



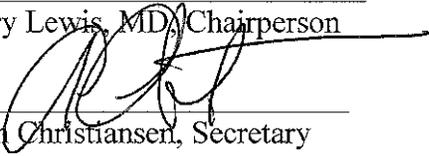
North Shore Health Department – Board of Health Meeting

PLEASE TAKE NOTICE that the North Shore Health Department Board of Health will meet Thursday, February 11th, 2016 at 7 PM at the North Shore Health Department – **Brown Deer Office - 4800 Green Brook Dr.**, at which time and place the following items of business will be discussed and possibly acted upon:

1. Roll Call
2. Persons Desiring to be Heard
3. Approval of October 15th, 2015 Minutes
4. Environmental Health Consortium (Brad Simerly)
 - Fee increase for 2016-2017
 - NACCHO grant
5. Health Department Administrative Items
 - Strategic plan update
 - Community Engagement – Community Health Survey
6. Reports and Discussions
 - Disease Control and Prevention (Kathy Platt)
 - i. Flu update
 - Environmental Health (Kathy Platt)
 - i. Lead poisoning update
 - ii. Radon testing program
7. Scheduling of Next Meeting and Location
8. Adjournment

Dated: January 14th, 2016

Gary Lewis, MD, Chairperson

By: 

Ann Christiansen, Secretary

PERSONS REQUIRING SPECIAL ACCOMMODATIONS FOR ATTENDANCE AT THE MEETING SHOULD CONTACT THE VILLAGE MANAGER AT LEAST ONE BUSINESS DAY PRIOR TO THE MEETING.

Minutes
North Shore Health Department - Board of Health
2010 E. Shorewood Blvd.
Shorewood, WI 53223

Thursday, October 15th, 2015

- 1) Meeting was called to order at 7:10 pm by Ann Christiansen.
- 2) Roll Call
Present: Mary Jo Baisch, Barbara Bechtel, Ann Christiansen, Debesh Mazumdar, Bill Warner, Gary Lewis, Donna Olsen, Chris Simez
Absent: Claudia Altmann
- 3) Persons Desiring to be Heard
There were no persons desiring to be heard.
- 4) Approval of July 30, 2015 Minutes
Mary Jo Baisch moved to approve the minutes as submitted, Barbara Bechtel seconded. Motion carried.
- 5) Health Department Administrative Items
 - a) Health department staffing update - Lori Ahrenhoester, PhD was offered and accepted the position of Public Health Manager. Lori earned her PhD in Environmental and Occupational Health and is a Certified Lactation Counselor. Lori is also adjunct faculty at UW-Milwaukee's Joseph J. Zilber School of Public Health. Lori and her family are residents of Whitefish Bay.
 - b) Office infrastructure – Ms. Christiansen provided an update that she has investigated potential space at Riverwoods in Glendale. Riverwoods is home to a number of Columbia St. Mary's physicians and houses an urgent care clinic. The vacant space was appealing because it had a separate entrance to the facility and was already set up as a clinic. The drawbacks of the facility were that it was a bit small and did not offer the department room to grow. The Board recommended that the Health Director/Officer continue to investigate this space, as well as other options.
 - c) 2016 Budget –The Health Director/Officer presented the budget package that was submitted to the Village of Brown Deer for their review and approval. Ms. Christiansen updated the group that she had presented to the Village of Brown Deer on October 13th. She stated that the Village asked thoughtful questions about our goals and questioned how community contributions are determined. The Village suggested that the health department review the formula allocation in the future. The NSHD Board of Health discussed upcoming legislation being introduced to specify the funding of multiple county health departments be based on per capita rather than the current equalized valuation. Board of Health members recommended that the health department monitor this legislation for potential impacts on the formula allocation for the NSHD.
 - d) Review and approve Mission, Vision, and Value Statements – The Health Director/Officer presented revised versions of the department's mission, vision and value statements. The Board asked about the process for developing these documents and were satisfied to learn of the iterative process where the health director sought staff input and feedback for several rounds. Gary Lewis made a motion to approve the Mission, Vision, and Value Statements. Chris Simez seconded. The Motion to Approve the Mission, Vision, and Value Statements was approved.

6) Reports and Discussions
a) Disease Prevention and Control

-TB Cases: Ms. Christiansen provided an update to the BOH about the continued increased in active and latent TB cases the department is currently managing. The department is currently managing 12 cases of active and latent TB, including on high risk prophylactic LTBI. The Health Director/Officer discussed with the Board that covering DOT for some of these cases was very difficult with our current staffing levels. The Board recommended reaching out to other health departments to identify others who might be able to assist with DOT.

-Flu Immunization Update: The health department is currently in the middle of the flu immunization season. The department's mass clinic exercises are scheduled to take place at University School in River Hills on October 20th and at Brown Deer on October 24th. The department has additional clinics arranged for employees from Brown Deer, Shorewood, and Whitefish Bay. This service was arranged as part of the original consolidation agreement that the department would offer no cost flu immunizations to those employees.

-Unintentional Poisoning Meeting: The Health Director/Officer provided a brief update on the outcome of a September meeting with law enforcement, North Shore Fire/Rescue, and the health department. The group decided to utilize the resources of the Ozaukee Heroin Task Force and potentially update their resource materials to be specific to the North Shore.

b) Public Health Preparedness

-Ms. Christiansen updated the BOH on our funding for public health preparedness activities, including supplemental funding for Ebola-related disease.

c) Environmental Health

-Restaurant licensing fee changes – Ms. Christiansen told the Board the department was investigating an increase in the license fees for 2016-2017. The Board recommended that this be brought to the next meeting for discussion and approval.

7) Scheduling of Next Meeting and Location

The next North Shore Board of Health meeting will take place on Thursday, January 21st at 7:00pm at the Brown Deer office (4800 Green Brook Dr.).

8) At 8:53 pm, Mary Jo Baisch moved to adjourn, Bill Warner seconded. Motion carried.

