



MESSAGE FROM THE DIRECTOR

2020: A YEAR OF GRIEF, CHALLENGES, AND AGILITY

This past year our department focused on a novel virus named COVID-19. December of 2019 we first became aware of a small outbreak occurring in Wuhan, China. Illness and death quickly spread throughout the world, becoming one of the most devastating pandemics in recorded history.

Early in February, our department began reviewing and modifying our pandemic plans and provided guidance for internal and external partners. In March, we convened faith based leaders in Appleton for a lunch and learn seminar on COVID-19 to help them prepare for what seemed at the time a likely pandemic. Also in March, we opened the Emergency Operations Center (EOC) for the City to coordinate our collective work. In April we planned for an alternate care facility should our health care systems become overwhelmed.

Our Governor issued Safer at Home orders, which later was overturned by the Supreme Court. Although we then issued our own orders, the next day we were also challenged with lawsuits. Politics and misinformation became challenges to public health recommendations.

In May, we worked regionally to increase testing capacity. By June, the desire for accurate information from the business community, schools, and the general public was intense. Education was the key role we provided including school readiness and planning throughout the summer months. In July, we provided resources and training on contact tracing for school staff to support our response efforts. We encouraged mitigation strategies including the use of masks and social distancing.

By August our ability to complete comprehensive contact tracing was compromised where we needed to add a couple dozen new nurses to assist. As the pandemic wore on, people throughout the community became fatigued with staying at home and practicing mitigation strategies. In December, the US Food and Drug Administration issued emergency use authorization for the Pfizer and Moderna vaccines. Our department's focus then turned to planning for vaccine distribution.

This year has been one of grief, challenges and agility. I am extremely proud of the Appleton public health staff that endured a year like no other. I know firsthand the sacrifices they and their families have made to protect our community. I asked staff to share their experiences from a professional and personal level to provide insight into how the pandemic impacted our department and their families.

It is my hope through this report our community will be left with a lasting appreciation of the role public health provided to the health and quality of life in Appleton.

Respectfully yours,

Kurt D. Eggebrecht
Health Officer
City of Appleton

Index

PRELIMINARIES

Mission and Belief Statements	4
Table of Organization	5
Roster	6
Board of Health	7

THE DEPARTMENT

Highlights of 2020	8
--------------------------	---

PREVENTING DISEASE

Communicable Disease Program	22
Clinical Disease Services	22
Communicable Disease Investigation, Prevention and Control.....	23
Wisconsin Partner Services (PS)	23
Sexually Transmitted Disease Contracted Services	24
Foodborne Outbreak Illness Investigation	24
State Laboratory of Hygiene Testing Services.....	24
Occupational Health.....	24
Environmental Control.....	24
Regulatory Descriptions and Statistics	25

PROMOTING HEALTH

Maternal/Child Health (MCH)	27
Childhood Lead Poisoning Prevention Program	27
High Risk Adult Health Program.....	29
Public Health Nursing Caseload Data	29

PROTECTING THE CONSUMER

Weights and Measures Program	33
------------------------------------	----

PROTECTING THE ENVIRONMENT

Environmental Health Programs.....	37
Community Involvement.....	39

APPENDICES

Budget Information	40
Communicable Disease Data	41
State Laboratory of Hygiene Fee-Free Testing.....	43
Public Health Nursing Caseload	44
Vital Birth Statistics	45
Vital Death Statistics	48

Note: This document not only represents the activities of the Appleton Health Department for 2020, but also provides trend data comparisons for selected activities. The data for 2020 is compared to rates of disease, numbers of citizens served, and other selected service provided in previous years. Additionally, this report satisfies the requirements set forth in Chapter 251.06 (7) of the Wisconsin Statutes.

HEALTH DEPARTMENT

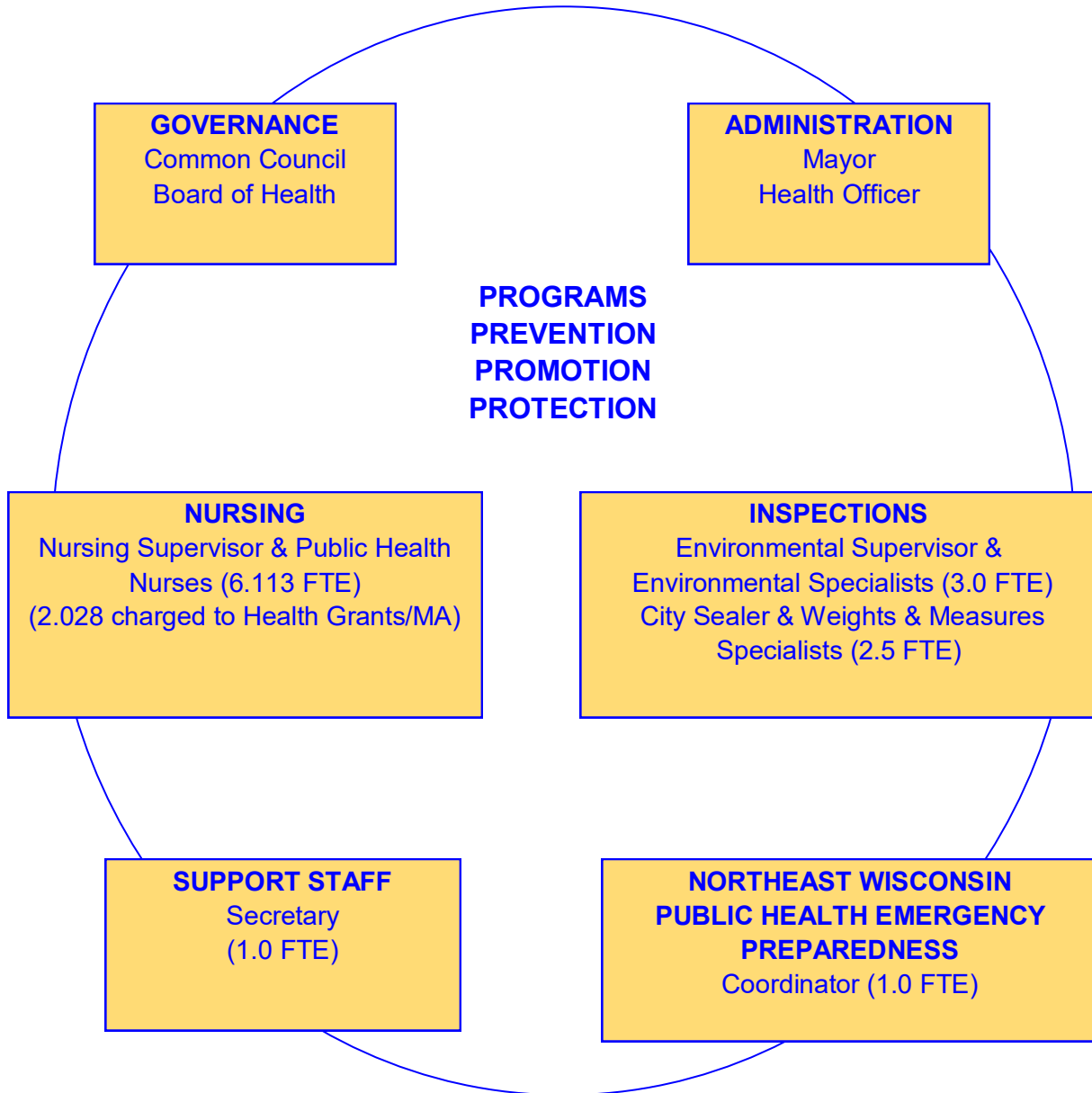
MISSION AND BELIEF STATEMENTS

The Mission of the Appleton Health Department is to safeguard the environment, promote public health, and protect consumers by providing high quality services that are responsive to the needs of the community. Our belief is that prevention is the most effective public health strategy.

- ◆ 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.

APPLETON HEALTH DEPARTMENT

TABLE OF ORGANIZATION



ROSTER

BOARD OF HEALTH

Douglas Nelson, D.D.S., Chairperson
Lee Marie Vogel, M.D., Medical Advisor
Mayor Jacob Woodford
Aldersperson Cathy Spears
Aldersperson Vered Meltzer
Aldersperson Denise Fenton

PERSONNEL

Administration

Kurt D. Eggebrecht, M.Ed., MCHES, Health Officer

Inspectors

Steve Kihl, R.S.; Environmental Supervisor
Eric Maggio, City Sealer
Keith Verhagen, Weights & Measures Specialist
Todd Schmidt, Weights & Measures Specialist
Michelle Roberts, R.S., Environmentalist
Ryan Mathew, Environmentalist

Public Health Nurses

Sonja Jensen, R.N., Nursing Supervisor
Val Davis, R.N., PHN
Julie Erickson, R.N., Part-time PHN
Susan Larson, R. N., Part-time PHN
Becky Lindberg, R.N., Part-time PHN
Jena McNiel, R.N., Part-time PHN
Jessica Moyle, R.N., Part-time PHN
Kathleen Sprangers, R.N., Part-time PHN
Krista Waterstradt, R.N., Part-time PHN

Northeast Wisconsin Public Health Emergency Preparedness

Cassidy Walsh, Emergency Manager

Support Staff

Britney Stobbe, Administrative Assistant

City of Appleton
Board of Health



Douglas Nelson, D.D.S.
Chairperson



Jacob Woodford
Mayor



Lee Marie Vogel, M.D.
Medical Advisor



Alderperson
Vered Meltzer



Alderperson
Cathy Spears



Alderperson
Denise Fenton

How did COVID-19 impact you and your role within the Health Department?

