(1)(h)2.] • Describe the LHD's access to legal or corporate counsel. • How is progress towards LHD goals, such as strategic plan, CHIP, and others tracked, monitored, and evaluated over time? [Wis. Admin. Code § DHS 140.04(1)(h)4.] • How does the LHD identify areas for improvement? • How is the LHD implementing processes within public health programs that create health equity? [Wis. Admin. Code § DHS 140.04(1)(h)5.] • How are continuing education and other training opportunities provided to LHD staff? [Wis. Admin. Code § DHS 140.04(1)(h)7.] Describe your process for checking licenses or certifications before hiring staff and reviewing licenses and certifications on a regular basis. How does the LHD maintain confidentiality of records with personally identifiable information?	.1	Wis. Admin. Code § DHS 140.04(1)(h)		Required by Wisconsin Administrative Code
Workforce Development	• LHD must include core public health competencies and credentialing requirements in all department job descriptions [Wis. Admin. Code § DHS 140.05(1)(b)1.] • Assess staff core public health competencies in order to identify department training needs. [Wis. Admin. Code § DHS 140.05(1)(b)2.] • Complete annual performance evaluations and personal development plans [Wis. Admin. Code § DHS 140.05(1)(b)3.]	.1	Wis. Admin. Code § DHS 140.05(1)(b)1. Wis. Admin. Code § DHS 140.05(1)(b)2. Wis. Admin. Code § DHS 140.05(1)(b)3.		Required by Wisconsin Administrative Code
	LEADERSHIP AND ORGANIZATIONAL COMPETENCIES Total FTE	**.2**			
ACCOUNTABILITY AND PERFORMANCE MANAGEMENT					
Staff Requirements and Qualifications	Local Health Officer qualifications, as per Wis. Stat. § 251.06(1). Wisconsin Admin. Code ch. DHS 139 Qualifications of Public Health Professionals Employed by Local Health Departments		Wis. Stat. § 251.06(1) Wisconsin Admin. Code ch. DHS 139		Required to per statute and administrative rule.

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
	Wisconsin Admin. Code ch. DHS 140 Required Services of Local Health Departments **Public Health Nursing Services** [Wis. Admin. Code § DHS 140.04(1)(i)] • *Public health nursing services.* Conduct a general public health nursing program which shall apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required in pars. (a) to (h)		Wisconsin Admin. Code ch. DHS 140 Wis. Admin. Code § DHS 140.04(1)(i)		Iowa County Health Department (along with Richland County) are the smallest staffed health departments per capita in the state of WI having the least amount of staff of any other health departments in the state of Wisconsin.
Reporting	Annual Report; grant reporting and tracking, financial audits • LHD's documentation required by Wisconsin State Statutes and Administrative Code. ○ Annual reports as per Wis. Stat. § 251.06(3)(h) and Wis. Admin. Code § DHS 140.05(2). ○ Board of Health meetings as per Wis. Stat. § 251.04(5). ○ Community Health Assessment (aka Community Health Needs Assessment), as per Wis. Admin. Code §§ DHS 140.04(1)(c)1 and 140.04(1)(g)3. ○ Community Health Improvement Plan, as per Wis. Stat. § 251.05(3)(c) and Wis. Admin. Code §§ DHS 140.04(1)(a)1.c, 140.04(1)(g)3-4, 140.04(1)(h)2, and 140.05(1)(a)1.	.3	Wis. Stat. § 251.06(3)(h) and Wis. Admin. Code § DHS 140.05(2) Wis. Stat. § 251.04(5) Wis. Admin. Code §§ DHS 140.04(1)(c)1 and 140.04(1)(g)3. Wis. Stat. § 251.05(3)(c) and Wis. Admin. Code §§ DHS 140.04(1)(a)1.c, 140.04(1)(g)3-4, 140.04(1)(h)2, and 140.05(1)(a)1.		Reporting is required to per statute and administrative rule. Grant requirements dictate specific fiscal and objective reporting in order to be in compliance.
Community Needs Assessment (CHNA)/ Community Health Improvement Plan (CHIP)	This is a major required undertaking every five years to assess the community (CHNA) and identify community priorities. A Community Health Improvement Plan (CHIP) must be assembled to address the community priorities. The HD stewards and facilitates this process and Community Action Teams in each of the priority areas. Goals, objectives and strategies are defined for each CAT to implement (Community Health Improvement Plan). Healthy Iowa County is coordinated and facilitate by the HD. 3 CATs and website; resource page, community calendar		Community Health Assessment (aka Community Health Needs Assessment), as per Wis. Admin. Code §§ DHS 140.04(1)(c)1 and 140.04(1)(g)3. Community Health Improvement Plan, as per Wis. Stat. § 251.05(3)(c) and Wis. Admin. Code §§ DHS 140.04(1)(a)1.c, 140.04(1)(g)3-4, 140.04(1)(h)2, and 140.05(1)(a)1.		Assessing the community needs is critical to determine which needs are priority so we can have a healthier community. Required to per statute and administrative rule.