Respectfully submitted,



Ann Christiansen, Secretary

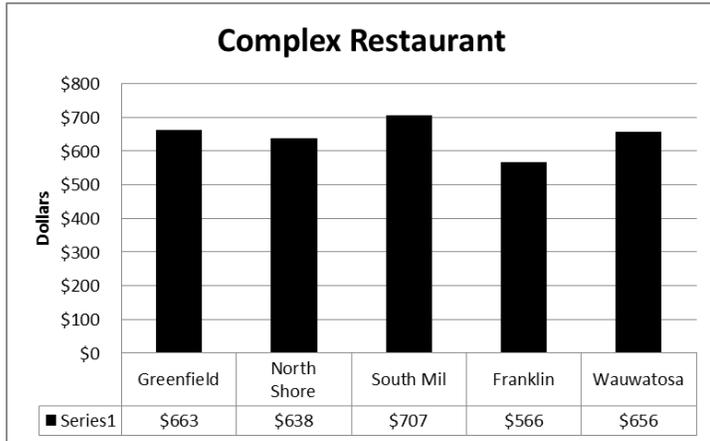


NORTH SHORE ENVIRONMENTAL HEALTH CONSORTIUM

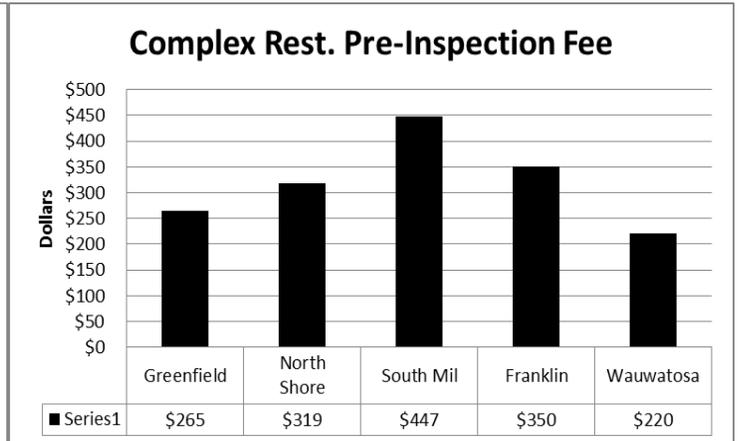
Bayside, Brown Deer, Fox Point, River Hills, Shorewood, Whitefish Bay

4800 W Green Brook Drive
Brown Deer, WI 53223-2496

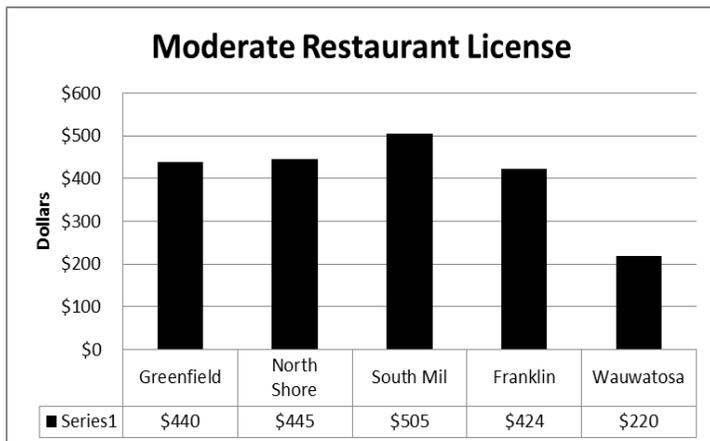
Phone: (414) 371-2986
Fax: (414) 371-2988



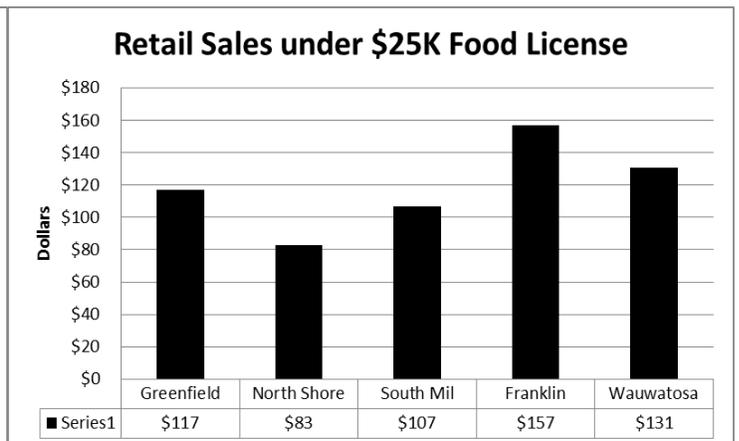
*Currently \$613



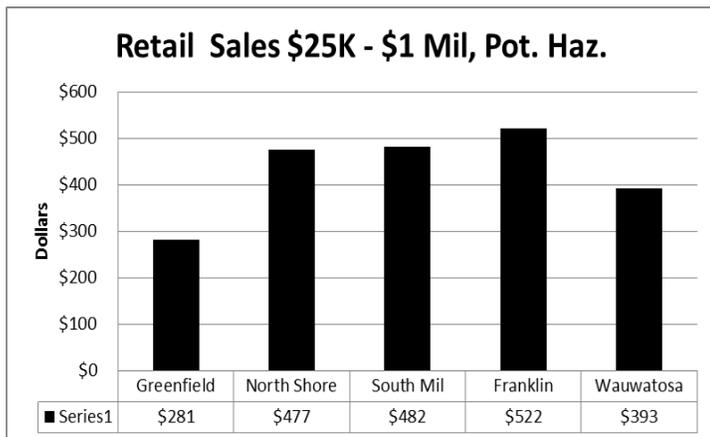
*Currently \$307



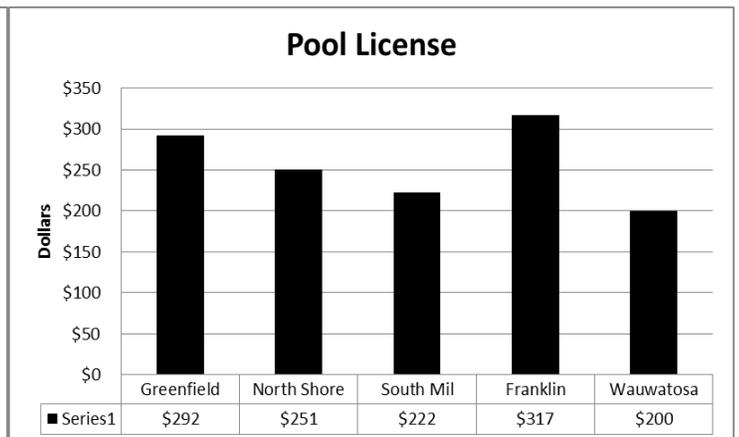
*Currently \$428



*Currently \$80



*Currently \$459



*Currently \$241



NORTH SHORE ENVIRONMENTAL HEALTH CONSORTIUM

Bayside, Brown Deer, Fox Point, River Hills, Shorewood, Whitefish Bay

16-17 license/permit Fee Proposals for North Shore Environmental Health Consortium