“My role looked much different during 2020. Typically the nurses have a variety of roles and responsibilities. We get to see clients and go on home visits and vaccinate city residents and their children. In general we have a lot of interaction with the public. Unfortunately this all came to a halt when COVID-19 spread to our state and then our city. Everything was shut down which affected everyone. Our jobs as public health nurses went from very social and hands on to the exact opposite. None of us were sure how long the shut down would continue, but it seemed never ending. The positive COVID-19 cases continued to rise and then the deaths started. I can remember how devastated I was when the city had it’s first COVID-19 death. I also remember being scared and hoping COVID-19 would not take away anyone I know or love. I also knew this was just the beginning of a very long journey.” ~ Val Davis

“COVID impacted my role by being trained in the Wisconsin Electronic Disease Surveillance System to assist the nurses with staging before it was updated. Also contract tracing and tracking isolation end dates. When I was placed at home, my role of assisting nurses changed as the months went by. As the numbers of cases increased, what nursing felt was a priority shifted how we helped. My daily environmental work of doing inspections was impacted unless it was a pre-inspection. Things were a little better in doing inspections until the surge hit in October and we were sent back home again.” ~ Michelle Roberts

“For me, the first that impacted me was being off work for an extra three months as I was supposed to be hired back at the end of March but didn’t return till July 1st. Upon returning it was quite interesting to see everyone wearing face masks. Soon after returning we were moved to the basement of the yellow parking ramp. With the change it was very difficult to interact with Eric as the scheduled assignments and to talk about issues at businesses and how to solve those.” ~Keith Verhagen

“COVID-19 had a huge impact on my role as a public health nurse within the Health Department. I remember watching the chaos happening in China on the news. It made us all wonder how/when/if this virus would change our lives when it came to the U.S. Slowly but surely the cases started trickling into the United States. Suddenly, COVID-19 became a huge threat to our community and everyone went on lockdown in Wisconsin. Over half of the other health department staff was sent to work from home, home visits had to stop, presentations I had been working hard on ended abruptly, and almost all our time and attention was focused on COVID-19.. Then the phone calls from the community started flooding the health department. There were so many questions and even more unknowns of the virus. We did our best to stay updated on the rapidly changing guidance from the state. It was like waiting for the other shoe to drop while waiting for Appleton’s first COVID-19 case. After the first case, other cases started rapidly getting reported. COVID-19 cases were reported on weekends so all of the nurses had to start working some weekend hours. Contact tracing and educating the community consumed our lives for many months. There were more cases that our staff could handle. The other part-time staff and I started working more hours to keep up on the workload. Eventually, that was too much for us to handle and LTE contact tracers were hired to help. There even came a time where there still was not enough staff for the workload. The state trained and hired hundreds of contact tracers to help all of the overwhelmed local health departments with their abundant COVID-19 cases. We had a great team working together to help protect the community. The end of 2020

Came with a glimmer of hope as the first COVID-10 vaccine, Pfizer was approved for Emergency Use Authorization by the FDA on December 11, 2020.” ~ Krista Waterstradt

“I knew we were due for a pandemic, but, the when and how we would respond was not planned. I had been working full time at ThedaCare as an oncology RN. When COVID-19 was officially at ThedaCare in February/March of 2020, all nurses were instructed to provide a skill set assessment and were informed that all nursing staff would be entered into a master list from which management could choose staff to fill in any gaps in patient care. Nurses were not asked nor consulted prior to this plan. I received several emails which indicated that we needed to watch emails and follow instructions if you would be redeployed to another area. Per HR, nurses would be redeployed based on skill sets and may be told to work with the COVID-19 patients and that you would report to where you would be redeployed without choice of shifts or departments. Compensation was not mentioned. This management decision changed my life for the better. I chose to leave ThedaCare for the first time in my career, take a LTE opportunity with the Appleton Health Department. I started with this position on August 3, 2020. Hands down... this is the absolute BEST team I have ever had the opportunity to work with. They learned new software, learned about the illness, connected with and taught patients, instructed on isolation and quarantine, as well as collected information about contact tracing and follow up with these patients. I have worked from home which was a new experience. I have truly enjoyed being part of the department with the teamwork. Career impact was huge, however positive! The impact of learning new technology has been big, however positive. The impact of not seeing family members in person has been huge, however understandable. I am looking forward to return to normalcy.” ~Jane Klemp

“As someone in the department who is somewhat removed from the normal role of Public Health in my day-to-day work, my responsibilities shifted significantly at the start of the pandemic. From learning the Incident Command System, assisting with elections, conducting phone interviews with contacts, and assisting as a site liaison for the testing site, there were many new responsibilities I had to pick up yet still be confident in relaying up-to-date information to the community. I am used to being a public-facing person with my work in retail and doing inspections, but the staff meetings became invaluable. I had to absorb as much info as possible because peo-

were always asking questions (and inputting personal opinion) when they found I work for the Health Department. Continuing to conduct retail inspections after safety precautions were outlined it became another shock to see first-hand how polarized our communities are when it came to following DHS/CDC recommendations, and also how many businesses closed their doors and struggled with adapting during the pandemic. Even in my regular weights and measures role, COVID-19 has had an impact. Businesses that did adapt had to learn to prepackage foods that are normally self-serve (e.g. bulk dry goods, coffee, olive/salad bars). This caused W&M issues at a few stores where tare weights weren't being considered properly. Educating store managers on what Wisconsin regulations are for prepackaging products took top priority in many of my inspections. More than a few times was I told, we are just trying to be safe due to COVID." ~Todd Schmidt

"I was hired due to COVID-19 to assist with the high number of disease investigations and contact tracing. As a recent graduate of a Masters in Nursing and pregnant with my second daughter, I was able to have a small role in helping with the pandemic, to work from home safely, and have reliable work after graduate school in a time when there was high rates of unemployment." ~Cynthia LaLuzerne

"I had to learn how to balance my family life and work life while working from home. It started off as though it might only be a few weeks at home and now I am on week 53. My role has expanded to include duties that assist our Nurses and Preparedness Staff. I have created spreadsheets to track data in the early stages of the pandemic. I have learned to navigate WEDSS and have had contact tracing duties. I post COVID data to Facebook and have seen the divide in the country firsthand by some of the comments people have posted. It has been a weird year but there is hope that the vaccine can get us back to normal. I hope I am not answering these same questions a year from now." ~Eric Maggio

"At the beginning of the response, my role within the incident was planning section chief. I coordinated the meetings and made sure documentation was being completed and reviewed by the Incident Command System (ICS) in a timely manner. The ICS team adjusted throughout the pandemic, but I did

Eventually take over as Incident Commander (IC) in May and remained in that position the rest of 2020. My title did become IC but I was still coordinating and creating documentation for the city response. I don't feel that my role within the department change drastically during this pandemic, rather I was pushed to learn my role faster which only prepares me more for the next adventure." ~ *Cassidy Walsh*

"To be honest, this past year has been so crazy and challenging, it is hard to think of life before COVID-19. I can tell you that prior to February 2020, I was still adjusting to my role in public health. I was trying to figure out how we can incorporate mental health into our roles as public health nurses. I was following up with communicable diseases, providing education on disease prevention with vaccinations and making home visits. I was trying to learn as much as I could about public health in order to be knowledgeable and provide the best information, services, and care to our community. Well, you've seen the movie Groundhog's Day, right? I feel like since this pandemic began, I've been stuck in a similar loop. Days, weeks, months... they all run together and feel the same. We have been unable to focus on other public health needs because we are stuck in a loop of COVID case follow up, contact tracing, education, and/or vaccination. Before February 2020, I was also able to maintain a decent work-life balance. Since the pandemic, I am working more days, longer hours and still feel like I am not making a difference or helping enough. I am not complaining, I have no problem stepping up to the plate and help when and where I can. As a matter of fact, I want to help, I want to make a difference, I want to be a part of the solution. I am hopeful that things will improve, I am hopeful that the vaccines will be effective, I am hopeful that we will be able to resume other area in public health, and I am hopeful for our future normal. " ~*Julie Erickson*

"In 2020 my life (as well as for many other people) took a dramatic turn on my youngest daughter's 19th birthday. This is when she had to abruptly come home from college and I had

start working from home. That date was March 17th. That day and the weeks following were filled with uncertainty. Little did I know that the world would change and this new way of living would extend beyond just a few weeks and months to over a year. My role at my job changed dramatically from doing home visits and in person clinics to everything by phone and computer. I felt “removed” from others initially. Being in an office with my colleagues allows for opportunities to collaborate and support each other. Seeing clients in person allows for easier assessment of their situations but now I had to learn new ways to communicate. As COVID-19 cases started to climb, so did my work hours. I felt an obligation to do what I could to help the community deal with this awful disease.” ~ *Kathleen Sprangers*

“From what I experienced, COVID-19 really took us by surprise and kept us on the balls of our feet for quite some time. From working Monday through Friday at the office going out to do inspections, then hearing that COVID-19 has started to spread within the US, and then being sent home to work from home. It was an abrupt change to my work-life. The thing that really helped was having staff meetings to discuss what questions or issues we had to solve them. Instead of going out to do inspections, I was helping take phone calls from out licensed facilities with questions about COVID-19 guidelines. I was also able to go through a lot of older documents from the office and our J-drive to make sure everything has been updated for the year. Once the phone calls started dying down, we were asked to help with contact tracing. With a little bit of training, I was able to catch on quick and help out the nurses with WEDSS calls. Once the vaccination clinic opened, I was able to help people fill out registration forms before getting their first vaccine shot. I was also able to help on cold, wintery days by helping people get across the road to the vaccination clinic by keeping the road and sidewalk shoveled and salted. Now that we are receiving a lot of volunteer help for the vaccine clinic, I am starting to get back out for inspections while also still helping with WEDSS

calls. Overall, this year we have seen a lot of changes that happened very quickly. Team meetings allowed for a lot of questions to be answered. I was able to fit into wherever I was needed to help the department when and where I was needed.” ~Ryan Mathew

“I remember the day Kurt came back from a meeting in February 2020 about COVID and announced to me, “This is going to be big”. I thought to myself, H1N1, SARS, and Ebola never had a huge impact on the community so I didn’t think much of it. Well, several weeks later I was told my MCH role at the department was on hold indefinitely and was asking how many hours I was willing to work for COVID related activities. I slowly began to follow up with contact tracing as the cases climbed within the city. Before long, I was picking up weekends to help the regular staff nurses with follow up calls and contact tracing. My days were filled with making phone calls and documenting the contacts and cases.” ~ Becky Lindberg

“One of the things I love about public health nursing is the variety. No two days are alike. However, when a pandemic hits, you drop everything. My days of home visits and coalition meetings became COVID case and contact follow up and answering the communities many questions. This was a novel virus. We were learning as we went. This made staying current and providing guidance a challenge. We didn’t know what lay ahead, how long we’d be at this, what more could be asked of us. As cases rose it became clear we needed help. The nursing staff was burning out. We were working long days, weekends, and many times on our days off from home. In late summer I journaled this plea, as I look upon this beautiful city I call home, I have a few thoughts: Appleton, as a public health nurse I wasn't you to know that all of you are my patients in the midst of a pandemic the weight of that feels too heavy to bear. We need your help. Be smart, wear a mask, social distance, no large gatherings please. I, just like you, anxiously await a day when we can get back to business as usual. We aren't there yet. This isn't about YOU, this is about all of US.” ~Jessica Moyle

“Being relatively new to my Supervisor role, the start of the COVID pandemic added another layer of challenges to my position. I stepped in as the Operations Section Chief for the EOC and had to quickly learn the role and responsibilities that come with that position. The pandemic also impacted my nor-

mal Supervisor role by having to oversee and communicate with staff while they were working from home. With a few exceptions, normal, everyday job duties seemed to disappear. Routine health inspections were put on hold as many food establishments were closed or had significantly limited their operations. All duties and responsibilities were now all COVID related. Communicating operational guidance to our regulated businesses as well as general businesses became a main focus once the Governor's "Safer at Home" order took effect. When the Safer at Home order expired, the focus shifted to how we could do health inspections safely. Later, I transitioned to planning and assisting at the community testing site at Appleton North High."

