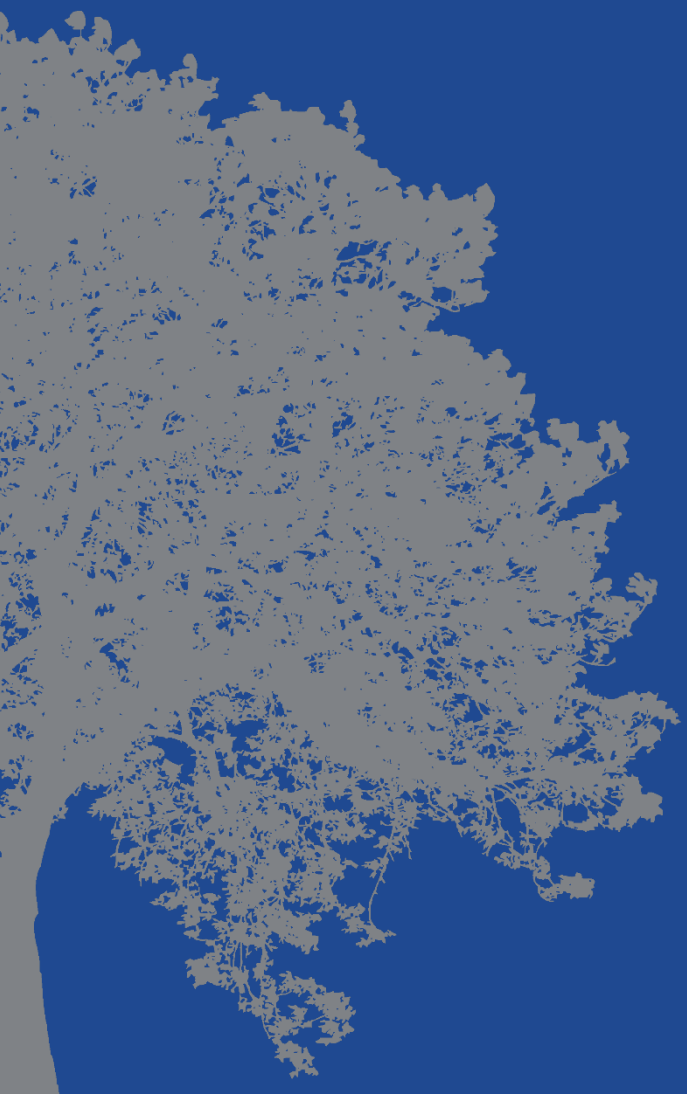
2022 ANNUAL REPORT

A TIME for RECOVERY

Appleton Health Department



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Appleton Health Department 2022 Annual Report

TABLE OF CONTENTS

MESSAGE FROM THE HEALTH OFFICER

It is my pleasure to present the 2022 annual report for the Appleton Health Department. I am honored to share with you the progress and accomplishments of our department over the past year.

In the past year we saw COVID-19 transition from a novel, pandemic virus, to an endemic infection. After an initial wave of infections through February, much of the public health response to COVID-19 began winding down and recovery began in earnest. Appleton Health Department staff returned to their positions of leadership within local and regional coalitions, rebooted major quality improvement initiatives, and resumed critical programs like neonatal home visits.

One of our major achievements in 2022 was preparing for and participating in the WI DHS 140 compliance audit. Conducted every 5 years, this statutory compliance audit ensures that local health departments like ours are performing to the high standards set forth by the State of Wisconsin.

The Appleton Health Department in close partnership with the Appleton Board of Health, also began the development of the 2023-2026 Strategic Plan with input from Appletonians, community stakeholders, and City leadership and staff.

The year also brought with it a national Mpox outbreak. Working closely with community partners, including Diverse and Resilient, among others, we created a regional response to vaccination to those at risk for infection, providing services to anyone eligible for the vaccine, not just Appleton residents. Quick response, combined with just-in-time training for public health nursing staff, and regular vaccine clinics, helped keep numbers of cases in Appleton, an in the surrounding communities, relatively low.

We are proud of the work that our department has accomplished in 2022, but we know that there is still much work to be done. We remain committed to ensuring the health and wellbeing of all residents in Appleton, and we look forward to continuing our efforts in the coming year.

Thank you for your ongoing support and partnership in improving the health of our community.

Gratefully yours,

Charles E Sepers, Jr, PhD, MPH
Health Officer | Director
Appleton Health Department
Appleton, WI, 54911

OUR VISION

Health for all, together.

OUR MISSION

Facilitate equitable community wellbeing through education, health promotion, and response to public health needs.

OUR BELIEFS

- The Appleton Health Department plays a vital role assessing and assuring the health needs and trade practices in the community.
- The Appleton Health Department consists of highly motivated and dedicated individuals who provide services to protect and promote the health and well-being of the citizen and consumer.
- The Appleton Health Department communicates with the public on health and consumer related issues.
- The Appleton Health Department provides services in a cost effective and efficient manner.
- The Appleton Health Department develops and evaluates departmental programs, policies, and procedures based on community needs. We collaborate with community agencies and providers to assess those needs and ensure high quality services.
- The Appleton Health Department has a professional staff that works together as a cohesive team by cooperating, communicating, and supporting each other to achieve departmental and individual goals.

2022 BOARD OF HEALTH

Cathy Spears
Chairperson

Lee Marie Vogel, MD
Medical Advisor

Kathleen Fuchs, PhD

Vered Meltzer
Alderperson

Denise Fenton
Alderperson

Deborah Werth, BSN, RN

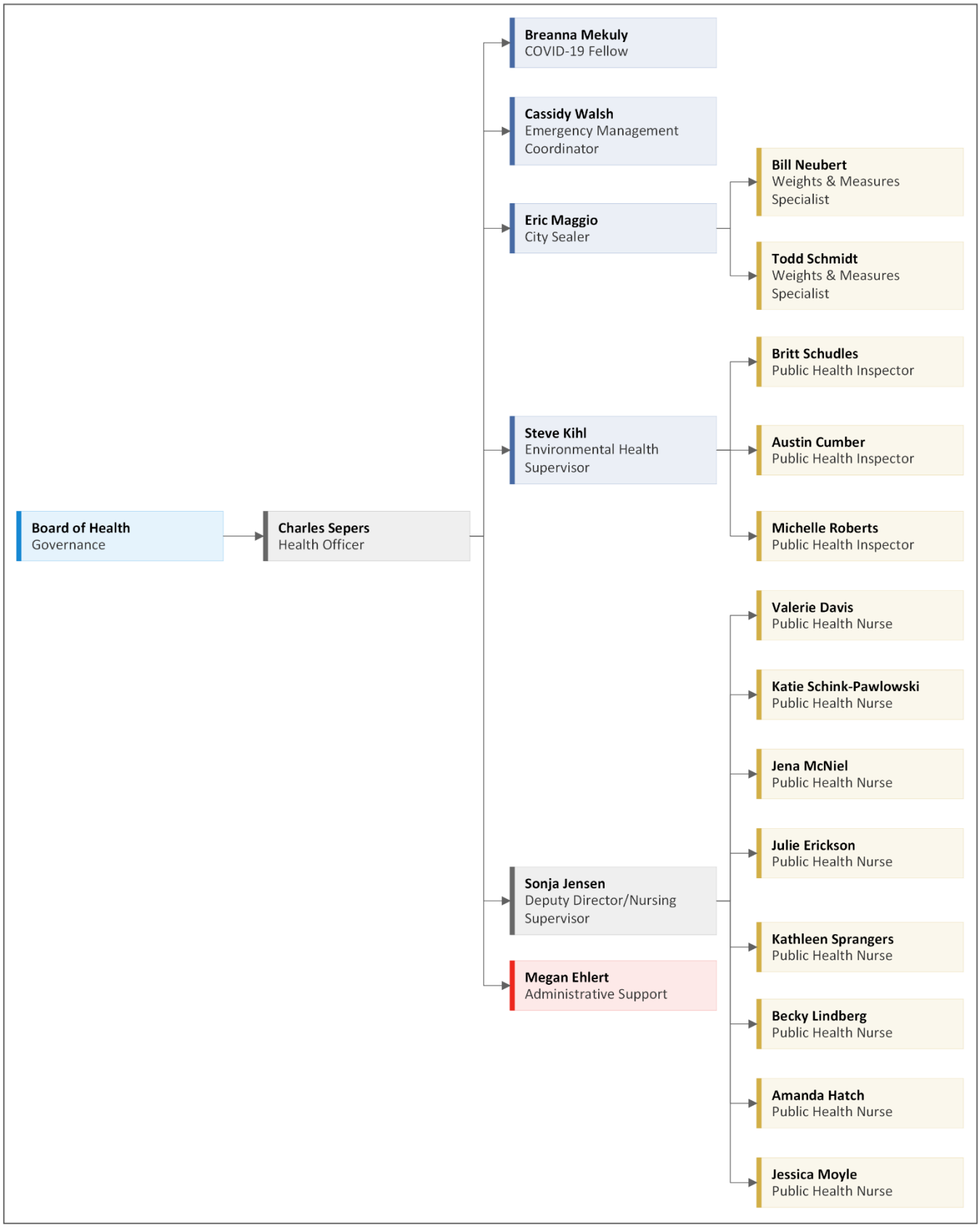
Emma Kane, MPH

Jacob Woodford
Mayor

The Board of Health shall consist of eight (8) members who shall be the Mayor and seven (7) members appointed by the Mayor subject to confirmation by the Common Council. Two (2) of the seven (7) members of the Board shall be members of the Common Council. Members of the Board shall have a demonstrated interest or competence in the field of public health or community health, and a good faith effort shall be made to appoint a registered nurse and a physician. Members of the Board shall hold office for terms of two (2) years.

The Board of Health governs the City Health Department and assures the enforcement of state public health statutes, public health rules, and municipal health ordinances.

CURRENT TABLE OF ORGANIZATION



2022 ROSTER

BOARD OF HEALTH
Cathy Spears, Chairperson
Lee Marie Vovel, MD, Medical Advisor
Deborah Werth, RN
Kathleen Fuchs, PhD
Emma Kane, MPH
Alderperson Denise Fenton
Alderperson Vered Meltzer
Mayor Jacob Woodford

STAFF
Administration
Charles E Sepers, Jr, PhD, MPH,
Health Officer/Director
Sonja Jensen, RN, Deputy Director
Megan Ehlert, Administrative Support

Environmental Health
Steve Kihl, RS, Environmental Health Supervisor
Michelle Roberts, RS, Environmentalist
Austin Cumber, Environmentalist

Public Health Emergency Preparedness
Cassidy Walsh, CEM, Emergency Management Coordinator
Breanna Mekuly, MTS, COVID-19 Fellow

Public Health Nursing
Valerie Davis, RN, Public Health Nurse
Julie Erickson, RN, Public Health Nurse (Part-Time)
Becky Lindberg, RN, Public Health Nurse (Part-Time)
Jena McNiel, MPH, RN, Public Health Nurse (Part-Time)
Jessica Moyle, RN, Public Health Nurse (Part-Time)
Kathleen Sprangers, RN, Public Health Nurse (Part-Time)
Krista Waterstradt, RN, Public Health Nurse (Part-Time)

Amanda Hatch, RN, (Limited Term/PRN)
Jane Klemp, RN, (Limited Term/PRN)
Susan Larson, RN (PRN)
Anthony Moyle, RN, (Limited Term/PRN)
Vicky Xiong, RN, (Limited Term/PRN)

Weights and Measures
Eric Maggio, City Sealer
Todd Schmidt, Weights & Measures Specialist
Bill Neubert, Weights & Measures Specialist

USING THIS REPORT

FOUNDATIONAL PUBLIC HEALTH SERVICES

High-performing public health departments use data-driven, evidence-based practice to be good stewards of public money and address community priorities. Delivering protections in their communities at this level requires a strong foundation of public health infrastructure.

The Foundational Public Health Services framework provides an overview of the responsibilities of public health and sets a standard for what should be available in every community. Although the needs of every community will likely differ, this sets the minimum level of service that should exist. In addition, the framework is rooted with a focus on community health, well-being and achieving equitable outcomes. There are five Foundational Public Health Service Areas: 1) Communicable Disease, 2) Chronic Disease and Injury Prevention, 3) Environmental Public Health, 4) Maternal, Child and Family Health, and 5) Access to and Linkage with Clinical Care. Below you will find each of these along with the Public Health Essential Services that contribute to the work done in that area.