	Permit Fees						
	Annual	15 Month	Preinspection	First Reinspection	Plan review	Consultation	Late fee
Restaurant							
simple	\$316.00	\$395.00	\$158.00	\$153.00	\$158.00	\$127.00	\$63.00
moderate	\$445.00	\$556.00	\$223.00	\$153.00	\$223.00	\$127.00	\$89.00
complex	\$638.00	\$797.00	\$319.00	\$153.00	\$319.00	\$127.00	\$128.00
limited	\$159.00	\$199.00	\$80.00	\$153.00	\$80.00	\$127.00	\$32.00
additional prep area	\$166.00	\$208.00	\$82.00	\$153.00	\$82.00	\$127.00	\$33.00
mobile restaurant	\$301.00	\$337.00	\$114.00	\$153.00	\$114.00	\$127.00	\$60.00
mobile serv. base-simple	\$316.00	\$395.00	\$158.00	\$153.00	\$158.00	\$127.00	\$63.00
mobile serv. base-mod.	\$445.00	\$556.00	\$223.00	\$153.00	\$223.00	\$127.00	\$89.00
mobile serv. base-complex	\$638.00	\$797.00	\$319.00	\$153.00	\$319.00	\$127.00	\$128.00
temporary	\$125.00						
short term temporary	\$62.00						
farm market, per dealer	\$37.00						
farm mkt - potentially haz.	\$77.00						
School Kitchen							
satellite	\$156.00	\$196.00	\$78.00	\$153.00	\$78.00	\$127.00	\$31.00
full service	\$316.00	\$395.00	\$158.00	\$153.00	\$158.00	\$127.00	\$63.00
Retail Food							
not engaged in food proc	\$82.00	\$103.00	\$37.00	\$153.00	\$37.00	\$127.00	\$16.00
sales under \$25K	\$83.00	\$104.00	\$41.00	\$153.00	\$41.00	\$127.00	\$16.00
sales > \$25K, non-pot. haz	\$341.00	\$425.00	\$171.00	\$153.00	\$171.00	\$127.00	\$68.00
sales \$25K-\$1mil, pot haz	\$477.00	\$597.00	\$239.00	\$153.00	\$239.00	\$127.00	\$95.00
sales > \$1 mil, pot haz	\$1,226.00	\$1,533.00	\$614.00	\$153.00	\$614.00	\$127.00	\$245.00
temporary event	\$37.00						
farmer's market, per dealer	\$37.00						
farm mkt - potentially haz.	\$77.00						
Hotels							
5-30 rooms	\$433.00	\$541.00	\$216.00	\$153.00	\$216.00	\$127.00	\$87.00
31-99 rooms	\$506.00	\$632.00	\$253.00	\$153.00	\$253.00	\$127.00	\$101.00
100-199 rooms	\$581.00	\$727.00	\$291.00	\$153.00	\$291.00	\$127.00	\$116.00
200 or more rooms	\$856.00	\$1,070.00	\$428.00	\$153.00	\$428.00	\$127.00	\$171.00
Bed and Break.							
	\$214.00	\$268.00	\$107.00	\$153.00	\$107.00	\$127.00	\$43.00
Pools							
	\$251.00	\$313.00	\$126.00	\$126.00	\$126.00	\$127.00	\$50.00
Body Art							
Tattoo Establishment	\$201.00	\$251.00	\$101.00	\$132.00	\$101.00	\$127.00	\$40.00
Body piercing	\$188.00	\$235.00	\$94.00	\$132.00	\$94.00	\$127.00	\$38.00
Comb. tattoo/body pierce	\$326.00	\$407.00	\$163.00	\$132.00	\$163.00	\$127.00	\$65.00
Temp. tattoo, Body Piercing, or Comb. Est.	\$209.00	\$261.00					
Vending Mach.							
Commissary	\$367.00	\$459.00	\$257.00	\$153.00	\$225.00	\$127.00	\$73.00
Operator	\$209.00	\$261.00	\$126.00	\$126.00		\$127.00	\$42.00
Vend machine unit lic fee	\$16.00						\$3.00
All Licenses							
Duplicate license	\$16.00	\$20.00					
Operating without a lic	\$835.00						
No certified operator	\$179.00						



NORTH SHORE ENVIRONMENTAL HEALTH CONSORTIUM

Bayside, Brown Deer, Fox Point, River Hills, Shorewood, Whitefish Bay

MEMORANDUM

January 21st, 2016

To: Board of Health

From: Ann Christiansen, Health Officer
Brad Simerly, Sanitarian

RE: Fee Modification and Ordinance Change

The North Shore Environmental Health Consortium (NSEHC) is a program which conducts inspections for all food establishments, temporary events, farmers' markets, public pools, hotels, and investigates public health-related complaints. The NSEHC is a fee-funded program and has not had a fee increase in three years. After review, the NSEHC recommends a 4% increase for all program fees to maintain services and cover program costs. Please see the attached graphs for comparison with other local agencies. Also, other services were re-evaluated and there is a need to add an "Inspection Fee" to the fee schedule to meet the requirements of our agent/state contract.

In addition, the NSEHC is working on developing a new Code of Ordinance pertaining to Food, Lodging, and Recreational Safety and Licensing. Currently each of the 6 participating communities operates under an ordinance which differs from each other. The new proposed ordinance would strengthen and improve consistency within the consortium in the following ways:

- Some communities' ordinances conflict with the Agent Policy pertaining to re-inspection fees. For example, fees are to be assessed after the first re-inspection whereas some indicate the fee shall be assessed after the third re-inspection
- Obtain consistency within ordinance sections. Some communities have sections that do not pertain to all communities such as, Nonpayment of fees and Inspection and Re-inspection.
- Eliminate redundancy. Some communities repeat already referenced state statutes within the ordinance.
- Obtain a uniform inspection process to improve consistency and to ensure each participating community receives equal services.

We will be present at the January 21st, 2016 Board of Health meeting to discuss further. Please call the North Shore Health Department at (414) 371-2980 if you have questions before the meeting.



North Shore Health Department Community Health Survey–2015

Commissioned by:

Aurora Health Care

Children's Hospital of Wisconsin

Columbia St. Mary's Health System

Froedtert Health

Wheaton Franciscan Healthcare

In Partnership with:

Center for Urban Population Health

North Shore Health Department



Overview

- Objectives
 - Gather data on the prevalence of risk factors and disease conditions of the adult population.
 - Compare health data of residents to previous health studies.
 - Review data in context of North Shore's four priority health areas:
 - Prevention and Control of Communicable Disease
 - Chronic Disease Prevention and Management
 - Physical Activity
 - Mental Health



Methodology

- 18 minute telephone survey of area residents
- 400 completions from March 16 through May 14, 2015
- Margin of error: $\pm 5\%$

	Bayside	Brown Deer	Fox Point	Glendale	River Hills	Shorewood	Whitefish Bay
Population	4,389	11,999	6,701	12,872	1,597	13,162	14,110
	6.7%	18.5%	10.3%	19.9%	2.4%	20.3%	21.8%
Survey Sample	5%	24%	7%	27%	<1%	23%	14%