~ *Steve Kihl*

"My role went from being a supervisor for a multitude of public health nursing programs to a supervisor for all things COVID.-19. We had to halt all of our home visiting programs and immunization clinics in March of 2020. Participation in work groups and committees went to either a virtual format or were put on hold. The nurses went from working primarily Mondays through Fridays to working seven days a week (from February through the end of 2020 and beyond). Our call volume increased significantly, and we had a minimum of 3 nurses working intake every day (up from 1 in pre-pandemic times). Information and recommendations changed week by week, and sometimes more frequently. Most of City Hall was closed to the public with the Stay at Home order, so the nurses were some of the few people who were still there during those months. It was an eerie time, with few people on the roads, playgrounds were covered with police tape, deserted schools, and darkened restaurants. The parking garage at work was mostly empty, halls were clear, and elevators that were once packed with people were making trips up and down with solo riders. It was a surreal experience."

~ *Sonja Jensen*

What challenges are most memorable for you during this time?

“All of the public nurses became contact tracers, we were learning as we went. Things were changing from day to day and we just had to go with it. We spent every day sitting at our desks on the phone with individuals who were sick with COVID-19. Some of them were mildly ill and recovered after a couple weeks, but others were extremely ill and required hospitalization. This continued for several months. Everyone chipped in and did what they needed to do. That is what made this whole situation tolerable. I am very fortunate to be able to work with an awesome group of nurses and other staff. The amazing team of people I work with is what made 2020 a tolerable year for me. I am so grateful for every single one of them.” ~Val Davis

“Challenges most memorable were trying to stay upbeat while my kids were doing school at home and struggling with lockdown. My oldest graduated virtually and just recently commented how he missed out on it. My entire family struggled with the news reports of the number coming out of New York City. The concern that someone close to us may die was real. I struggled with not having contact with my work family but adapted and was thankful for technology and “Teams”. There was no Easter brunch or any gathering of family all summer. Many puzzles were put together, games of basketball on my driveway, and multiple walks some days occurred through it all to keep the mental health in check.”

~Michelle Roberts

“The biggest challenge for me was going out to businesses, interacting with the managers and staff who were as anxious about COVID-19 as I was and not knowing what to expect. Coming in contact with customers and vendors in businesses was a real challenge. Trying to communicate face-to-face and yet keep a 6' distance was difficult. Another challenge was going to businesses and finding out they were closed or had changed their hours. Many times I would get there to only find out they were closed and would have to reschedule.”

~Keith Verhagen

“There were many challenges that came from COVID-19. The hardest would have been staying current on the recommendations. The state and CDC guidance changed rapidly as this was a novel virus and they were constantly learning new things about it. As nurses we were constantly reviewing the recommendations and collaborating with each other and the state frequently. Another big challenge was maintaining a work-life balance. It was hard not to bring work home when COVID-19 was all around us. The unknown caused stress on everyone’s lives and quarantining from family and friends made our lives lonely. In the end I believe COVID-19 taught us to appreciate many of the simple things that we had taken for granted.”
~Krista Waterstradt

“Overcoming political differences and remaining silent with conspiracy believers. Technology at home. It is never too late to learn for something new! Working from home consistently was a bit challenging. I like people contact, however I have connected with people via phone fine. The biggest challenge is trying to help people who didn't believe that COVID-19 was real.”
~Jane Klemp

“We were right in the midst of a surge of cases in September when my family and I tested positive for COVID-19. I was in my third trimester of pregnancy at the time. I will never forget calling positive cases to discuss isolation protocols while I was on my own isolation. As a nurse, this will be something I will always remember in the future when COVID-19 is discussed. I am so proud of the role the nurses were able to play in one of the most challenging public health crises in our history.”
~Cynthia LaLuzerne

“The two greatest challenges of the pandemic were the politics surrounding COVID-19 and the breeding ground for misinformation. We started off having science supporting our efforts, but that soon turned into a battle ground of truth vs myth and facts vs social media. I could have never prepared for wearing a mask becoming such a controversial act. People felt that being forced to wear a mask was taking away their rights as an American. The fact was that the mask mandate was put into place to save lives, not take

away rights. The simple act of wearing a mask and keeping 6' distance with those outside of your family proved to slow the spread of COVID-19. Yet, the defiance of wearing a mask spanned across the nation." ~Cassidy Walsh

"I think being a public health employee has been difficult because I have family and friends that do not believe in COVID-19. It's hard because you can't reason with people that don't see the truth and are following a political figure. The worst part of this pandemic is that it was made political. Another memory I have is how hard public health employees have worked in the past year. From learning new technology (Microsoft Teams, Zoom, etc.) to changing schedules to accommodate working from home and not having the office resources at your disposal." ~Eric Maggio

"The most memorable call for me when doing phone interviews had to be the woman who called the police on me. She thought the call was suspicious and "unprofessional" - even after I provided her to call the department directly, offered my office extension and informed her this isn't normally my role in the department. Instead of doing so, she called the Appleton PD. I had a short talk with sergeant a few minutes after ending the call with her. I'd blame the "unprofessional" all on still learning WEDSS and not having the information available that she was assuming I did. She was the first case I saw where she was a repeat contact and WEDSS hadn't linked her info to the first contact case, so I was stumbling over information she expected me to know. She ended up calling in and the intake nurse helped her out. It has been a constant reminder during this pandemic that I'm here to help the public, whether by being an example and wearing a mask when everyone else in the store refuses, rejecting a check-out scale that is out of tolerance, or changing an elderly man's tire I the drive-through testing site line. I am thankful that I have a job where I can be happy, knowing I did good by helping someone that day.

Aside from that, the biggest challenge has been just missing the downtime chatting with co-workers and some communication issues when trying to plan my day. I get enough social interaction with the public during my regular work day but that is not the same. Mental health has been a struggle and that's not work related. Going into work and doing my job often was the thing that kept some normalcy to get by. I feel the

Entire nation is going into a mental health crisis but that is another story." ~Todd Schmidt

" This past year has been full of challenges. I think one of the most frustrating challenges has been dealing with people who just choose not to accept that we are in a pandemic. There have been many people that believe that COVID-19 is not real, or that it is not a serious threat or that it is just a hoax/government conspiracy. Trying to follow up and have a conversation or education this population can be extremely challenging and frustrating. Many times they become irritated and sometimes irrational on the phone. I would love to explain what I've seen in the ER; describe the pain, loss and suffering but I know it would fall on deaf ears. Another challenge has been keeping up with the ever changing information and guidelines. For a while, as we were beginning to understand the virus, things were changing weekly, sometimes daily. It made it difficult to be consistent with education and definitely caused the public to get frustrated and at times fed into some of those individual's mistrust of the government."

~Julie Erickson

"Some of the most memorable challenges were those cases where financial hardships occurred when families had to be home and off of work, in some cases without pay. If the family had many members and members were getting sick one at a time, other members had to be kept home from work and/or school for long periods of time. Other challenges included working with very sick clients that had to be hospitalized or ended with long term side effects from the disease. One family sticks in my mind, an older man, his adult daughter and his daughter's husband all became sick. The older man died and his daughter was left without her parent, recovering herself from the disease and a very sick husband who was having long term effects from COVID-19. As a nurse, I felt so helpless as all I could do is offer condolences and phone support. I often think about how devastating this virus has become to so many." ~Kathleen Sprangers

"Not being in the office and seeing my co-workers on a regular basis was hard for me. I missed the camaraderie of my "work family", especially the daily lunch time walks. I was not used to being home all the time on a computer or phone in an empty bedroom as my

makeshift office. I found it hard to concentrate and be productive at first. I soon settled into the new normal where my interactions became a virtual existence both professionally and personally using Zoom, Teams, and FaceTime. I had my share of technical difficulties along the way, but learned to navigate the system.” ~*Becky Lindberg*

“One of the more memorable challenges that I faced during this time was when a new order came out from the state. Unfortunately, we were not informed when one of these new orders came out to the public. I would receive phone calls from quite a few operators stating their concerns and questions. I would have to tell them I would get back to them with answers once the team were able to talk about the new orders that came out. We were able to put forward a message and answers that matches the rest of the state health departments. Another memorable challenge is being asked to help out with a new task that I had no prior experience in. But with a little training and help, I was able to assist in a lot of different areas within our department.” ~*Ryan Mathew*

“ Responding to a pandemic took all I had to give. At a time, I had nothing left for my family. I have 3 school aged children. Their little worlds turned upside down. They were scared, isolated from friends and family and trying to navigate learning from home. They needed me and I was exhausted. Fortunately kids are resilient. They wear their masks without question, keep their distance and understand why we aren't able to be with others. I guess that's what you get when you have a public health nurse for a mom. Vaccine allows us to shift gears to prevention, which feels so good. The light at the end of this dark tunnel grows brighter each day.” ~*Jessica Moyle*

“I tend to think of this on two different planes... personal and professional. On the professional side of things, it was difficult to keep up with the everchanging recommendations related to COVID-19. We would get calls from the community, from childcare providers, schools, long term care, clinics, and hospitals on a daily basis. Local public health has always served in a role of a type of liaison between those in the community and the State of WI, and/or CDC and COVID-19 really brought that role to the forefront.

The other professional challenge that was the most memorable would be how political everything was, and still is. Public health and saving lives during a pandemic should not be political. Yet, it was. This spilled over to our contact tracing calls as well, which made it very challenging to ensure that people in the community were following isolation and quarantine guidelines, to keep themselves and the community safe. It is also hard to keep up your morale when you encounter people who are rude, defiant and sometimes abusive." ~*Sonja Jensen*

"Personally, the biggest challenge was not being able to see family members, whether they lived close or far away. I missed hugging my mom, my children, and my young grandson. I worried that our grandson would recognize us and that he would know us anymore after all this is done. I am thankful we live in the era of technology where we can video chat and text. I am also thankful that this was my biggest challenge in a time when others mourned loss of family and friends, or lost their employment due to the pandemic." ~ *Sonja Jensen*