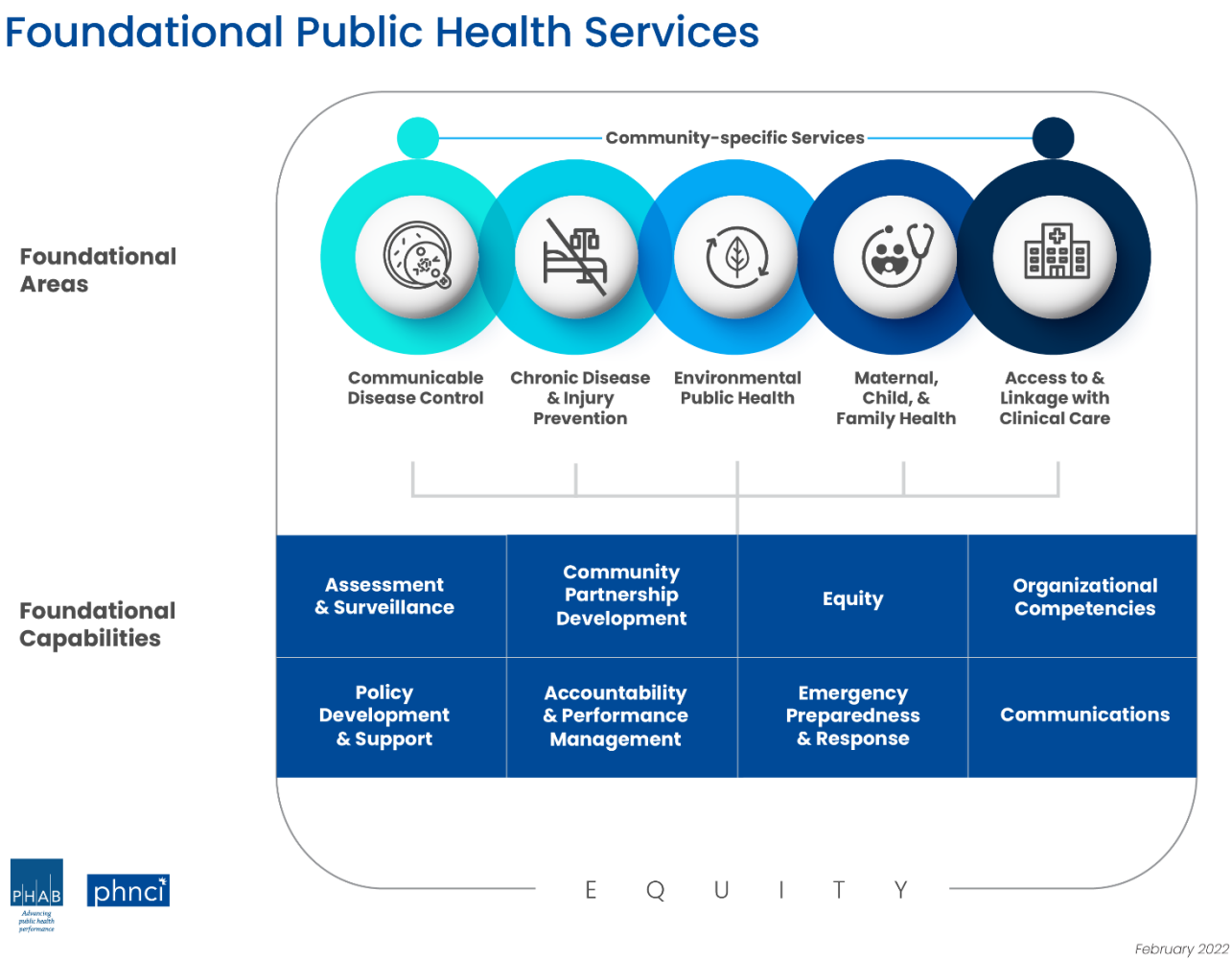


Figure 1. Foundational Public Health Services

Local health departments in the State of Wisconsin are required to be organized by and operate according to this framework to ensure high-quality public health services and capabilities universally statewide.

This report is organized by these public health foundational areas, with the addition of consumer protection as a foundational area, which is a unique feature of the Appleton Health Department. Major headings correspond with these areas of foundational areas.

Additionally, those activities and data that correspond with the core foundational capabilities will be identified throughout the document. At a glance, this structure demonstrates compliance with these high standards.

FC1. Assessment & Surveillance
FC2. Policy Development & Support
FC3. Community & Partnership Development
FC4. Accountability & Performance Management
FC5. Equity
FC6. Emergency Preparedness & Response
FC7. Organizational Competencies
FC8. Communications

10 ESSENTIAL PUBLIC HEALTH SERVICES

While the Foundational Public Health Services define *what* work is required by local health departments, the 10 Essential Public Health Services illustrate *how* that work is done. This high-quality implementation of public health best practice is also required by State statute.

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

Figure 2. The 10 Essential Public Health Services

The 10 Essential Public Health Services are:

EPHS1. Assess and monitor population health status, factors that influence health, and community needs and assets
EPHS2. Investigate, diagnose, and address health problems and hazards affecting the population
EPHS3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
EPHS4. Strengthen, support, and mobilize communities and partnerships to improve health
EPHS5. Create, champion, and implement policies, plans, and laws that impact health
EPHS6. Utilize legal and regulatory actions designed to improve and protect the public's health
EPHS7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
EPHS8. Build and support a diverse and skilled public health workforce
EPHS9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
EPHS10. Build and maintain a strong organizational infrastructure for public health

Throughout the report, icons depict which of the 10 Essential Public Health Services are being highlighted within the narrative.

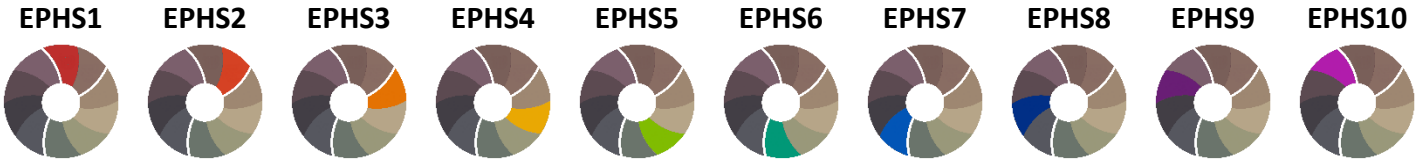
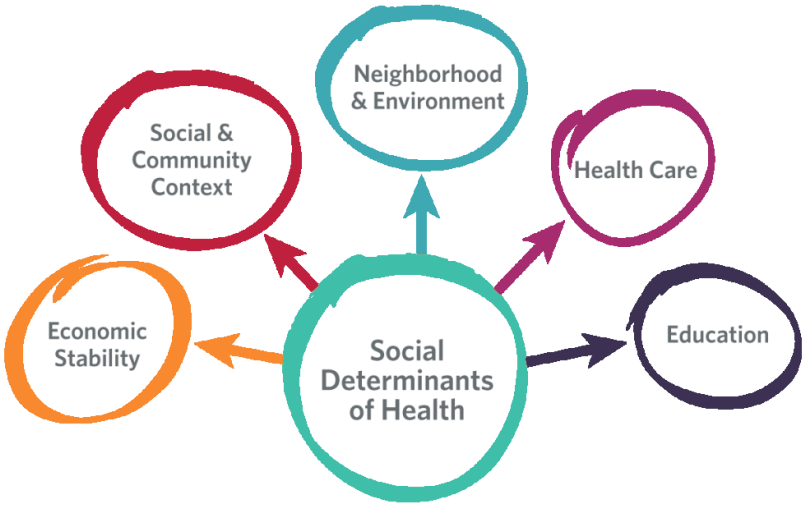


Figure 3. Navigation icons depicting essential public health services.

SOCIAL DETERMINANTS OF HEALTH

With equity interwoven into both the Foundational and 10 Essential Public Health Services, Public health departments and their partners need to consider how conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These social determinants of health (SDOH)—Economic Stability, Social and Community Context, Neighborhood and Environment, Health Care, and Education, and actions to address the resulting health inequities, can be incorporated throughout all aspects of public health work. Through broader awareness of how the key public health practices can better incorporate consideration of SDOH, public health practitioners can transform and strengthen their capacity and impact to advance health equity.

Addressing social determinants of health is important for improving health and reducing health disparities. Though health care is essential to health, it is a relatively weak health determinant. Research shows that health outcomes are driven by an array of factors, including underlying genetics, health behaviors, social and environmental factors, and health care[2].



Health behaviors, such as smoking, diet, and exercise, and social and economic factors are the primary drivers of health outcomes, and social and economic factors can shape individuals' health behaviors. For example, children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health such as lack of safety, exposed garbage, and substandard housing. They also are less likely to have access to sidewalks, parks or playgrounds, recreation centers, or a library.

Figure 4. Social Determinants of Health

Further, evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

THE PUBLIC HEALTH SYSTEM

Public health systems are commonly defined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." This concept ensures that all entities' contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

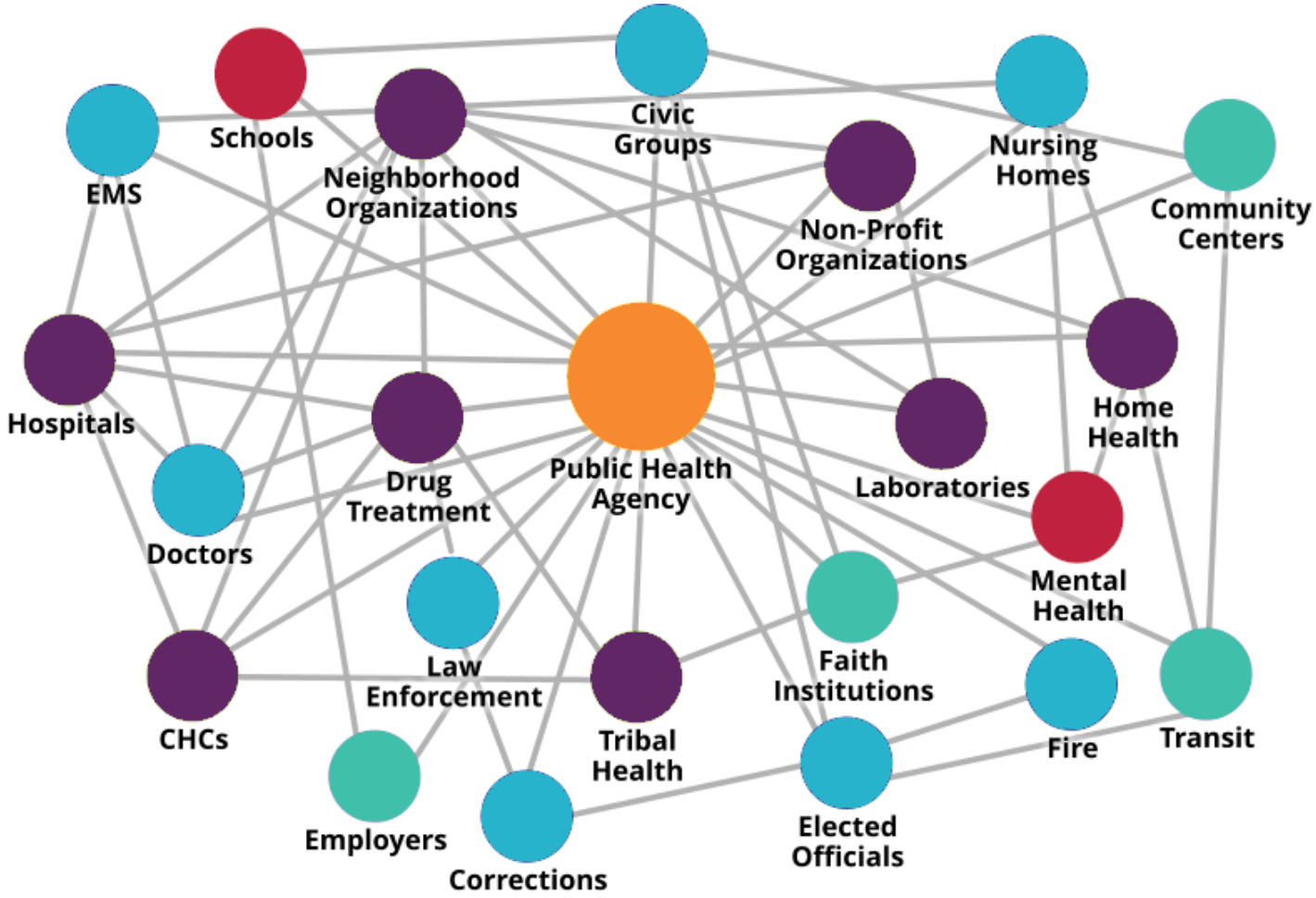
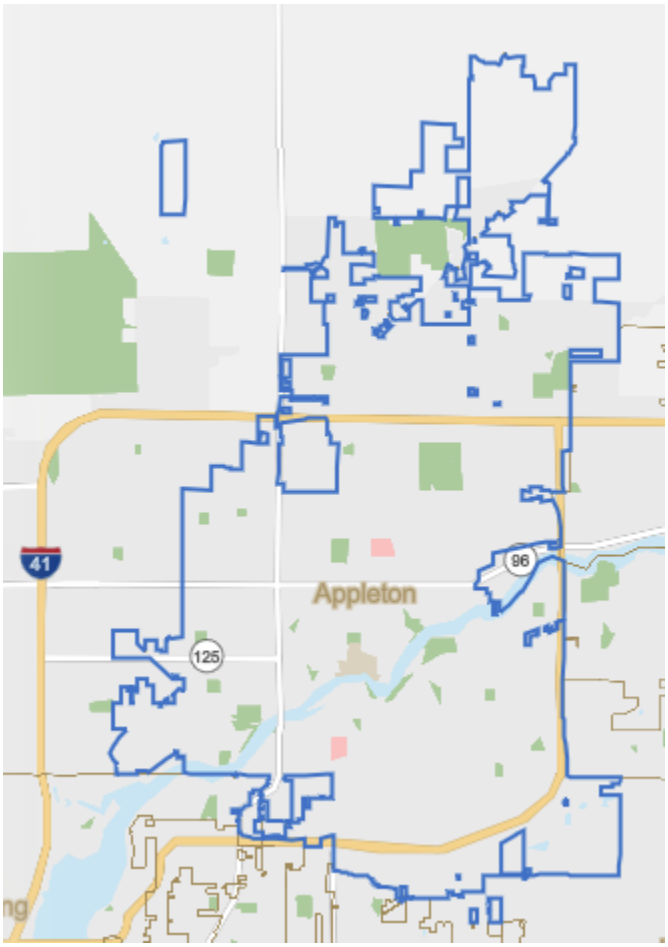