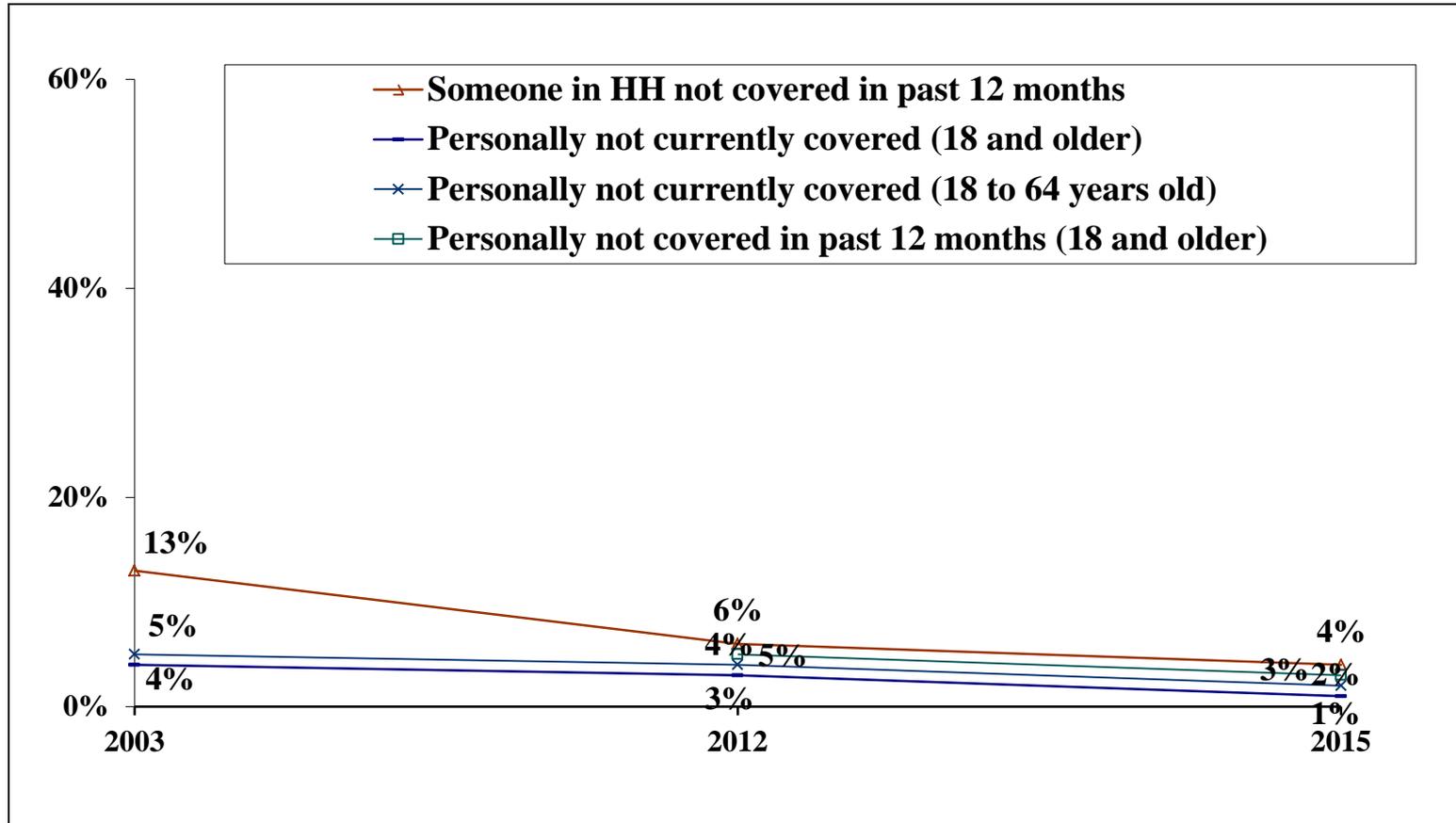


Respondent Demographics

	Percent
Gender	
Male	46%
Female	54%
Household Income	
Bottom 40 Percent Bracket	24%
Middle 20 Percent Bracket	13%
Top 40 Percent Bracket	48%
Not sure/No answer	15%
Education	
High school or less	11%
Some post high school	21%
College graduate	68%
Marital Status	
Married	57%