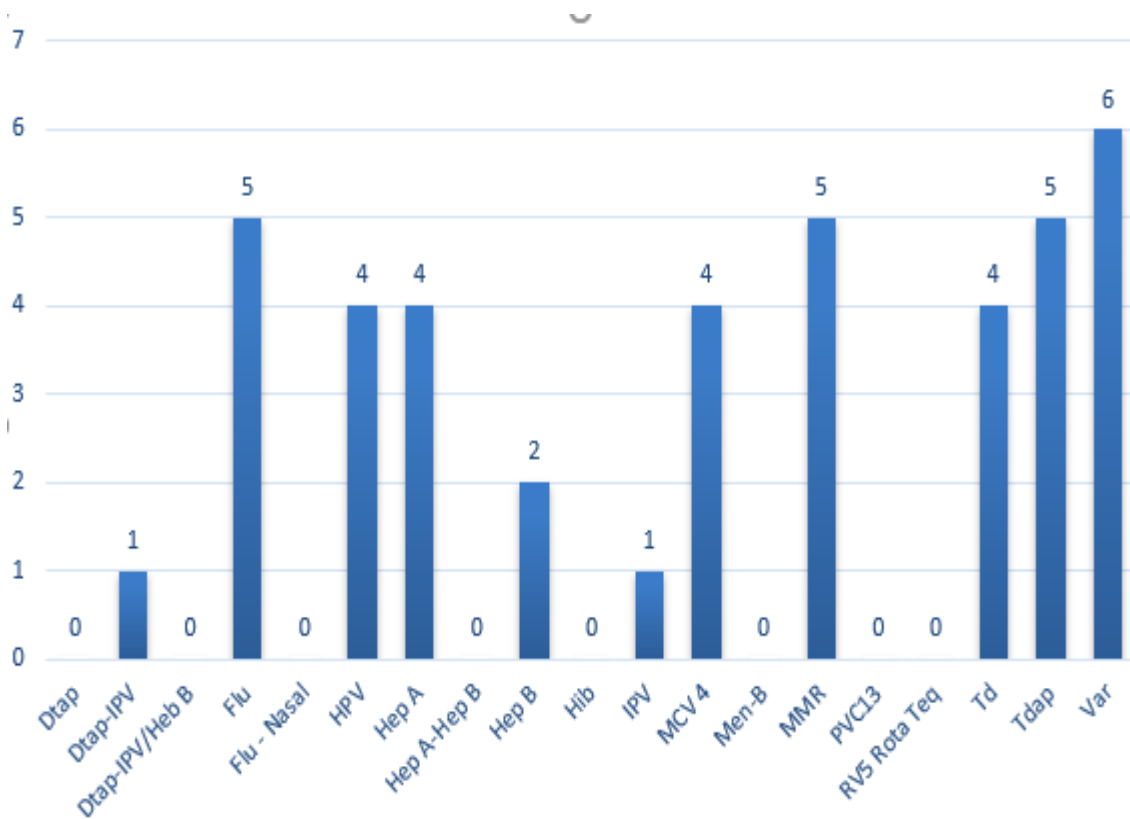
"The Safer at Home Order generated an overwhelming number of calls and questions from not only our regulated businesses, but the community as a whole. Challenged with interpretation of Governor orders, such as the Safer at Home Order and the Mask Mandate, and what it means for different types of businesses—and then communicating this information to staff fielding the many phone calls when the guidance and interpretations are changing day by day. Another memorable challenge was giving quarantine guidance to businesses that had staff exposures to COVID or COVID positive employees. Learning new terminology such as quarantine, isolation, and close-contact, which seem like routine terms now, was confusing at first. Lastly, being in a regulatory position, separating out actual legal requirements from recommendations and guidance was and continues to be of the greatest challenges. Overall, looking at situations from a completely different perspective from how we were used to approaching them was, and continues to be a challenge." ~*Steve Kihl*

COMMUNICABLE DISEASE PROGRAM

Communicable disease services are designed to prevent disease and promote health in the community. Epidemiological and regulatory services are major components of this program.

Clinical services include immunizations and health education. Immunizations for vaccine preventable diseases were provided to the public and City employees. Due to the COVID pandemic, interpreter assisted clinics were offered only in January and February to improve access and vaccine coverage for non-English speaking residents, including Hmong, Spanish and Swahili, to name a few. Appleton adults are provided vaccine based on the Wisconsin Immunization Program guidelines. In 2020, 14 clients received 41 doses of vaccine.

Vaccines Administered in 2020



Participation in the Northeast Wisconsin Immunization Coalition is focused on community-wide activities to increase the immunization rates.

Communicable Disease Investigation, Prevention and Control

Public health staff investigate reported cases of communicable disease. Epidemiological case reports are submitted to the Wisconsin Department of Health Services through the Wisconsin Electronic Disease Surveillance System. Contacts to cases are identified, screened and referred as appropriate. Measures to prevent and control disease spread are reviewed with cases and contacts. It is estimated for every case of confirmed disease reported, an average of two contacts are identified and counseled.

In 2020, Appleton continued to see an elevated number in reported cases of Gonorrhea. Providers are testing regularly and Public Health Staff continue to attempt follow-up for prevention education.

In 2020, nursing staff worked with the Wisconsin Department of Health Services to control Gastrointestinal illness outbreaks in long term care facilities. Lab testing, staff education and symptom monitoring services were provided. Also, nursing staff assisted 4 long term care facilities with respiratory illness outbreaks.

The Department also received referrals of individuals for treatment of Latent Tuberculosis Infection (LTBI). Nursing staff maintain a close working relationship with the Wisconsin Department of Health Services TB program and with local primary care providers. Nursing staff provided Communicable Disease case management and directly observed therapy (DOT) in 2020.

Tables showing numbers of cases and rates per 1000 population for all gastroenteric and sexually transmitted diseases are located on page **42**. Additionally, page **43** contains tables showing the numbers and rates for vaccine preventable and other communicable diseases.

Wisconsin Partner Services (PS)

This is a statewide program whose goal is to control and prevent the transmission of HIV infection (AIDS). Efforts to notify partners of infected individuals attempts to break the chain of disease transmission by early identification and testing of individuals who have been exposed to HIV. Two Partner Services Public Health Nurses work closely with Vivent Health, Green Bay and Appleton Health Department office staff to provide coordinated testing and case management services. Any work with this contract is reimbursed by the State through this program. There were 6 referrals received for this program during 2020.

Sexually Transmitted Disease Contracted Services

The Department has a contract with Planned Parenthood to provide screening, testing and treatment for persons seeking services for sexually transmitted disease and who have no means of paying for or obtaining services elsewhere. The contract also includes epidemiological investigation of confirmed cases among those clients served. In 2019, 47 individuals were served and 101 lab tests were performed resulting in 14 treatments for positive cases.

Foodborne Outbreak Illness Investigation

There were no foodborne outbreaks investigated or reported to the State Division of Public Health in 2019.

State Laboratory of Hygiene Testing Services

The Wisconsin State Laboratory of Hygiene provides free testing of certain patient and food item type samples as support for investigation and prevention of communicable disease transmission. Samples submitted must fit within parameters determined by the State. In 2019, the State provided \$4,761 of fee exempt service to the City. A table of exact types and numbers of test performed is located on page 44.

Occupational Health

Collaborative efforts in providing occupational health services related to communicable disease continued in 2019. Efforts included annual TB risk-based screening and skin testing for Fire and Health, annual training for employees at risk for blood borne exposures and annual policy review.

ENVIRONMENTAL CONTROL

The primary focus of environmental health services is the control of communicable disease spread. These control activities usually take the form of regulatory activities in food handling settings such as restaurants and retail food stores. Regulatory activities are also conducted in public recreational facilities including swimming pools and lodging establishments. Another area where environmental oversight contributes to communicable disease control is through code enforcement of tattoo and body piercing establishments. Additionally, the Department provides support to the rabies control program of the Police Department by consulting with victims and physicians and facilitating analysis of specimens.

Regulatory Descriptions and Statistics

Food Protection - As agents for the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP), the Health Department's Environmental Health Section ensures safe food handling practices and protects the health and safety of Appleton residents and visitors. This is accomplished through administration of state and local regulations. Annual licensed food establishment inspections are conducted, and consultation plus food safety education is provided to the operators. Collection and testing of food samples and code enforcement action is also conducted when necessary.

Lodging Facilities - As agents for DATCP, the Department enforces sanitary and safety regulations for all hotels, motels, bed & breakfast establishments and tourist rooming houses, such as AirBnB. As agents for the Department of Safety and Professional Services (DSPS) and under the Municipal Code, the Department enforces sanitary and safety regulations for manufactured home communities.

Types of Tests	2015	2020
SWIMMING POOL WATER SAMPLES		
Total number of pool samples	260	151
Total number of pool re-sampled	1	1
Total positive Heterotrophic Plate Count	0	1
Total positive coliform	3	0
RABIES SPECIMENS		
Total number shipped	6	9
Total positive results	0	0

Public Pools - As agents for DATCP, the Department performs annual swimming pool and whirlpool inspections to assure compliance with safety, maintenance and operation requirements. Monthly water samples are also collected from each pool and whirlpool facility. The samples are tested in a DATCP Certified Laboratory at the Waste Water Treatment Plant to assure state and local pool water quality standards are maintained.

Tattoo and Body Piercing Establishments - As agents for DSPS and under Municipal Code authority, the Health Department's Environmental Health Section licenses and inspects all tattoo and body piercing establishments and enforces safety and sanitary requirements.

Rabies Control - In cooperation with the Police Department, the Health Department is involved in the investigation of human or animal exposures to suspected rabid animals.

The Environmental Health Section operates on a fiscal calendar year of July 1 through June 30. The following chart illustrates the number and types of activities associated with the above license year. Data for 2019/20 is compared to 2014/15. In the 2019/20 license year, the Department issued 492 licenses, compared to 477 licenses in 2014/15. In 2019/20, 6 plan reviews were completed, and in 2014/15 there were 3 plan reviews completed for new or remodeled establishments. In 2019/20, 65 pre-licensing inspections were conducted for new or change-of-operator establishments compared to 61 pre-licensing inspections in 2014/15.

LICENSES/REGULATED ESTABLISHMENTS

2014/15 COMPARED TO 2019/20

Type of Establishment	Number of Inspections		Number of Consultations		Number of Complaints		Number of Re-inspections and Complaint Follow-ups	
	2014/15	2019/20	2014/15	2019/20	2014/15	2019/20	2014/15	2019/20
Public Eating and Drinking Establishments; Temporary Restaurants; Non-Profits	393	227	344	388	40	19	103	33
Permanent and Temporary Retail Food Establishments	94	72	92	73	7	9	17	4
Lodging Establishments; Rec/Ed/Campground	6	5	4	0	1	0	1	0
Manufactured Home Communities	5	0	0	0	0	0	0	0
Vending Machines	1	0	0	1	0	0	0	0
Swimming Pools	1	12	11	24	3	5	3	3
Tattoo/Body Piercing Establishments	26	0	26	19	1	0	0	0

Chickens & Bees - Appleton residents may apply for permits to keep chickens and bees on their property. Chicken keeping requirements were drafted and approved. In 2018, the limit was raised to keep up to six hens on their property. The Health Department is charged with oversight of these programs. There were a total of 35 chicken permits and 6 bee permits issued in 2020.

Maternal/Child Health (MCH) Program

Services under the MCH program focus on the promotion of positive health outcomes and the reduction of risks associated with the reproductive health of individuals and families, and growth and development of infants, children, youth and parents. The focus is on the family as the basic unit of service. This program supports the provision of quality health care that spans the life-cycle periods of preconception, pregnancy, infancy and childhood. As additional home visit based social service programs become available in the community, our efforts have been concentrated on more intense case management for prenatal women and medically at-risk infants and children. Activities include assessment, planning, counseling, education, advocacy, evaluation and referral. Services are provided in the home setting. A maternal child health consolidated contract and property taxes fund these services.