Figure 5. The Public Health System

The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations

COMMUNITY SNAPSHOT



The population of Appleton, WI has increased by 4.2% in the past ten years, with 75,644 residents in 2020. Of these residents, 93.5% of Appleton residents identified as just one race, 86% of whom are White (60,597), 7% of whom are Asian (4,827), 3% are Black or African American (2,171), and 3% of whom identified as another race (2,390). Seven percent of Appleton residents identified as more two races or more. Additionally, 5,499 (7.3%) also identified as Hispanic or Latino.

In 2020, the median age of an Appleton resident was 36.5 years old, the average family size was three, and almost half (48.9%) of the 29,729 households were composed of a married-couple family. These households occupy 96% of available housing units within the city. In 2020, the homeownership rate in Appleton was 65.8%, with 60.8% of homes valued between $100,000 and $200,000; renters paid a median gross of $796. Most residents drive alone to work (80.7%) with an average commute time of 19 minutes.

In 2020, Appleton had an employment rate of 66.1% and a median household income of $61,475. A slight majority of residents work in manufacturing (21.4%), closely followed by occupations in Educational Services, Health Care and Social Assistance (21.0%). 33.6% of Appleton residents have completed a bachelor's or higher degree; 47.8% have a high school or equivalent degree but no college degree; and 7.4% have never completed a high school degree. Census data from 2020 reports 10.3% of Appleton residents as impoverished and that 5.6% of residents live without healthcare coverage.

Population (2020)

75,644

Median Family Income (2020)

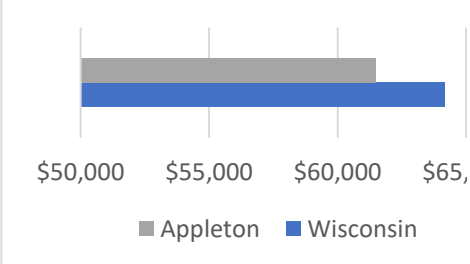
$61,475

Median Age (2020)

36.5 yrs

Employed Population (2020)

50,001



Poverty Rate (2020)

10.3%

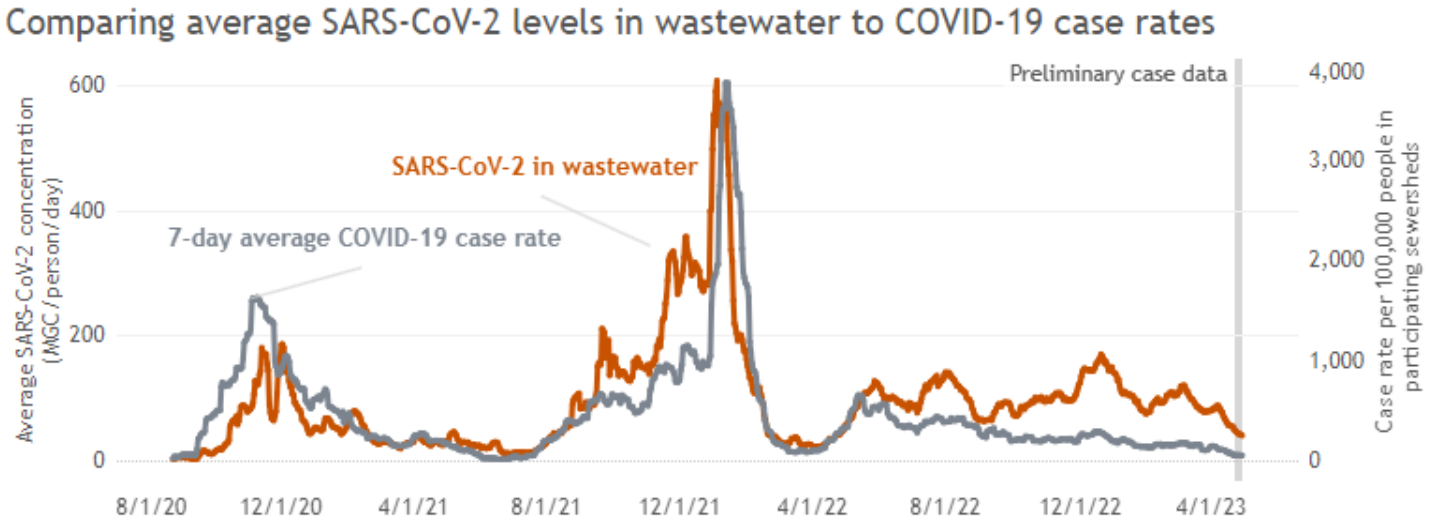
FOUNDATIONAL CAPABILITIES

Assessment & Surveillance

The Appleton Health Department has continued to prioritize assessment and surveillance as a foundational capability in our public health efforts over the past year. These activities provide essential data and insights to inform our health initiatives, resource allocation, and policy development. This report highlights key accomplishments and initiatives related to assessment and surveillance within the Appleton Health Department.

Data Collection and Analysis:

1. Communicable Disease Surveillance: We continued to monitor and analyze data on communicable diseases within the City of Appleton. This includes timely reporting, investigation, and response to infectious disease outbreaks. Our robust surveillance system allowed us to identify trends, target interventions, and evaluate the effectiveness of our prevention and control measures.
2. Environmental Health Surveillance: We monitored and assessed various environmental health factors, including air and water quality, lead exposure, and vector-borne diseases. This surveillance has been crucial in identifying potential threats to public health and informing our strategies to mitigate these risks.



Measuring Success:

1. We tracked key public health metrics such as vaccination rates, chronic disease prevalence, and indicators of communicable disease to measure the impact of our assessment and surveillance activities. These data-driven insights have helped us identify areas of success and areas where further improvement is needed.
2. By sharing our assessment and surveillance findings with the community, we have fostered a greater understanding of public health issues and engaged local stakeholders in the development of targeted strategies to address these concerns.

Moving Forward: In the coming year, we will continue to prioritize assessment and surveillance as a foundational capability of our public health work. We plan to enhance our data collection methods, including the integration of new technologies and innovative approaches to ensure timely and accurate information. Additionally, we will work to further improve our data sharing and collaboration with local, state, and national partners.

Conclusion: Assessment and surveillance remain vital components of our public health efforts in the City of Appleton. Over the past year, we have made significant progress in collecting, analyzing, and sharing public health data, which has informed our targeted interventions and policy development. As we move forward, we will continue to invest in and strengthen these foundational capabilities to better understand and address the health needs of our community, ultimately ensuring a healthier future for all.

Community Partnership Development

Over the past year, the health department has been focused on enhancing the foundational capability of community partnership development. We understand that strong, inclusive, and collaborative partnerships are integral to the success of public health initiatives and have thus worked tirelessly to foster meaningful relationships with diverse stakeholders in our community. This report highlights key accomplishments and initiatives related to community partnership development in our public health work.

Illustrative Collaborative Initiatives:

1. Department staff worked to enhance relationships with community stakeholders formed during the pandemic and build new relationships among those not immediate to the pandemic response efforts. This work included conducting a partnership audit, freshening contact lists, and meeting and engaging partners where they are.
2. We led a response to the Mpox outbreak closely with community partners. Those residents among the men who have sex with men (MSM) community were among the highest at-risk groups, as well as those that are unhoused. The Appleton Health Department worked closely with Diverse & Resilient and Pillars to establish a referral network to ensure that those most at risk had access to vaccine and health-literate and culturally competent medical information.
3. We represented the City of Appleton in the Outagamie County Health Department's Community Health Assessment. From the assessment, Outagamie County residents chose mental health as a priority focus area. Staff from the Appleton Health Department served on the Outagamie County Community Health Improvement Plan Mental Health working group. This coalition has implemented evidence-based prevention programs, increased awareness, and expanded access to mental health and substance abuse services.

4. The Appleton Health Department partnered with the Building for Kids Children's Museum over a variety of initiatives in 2022. These included serving on advisory committees related healthy food exhibits and offering pediatric COVID-19 vaccines onsite within the museum.

In the coming year, we will continue to prioritize community partnership development as a foundational capability of our public health work. We plan to expand our partnerships with non-traditional stakeholders, such as businesses and faith-based organizations, to address the social determinants of health and promote health equity. Additionally, we will focus on enhancing the sustainability of our partnerships by developing shared goals, leveraging resources, and building the capacity of our partners to effectively address public health challenges.

Community partnership development remains a cornerstone of our public health efforts, and we are proud of the strides we have made in the past year. Through these partnerships, we have been able to better address pressing health issues, enhance health equity, and improve the well-being of our community. As we move forward, we will continue to prioritize and invest in these vital collaborations to ensure a healthier future for all.

Equity

The Appleton Health Department is committed to ensuring health equity for all residents, recognizing that a healthy community is one in which every individual can achieve optimal health. In the past year, we have made improvements in addressing health disparities and promoting equity through our programs, partnerships, and initiatives. This report highlights our accomplishments in this foundational public health capability and identifies areas for continued growth and improvement.

Key Achievements:

1. Culturally Responsive Services and Programs: To ensure our public health services and programs meet the diverse needs of our community, we have provided health literacy training for all staff members and implemented culturally responsive approaches in our services. We have also expanded our outreach efforts to engage underserved populations, ensuring that they have access to the resources and support they need.

2. Partnerships for Equity: Recognizing that health equity cannot be achieved by the health department alone, we have fostered strong partnerships with local community organizations, schools, businesses, and faith-based communities. These collaborations have allowed us to expand our reach and impact, addressing root causes of health disparities and promoting equity across multiple sectors.

3. Age Friendly Appleton: City of Appleton has demonstrated a commitment to improving the quality of life for older adults in their community through their efforts to become an Age-Friendly community. In 2022, the city formed an advisory committee consisting of residents, city staff, and representatives

from various community organizations to work towards becoming an Age-Friendly community. The advisory committee planned the implementation of an assessment and focus groups to gather information on the needs and priorities of adults within the community.

Future Directions:

1. Strengthening Workforce Diversity and Inclusion: We are committed to building a diverse and inclusive workforce that reflects the demographics of our community. Moving forward, we will focus on recruiting, retaining, and promoting employees from underrepresented backgrounds to ensure our staff can effectively serve our diverse community.
2. Engaging Community Members in Decision Making: We will continue to prioritize community engagement in all aspects of our work, ensuring that community voices, particularly those most affected by health inequities, are included in decision making and program development.
3. Addressing Emerging Health Inequities: As public health challenges evolve, we will remain vigilant in identifying and addressing new and emerging health inequities in our community, ensuring that our efforts to promote health equity remain adaptive and responsive to changing needs.