Health Care Coverage

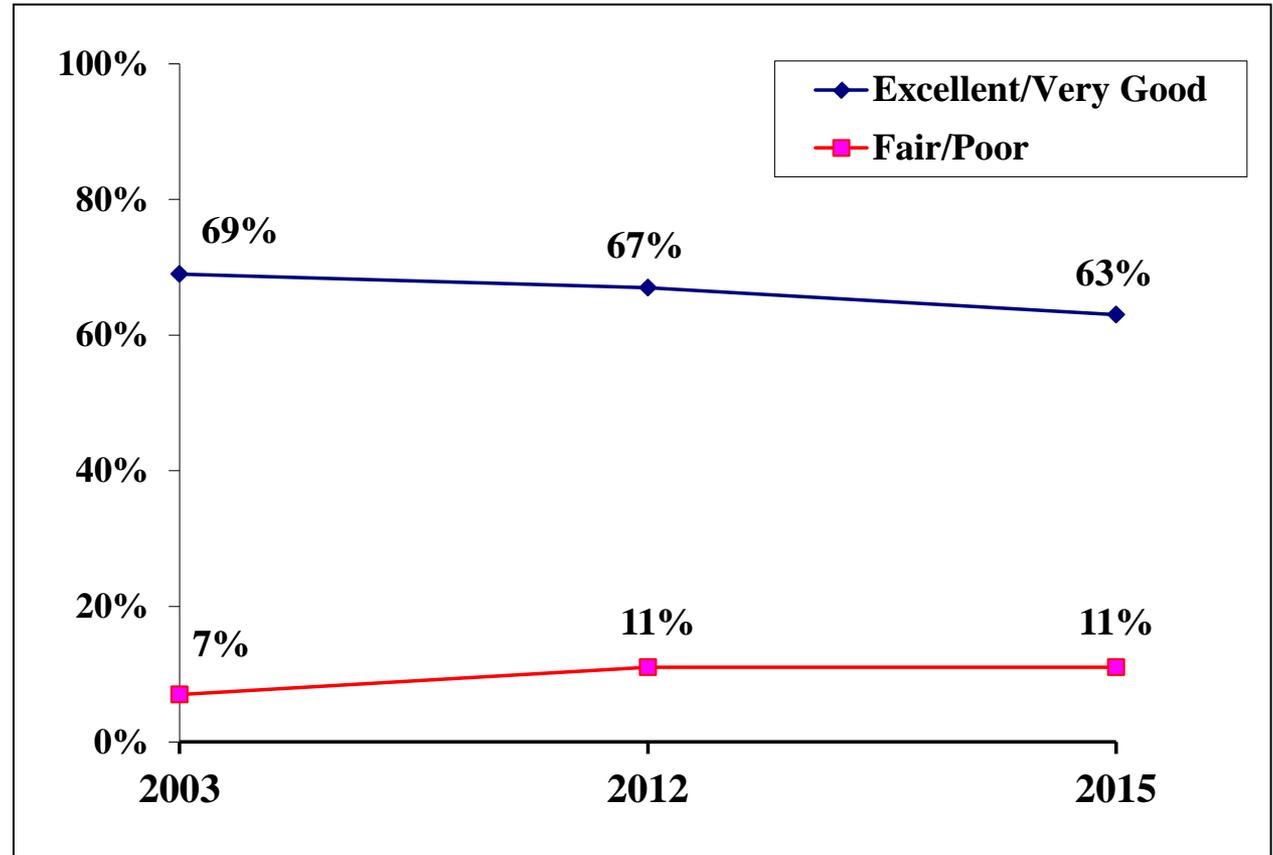




Rate Own Health

2013

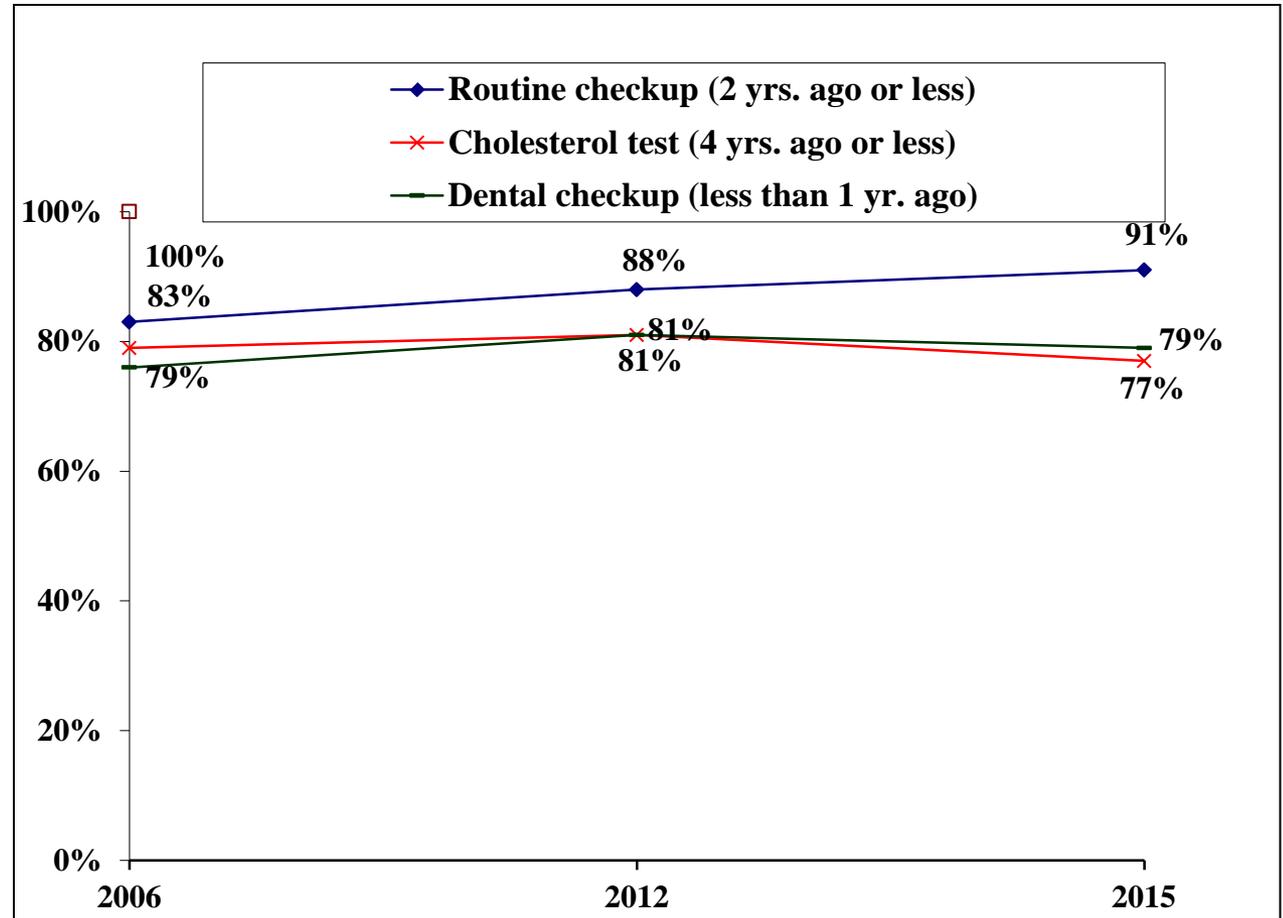
- Excellent or Very Good
 - WI: 54%
 - US: 53%
- Fair or Poor
 - WI: 15%
 - US: 17%





Routine Procedures

- Routine checkup 2013
 - WI: 82%
 - US: 81%
 - NS: 91% - 2015
- Cholesterol test 2013
 - WI: 77%
 - US: 76%
 - NS: 77% - 2015
 - HP2020 Goal: 82%
- Dental checkup 2012
 - WI: 72%
 - US: 67%
 - NS: 79% - 2015
 - HP2020 Goal: 49%