The comprehensive Prenatal Care Coordination program (PNCC) was added to the MCH program in 2002. This program serves women with risk factors for a high risk pregnancy and works towards positive birth outcomes. Consolidated grant contract objectives in 2019 focused on a collaboration with community partners to implement and evaluate strategies to improve breastfeeding initiation and duration rates. Staff provided educational opportunities and support for area childcare sites and worksites to become breastfeeding friendly.

In addition, the Department participates on the Outagamie County Child Death Review Team that works to identify preventable risk factors that may have contributed to a child's death.

Childhood Lead Poisoning Prevention Program

This program is supported by consolidated contract state funds. Goals of the program are to ensure prevention of environmental lead exposure of Appleton's children. This is done through surveillance of blood lead levels, provision of lead poisoning prevention education to persons/programs involved with children and case management of individuals with elevated blood levels. The ultimate goal is to provide primary prevention by offering information about lead poisoning to pregnant women and parents of infants and children under the age of 6 before the child is potentially exposed. Increasing community awareness of the lead problem for Appleton's children also supports this goal. This is a multidisciplinary project involving both health department nursing and environmental staff.

Services are provided to diverse populations using interpreters and culturally sensitive materials (as available in clients' primary language) when working with non-English speaking families. Collaborative efforts are made with a variety of agencies including but not limited to WIC (Women Infants and Children), other local health departments, schools, hospitals, primary care providers, daycares, libraries and Appleton's Community Development Department. Mandatory reporting is required by all laboratories doing blood lead level testing and surveillance is done by local public health agencies.

Outreach to families for all children with blood lead levels 5ug/dl or greater is provided however due to COVID, activity was impacted.

Intervention efforts range from sending out information packets to families, education and assessment via a phone call and/or a home visit, education and outreach efforts to community groups, attendance at community health fairs and distribution of relevant lead information on the department's web site. Interagency collaboration continues with department participation in the Fox Valley Lead Coalition, the Fox Cities Housing Coalition and the Hispanic Interagency Coalition.

Staff nurses implement this program by educating parents on sources of lead, the effects of lead poisoning, nutrition, the use of lead check swabs, appropriate cleaning techniques for lead dust, and developmental evaluations of lead affected children. Cleaning kits continue to be provided at all home visits. For those children unable to be tested by a primary care provider, capillary blood lead testing can be offered by appointment at the Appleton Health Department, in the family's home or at monthly immunization clinics based on parent preference.

In 2020, the department continued the lead prevention outreach program to families of children who are six months of age and live in pre-1950 housing. All Appleton families identified receive a letter and brochure informing them about lead paint and its hazards. A follow-up phone call is made a few weeks after this letter offering lead prevention education services. The overall goal is to create healthy and lead-free housing for Appleton City Residents.

Elevations (ug/dl)	2015	2016	2017	2018	2019	2020
Venous Lead Levels > 19 ug/dl	1	2	1	0	0	1
Venous Lead Levels 10-19 ug/dl	3	5	4	1	1	2
Capillary Lead Levels > 10 ug/dl	4	5	7	3	5	10
Capillary & Venous Lead Levels 5-9 ug/dl	n/a	18	17	22	26	22

High Risk Adult Health Program

Services under this program focus on the promotion of positive health outcomes and the reduction of health risks associated with adults and older adults. The program supports the provision of quality health care, which spans the life cycle of young, middle-aged and older adults. Program activities include assessment, planning, advocacy, counseling, referral, education, emotional support, evaluation, clinic activities, and group education. Services are provided in the home, group homes and other settings throughout the community.

Public Health Nursing Caseload Data

The Public Health Nursing (PHN) caseload consists of individuals and families with complex health problems. The Department received a total of 194 referrals in 2020. A total of 431 visits, including admissions, revisits and discharge visits, as well as phone consultations were made to these clients. This compares to 1,011 visits in 2019.

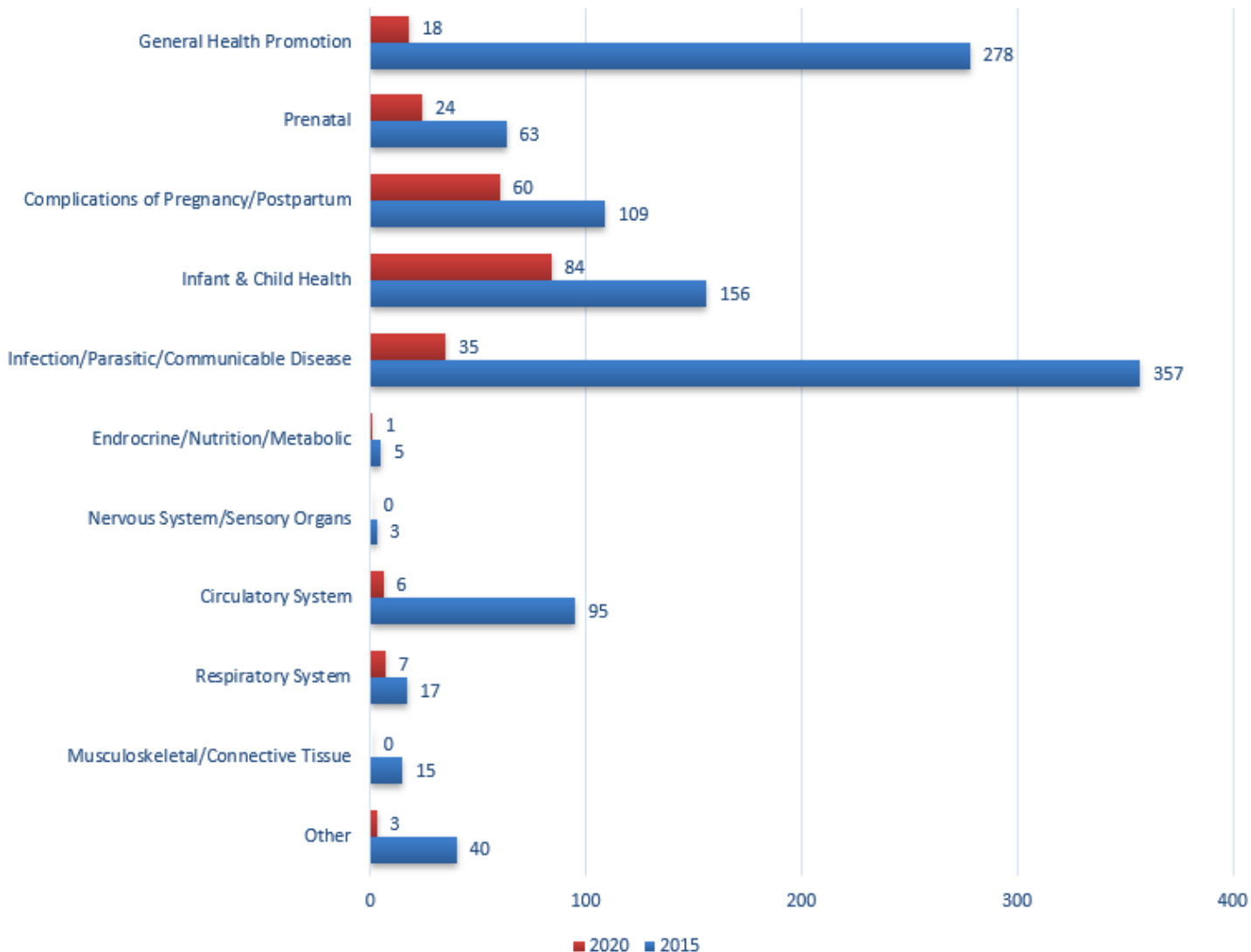
Referrals: Patient referrals come from a variety of sources including physicians, social services and home health care agencies. The following table shows types of referrals and referral rates per 1,000.

Type of Referrals to Public Health Nurse	2015	2016	2017	2018	2019	2020
Family	1	4	5	9	1	1
Maternal/Child (includes Birth Certificates)	925	894	861	926	920	193
Adult/Elderly	9	9	7	7	5	0
Rate/1000	12.68	12.21	11.70	12.60	12.39	2.66

Primary Problem Categories

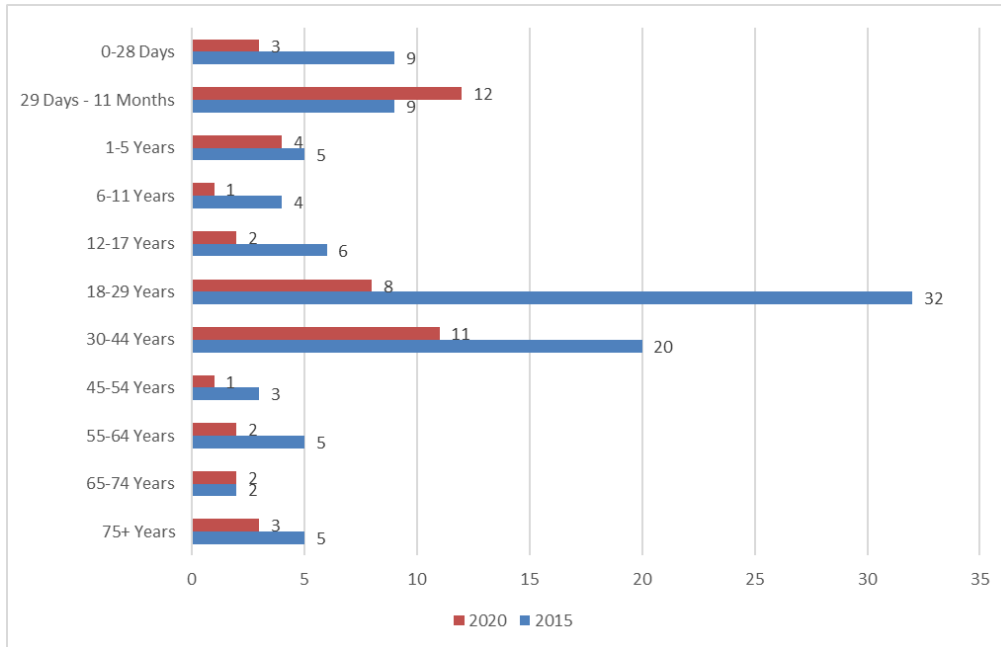
The total Public Health Nursing caseload can be described by a primary category of service provision. Maternal Child Health cases include families with concerns related to childbearing, parenting, well child care, growth and development, family planning, child abuse and neglect, nutrition and other concerns important to the young family. Adult health cases primarily include adult families with concerns related to chronic disease prevention and health promotion.