The Appleton Health Department remains committed to the foundational public health capability of equity. We are proud of our accomplishments over the past year and will continue to work to advance health equity for all residents, creating a healthier, more inclusive community for all.

Organizational Competencies

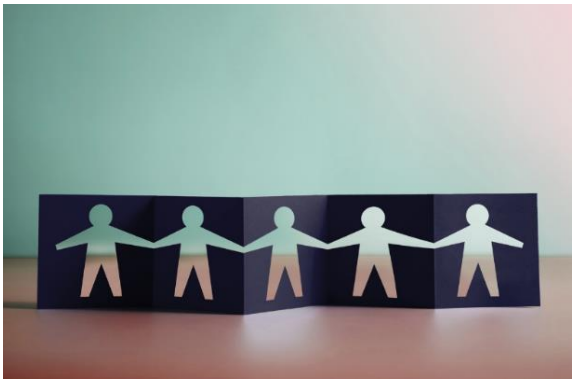
In the past year, the Appleton Health Department has made significant strides in strengthening our public health foundational capabilities by focusing on enhancing our organizational competencies. By fostering a culture of learning, collaboration, and continuous improvement, we aim to better serve our community's diverse health needs.

Key Achievements:

1. Workforce Development: the Appleton Health Department has prioritized professional development and training for our employees. In 2022, staff attended several training and skill-building workshops to enhance technical and leadership capabilities among our staff. Topics included infectious disease prevention, health equity, data analysis, and emergency preparedness. By investing in our workforce, we have cultivated a strong, knowledgeable, and

Val Davis, Sonja Jensen, Cassidy Walsh, Chuck Sepers, Steve Kihl, Eric Maggio, and Sheng Riechers attend APHA conference.

dedicated team committed to promoting and protecting public health. Conferences and trainings attended by staff included American Public Health Association (APHA), Wisconsin Public Health Association (WPHA) the National Association of County and City Health Officials (NACCHO) Preparedness Summit, NACCHO 360, and several other in state conferences and trainings.



2. Strategic Planning and Alignment: In 2022, the Appleton Health Department had begun development of a strategic plan that outlines our vision, mission, values statements, goals, and objectives for the next three years. When completed in 2023, this plan will serve as a roadmap to guide our efforts and allocate resources effectively. Through regular progress monitoring and annual reviews, we have ensured that our activities align with our strategic priorities, enhancing our ability to address current and emerging public health challenges.

3. Organizational Leadership: Appleton Health Department staff served in regional leadership roles locally and across the state. Health Officer and Director Dr. Chuck Sepers served as the Wisconsin Association of Local Health Departments and Boards' (WALHDAB) Northeast Region Chairperson, whereas Deputy Director Sonja Jensen served as the Chairperson for the Northeast WALHDAB management committee. Appleton Weights and Measures Inspector Todd Schmidt served as the President of the Wisconsin Weights and Measures Association, whereas Appleton City Sealer Eric Maggio served as the President Elect.

4. Statutory Compliance: The Appleton Health Department demonstrated Department of Health Services (DHS) 140 statutory compliance in 2022. The Wisconsin Department of Health Services (DHS) 140 Compliance Audit for Local Health Departments is a systematic review process that ensures local health departments (LHDs) in Wisconsin are adhering to the state's requirements and standards for public health service delivery. These standards are outlined in the DHS 140 Administrative Rule, which establishes the minimum requirements for LHDs to provide essential public health services to the communities they serve. The overall goal of the DHS 140 Compliance Audit is to ensure that local health departments in Wisconsin are providing high-quality, consistent public health services that protect and promote the health and well-being of their communities. By adhering to the DHS 140 requirements, LHDs can better respond to emerging public health issues, reduce health disparities, and create a healthier environment for all residents.

Sonja Jensen, Jess Moyle, State Health Officer Paula Tran, and Chuck Sepers during the DHS 140 site visit.

5. Information Technology Improvements: The City of Appleton made significant improvements to Information Technology (IT) operations within the last year. Some key improvements include restructuring of the IT Table of Organization, multifactor authentication, and transition to cloud-based services across many core systems. Taken together, these changes will improve security and improve workflow within the department and across the City IT infrastructure.

6. Single Audit Findings: As required by the Office of Management and Budget's (OMB) Uniform Guidance (2 CFR Part 200, Subpart F), a single audit was performed for the City of Appleton by an independent party for the Calendar Year ending in December 2021. This audit did not identify any findings or questioned costs. The objective of the single audit was to provide an opinion on the City's financial statements, assess internal control over financial reporting, and evaluate compliance with applicable federal program requirements.

7. Internship Training: The Appleton Health Department supports a strong internship training program for local and national universities in the fields of public health, nursing, and environmental sustainability. This program offers immense value to both the organization and the interns. By integrating interns into the workforce and providing hands-on experience, the program contributes to the development of future public health professionals and strengthens the organization's capacity to address public health needs. The key benefits of an internship training program include:

    a. Talent Pipeline and Recruitment: Internship programs can serve as a valuable talent pipeline for organizations by identifying and nurturing potential future employees. Interns who excel during their internships may be offered full-time positions, streamlining the recruitment process and ensuring a steady supply of skilled professionals with firsthand knowledge of the organization's processes and culture.

    b. Workforce Diversity and Inclusion: Internship programs can help promote workforce diversity and inclusion by attracting candidates from diverse backgrounds, perspectives, and experiences. This diversity enriches the organizational culture and fosters innovation, creativity, and problem-solving skills, which are critical to addressing complex public health challenges.

    c. Mentorship and Leadership Development: Internship programs offer current staff the opportunity to take on mentorship and supervisory roles, facilitating their own professional growth and leadership development. By guiding and supporting interns, staff members can refine their communication, management, and coaching skills, enhancing their overall effectiveness as public health professionals.

d. Capacity Building and Resource Support: Interns can provide valuable support to organizations by contributing to ongoing projects, research, and initiatives. Their assistance can help alleviate some workload for full-time staff, enabling them to focus on other critical tasks and improve overall productivity.

The Appleton Health Department's focus on organizational competencies has been instrumental in enhancing our public health foundational capabilities. As we continue to invest in workforce development, quality improvement, strategic planning, and community partnerships, we remain dedicated to providing high-quality services that promote the health and well-being of all Appleton residents.

Policy Development & Support

The Appleton Health Department is committed to advancing public health by fostering a strong foundation in policy development and support. This section of the annual report showcases key accomplishments and progress in policy development, collaboration, and technical assistance for the year 2022.

Policy Development and Analysis:

In 2022, the Appleton Health Department prioritized evidence-based policy development to address pressing public health concerns. Major milestones in this area include:

1. Resolution Review: Appleton Health Department staff worked closely with other City departments and the Appleton Common Council to review draft resolutions and other legislation.
2. Noise Variances: We worked internally and with the City Attorney's Office to develop and refine the process of issuing noise variances in accordance with the Appleton Municipal Code. Changes adopted to process include enhanced transparency of issued variances, the creation of an online submission portal for noise variance requests, and overall standardization of the entire process.
3. Enforcement of the Wisconsin Food Code: Within the context of environmental health, policy enforcement ensures compliance with established regulations and guidelines that protect public health and the environment. In the case of the Wisconsin Food Code, enforcement involves the regular inspection and evaluation of food establishments to ensure they adhere to food safety standards and best practices. The Appleton Health Department works diligently to enforce environmental health and food safety policies by:
    a. Conducting routine inspections of food establishments, including restaurants, grocery stores, and food trucks, to ensure compliance with the Wisconsin Food Code.
    b. Providing education and training for food handlers and establishment owners on proper food handling, sanitation, and hygiene practices.

c. Responding promptly to foodborne illness outbreaks and complaints to identify potential sources and implement appropriate control measures.

d. Collaborating with state and federal agencies to stay informed about emerging environmental health threats and adjust enforcement strategies as needed.

4. Enforcement of State Statute and Federal Requirements around Communicable Disease and Lead Exposure: Policy enforcement in public health nursing focuses on compliance with Wisconsin state statutes and federal guidelines related to communicable disease control and lead exposure prevention. the Appleton Health Department's public health nurses play a critical role in enforcing these policies by:

    a. Monitoring and investigating reported cases of communicable diseases, implementing appropriate control measures, and providing education to patients and their families on disease prevention and management.

    b. Collaborating with local healthcare providers to ensure timely reporting of communicable diseases and maintaining accurate surveillance data.

    c. Conducting lead exposure risk assessments for children and pregnant women, in accordance with the Wisconsin state statute and federal guidelines, to identify and mitigate potential sources of lead exposure.

    d. Providing education and resources to families, healthcare providers, and community partners on lead poisoning prevention, early detection, and intervention strategies.

    e. Collaborating with local, state, and federal agencies, as well as the Environmental Health section, to ensure a coordinated response to communicable disease outbreaks and lead exposure incidents.

Collaboration and Partnerships:

The Appleton Health Department believes that successful public health policy implementation requires strong partnerships and collaboration across sectors. In 2022, the Appleton Health Department worked closely with various partners, such as:

1. Local healthcare providers: The City of Appleton collaborated with hospitals, clinics, and primary care providers to improve the delivery of preventive services and chronic disease management. Health Officer and Department Director Dr. Chuck Sepers and Appleton Diversity, Equity, and Inclusion Coordinator Timber Smith serve on a local hospital advisory committee around community health.

2. Non-profit organizations: the Appleton Health Department partnered with local non-profit organizations to extend the reach of public health programs, such as mental health support, substance

abuse prevention, homelessness, and maternal-child health initiatives. This includes health department staff serving on several Boards of Directors, leading and supporting coalitions,

3. Educational institutions: the Appleton Health Department collaborated with schools and universities to develop targeted public health interventions for youth and young adults, including the prevention of communicable disease and other supports.

Accountability & Performance Management

In the past year, the Appleton Health Department has made significant strides in enhancing our accountability and performance management capabilities. Recognizing the importance of continuous improvement and a commitment to public health standards, we have undertaken comprehensive Public Health Accreditation Board (PHAB) readiness work. This report highlights key accomplishments in building a stronger, more transparent, and effective organization to serve the community's public health needs.

Section 1: PHAB Readiness

The Appleton Health Department has prioritized PHAB readiness as an essential component of our ongoing commitment to accountability and performance management. Our dedicated PHAB Readiness Team has been diligently working on the following activities:

1.1. Conducting an organizational self-assessment: A thorough review of our operations was undertaken to identify areas of improvement and align our practices with PHAB standards.

1.2. Developing a strategic plan: A 3-year strategic plan began in partnership with the Board of Health, outlining our mission, vision, values, and strategic goals. This plan serves as a roadmap for our ongoing growth and development.

1.3. Establishing performance management and quality improvement systems: the Appleton Health Department has begun identifying metrics that will inform a comprehensive performance management and quality improvement system to drive ongoing improvements in our programs and services.

Section 2: Improved Accountability

Through our PHAB readiness work, the Appleton Health Department has made significant progress in enhancing organizational accountability:

2.1. Transparent reporting: the Appleton Health Department has adopted a transparent approach to reporting our progress, challenges, and achievements. This includes sharing quarterly performance reports with our Board of Health and the broader community.

2.2. Strengthening stakeholder engagement: the Appleton Health Department has increased our efforts to engage with community partners and stakeholders, ensuring their voices are heard and their input is incorporated into our decision-making processes.

2.3. Implementing evidence-based practices: the Appleton Health Department has embraced evidence-based practices and data-driven decision-making to ensure our programs and services are effective and efficient in addressing the community's public health needs.

Section 3: Enhanced Performance Management

The PHAB readiness work has fostered a culture of continuous improvement within the Appleton Health Department, resulting in:

3.1. Regular performance reviews: All programs and services undergo routine performance reviews to evaluate their effectiveness and identify areas for improvement.

3.2. Staff training and development: the Appleton Health Department has invested in staff training and professional development, enabling our team to deliver high-quality public health services.

3.3. Streamlining processes: the Appleton Health Department has streamlined our internal processes to reduce bureaucracy and enhance efficiency, ensuring that resources are utilized effectively.

The Appleton Health Department's commitment to performance management through our PHAB readiness work has bolstered our accountability and performance management capabilities. As we continue to work towards achieving accreditation, we are confident that these foundational improvements will support our mission to protect and promote the health and well-being of our community.

Emergency Preparedness & Response

Cassidy Walsh and Breanna Mekuly tour the City of Appleton Wastewater Treatment Facility.