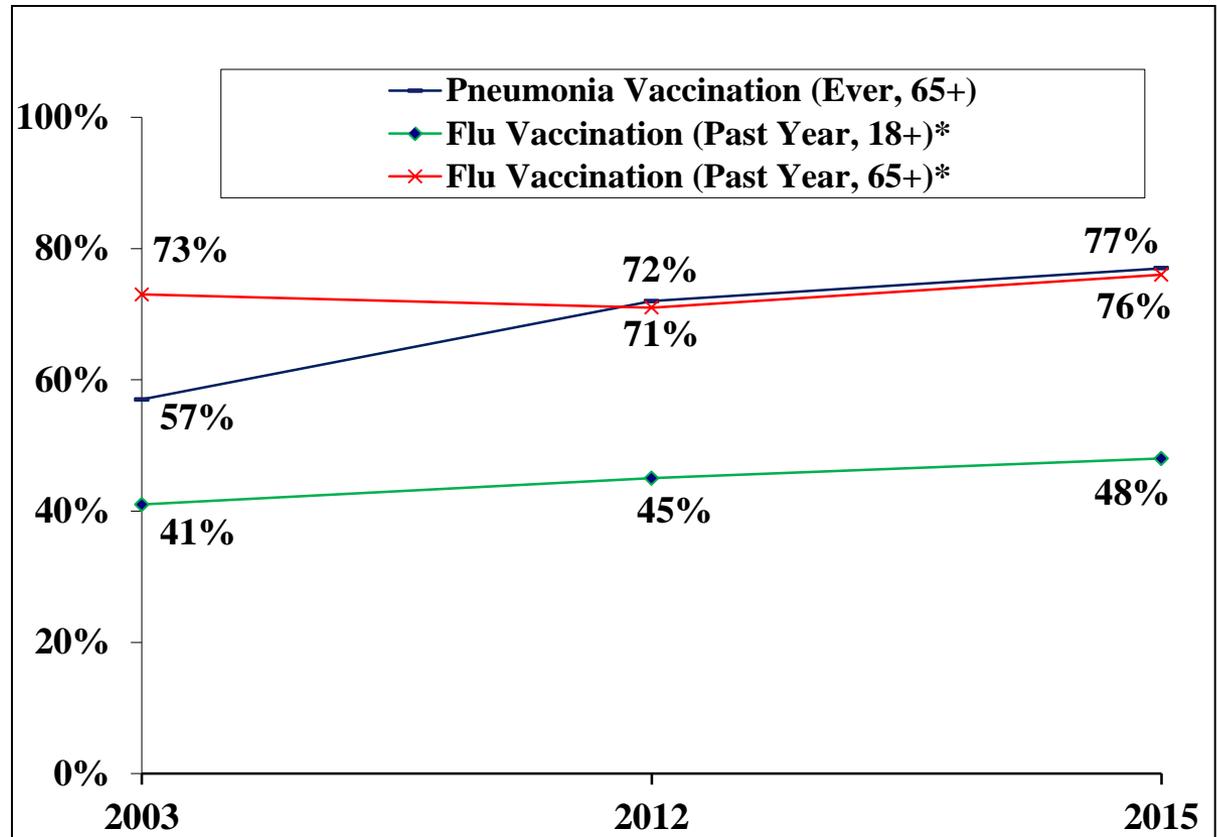




Vaccinations

Priority Area: Communicable Disease

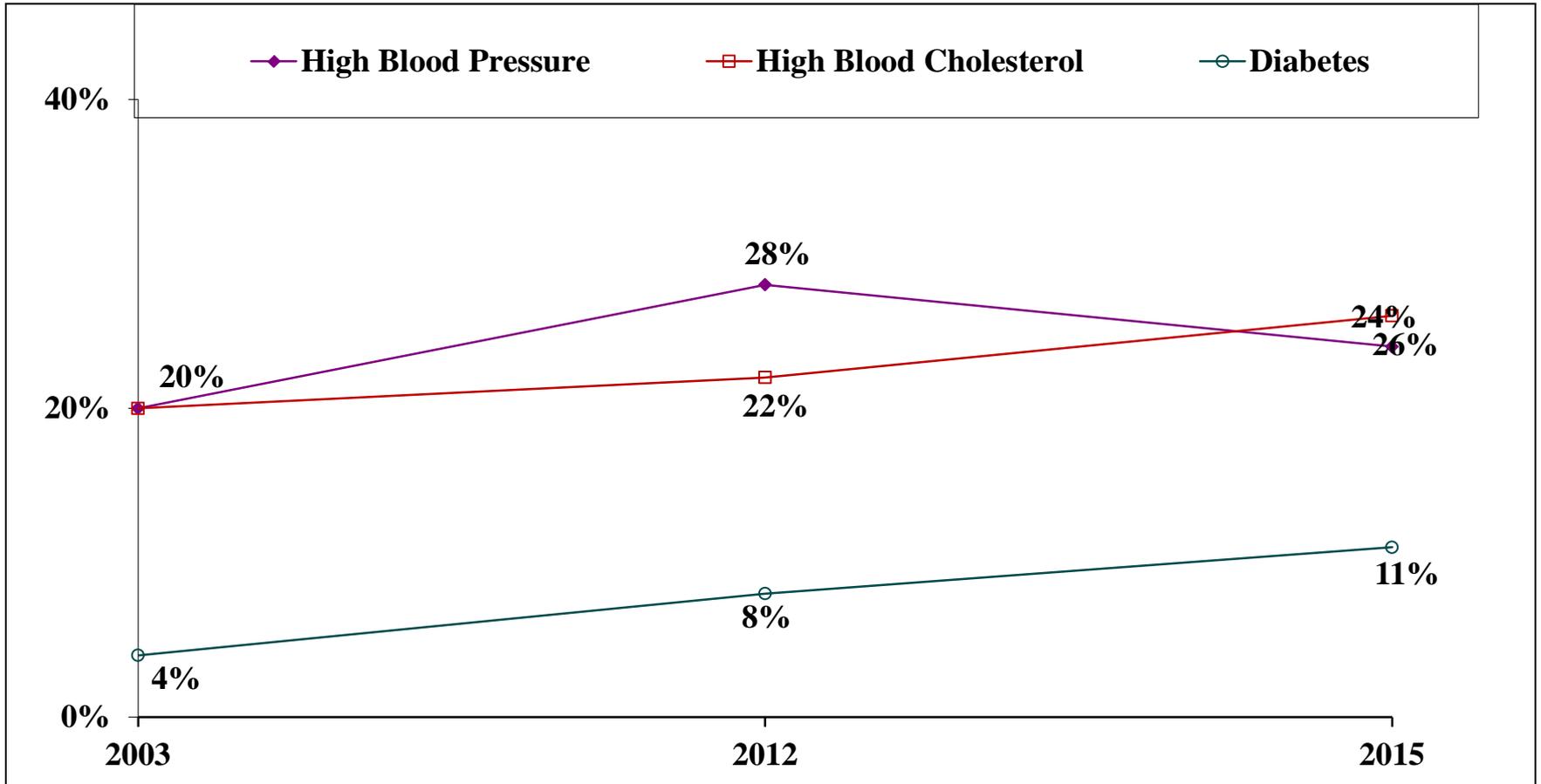
- Pneumonia vaccination (65+) 2013
 - WI: 73%
 - US: 70%
 - NS: 77% - 2015
 - HP2020 Goal: 90%
- Flu vaccination (65+) 2013
 - WI: 55%
 - US: 63%
 - NS: 76% - 2015
- Flu vaccination (18+)
 - HP2020 Goal: 70%
 - NS: 48%