PUBLIC HEALTH NURSING CLIENTS BY PRIMARY PROBLEM

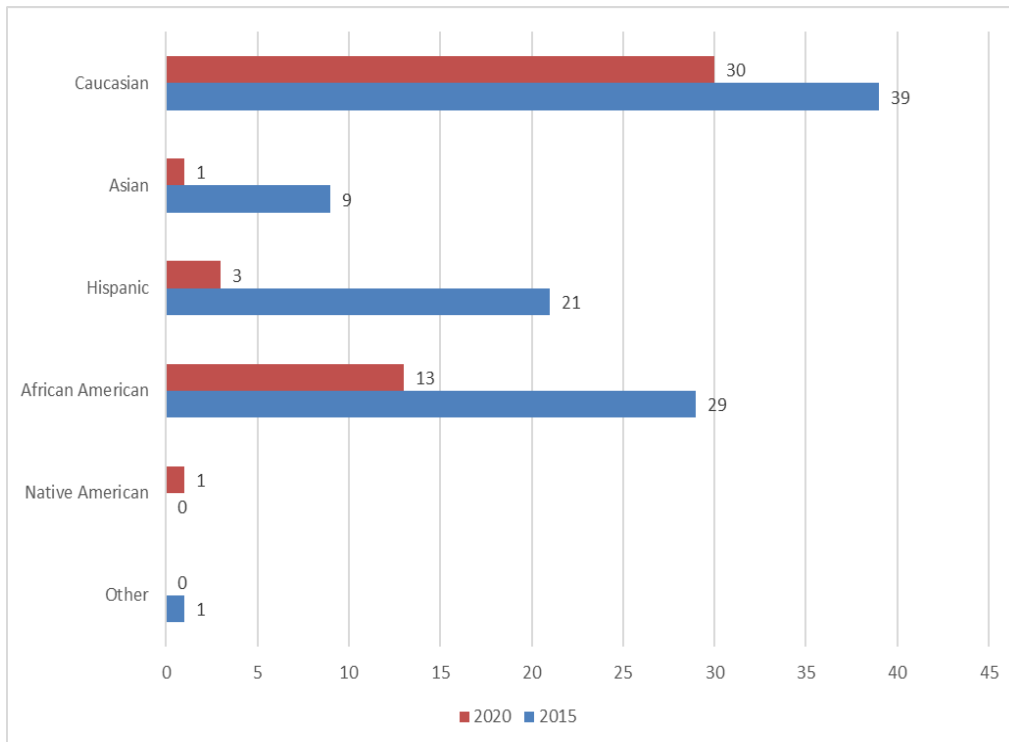


The following graphs describe the 2020 Public Health Nursing caseload by age and race/ethnicity.

PUBLIC HEALTH NURSING CLIENTS BY AGE



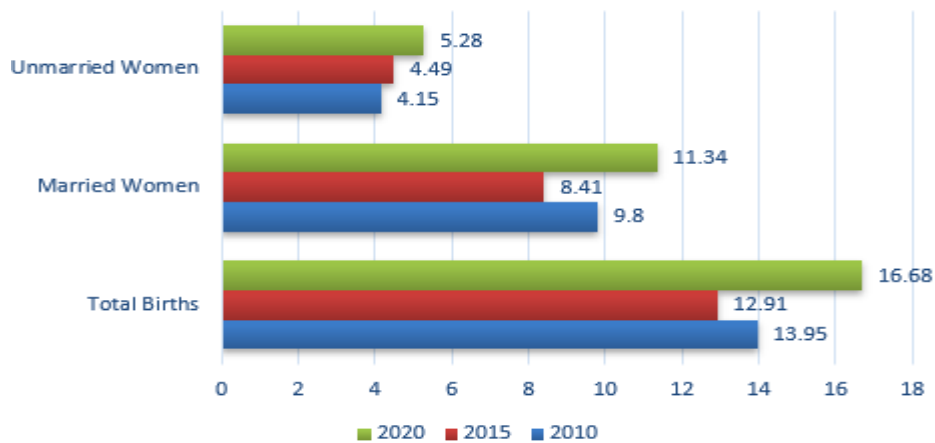
Percent Caseload



PUBLIC HEALTH NURSING CLIENTS BY RACE

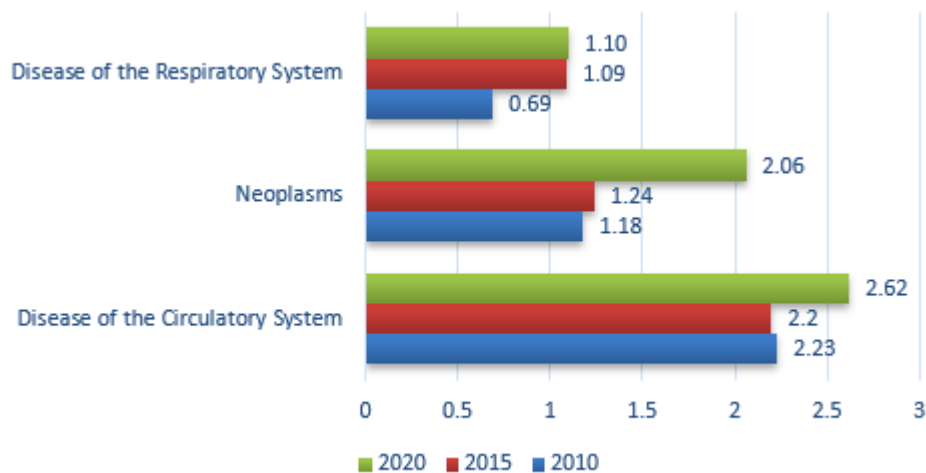
Vital statistics are maintained for monitoring the morbidity and mortality and as an aid in program planning. Appleton's population decreased from 74,734 in 2018 to 74,538 in 2020. The crude birth rate per 1,000 population in 2020 for the State was 11.3; for the City of Appleton it was **17.86**. The graph below shows crude birth rates based on marital status comparing 2020, 2015, and 2010.

CRUDE BIRTH RATES BASED ON MARITAL STATUS
(1000 x Number of Resident Live Births/Total Resident Population)



*Birth Data is Provisional

CRUDE DEATH RATES FOR LEADING CAUSES OF DEATH
(Rates per 1000 Resident Population)



This graph shows three of the leading causes of death for Appleton residents; cardiovascular disease, cancers and diseases of the respiratory system. Nicotine (tobacco and vape) use continues to be a major risk factor for the development of these diseases. See page 48 & 49 for charts showing death rates, data for all causes of deaths and deaths by age.

WEIGHTS AND MEASURES PROGRAM

The Weights and Measures program regulates the purchase or sale of products or services sold by weight, measure or count to assure equity in the marketplace. With this program, the consumer can make buying decisions with a reasonable degree of confidence that accurate quantity will be received. All businesses can operate on a level playing field, knowing trade practice regulations are fairly monitored and uniformly enforced.

MAJOR PROGRAM DESCRIPTIONS AND STATISTICS

Weights and Measures Device Licensing—All scales, pump meters, linear devices, and price scanners used in buying and selling within the City are licensed annually.

Weights and Measures Device Inspection—All weighing and measuring equipment used by businesses are inspected regularly to ensure accuracy and conformance with all National Institute of Standards and Technology (NIST) specifications and tolerances.

Monitoring and Sampling Commercial Transactions—To ensure that weighing and measuring equipment is used accurately, check weighing and measuring of prepackaged products and over-the-counter sales are conducted on an unannounced basis.

Product Labeling Enforcement and Consultation—Prepackaged consumer products are inspected for required labeling to ensure consumers receive proper information to make a valid buying decision. Bulk dispenser signage is also regulated in this fashion. Federal and State labeling rules and standards are enforced.

Product Scanning and Price Verifications—Routine unannounced scanning tests are conducted to maintain pricing accuracy where UPC bar code scanners are used at retail checkout counters. The scanning device itself, signage and price programming are all evaluated for consistency. Compliance results have greatly improved under this comprehensive program. In 1994, the first year scanning statistics were separated from general commodity inspection, 10.7% of scanning samples reflected price errors. In 2020, there was a 2.1% error rate, due to regular inspection and assisting business operators to develop good price control practices.

Assistance to other City Departments—Assistance is provided to other City departments. For example, for the Department of Public Works we are consulted on issues concerning inspections, testing and repair of weights and measures devices and also perform the Fire and Police Departments scale tests.

Agent of City Clerk on Temporary and Irregular Business License—The City Sealer

serves as field agent for the City Clerk’s office in making determinations on sellers to be licensed. Licenses involved are Commercial Solicitor, Secondhand Dealer, Salvage Dealer, Close-out Business, Termination Sales and Taxi Cab/Limousine Service.

**WEIGHTS AND MEASURES INSPECTIONS BY
ESTABLISHMENT TYPE AND YEAR**

ESTABLISHMENT TYPE	2018	2019	2020
Food and Convenience Stores	162	158	114
Restaurants	34	37	28
Bakery and Candy Stores	13	17	11
Dairy Plants and Stores	11	10	9
Drug Stores	22	22	20
Hardware Stores	26	34	24
Variety and Department Stores	95	94	85
Gas and Service Stations	33	30	30
Salvage Dealers and Recyclers	6	3	3
Pet Shops and Garden Centers	16	14	12
Industrial Manufacturing Plants	10	11	8
Concrete-Asphalt Plants and Road Materials	15	10	9
Transient Merchants (markets; product; seafood)	189	183	131
Package Shipping and Freight	10	8	7
Service Laundries and Dry Cleaners	1	1	1
Government Agencies	10	8	6
Solicitors and Door to Door Merchants	29	20	52
Close-out Business and Termination Sales	0	1	0
Second Hand Dealers	31	32	31
Laundromats, Car Washes, and other Timing Devices	6	5	5
Miscellaneous	38	33	11
Mobile Petroleum Dealers	26	23	21
TOTAL	783	754	618

**DEVICES TESTED BY TYPE, YEAR AND PERCENT
OUT OF COMPLIANCE**

TYPE OF DEVICE (% OF NONCOMPLAINT)	2018	2019	2020
Scales and Balances	609 (0.5%)	574 (2.8%)	499 (1.2%)
Measures (Include gas pumps & fuel oil truck meters)	1,008 (3.5%)	1,056 (3.5%)	946 (6.1%)
Weights	14 (0%)	26 (0%)	32 (0%)
Total	1,631	1,656	1,477

RESULTS OF PACKAGED COMMODITIES TESTED BY YEAR

PACKAGED COMMODITIES TESTED	2018	2019	2020
Total Units of Product Investigated	131,856	162,981	64,854
Random Sample Size	20,716	19,225	10,948
Total Products/Units Found Short Weight (% short)	1,267 (1.0%)	1,210 (0.7%)	440 (0.7%)
Total Products/Units Found Mislabeled (% mislabeled)	723 (0.5%)	1,985 (1.3%)	215 (0.3%)

PRICE SCANNING INSPECTIONS

PRICE SCANNING INSPECTIONS	2016	2017	2018	2019	2020
Number of Inspections	142	125	141	144	111
Number of Items Scanned	4,510	4,126	4,602	4,775	3,552
Pricing Errors Found	117 (2.6%)	99 (2.4%)	130 (2.8%)	103 (2.2%)	74 (2.2%)

CONSUMER COMPLAINTS BY TYPE AND YEAR

Type of Complaint	2018		2019		2020	
	Number Received	Number Violations	Number Received	Number Violations	Number Received	Number Violations
Foods	1	0	2	0	2	0
Liquid Foods	0	0	0	0	0	0
Non-Food Products	0	0	0	0	0	0
Heating Oil and LP Gas	0	0	0	0	0	0
Firewood	0	0	0	0	0	0
Gas Stations-Pumps	13	3	14	3	3	3
Gas Stations-Service Console	1	0	7	0	0	0
Gas Stations-Price Signage	1	0	6	2	2	1
Gas Stations-Gasoline Quality	2	0	3	0	0	0
Scales-Scrape Metal	1	0	0	0	0	0
Scales-Food	0	0	1	0	0	0
Scales-Other	0	0	0	0	0	0
Scanning	13	2	5	0	3	0
Trade Practices	5	1	4	1	1	1
Advertising	3	1	0	0	2	0
Going out of Business	0	0	1	1	1	1
Temporary Sales	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Total	40	7	43	7	14	6

ENVIRONMENTAL HEALTH PROGRAMS

Many environmental factors can influence the health of the community. The Department is involved in a variety of activities aimed at minimizing the exposure to environmental hazards and reducing the incidence of public health nuisances. Local ordinances set forth policies on solid waste, noise, housing and rodent control, which are enforced by the Department. This is usually in response to citizen complaints. Another component of protecting the community environment involves monitoring various environmental hazards, which pose a potential threat to citizens. In addition to the testing and monitoring conducted, the Department provides education and referral services on numerous topics.