In the past year, the Appleton Health Department has continued to prioritize the foundational capability of emergency preparedness and response. We are dedicated to safeguarding the health and well-being of our community by effectively responding to public health emergencies and continually enhancing our readiness. This report highlights our key accomplishments, partnerships, and advancements in emergency preparedness and response during the last year.

Key Accomplishments:

January: Wisconsin National Guard wrapped up testing operations on January 28th. ThedaCare mobile testing team continued testing for the public.

February: An Emergency Management Team was created to continuously review and update emergency plans and develop annual trainings ranging from tabletop exercises to full scall exercises. The team is comprised of representatives from emergency management, APD, AFD, and DPW. Emergency Management was also a participant in the first Women in Public Safety event at the Appleton Police Department. This event was a networking opportunity for high school ladies to learn about different careers in public safety.

March: NACCHO's Preparedness Summit in Atlanta. Learned from national partners about their response to COVID-19 and the many creative ways to combat misinformation.

April: ThedaCare's mobile testing unit closed their doors on April 22nd.

May: COVID-19 Fellow, Breanna Mekuly, started on May 1st and brought in a breath of fresh and relief for much of the staff.

June: On June 6th, the Emergency Management Team facilitated a Train Derailment Tabletop Exercise. This exercise brought partners together from several agencies including Canadian National Railway, WE Energies, Hospitals, State Department of Health Preparedness, all City of Appleton Departments, and more. It was a very successful exercise with great learning opportunities.

September: The Emergency Management Team facilitated an Octoberfest tabletop exercise with a chemical release scenario. All first responding agencies had a chance to discuss their secure plans to conceptualize how a response would play out in this type of scenario.

December: Emergency Management hosted a Damage Assessment course to better prepare the city Damage Assessment team on the GIS Survey 123 app to correctly collect damage information after a disaster.

The Appleton Health Department remains committed to protecting the health of our community through continuous improvement in our emergency preparedness and response efforts. We will continue to collaborate with our partners, invest in workforce training, and engage with the community to ensure that we are ready to respond effectively to any public health emergency.

Communications

Over the past year, the Appleton Health Department has worked diligently to enhance its public health foundational capability of communication. Our goal has been to ensure that accurate, timely, and actionable health information reaches diverse audiences within our community. By effectively disseminating health information, we empower individuals to make informed decisions about their health and contribute to a safer, healthier city.

Key Achievements in Public Health Communication:

1. Development of a Comprehensive Communication Strategy

In 2022, the Appleton Health Department began the development a comprehensive communication strategy that leverages both traditional and digital media channels to deliver health information. We have engaged with local newspapers, television stations, and radio outlets to share public health announcements and updates on pressing health issues. Simultaneously, we have harnessed the power of social media platforms, email newsletters, and our website to ensure that our messages reach a broad and diverse audience.

2. Culturally and Linguistically Appropriate Messaging

Recognizing the importance of inclusivity, our department has prioritized the creation of culturally and linguistically appropriate health messages. We have partnered with community organizations to develop materials in multiple languages and tailored our messaging to consider the unique needs and perspectives of various cultural groups. This has fostered trust and understanding between the health department and the communities we serve. Examples of this include:

3. Strengthened Partnerships with Local Organizations

Collaboration has been key to our communication efforts. We have forged strong relationships with local healthcare providers, schools, businesses, and nonprofit organizations to ensure our messages reach as many people as possible. By working together, we have maximized our collective impact on public health.

4. Emergency Preparedness and Crisis Communication

The Appleton Health Department has developed a robust crisis communication plan to ensure a coordinated response during public health emergencies. This includes designated spokespersons, a centralized information hub, and regular updates to the public through multiple channels. Our team has conducted several simulation exercises to test our readiness and continually refine our approach.

The Appleton Health Department remains committed to enhancing its communication capabilities as a core element of its public health mission. By providing clear, accurate, and accessible information, we empower our community to make informed decisions and contribute to a healthier Appleton. We look forward to building on our successes in the coming year and continuing to serve as a trusted source of public health information for all residents.

COMMUNICABLE DISEASE CONTROL

Population-level infectious disease prevention and case surveillance is foundational to public health practice. It helps us to understand diseases and their spread and determine appropriate actions to control outbreaks. Disease investigation or case surveillance occurs each time public health agencies at the local, state, or national levels collect information about a person diagnosed (or case) with a disease or condition that poses a serious health threat to Americans.

These diseases and conditions include:

- infectious diseases, such COVID-19
- foodborne outbreaks, such as *E.coli*
- noninfectious conditions, such as lead poisoning

Case surveillance starts at local, state, and territorial public health departments. Local laws and regulations specify which diseases and conditions must be reported. The health departments work with healthcare providers, laboratories, hospitals, and other partners to get the information needed to monitor, control, and prevent these reportable diseases and conditions in their communities.

Health departments monitor about 120 of these notifiable diseases and conditions. Following standard case definitions, case surveillance captures information that allows public health officials to understand where diseases are occurring, how they can be prevented, and which groups are most heavily impacted. This information includes:

- who is affected—the demographic, clinical, and epidemiologic characteristics
- where they are affected—the geographic distribution of disease
- how they are affected—the course of clinical illness and care received

Partner Services

HIV Partner Services is a confidential service provided by specifically trained Appleton Health Department staff for persons with HIV infection and partners of persons with HIV infection. Two Appleton Public Health Nurses assist persons with HIV infection in assessing their need for medical care and other needed services. Staff also contact partners to assist with HIV testing and linkage to needed services. The public health nurses work closely with community partners, such as Vivent Health of Appleton and Green Bay, to provide coordinated testing and case management services. Any work with this contract is reimbursed by the State of Wisconsin Department of Health Service through this program. In 2022, public health nurses received 13 referrals for this program.

The Appleton Health Department is enrolled in the Federal Vaccines for Children (VFC) program. The VFC Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule. Vaccines available through the VFC Program are those recommended by the Advisory Committee on Immunization Practices (ACIP). These vaccines protect babies, young children, and adolescents from 16 diseases.

A child is eligible for the VFC Program if he or she is younger than 19 years of age and is one of the following:

- Medicaid-eligible
- Uninsured
- Underinsured [1]
- American Indian or Alaska Native

Additionally, the health department is a Vaccines for Adults (VFA) program provider. The Vaccines for Adults program (VFA) is a new program to help uninsured and underinsured adults get their vaccinations. Adults 19 and older who are uninsured or underinsured are eligible. There are other eligibility criteria that are vaccine-specific and not all VFA-enrolled sites stock all the vaccines that adults need.

Table 1. Number of Doses Administered by Vaccine Type

Vaccine	2020	2021	2022
Covid-19	0	37,845	350
DtaP (Diptheria, Tetanus, Acellular Pertussis)	0	0	1
Dtap/IPV	1	0	1
Dtap/IPV/Hep B	0	1	5
Flu (Influenza)	10	76	243
Flu Nasal	1	0	0
HBV (Hepatitis B)	2	1	14
Heb B/Hib Comvax	0	0	0
Hep A	4	4	15
Hep A/Hep B	0	0	0
HIB (Haemophilus Influenzae b)	0	1	5
HPV (Human Papillomavirus)	4	9	11
IPV (Inactivated Polio Vaccine)	1	3	10
MCV4 (Meningococcal)	4	11	10
MenB	0	5	5
MMR (Measles, Mumps, Rubella)	5	3	14
PCV13 (Prevnar)	0	1	6
Rotavirus	0	0	4
Td (Tetanus diptheria)	4	2	7
Tdap	5	23	11
VZV (Varicella)	6	6	19

Table 2. Number of Persons & Immunizations Administered

	2020	2021	2022
Persons Immunized	58	23,007	2,398
Immunizations administered	125	37,985	2,571

Table 3. Communicable Disease Cases—Gastroenteric

Disease	2020	2021	2022
Campylobacter	16	17	17
Cryptosporidiosis	9	10	10
Cyclosporiasis	6	7	6
E. Coli (STEC)	17	20	17
E. Coli (Other)	39	39	40
Giardiasis	12	12	14
Hemolytic Uremic Syndrome	0	0	5
Listeriosis	0	0	0
Salmonellosis	19	18	2
Shigellosis	4	3	3
Vibriosis	2	0	0
Yersinia	0	1	0

Table 3 describes the number and type of gastroenteric (stomach) communicable disease investigations in 2022.

Table 4 describes the number of cases of other communicable diseases, including active and latent Tuberculosis, which requires Direct Observational Therapy (DOT). DOT means that a trained health care worker or other designated individual (excluding a family member) provides the prescribed TB drugs and watches the patient swallow every dose. Table 5 lists all vaccine preventable illnesses by year. Table 6 Describes the incidence of sexually transmitted diseases (STDs). There was a considerable increase in STDs from 2021 to 2022 among those under the age of 18 years. This is a trend that has been occurring nationally.

Table 4. Other Communicable Disease Cases

Disease Type	2020	2021	2022	Disease Type	2020	2021	2022
Acute Flaccid Myelitis	0	0	0	**Legionellosis**	0	2	1
Babesiosis	2	0	1	**Leprosy**	0	0	0
Bacterial Meningitis	0	0	0	**Lyme Disease**	14	12	6
Blastomycosis	2	0	1	**Malaria**	0	0	0
Burkholderia Pseudomallei	0	0	0	**Neisseria Meningitidis, Invasive Disease**	0	0	0
Dengue Fever	0	0	0	**Novel Influenza**	0	0	0
Ehrlichiosis / Anaplasmosis	4	2	2	**Rocky Mountain Spotted Fever**	0	1	0
Haemophilis Influenza	1	0	0	**Streptococcus group B invasive disease**	12	14	6
Hep A	2	0	1	**Streptococcus pneumoniae**	4	3	2
Hep B	0	5	6	**TB, Latent Infection**	19	13	30
Hep C	40	24	12	**TB: Atypical**	12	10	8
Histoplamosis	0	1	1	**TB: Mycobacterium**	3	3	2
Hospitalized Influenza	39	0	7	**Viral Meningitis**	0	0	0
Invasive Group A Strep	2	1	2	**VISA**	0	0	0
Invasive Strep, Other	1	0	2	**West Nile Virus**	0	0	0
Jamestown Canyon	0	0	0	**Other**	40	1	5
Kawasaki	0	0	0				

Table 5. Vaccine-Preventable Disease Cases

Disease Type	2020	2021	2022
COVID-19	6,770*	8,487	**
Measles	0	0	0
Mumps	0	0	0
Pertussis	2	2	2
Rubella	0	0	0
Varicella	2	2	2

**Not vaccine preventable in 2020*
********Not tracked in 2022*

Table 6. Sexually Transmitted Diseases

Sexually Transmitted Disease (All Ages)	2020	2021	2022
Chlamydia	165	321	287
Gonorrhea	48	92	55
Syphilis	6	18	18
HIV	4	1	7
Other STD	0	0	0
Partner/Referral Program (Contacts)	2	1	6
Sexually Transmitted Disease (≤18)	**2020**	**2021**	**2022**
Chlamydia	9	11	36
Gonorrhea	2	1	6
Syphilis	0	1	1
HIV	0	0	0
Other STD	0	0	0
Partner/Referral Program (Contacts)	0	0	0

CHRONIC DISEASE & INJURY PREVENTION

The Appleton Health Department works to prevent chronic disease and injury within the City of Appleton by providing services, education, and working with a diversity of coalitions.

We work with the East Central Wisconsin Regional Planning Commission and their community partners as they strive to make the City of Appleton more walkable and bikeable. In addition, we participate as a general and steering member on the Fox Valley Safe Kids Coalition, which works on injury prevention objectives for children under the age of 18. Appleton Health Department is also a member of the Outagamie County Child Death Review Team, which reviews all child deaths and domestic abuse related deaths in order to better understand how and why these deaths occur with the hope of using the findings to take preventative action that will improve the health and safety of the community.

As a matter of prevention, Appleton Public Health Nurses provide education and resources to families about the importance of Safe Sleep practices to prevent sudden infant death syndrome (SIDS). In 2022, the nurses were able to resume home visits to new families and continued to collaborate with the local family health center, Mosaic, so families in need could obtain education and "Pack'n'Play" cribs distributed as part of the Safe Sleep Program. Nurses also counsel caregivers on safe sleep practices during pregnancy and baby care home visits. In addition, Appleton Health Department staff are part of a local Safe Sleep Work Group which provides education to healthcare providers and caregivers in the community.