PROGRAM/ SERVICE	DESCRIPTION/ESTIMATED 2025 COST	FTE POSITIONS	MANDATED? STATE/FED?	FUNDING SOURCE	CONSEQUENCE OF NOT PROVIDING SERVICE
Performance Management, Quality Improvement	LHD shall engage in performance management and quality improvement [Wis. Admin. Code § DHS 140.05(1)(c) and (d)] Shall employ efforts to develop and implement methods to collect performance data, evaluate goals, conduct quality improvement, and report progress to advise organizational decisions. [Wis. Admin. Code § DHS 140.06(7)] Quality improvement plan implemented and integrated throughout the organization [Wis. Admin. Code § DHS 140.06(8)] Strategic Plan, annual staff trainings, monthly staff procedure reviews, surveys to partners and community members. Grant Management: tracking fiscally and objective deliverables	.2	Wis. Admin. Code § DHS 140.05(1)(c) and (d) Wis. Admin. Code § DHS 140.06(7) Wis. Admin. Code § DHS 140.06(8)		Required to per statute and administrative rule.
	ACCOUNTABILITY AND PERFORMANCE MANAGEMENT Total FTE	**.5**			

Total FTE = 4.2

Total 4.2 FTE Breakdown Across Required Service Categories (guestimate)

COMMUNICABLE DISEASE/IMMUNIZATION	**.96**
CHRONIC DISEASE AND INJURY PREVENTION	**.19**
ACCESS TO CARE/LINKAGES W CLINICAL CARE	**.45**
MATERNAL AND CHILD HEALTH	**.2**
ENVIRONMENTAL HEALTH	**.85**
EMERGENCY PREPAREDNESS AND RESPONSE	**.65**
POLICY DEVELOPMENT AND SUPPORT	**.2**
LEADERSHIP AND ORGANIZATIONAL COMPETENCIES	**.2**
ACCOUNTABILITY AND PERFORMANCE MANAGEMENT	**.5**

Statewide Costing and Capacity Survey Results

Local Health Depts are statutorily required to carry out the foundational capabilities and areas in the categories noted in this document.

In 2023, a large data collection effort occurred across the state of WI whose purpose was to assess/analyze current capacity and gaps across local health departments in Wisconsin.

Results for Iowa County Health Department are included below in summary

The recommended capacity standard to accomplish/implement mandated services in Iowa Co is 14 FTE staff (see below).

As of 1/1 /25, the ICHD has 4.2 FTE, significantly below the staffing standard (see chart page 13)

Foundational Capabilities	FTE Expected	FPHS FTE Needed
Assessment & Surveillance	1.40	*0.84*
Emergency Preparedness & Response	1.30	*1.07*
Community Partnership Development	0.70	*0.30*
Equity	0.40	*0.31*
Organizational Competencies	2.20	*1.67*
Policy Development & Support	0.50	*0.30*
Accountability & Performance Management	0.20	*0.06*
Communications	0.70	*0.21*
	7.40	

Foundational Areas	FTE Expected	FPHS FTE Needed
Chronic Disease & Injury Prevention	1.70	*1.57*
Communicable Disease Control	1.40	*0.08*
Environmental Public Health	2.50	*2.08*
Maternal, Child, & Family Health	0.90	*0.66*
Access to & Linkage with Clinical Care	0.20	*0.06*
	6.70	
	14.10	***9.21***

The survey was completed with 2021 staffing data.

	Iowa County 2025													
	Communicable Disease Cases	VFC Vaccines Administered	VFA Vaccines Administered	Rabies Follow-ups	(New) Lead Follow-ups	Residents being treated for TB this month	TB Skin Tests	ICHD Water Tests Distributed	WSLH Water Tests Distributed	Narcan Doses Distributed	Radon Tests Distributed	Births	Newborn Referral Follow-ups	TOTAL
January	42	10	8	4	0	1	13	4	5	0	38	14	3	142
February														0
March														0
April														0
May														0
June														0
July														0
August														0
September														0
October														0
November														0
December														0
TOTAL-YTD	42	10	8	4	0	1	13	4	5	0	38	14	3	142

2025	VFC Flu Vaccines	Adult Flu Vaccines	TOTAL Vaccines Given- YTD
Total	1	3	21

IOWA COUNTY WISCONSIN HEALTH DEPARTMENT