PROGRAM DESCRIPTIONS AND STATISTICS

Housing Sanitation—Housing sanitation inspections are conducted on a complaint basis. Complaints of unsanitary conditions and concerns about mold in the home are received from citizens, police, fire, inspections division of Public Works and county Human Services.

Solid Waste—Solid waste complaints such as garbage/rubbish nuisance concerns are received from a variety of sources. Not only are nuisances of this nature unsightly for neighborhoods, but also failure to comply with sanitation regulations can often lead to greater public health concerns such as rodent, insect and nuisance bird attraction.

Rodent Control—The control of rats in the community is maintained by combining Municipal Code enforcement of commercial properties with a baiting program of exterior residential property and sewers. The Environmentalists are certified pest control operators and licensed to handle baits specific for this purpose.

General Environmental—Environmental problems such as those listed on the following chart are dealt with on a complaint basis. Investigations and/or referrals to other agencies are performed depending upon the nature of the concern.

ENVIRONMENTAL CONSULTATIONS AND COMPLAINT INVESTIGATIONS				
Nature of Contact	Number of Consultations		Number of Complaints	
	2015	2020	2015	2020
Community Water Supply	0	0	0	0
School/Day Care	11	4	0	0
Surface Water Pollution	0	2	1	0
Animal Nuisances	22	9	2	2
Rabies Control	38	36	0	0
Insect Control	41	30	13	6
Rodent Control	3	2	3	0
Hazardous Substance Control	9	4	2	0
Air Pollution - Indoor	30	5	6	0
Air Pollution - Outdoor	1	1	1	0
Noise	40	19	6	9
Radon	4	4	0	0
Garbage/Rubbish Nuisance	1	4	4	1
Private Residence/Housing	24	9	9	6
Lead	6	15	0	0
Mold	52	37	7	8
Other Programs	7	14	0	1
Other Business	43	49	1	7
Total	332	223	55	29

COMMUNITY INVOLVEMENT

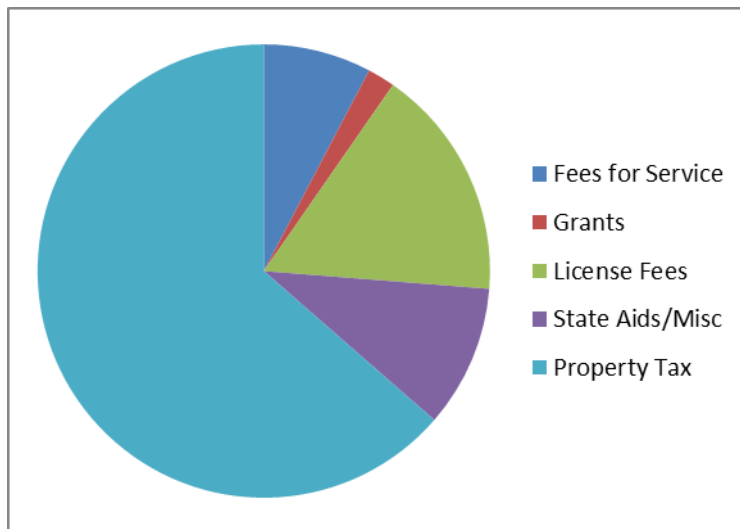
Health Department staff members recognize their role as a collaborative one within the community. As such, staff participate in a variety of community and professional activities including:

American Public Health Association	Northeast Region Sexually Transmitted Infections Work Group
Appleton Area Schools District Safety Committee	Northeast Wisconsin Immunization Coalition (NEWIC)
Breastfeeding Alliance Northeast Wisconsin (BFANWI)	Northeast Wisconsin Public Health Preparedness Partnership
Emergency Operation Plan Core Team Committee	OB/Local Health Department Coordination Committee
Family Services Inc. Advisory Board	Octoberfest Logistics Committee
Fox Cities Community Council	Outagamie County Child Death Review Team
Fox Cities Housing Coalition	Outagamie County Drug Endangered Children Team
Appleton Fox Cities Kiwanis	Outagamie County Elder Abuse Interdisciplinary Committee
Fox Cities/Oshkosh Bike and Pedestrian Steering Committee (ECPD)	Preventive Health & Health Services (PHHS) Block Grant Advisory Committee for Wisconsin
Fox Valley Community Health Improvement Coalition	Safe Kids Fox Valley
First Five Fox Valley	Ascension Infection Prevention
Fox Valley Healthcare Coalition	ThedaCare CHAT Community Health Action Team
Fox Valley Refugee Resettlement Team	ThedaCare Infection Prevention
Fox Valley Lead Coalition	United Way Fox Cities Community Impact Council
Outagamie Overdose Fatality Review	UW Population Health Institute Advisory Board
Northeast Region WALHDAB Health Officer Group	Weight of the Fox Valley Leadership & Core Planning Team
Health Smart Team	Wisconsin Association of Local Health Departments and Boards
Hispanic Interagency	Wisconsin City Caucus of Weights & Measures Officials
National Conference on Weights & Measures	Wisconsin Department of Agriculture, Trade & Consumer Protection, Weights & Measures Policies & Procedures Committee
Northeast Region Environmental Supervisors Group	Wisconsin Environmental Health Association
Northeast Region Public Health Managers Group	Wisconsin Health Education Network
Northeast Region Prenatal Care Coordinators	Wisconsin Weights & Measures Association (WWMA)

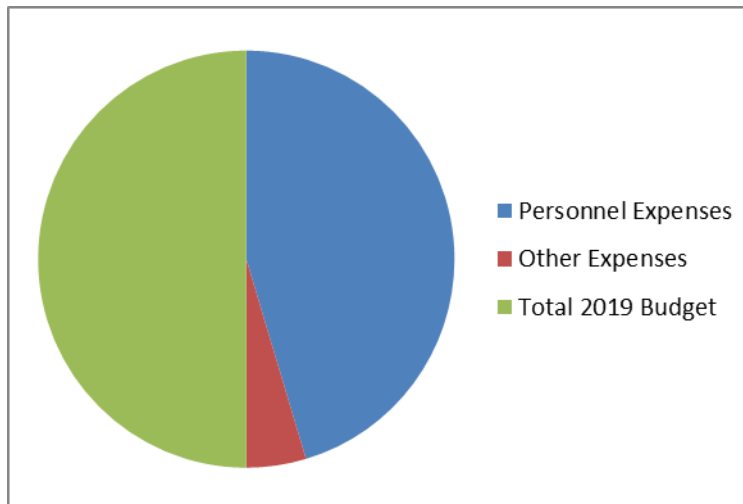
APPENDIX

BUDGET INFORMATION

2019 Actual Funding Source		
Fees for Service	\$95,919	7.7%
Grants	\$24,466	2.0%
License Fees	\$206,178	16.6%
State Aids/Misc	\$126,282	10.2%
Property Tax	\$790,995	63.6%



2019 Actual Expenses		
Personnel Expenses	\$1,128,638	90.7%
Other Expenses	\$115,202	9.3%
Total 2019 Budget	\$1,243,840	



COMMUNICABLE DISEASE DATA

(Rates per 1000 Resident Population)

Gastroenteric Disease	2010		2015		2020	
	Number	Rate	Number	Rate	Number	Rate
Campylobacter*	8	0.11	14	0.19	16	0.21
Cryptosporidiosis*	9	0.12	2	0.03	9	0.12
Cyclosporiasis	3	0.04	3	0.04	6	0.08
E. Coli (STEE & Other)	3	0.04	0	0.00	56	0.75
Giardiasis	7	0.10	8	0.11	12	0.16
Hemolytic Uremic Syndrome	N/A	N/A	N/A	N/A	0	0.00
Listeriosis	0	0.00	0	0.00	0	0.00
Salmonellosis	12	0.17	7	0.10	19	0.25
Shigellosis	3	0.04	1	0.01	4	0.05
Vibriosis	N/A	N/A	N/A	N/A	2	0.03
Yersinia	0	0.00	0	0.00	0	0.00

*Became reportable to local health departments in 2000

Sexually Transmitted Disease	2010		2015		2020	
	Number	Rate	Number	Rate	Number	Rate
HIV*	0	0.00	5	0.07	4	0.05
Chlamydia*	247	3.41	272	3.70	285	3.81
Gonorrhea*	37	0.51	23	0.31	99	1.32
Syphilis	0	0.00	0	0.00	6	0.08
Partner Referral Program***	4	0.06	2	0.03	2	0.03
Other STD	0	0.00	0	0.00	0	0.00