LEAD SURVEILLANCE & ENFORCEMENT

The Appleton Health Department operates lead poisoning prevention to alleviate the harm caused by lead exposure which typically affects children under the age of 6 years old, particularly those living in low-income areas. Appleton Public Health Nurses receive referrals from physicians and then conduct home visits to determine where lead exposure is coming from. While with the families, our nurses educate them on best practices and how to keep their children safe.

In 2012, CDC introduced the blood lead reference value (BLRV) to identify children with higher levels of lead in their blood compared to most other children. This level is based on the 97.5th percentile of the blood lead values among U.S. children ages 1-5 years from 2015-2016 and 2017-2018 National Health and Nutrition Examination Survey (NHANES) cycles. Children with blood lead levels at or above the BLRV represent those at the top 2.5% with the highest blood lead levels.

NHANES is a population-based survey to assess the health and nutritional status of adults and children in the U.S. and determine the prevalence of major diseases and risk

Table 7. Blood Lead Levels

Elevations	2020	2021	2022
Initial Venous lead levels >19 ug/dl	1	0	1
Repeat Venous lead levels >19 ug/dl	0	0	1
Initial Venous lead levels 10 - 19 ug/dl	1	2	1
Repeat Venous lead levels 10 - 19 ug/dl	1	2	2
Capillary lead levels >10 ug/dl	10	2	1
Capillary lead levels 5 - 9 ug/dl	8	17	17
Venous lead levels 5 - 9 ug/dl	14	10	17
Home Inspections	2	3	2
Education	11	3	16
Formal Enforcement Action	1	1	1

factors for diseases. Every four years, CDC reanalyzes blood lead data from the most recent two NHANES cycles to determine whether the reference value should be updated.

The value of 3.5 µg/dL was derived from NHANES data from the 2015-2016 and 2017-2018 cycles. The Federal Advisory Committee, called the Lead Exposure and Prevention Advisory Committee (LEPAC), unanimously voted on May 14, 2021 in favor of recommending that CDC update the reference value to 3.5 µg/dL based on these NHANES data.

Lead can get into one's body by consuming contaminated water or food, or from breathing fumes or dust that contain lead.

As noted, children under the age of 6 years old are at an increased risk for lead exposure, due to their rapid rate of growth and their tendency to place toys and other objects in their mouths that could contain lead or leaded dust.

However, adults may also experience elevated blood lead levels. Most are exposed to lead at work. A greater chance for lead exposure is found in people who work in occupations related to mining, ironwork or welding, construction including building renovation and remodeling, smelters, shooting ranges, manufacture and disposal of car batteries, automobile radiator repair, and manufacture of pottery or stained glass. High lead levels in adults are associated with cardiovascular effects, nerve disorders, decreased kidney function, and fertility problems, including delayed conception and adverse effects on sperm and semen, such as lower sperm counts and motility, increases in blood pressure, hypertension, and incidence of essential tremor, a degenerative disorder of the central nervous system whose most recognizable feature is a tremor of the arms or hands during voluntary movements, such as eating and writing.

Table 8. Carbon Monoxide Poisoning

	2020	2021	2022
Carbon Monoxide Poisoning	8	5	1

Lead Safe Homes Program

Along with testing lead levels and educating families on lead poisoning prevention, the Appleton Health Department also refers families to the Lead Safe Homes Program (LSHP) which is a Health Services Initiative with the Children's Health Insurance Program (CHIP), otherwise known as Medicaid or BadgerCare Plus in Wisconsin. This program provides repairs to owner-occupied and rental properties to make them lead-safe. It is available to persons enrolled In Medicaid or BadgerCare Plus as a way to prevent lead poisoning. Families with children under the age of 19 and pregnant women may qualify for the program.

Child Passenger Safety

In 2022, the Appleton Health Department started a Child Passenger Safety program. Four nurses completed training to become Certified Child Passenger Safety Technicians (CPST). Child Passenger Safety Technicians are car seat experts who have taken a roughly 40-hour class with curriculum written by NHTSA in collaboration with National CPS Board and Safe Kids Worldwide. Some 3 out of 4 child safety seats are not used correctly. The correct installation of child safety seats is often very confusing to parents, grandparents, and caregivers. Changing technology in vehicles and child safety seats adds to this confusion. Appleton Health Department

CPST's provide education, training, and other resources on child passenger safety for families in the City of Appleton.

Overdose Fatality

The Appleton Health Department is a member of two local Overdose Fatality Review teams: Outagamie County and Winnebago County. The purpose of these teams is to prevent overdose deaths. The teams accomplish this purpose by examining individual, organizational, and systems level factors related to overdose deaths that occur in Outagamie and Winnebago Counties. The reviews focus on systems level change to prevent future deaths and not on identifying fault in organizations or individuals connected to the death being reviewed.

Health Promotion

The COVID-19 Public Health Fellow, Breanna participated in a Chronic Disease Prevention Program (CDPP) Statewide Gathering on December 12th with members of LTHDs and organizations from across the state to identify priority populations and health equity matters for the upcoming CDPP grant. Main topics included Diabetes, Heart Disease, along with Nutrition and Physical Activity. Collaborative partners were made, including with the WI Council of Churches, with whom further partnerships have developed.

ENVIRONMENTAL PUBLIC HEALTH

Environmental health is the branch of public health that: focuses on the relationships between people and their environment; promotes human health and well-being; and fosters healthy and safe communities. Environmental health is a key part of any comprehensive public health system. The field works to advance policies and programs to reduce chemical and other environmental exposures in air, water, soil, and food to protect people and provide communities with healthier environments.

The Environmental Public Health (EPH) division of the Appleton Health Department plays a crucial role in safeguarding our community's health by promoting a safe and healthy environment. Throughout the year, the EPH team has worked tirelessly to prevent, identify, and respond to various environmental health issues. This section of the annual report highlights the achievements, initiatives, and collaborations of the EPH division in the past year.

To protect the public from foodborne illnesses, the EPH division conducted over 400 inspections of food and other establishments throughout Appleton in 2022. We provided training and support to food handlers and operators, emphasizing the importance of proper food handling, storage, and preparation techniques. Through our proactive approach, we have successfully prevented any foodborne illness outbreaks in 2022.

Highlights of 2022

2022 saw staffing changes in the EH program. In April, an Environmentalist position became vacant, and remained open for about 10 weeks. In June, Environmentalist Austin Cumber was hired to fill this vacancy. Additionally, through the budget process we also received approval for an additional Environmentalist position to be hired in 2023.

On February 9th, Kihl participated as a panelist in a roundtable discussion on food safety at Lawrence University. The discussion was offered by Bon Appetit, LU's food service provider, as a response to various questions students had regarding many aspects of their food service program.

May2022: Steve Kihl conducted annual training for the ADI Farm Market food vendors. Approximately 30 vendors participated in the training.

August 2022: Steve Kihl successfully completed DATCP Standardization maintenance. The purpose of standardization is to promote statewide uniformity and establish proof of inspector proficiency in the food establishment inspection process and knowledge of the Wisconsin Food Code.

September 2022: Appleton's Octoberfest was held after a 2-year absence due to the pandemic. Although the total number of food vendors were low as compared to previous Octoberfests, EH staff still performed 45 food vendor inspections. Six booths had significant violations that required reinspection later in the day to ensure corrections were made. Kihl participated in educational food vendor training sessions in the weeks prior to the event.

November 2022: Annual satisfaction surveys were sent to approximately one-third of our licensed establishments. Respondents could either fill out a paper copy of the survey and mail it back or fill out the survey online. 21 operators completed the survey. Of those respondents, satisfaction rating was 100%.

Table 9. Environmental Public Health Licensed Establishment Actions

	Pre-Inspections			Inspections			Re-Inspections		
Licensed Establishments	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**
Public Eating and Drinking	26	24	37	149	242	88	31	30	31
Retail Food	17	11	14	53	58	82	3	5	3
Hotel/Motel and Tourist Rooming House	0	0	46	4	3	11	0	0	8
Bed and Breakfast	0	0	0	0	2	0	0	0	0
Manufactured Home Communities	0	0	0	1	1	1	0	0	0
Swimming Pools	1	1	1	17	17	21	2	1	1
Tattoo and Body Piercing	2	7	8	6	8	2	0	1	1
Non-profit	0	0	0	0	1	49	0	0	0
Rec/Ed Campground	0	0	0	0	0	0	0	0	0
Pigeon Permit	0	0	0	0	0	0	0	0	0
Transient Retail Food	1	1	0	19	33	20	0	0	0
Special Organization Serving Meals	0	0	0	0	0	0	0	0	0
Apiary	2	2	1	0	1	0	0	0	0
Chicken Keeping	14	11	13	0	1	0	0	0	0
Total	63	57	120	249	367	274	36	37	44

Table 10. Food- & Water-Borne Disease Actions

Food & Water Borne Disease	**2020**	**2021**	**2022**
Number of Outbreaks	0	0	0
Number of Interviews	0	0	0
Number symptomatic	0	0	0

Table 11. Swimming Pool Actions

Swimming Pool Water Samples	**2020**	**2021**	**2022**
Total number of pools sampled	138	269	214
Total positive HPC	1	1	3
Total positive coliform	0	4	5

Table 12. *Rabies Specimens Shipped by Type*

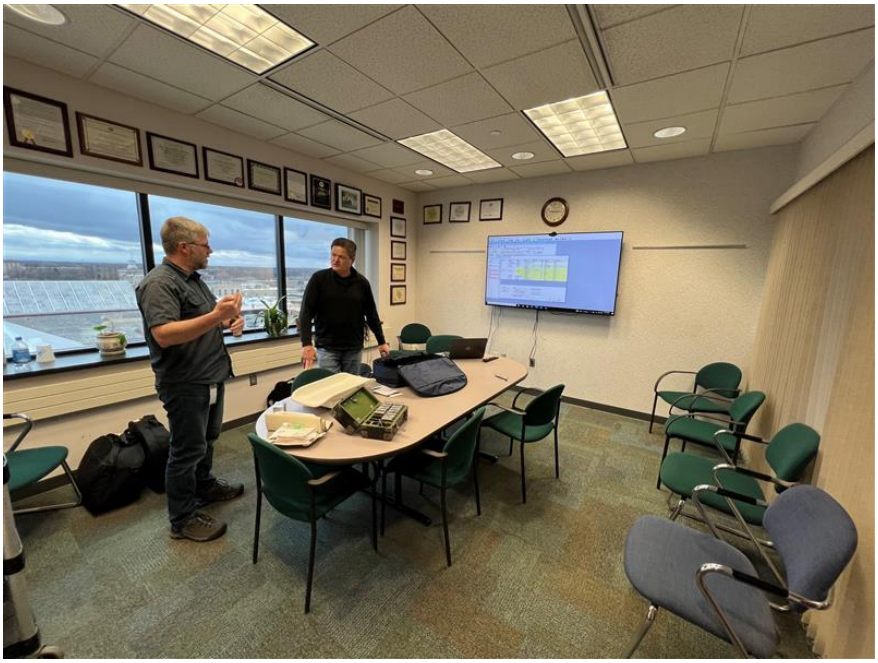
Rabies Specimens Shipped	2020	2021	2022
Dog	0	0	0
Cat	2	1	0
Bat	7	3	2
Raccoon	0	0	3
Ferret	0	0	0
Skunk	0	0	0
Other	0	0	0
Total shipped	9	4	5
Total positive results	0	0	0

Table 13. Environmental Investigation Actions

	Consultations			Complaints		
Environmental Investigations	**2020**	**2021**	**2022**	**2020**	**2021**	**2022**
School/Day Care	4	3	0	0	0	0
Surface water pollution	0	0	1	0	0	0
Animal nuisances	9	10	6	2	2	1
Rabies control	31	25	53	0	0	0
Insect control	24	24	11	6	2	0
Rodent control	2	5	15	0	0	2
Hazardous substance control	2	1	2	0	0	0
Air pollution - Indoor	2	12	4	0	3	0
Air pollution - Outdoor	1	2	1	0	0	2
Noise	16	21	17	6	0	4
Radon	3	1	2	2	0	0
Garbage/rubbish nuisance	0	1	0	1	2	0
Private residence/housing	7	14	6	6	2	4
Lead	13	25	9	0	1	0
Other Programs	11	25	23	1	0	0
Other Business	38	14	16	7	1	1
Mold	26	41	32	8	5	8
Totals	189	226	199	39	18	22

MATERNAL, CHILD, & FAMILY HEALTH

The Wisconsin Maternal Child Health (MCH) Program is a public health initiative designed to improve the health and well-being of women, infants, children, and families in the state of Wisconsin. The program is administered by the Wisconsin Department of Health Services (DHS) and receives federal funding through Title V of the Social Security Act. The program works in partnership with local health departments, community organizations, health care providers, and other stakeholders to implement a range of activities and services.