Health Conditions Past 3 Years

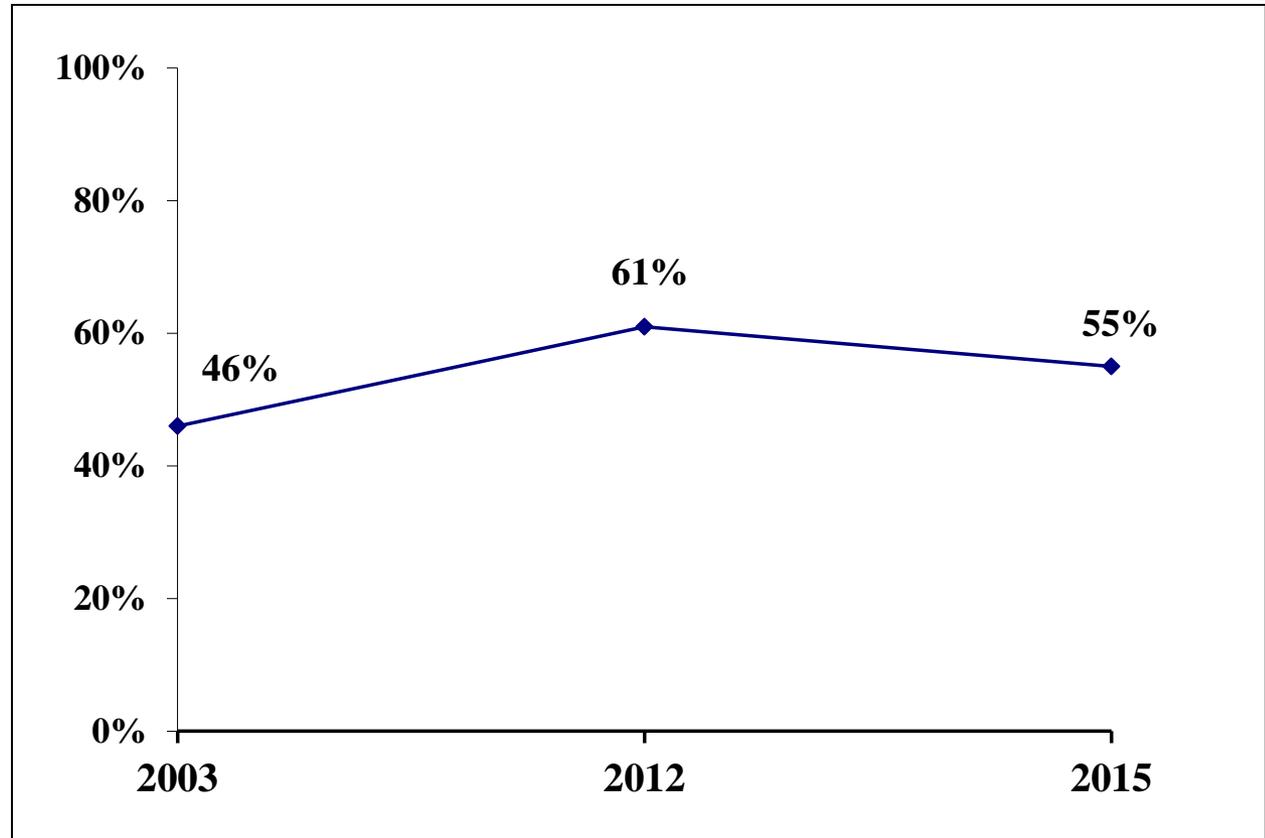
Priority Area: Chronic Disease





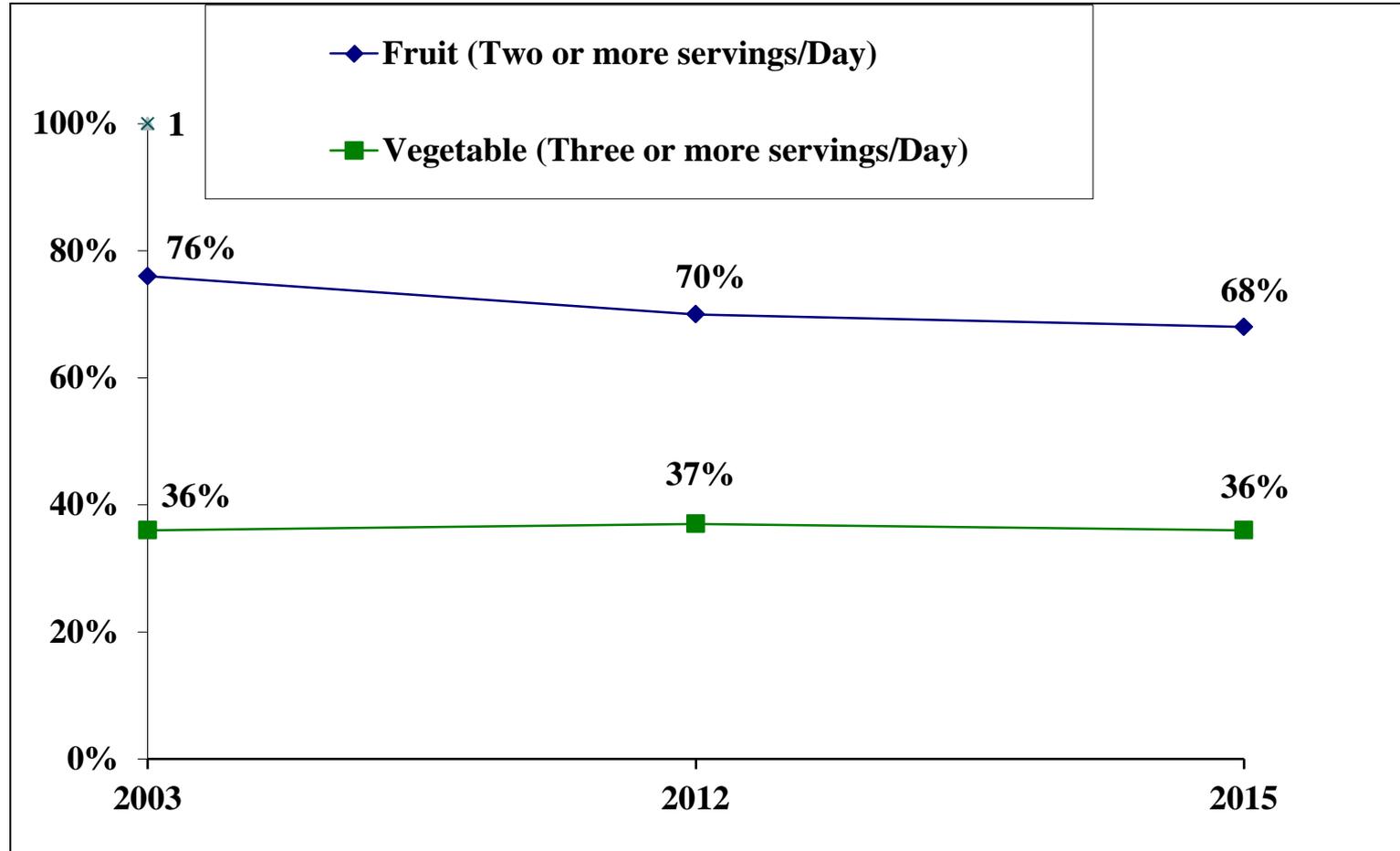
Body Weight Priority Areas: Chronic Disease and Physical Activity