*Became reportable to local health departments in 1994

**Became reportable to local health departments in 1995, no longer reportable in 2010

***Program started in 1995

Miscellaneous Diseases	2010		2015		2020	
	Number	Rate	Number	Rate	Number	Rate
Acute Flaccid Myelitis	N/A	N/A	N/A	N/A	0	0
Babesiosis	2	0.03	10	N/A	2	0.03
Blastomycosis	2	0.03	10	0.14	2	0.03
Carbon Monoxide Poisoning	N/A	N/A	N/A	N/A	8	0.11
COVID-19	0	0.00	N/A	N/A	6554	87.69
Dengue Fever	N/A	N/A	1	0.01	0	0.00
Ehrlichiosis/Anaplasmosis	5	0.07	4	0.05	4	0.05
Haemophilus Influenza	0	0.00	1	0.01	1	0.01
Hepatitis A	0	0.00	0	0.00	2	0.03
Hepatitis B	0	0.00	0	0.00	0	0.00
Hepatitis C	23	0.32	53	0.72	40	0.54
Histoplasmosis	0	0.00	1	N/A	0	0.00
Kawasaki	0	0.00	N/A	N/A	0	0.00
Hospitalized Influenza**	N/A	N/A	31	0.42	39	0.52
Lead Toxicity*	0	0.00	0	0.00	0	0.00
Legionellosis	0	0.00	0	0.00	0	0.00
Leprosy	0	0.00	0	0.00	0	0.00
Lyme Disease	19	0.26	11	0.15	14	0.19
Malaria	0	0.00	0	0.00	0	0.00
Meningitis - Bacterial	0	0.00	1	0.01	0	0.00
Novel H1N1	0	0.00	N/A	N/A	0	0.00
N. Meningitidis, Invasive Disease	N/A	N/A	N/A	N/A	0	0.00
Rheumatic Fever	0	0.00	0	0.00	0	0.00
Streptococcus Pneumoniae	6	0.08	6	0.08	12	0.16
Invasive Group A Strep	4	0.06	1	1.00	2	0.03
Invasive Group B Strep	7	0.10	9	0.12	12	0.16
Invasive Strep, Other	N/A	N/A	N/A	N/A	1	0.01
Toxic Shock Syndrome	0	0.00	0	0.00	0	0.00
TB - Mycobacterium	0	0.00	3	0.04	3	0.04
TB - Atypical	6	0.08	14	0.19	12	0.16
Typhoid	0	0.00	0	0.00	0	0.00

Vaccine Preventable Disease	2010		2015		2020	
	Number	Rate	Number	Rate	Number	Rate
Chickenpox (Varicella)*	5	0.07	2	0.03	2	0.03
Measles	0	0.00	0	0.00	0	0.00
Pertussis	3	0.04	3	0.04	2	0.03
Mumps	0	0.00	0	0.00	0	0.00

STATE LABORATORY OF HYGIENE FEE FREE TESTING

The Wisconsin State Laboratory of Hygiene provides sample analysis for selected communicable disease investigations where insurance or other payer sources are not available. The service has been in existence for many years. The following chart shows the type and number of samples analyzed for the Health Department in 2020. The total cost of these analyses would be \$3,664 if they were not fee free.

TYPE OF ANALYSIS	NUMBER OF SAMPLES
Mycobacteriology	21
Salmonella	0
VDRL	0
Rabies	16
N Meningitis	0
Chlamydia/N Gonorrhea	0
Ova Parasites/Cryptosporidiosis/Giardia	0
Outbreak Stool Cultures	0
Blood Lead - Capillary	2
Blood Lead - Venous	0
HIV 1/HIV 2	0
Norovirus PCR	0
Influenza A & B	0
Liver Function (AST, ACT)	0
Measles	0
Rubella	0
Mumps virus PCR	0
Hepatitis C	0
Hepatitis B Serodiagnosis	0
Hepatitis A	0
E. Coli 0157:H7	0
Respiratory virus PCR	0
Clostridium Perfringens Stool	0
Campylobacter	0

PUBLIC HEALTH NURSING CASELOAD

CLIENTS ADMITTED BY PRIMARY PROBLEM	2010	2015	2020
General Health Promotion	14	104	5
Prenatal	37	27	7
Complications of Pregnancy/Postpartum	38	28	9
Infant/Child Health	73	50	19
Infection/Parasitic/Communicable Disease	20	37	2
Endocrine/Nutrition/Metabolic	6	0	0
Nervous System/Sensory Organs	2	1	0
Circulatory System	14	9	3
Respiratory System	3	0	2
Musculoskeletal/Connective Tissue	2	4	0
Other	15	5	0
Total	224	265	47
CLIENT HOME VISITS	2010	2015	2020
Telephone/Home Visits	1165	1203	431
CLIENTS ADMITTED BY AGE	2010	2015	2020
0-28 Days	16	25	3
29 Days - 11 Months	32	24	12
1-5 Years	25	12	4
6-11 Years	1	10	1
12-17 Years	20	17	2
18-29 Years	62	84	8
30-44 Years	27	52	11
45-54 Years	12	8	1
55-64 Years	9	14	3
65-74 Years	4	5	2
75+ Years	16	14	3
Total	224	265	50
CLIENTS ADMITTED BY RACE	2010	2015	2020
Caucasian	117	104	30
African American	9	78	13
Native American	4	0	1
Hispanic	36	55	3
Asian	58	25	1
Other	0	3	0
Total	224	265	48
CLIENTS ADMITTED BY GENDER	2010	2015	2020
Male	67	104	11
Female	157	161	37

VITAL BIRTH STATISTICS

(Crude Live Birth Rates=1000 x # of Resident Live Births/Total Resident Population)

APPLETON POPULATION			STATE CRUDE BIRTH RATE
2010	2015	2020	2020
72,623	73,118	74,538	12.0

*State no longer provides this data

Birth Data	2008		2015		2018	
	Number	Rate	Number	Rate	Number	Rate
Total Birth Rate	1,065	14.74	951	12.95	1,335	17.86
Births to Married Woman	775	10.72	620	8.49	921	12.32
Births to Unmarried Woman	290	4.01	331	4.51	411	5.50
Total Births to Woman <18 Yrs	27	.37	9	.12	*	
Unmarried <18 Yrs	21	.29	9	.12	*	
Unmarried 18-29 Yrs	219	3.03	221	3.01	*	
Unmarried 30-40 Yrs	46	.64	92	1.25	*	
Unmarried >40 Yrs	4	.06	9	.12	*	

Age of Mother	Birth Count	Percent
15-17 years	8	0.60
18-19 years	29	2.17
20-24 years	191	14.31
25-29 years	431	32.28
30-34 years	466	34.91
35-39 years	180	13.48
40-44 years	29	2.17
45+ years	1	0.07
Total	1,335	100.00%

Race/Ethnicity of Mother	Birth Count	Percent
White (Non-Hispanic)	978	73.26
Black (Non-Hispanic)	54	4.04
American Indian (Non-Hispanic)	10	0.75
Hispanic	111	8.31
Laotian/Hmong (Non-Hispanic)	111	8.31
Other (Non-Hispanic)	45	3.37
Non-Hispanic, Multi-Race	24	1.80
Missing/Unknown	2	0.15
Total	1,335	100.00%

VITAL BIRTH STATISTICS

Education of Mother	Birth Count	Percent
8th Grade or less	22	1.77
Some High School	58	4.66
High School Graduate/GED	295	23.71
Some College	361	29.02
Bachelor's Degree	360	28.94
Masters/Professional	146	11.74
Missing/Unknown	2	0.16
Total	1,244	100.00%

Birth Weight	Birth Count	Percent
< 1,000 grams	9	0.72
1,000-1,499 grams	5	0.40
1,500-2,499 grams	68	5.47
2,500-3,999 grams	1,047	84.16
4,000 + grams	115	9.24
Total	1,244	100.00%

Low Birth Weight	Birth Count	Percent
< 2,500 grams	82	6.59
2,500 + grams	1161	93.33
Unknown	1	0.08
Total	1,244	100.00%

*Provisional data from WI Vital Records Office Aggregate Birth Report 2018

VITAL BIRTH STATISTICS

Mother Smoked During Pregnancy	Birth Count	Percent
No	1,136	91.32
Yes	106	8.52
Missing/Unknown	2	0.16
Total	1,244	100.00%

Mother Smoked During Pregnancy	No		Yes		Missing/Unknown		Total	
	Birth Count	Percent	Birth Count	Percent	Birth Count	Percent	Birth Count	Percent
< 1,000 grams	6	0.53%	3	2.83%	0	0.00%	9	0.72%
1,000-1,499 grams	1	0.09%	4	3.77%	0	0.00%	5	0.40%
1,500-2,499 grams	60	5.29%	8	7.55%	0	0.00%	68	5.47%
2,500-3,999 grams	958	84.41%	87	82.08%	2	100.00%	1047	84.23%
4,000 + grams	110	9.69%	4	3.77%	0	0.00%	114	9.17%
Total	1135	100.00%	106	100.00%	2	100.00%	1243	100.00%

Prematurity	Birth Count	Percent
Full Term (37+ weeks)	1110	89.23%
Premature (<37 weeks)	131	10.53%
Unknown	3	0.24%
Total	1244	200.00%

*Provisional data from WI Vital Records Office Aggregate Birth Report 2018

DEATH DATA

(Crude Death Rate=1,000 x # Deaths/Total Resident Population)

Crude Death Rate for State 2020 = 11.3

Age	2010		2015		2020	
	Number	Rate	Number	Rate	Number	Rate
Under 1 Year	4	0.06	1	0.01	5	0.07
1 Year to 10 Years	0	0.00	0	0.00	3	0.04
11 Years to 20 Years	1	0.01	1	0.01	6	0.08
21 Years to 30 Years	3	0.04	4	0.06	10	0.14
31 Years to 40 Years	6	0.08	11	0.15	20	0.27
41 Years to 50 Years	20	0.28	14	0.19	29	0.39
51 Years to 60 Years	49	0.68	48	0.66	71	0.96
61 Years to 70 Years	63	0.87	81	1.12	122	1.65
71 Years to 80 Years	74	1.03	87	1.20	191	2.59
81 Years to 90 Years	143	1.98	161	2.22	236	3.20
91 Years to 100 Years	70	0.97	93	1.28	129	1.75
Over 100 Years	1	0.01	2	0.03	7	0.09

Causes of Death	2010		2015		2020	
	Number	Rate	Number	Rate	Number	Rate
Accidental Death	15	0.21	24	0.33	47	0.64
Congenital Anomalies	0	0.00	1	0.01	5	0.07
Complications of Pregnancy	1	0.01	0	0.00	0	0.00
Condition Originating in Perinatal Period	1	0.01	2	0.03	3	0.04
Disease of Blood/Blood Forming Organs	1	0.01	2	0.03	2	0.03
Disease of Circulatory System	161	2.23	160	2.20	193	2.62
Disease of the Digestive System	14	0.19	19	0.26	18	0.24
Disease of Genitourinary System	21	0.29	20	0.28	13	0.18
Disease of Musculoskeletal System/Connective Tissue	2	0.03	1	0.01	0	0.00
Disease of Nervous System	17	0.24	30	0.41	13	0.18
Disease of Respiratory System	50	0.69	79	1.09	81	1.10
Endocrine, Nutritional and Metabolic Disease	4	0.06	3	0.04	17	0.23
Homicides	1	0.01	1	0.01	2	0.03
Infectious and Parasitic Disease	8	0.11	4	0.06	14	0.19
Mental Disorder	1	0.01	40	0.55	27	0.37
Neoplasm	85	1.18	90	1.24	152	2.06
Suicide	2	0.03	7	0.10	6	0.08
Symptoms, Signs and Ill-Defined Conditions	49	0.68	19	0.26	236	3.20