Weights and Measures Specialists, Todd Schmidt and Bill Neubert, calibrate infant weight scales used by Public Health Nurses.

Some of the key activities and services provided by the Appleton Health Department to deliver the Wisconsin MCH Program include:

1. Prenatal and postnatal care: The program promotes access to quality prenatal and postnatal care, aiming to ensure that expectant mothers receive appropriate medical care, counseling, and support. This includes initiatives like the Prenatal Care Coordination (PNCC) program, which helps pregnant women with access to healthcare, nutrition, and other support services.
2. Home visiting: The MCH Program supports home visiting services, which provide in-home support to pregnant women and families with young children. These services are designed to promote healthy pregnancies, enhance child development, and support family functioning.
3. Infant and child health: The program focuses on improving the health and well-being of infants and children by providing access to comprehensive health care services, including immunizations, well-child checkups, and developmental screenings. The program also addresses specific health issues, such as infant mortality, sudden infant death syndrome (SIDS), and childhood obesity.
4. Community-based services: The program partners with local health departments and community organizations to provide a range of community-based services, such as family planning, WIC (Women, Infants, and Children) nutrition services, and oral health care.
5. Data collection and analysis: The MCH Program collects and analyzes data on maternal and child health indicators to identify trends, disparities, and areas for improvement. This data is used to inform program planning, policy development, and resource allocation.

6. Training and technical assistance: The program provides training and technical assistance to local health departments, community organizations, and other stakeholders to build capacity and enhance the delivery of maternal and child health services.

Through these activities and services, the Wisconsin Maternal Child Health Program aims to improve health outcomes for mothers, infants, children, and families across the state, while addressing health disparities and promoting health equity.

Table 14. Type of Referrals to Public Health Nurses

	2020	2021	2022
Family	1	0	—
Maternal/Child	193	63	—
Adult/Elderly	0	4	—
Total	**194**	**67**	**15**

Table 15. Community Health Visits

	2020	2021	2022
MCH	48	35	47
Adult	2	9	13
Elderly	0	3	2
Total	**50**	**47**	**62**

Highlights of 2022

- Provided home visits to pregnant women and new families. Assisted clients in connecting to clinical care through resource sharing and referrals.
- Several of our childcare centers were re-designated as “Breastfeeding Friendly” after participation in a statewide workgroup focused on the equity and improvement of the Breastfeeding Friendly Child Care toolkit.
- Nurses participated and presented virtually at the Young Parent Conference Topics presented were pregnancy discomforts, breastfeeding and safe sleep.

ACCESS TO & LINKAGE WITH CLINICAL CARE

The Appleton Health Department provides access to health care via immunizations and lab tests, along with referrals to, or linkage with, critical care providers when needed to best ensure community wellness. The Appleton Health Department worked closely with Diverse & Resilient to ensure easy and safe access to the Mpox vaccine.

The Appleton Health Department took advantage of WI DHS's LTHD Antigen Distribution Program to provide over 10,500 COVID-19 to local community organizations. The COVID-19 Public Health fellow worked closely with several groups, including leaders at Pillars and Lawrence University along with the Multicultural Coalition and their affiliates, to address barriers enhanced by the COVID-19 pandemic. In September, the Appleton Health Department also distributed 500 tests to individual residents during a local Farm Market and cultural event.

The Appleton Health continued to offer immunization clinics offering vaccines through the Vaccines for Children (VFC) and Vaccines for Adults (VFA) programs to residents of Appleton. Not all residents qualify for VFC or VFA; for those who do not, Appleton's Public Health nurses connected each with other community healthcare providers as appropriate.

The Appleton Health Department partnered with the Building for Kids Children's Museum to offer COVID-19 vaccines to children six months and up. Each vaccinated child received a 3-month family membership to the Building for Kids. Four clinics were offered in August and September of 2022.

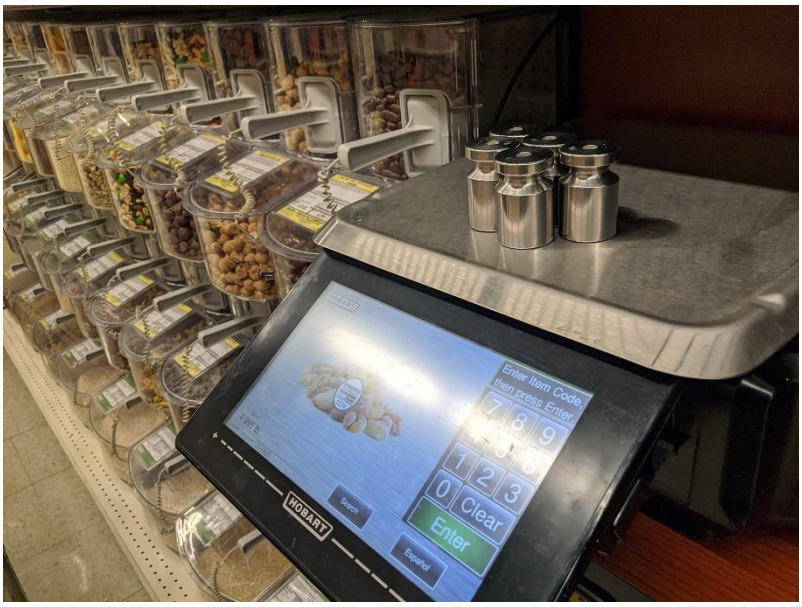
An agreement with the Wisconsin State Laboratory of Hygiene allows the Appleton Health Department to provide selected clinical lab testing in situations where insurance or other payor sources are not available. Some examples of clinical lab services regularly provided by the Health Department include testing specimens for: mycobacteria (such as Tuberculosis), norovirus, and rabies.

To better reach all residents of Appleton, the Health Department is an active member of the Appleton Refugee Resettlement Team. This team, led by World Relief Fox Valley, works to ensure coordinated services for successful refugee transition while welcoming refugees to the community. Through this organization, Appleton Public Health nurses help to connect families with healthcare resources necessary to become healthy active citizens in Appleton workplaces, schools, and beyond.

Table 16. Planned Parenthood STD Testing

	2020	2021	2022
Individuals served	36	51	20
Number of tests	67	148	59
Individuals treated	15	15	6

CONSUMER PROTECTION



The City of Appleton's Weights and Measures team is responsible for regularly monitoring the accuracy of gas pumps, price scanners, scales, and package weights. A City Sealer along with Weights & Measures Inspectors, ensure consumers are receiving their money's worth at stores within Appleton and surrounding communities.

Most businesses have employees assigned to maintain scanner price databases, manage price changes, post sales, and shelf tags and verify systems. The City of Appleton's City Sealer, Eric Maggio along with Weights and Measures Inspectors regularly conduct price verification inspections. These inspections are always conducted unannounced. During normal inspections, a sample of items are tested using a hand-held bar code reader. The bar code reader produces duplicate bar codes to be scanned at checkouts, and the shelf or advertised price is compared with the scanned price. If a complaint is received, items are purchased undercover. Enforcement actions against stores that violate price accuracy laws include written warnings, administrative civil penalties, and criminal or civil prosecution. In recent years, high-profile statewide actions have resulted in large monetary judgments against several grocery, drug, and department store corporations.

The East Central Weights and Measures Consortium consists of Appleton, Ashwaubenon, Berlin, Fox Crossing, Kaukauna, Kimberly, Little Chute, Neenah, New London, Ripon, and Waupaca.

Businesses inspected include food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, garden centers, industrial manufacturing plants, concrete, and asphalt plants. In 2022 there were 1,775 total inspections, up from 1392 in 2021.

Table 17. Number of Establishments Requiring Inspection

	2019	2020	2021	2022
Food and Convenience Stores	158	114	150	158
Restaurants	37	28	30	29
Bakery and Candy Stores	17	11	13	11
Dairy Plants and Stores	10	9	9	9
Drug Stores	22	20	19	21
Hardware Stores	34	24	27	30
Variety and Department Stores	94	85	88	91
Gas and Service Stations	30	30	30	38
Salvage Dealers and Recyclers	3	3	3	4
Pet Shops and Garden Centers	14	12	12	13
Industrial Manufacturing Plants	11	8	9	10
Concrete-Asphalt Plants and Road Materials	10	9	10	10
Transient Merchants (markets, product, seafood)	183	131	169	159
Package Shipping and Freight	8	7	6	7
Service Laundries and Dry Cleaners	1	1	1	1
Government Agencies	8	6	8	9
Solicitors and Door to Door Merchants	20	52	52	40
Close-Out Business and Termination Sales	1	0	0	0
Second-Hand Dealers	32	31	30	31
Laundromats, Car Washes, and other Timing Devices	5	5	5	5
Miscellaneous	33	11	32	32
Mobile Petroleum Dealers	23	21	20	22
Total	**754**	**618**	**724**	**730**

Table 18. Consumer Business Complaints

	Received 2020	Violations 2020	Received 2021	Violations 2021	Received 2022	Violations 2022
Foods	2	0	2	0	2	1
Liquid foods	0	0	1	0	0	0
Non-food Products	1	0	0	0	0	0
Heating Oil and LP gas	0	0	0	0	0	0
Firewood	0	0	3	3	0	0
Gas station pumps	3	3	7	0	8	4
Gas station service console	0	0	3	0	3	1
Gas station price signage	2	1	1	1	6	2
Gas station gasoline quality	0	0	5	1	1	1
Scales: food	0	0	0	0	0	0
Scales: scrap metal	0	0	0	0	0	0
Scales: other	0	0	1	1	8	2
Scanning	3	0	5	1	7	2
Trade practices	1	1	0	0	3	2
Advertising	2	0	1	0	0	0
Going out of business sales	1	1	0	0	0	0
Temporary sales	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Totals	**15**	**6**	**29**	**7**	**41**	**16**

Highlights of 2022

Jan 2022 - Appleton Weights and Measures (W&M) continued their mission to provide consumer protection through various services such as complaint investigation, measurement and weighing device testing, price scanning device testing, product check weighing, and label verification. The department also played an essential role in monitoring business practices to prevent fraudulent advertising and trade practices, providing investigative services for the City Clerk's Office in licensing and regulating "going out of business" sales, commercial solicitors, salvage dealers, and taxicab/limousine service firms.

January 2022 - The East Central Weights and Measures Consortium, administered by the Appleton Health Department, expanded its services to include the City of Neenah, reflecting the growing number of businesses in the region. This addition was made possible due to the updated policies and procedures implemented during the pandemic, streamlining the inspection process, and increasing efficiency without the need for additional staff hours.

April 2022 - Bill Neubert was hired as a part-time Weights and Measures specialist in 2022. Under Todd Schmidt's guidance, Bill quickly adapted to his role, completing inspections on time and without any additional guidance or training. Bill's seamless integration into the W&M team demonstrates the department's commitment to maintaining a high standard of service while expanding its reach and capabilities.

May 2022 - Appleton W&M also ensured high compliance at the Appleton Downtown Inc., Farm Market by conducting an annual vendor information meeting in May. This mandatory meeting provided essential information on recent policy changes and set the foundation for successful farm markets during the summer.

September 2022 - City Sealer Eric Maggio demonstrated exceptional program management throughout the year, engaging with the ten contracted Consortium municipalities in face-to-face meetings to discuss the program, answer questions, and receive feedback on the department's performance. The participating municipalities expressed their satisfaction with the work and the success of the shared services partnership.

October 2022 - Todd Schmidt, Weights and Measures specialist, served as the President of the Wisconsin Weights and Measures Association. He presided over a conference held in Appleton, Wisconsin, in October, which offered valuable education and training on electric metering and Electric Vehicle Supply Equipment (EVSE). This conference highlighted the upcoming changes that the growing prevalence of electric vehicles will bring to the weights and measures community. City Sealer Eric Maggio was voted in as Vice President for 2023.

November 2022: Annual survey sent to 65 locations, 8% completed and returned surveys. Of those respondents, satisfaction rating was 99.13%.

Table 19. Equipment and Devices Examined and Percentage of Noncompliant

	2019	2020	2021	2022
Scales and Balances	574 (2.8%)	499 (1.2%)	561 (2.9%)	642 (3.3%)
Measures (Includes gas pumps and fuel oil truck meters)	1,056 (3.5%)	946 (6.1%)	824 (6.6%)	1,123 (2.8%)
Weights	26 (0.0%)	32 (0.0%)	7 (0.0%)	10 (0.0%)
Total	**1,656**	**1,477**	**1,392**	**1,775**

Table 20. Commodity Inspections

	2019	2020	2021	2022
Total units of product investigated	162,981	64,854	157,599	70,159
Random sample size	19,225	10,948	22,882	13,347
Total products/units found short weight	1,210 (0.7%)	440 (0.7%)	2,092 (1.3%)	749 (1.3%)
Total products/units found mislabeled	1,985 (1.3%)	215 (0.3%)	1,326 (0.8%)	972 (0.8%)

Table 21. Price Scanning Inspections

	2019	2020	2021	2022
Number of Inspection	144	111	129	121
Number of items scanned	4,775	3,552	4,232	3,893
Pricing errors found	103	74	121	97
Pricing error %	2.2	2.08	2.9	2.5

APPENDIX A: BIRTH DATA

2022

Age of Mother	Birth Count	Percent
15-17	7	0.60%
18-19	24	2.04%
20-24	138	11.75%
25-29	357	30.41%
30-34	439	37.39%
35-39	170	14.48%
40-44	38	3.24%
45+	1	0.09%
Total	1,174	100.00%

Race/Ethnicity of Mother	Birth Count	Percent
Non-Hispanic White	866	73.76%
Non-Hispanic Black	66	5.62%
Non-Hispanic American Indian/Alaska Native	6	0.51%
Hispanic	106	9.03%
Non-Hispanic Laotian/Hmong	72	6.13%
Non-Hispanic Other Race	38	3.24%
Non-Hispanic Multi-race	15	1.28%
Non-Hispanic Unknown	5	0.43%
Total	1,174	100.00%

Education of Mother	Birth Count	Percent
8th grade or less	16	1.36%
9th-12th grade-no diploma	53	4.51%
High school grad/GED	277	23.59%
Some college	314	26.75%
Bachelors degree	357	30.41%
Masters/Professional degree	149	12.69%
Unknown	8	0.68%
Total	1,174	100.00%

Marital Status of Mother	Birth Count	Percent
Married	807	68.74%
Unmarried	361	30.75%
Unknown	6	0.51%
Total	1,174	100.00%

Race/Ethnicity of Mother	Birth Count	Percent
Non-Hispanic White	866	73.76%
Non-Hispanic Black	66	5.62%
Non-Hispanic American Indian/Alaska Native	6	0.51%
Hispanic	106	9.03%
Non-Hispanic Laotian/Hmong	72	6.13%
Non-Hispanic Other Race	38	3.24%
Non-Hispanic Multi-race	15	1.28%
Non-Hispanic Unknown	5	0.43%
Total	1,174	100.00%

Trimester Prenatal Care Began	Birth Count	Percent
1st trimester	985	83.90%
2nd trimester	116	9.88%
3rd trimester	47	4.00%
None	9	0.77%
Unknown	17	1.45%
Total	1,174	100.00%

Number of Prenatal Care Visits	Birth Count	Percent
0	9	0.77%
4-Jan	13	1.11%
9-May	83	7.07%
12-Oct	296	25.21%
13-98	754	64.22%
Unknown	19	1.62%
Total	1,174	100.00%

Sex of Infant	Birth Count	Percent
Male	623	53.07%
Female	551	46.93%
Total	1,174	100.00%

Plurality	Birth Count	Percent
Singleton	1,123	95.66%
Multiple	51	4.34%
Total	1,174	100.00%

Live Birth Order	Birth Count	Percent
1	438	37.31%
2	359	30.58%
3	201	17.12%
4	94	8.01%
5+	82	6.98%
Total	1,174	100.00%

Attendant at Birth	Birth Count	Percent
MD	891	75.89%
DO	224	19.08%
CNM	41	3.49%
Licensed Midwife	14	1.19%
Other	4	0.34%
Total	1,174	100.00%

Births to women with one or more medical risk factors by Sex

Medical Risk Factors by Sex	Male	Female
Total Birth Count	623	551
Pre-Pregnancy Diabetes	5	5
Gestational Diabetes	27	22
Pre-Pregnancy Hypertension	5	4
Gestational Hypertension	29	15
Eclampsia	0	1
Previous Preterm Birth	46	42
Other Previous Poor Pregnancy Outcome	42	22
Pregnancy resulted from infertility treatment	11	10
Fertility enhancing drugs, artificial insemination, or intrauterine insemination	6	2
Assisted reproduction technology	4	8
Mother had previous C-section	103	86
Unknown if mother presented any of the medical risk factors listed	1	0
None - mother did not present any of the listed medical risk factors	408	385

Births by Birthweight	Birth Count	Percent
<1000 grams	7	0.60%
1000-1499 grams	9	0.77%
1500-2499 grams	77	6.56%
2500-3999 grams	972	82.79%
4000+ grams	109	9.28%
Total	1,174	100.00%

Low Birthweight	Birth Count	Percent
<2500 grams	93	7.92%
2500+ grams	1081	92.08%
Total	1174	100.00%

Mother smoked during pregnancy	Birth Count	Percent
No	1,105	94.12%
Yes	67	5.71%
Unknown	2	0.17%
Total	1,174	100.00%

Method of Delivery	Birth Count	Percent
VBAC	37	3.15%
Vaginal Spontaneous	749	63.80%
Vaginal Forceps	6	0.51%
Vaginal Vacuum	41	3.49%
Primary C-Section	188	16.01%
Repeat C-Section	152	12.95%
Unknown	1	0.09%
Total	1,174	100.00%

Prematurity	Birth Count	Percent
Term/Postterm (37-47 weeks)	1,051	89.52%
Preterm (17-36 weeks)	122	10.39%
Unknown	1	0.09%
Total	1,174	100.00%

Gestation Age	Birth Count	Percent
17-31 weeks	13	1.11%
32-35 weeks	54	4.60%
36 weeks	55	4.68%
37-38 weeks	339	28.88%
39-41 weeks	711	60.56%
42-47 weeks	1	0.09%
Unknown	1	0.09%
Total	1,174	100.00%

Infant Transferred to NICU or other hospital	Birth Count	Percent
No	1,107	94.29%
Yes	65	5.54%
Unknown	2	0.17%
Total	1,174	100.00%

Abnormal Conditions of Newborn by Sex	Male	Female	Total
Total Birth Count	623	551	1,174
Assisted ventilation immediately following delivery	45	45	90
Assisted ventilation for more than 6 hours	2	9	11
NICU admission	61	53	114
Surfactant Replacement Therapy	1	1	2
Antibiotics Received for Suspected Neonatal Sepsis	2	5	7
Seizure or Serious Neurologic Dysfunction	0	0	0
Significant Birth Injury	0	0	0
Unknown if any of the listed abnormal conditions was	1	0	1
None of the listed abnormal conditions was present	536	476	1,012

Birth with Reported Congenital Anomalies by Sex	Male	Female	Total
Total Birth Count	623	551	1,174
Anencephaly	0	0	0
Meningomyelocele/Spina Bifida	1	0	1
Cyanotic Congenital Heart Disease	0	1	1
Congenital Diaphragmatic Hernia	0	0	0
Omphalocele	1	0	1
Gastroschisis	1	0	1
Limb Reduction Defect	0	0	0
Cleft Lip With or Without Cleft Palate	0	0	0
Cleft Palate Alone	0	0	0
Down syndrome	0	0	0
Karyotype Confirmed Down syndrome	0	0	0
Karyotype Pending for Down syndrome	0	0	0
Suspected Chromosomal Disorder	1	0	1
Karyotype Confirmed for Suspected Chromosomal Disorder	0	0	0
Karyotype Pending for Suspected Chromosomal Disorder	1	0	1
Hypospadias	2	0	2
Unknown if any of the listed congenital anomalies was present	5	3	8
None of the listed congenital anomalies was present	612	547	1159

APPENDIX B: TOTAL DEATHS, ALL CAUSES

2022

	Cause of Death Category	Number of Deaths
1	All Other (All Other Codes)	163
2	Malignant Neoplasms	161
3	Diseases of the Heart	147
4	Covid-19	46
5	Accidents (Unintentional Injuries)	34
6	Cerebrovascular Diseases	29
7	Alzheimer Disease	28
8	Chronic Lower Respiratory Diseases	24
9	Nephritis, Nephrotic Syndrome and Nephrosis	14
10	Diabetes Mellitus	13
11	Chronic Liver Disease and Cirrhosis	12
12	Intentional Self-harm (Suicide)	11
13	Parkinson Disease	8
14	Pneumonitis due to Solids and Liquids	8
15	Hypertension	8
16	Nutritional Deficiencies	7
17	Influenza and Pneumonia	6
18	Septicemia	5
19	Congenital Malformations	3
20	Benign Neoplasms	3
21	Certain Conditions Originating in the Perinatal Period	2
22	Cholelithiasis and Other Disorders of Gallbladder	1
23	Assault (Homicide)	1
24	Anemias	1
25	Enterocolitis due to Clostridium Difficile	1
26	Human Immunodeficiency Virus (HIV) Disease	1
27	Hernia	1
28	Complications of Medical and Surgical Care	1
29	Aortic Aneurysm and Dissection	1
30	Pregnancy, Childbirth, and the Puerperium	1
31	Legal Intervention	1
0	Unknown	1
	Total Deaths, All Causes	744

APPENDIX C: 2022 BUDGET

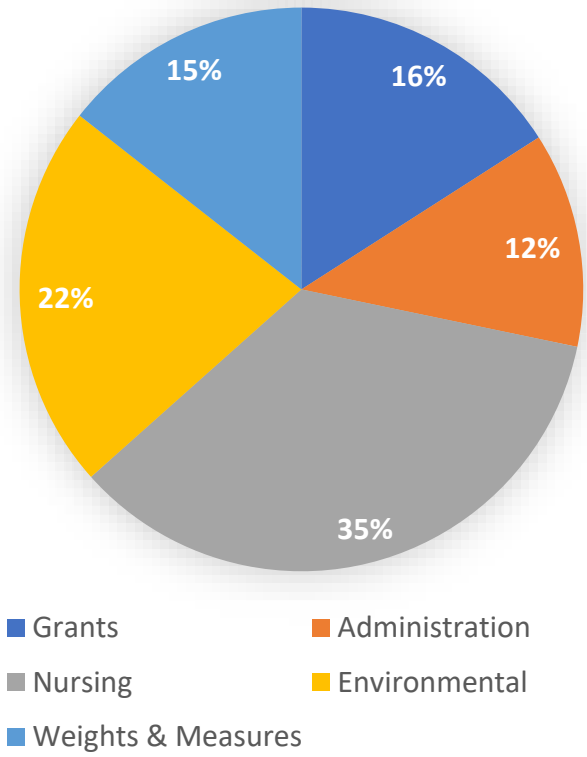


Figure 6. 2022 Budget by Division.

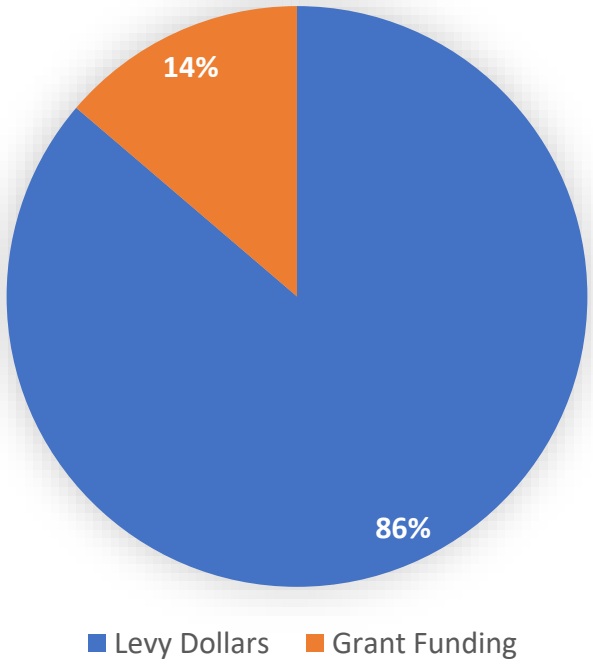


Figure 7. 2022 Budget allocation by funding source.

Account	Budget
Public Health Administration	$185,233
Public Health Nursing	$527,824
Public Health Environmental	$332,902
Public Health Weights & Measures	$216,583
MCH Grant	$29,940
Prevention Grant	$7,900
Lead Grant	$9,879
Immunization Grant	$31,151
COVID-19 Grants	$89,226
Bioterrorism Grant	$71,243
Total Budget Allocation	$1,741,222
Revenue	$333,588
Total Levy Impact	$1,168,295