- Overweight 2013
 - WI: 67%
 - US: 64%
 - NS: 55%





Nutrition Priority Area: Chronic Disease





Current Tobacco Cigarette Smoker in Past Month

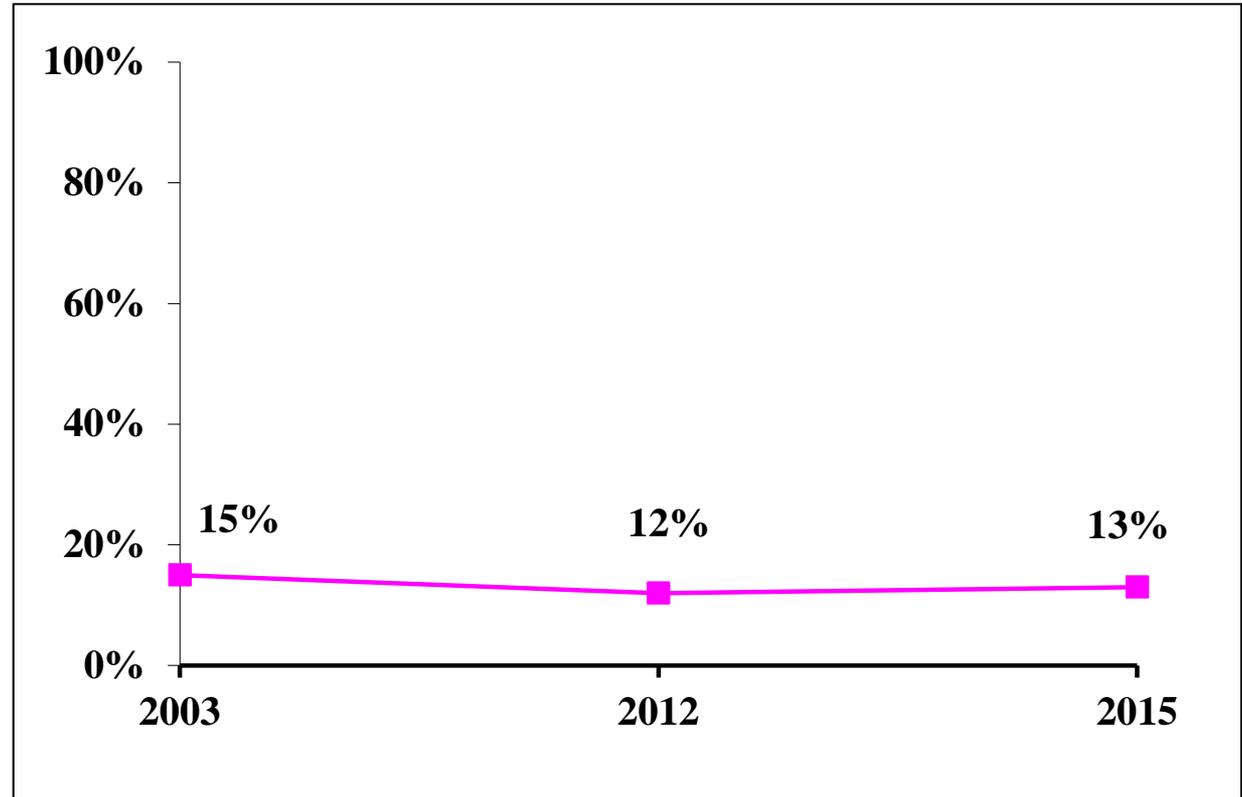
Priority Area: Chronic Disease

Current Smokers 2013

- WI: 19%
- US: 19%
- NS: 13% - 2015
- HP2020 Goal: 12%

Tried to Quit

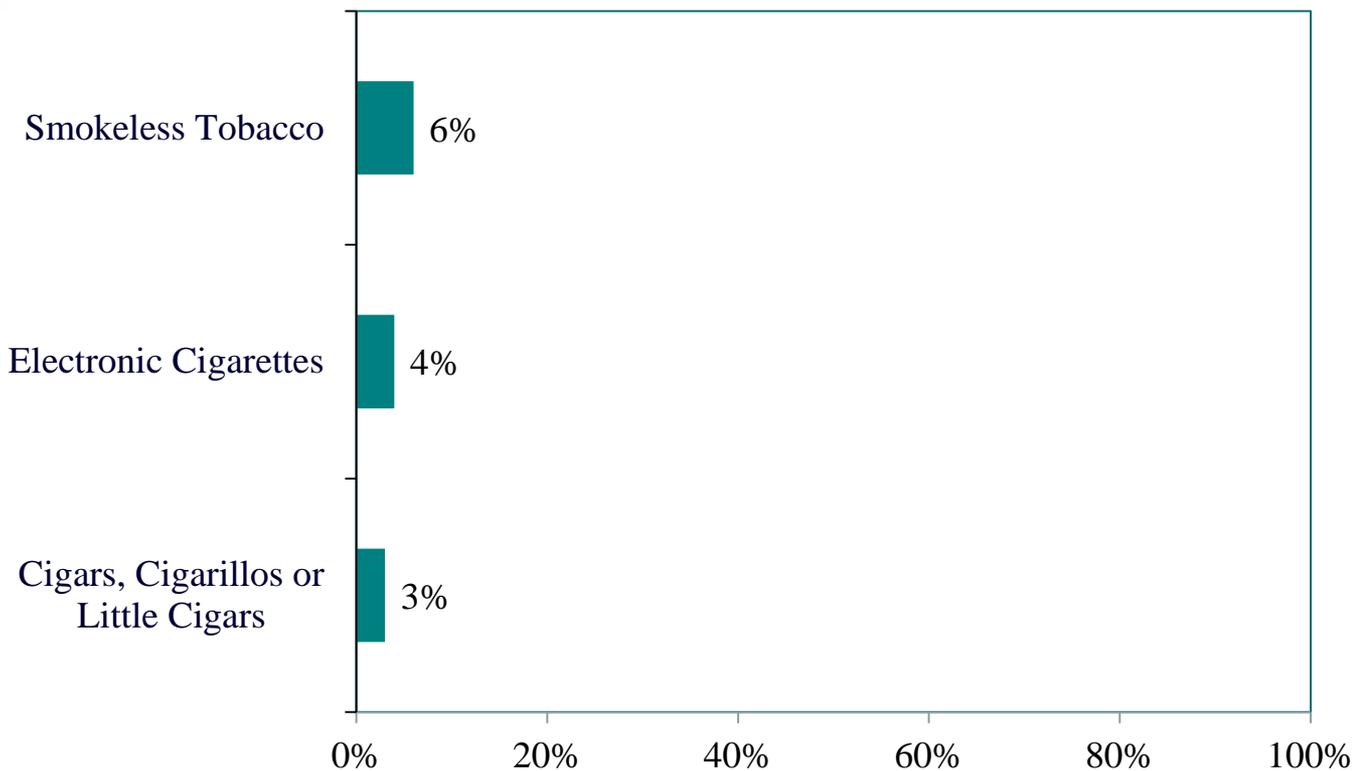
- WI: 49%
- US: 56%
- NS: 43% - 2015
- HP2020 Goal: 80%





Tobacco Products in Past Month (2015)

Priority Area: Chronic Disease

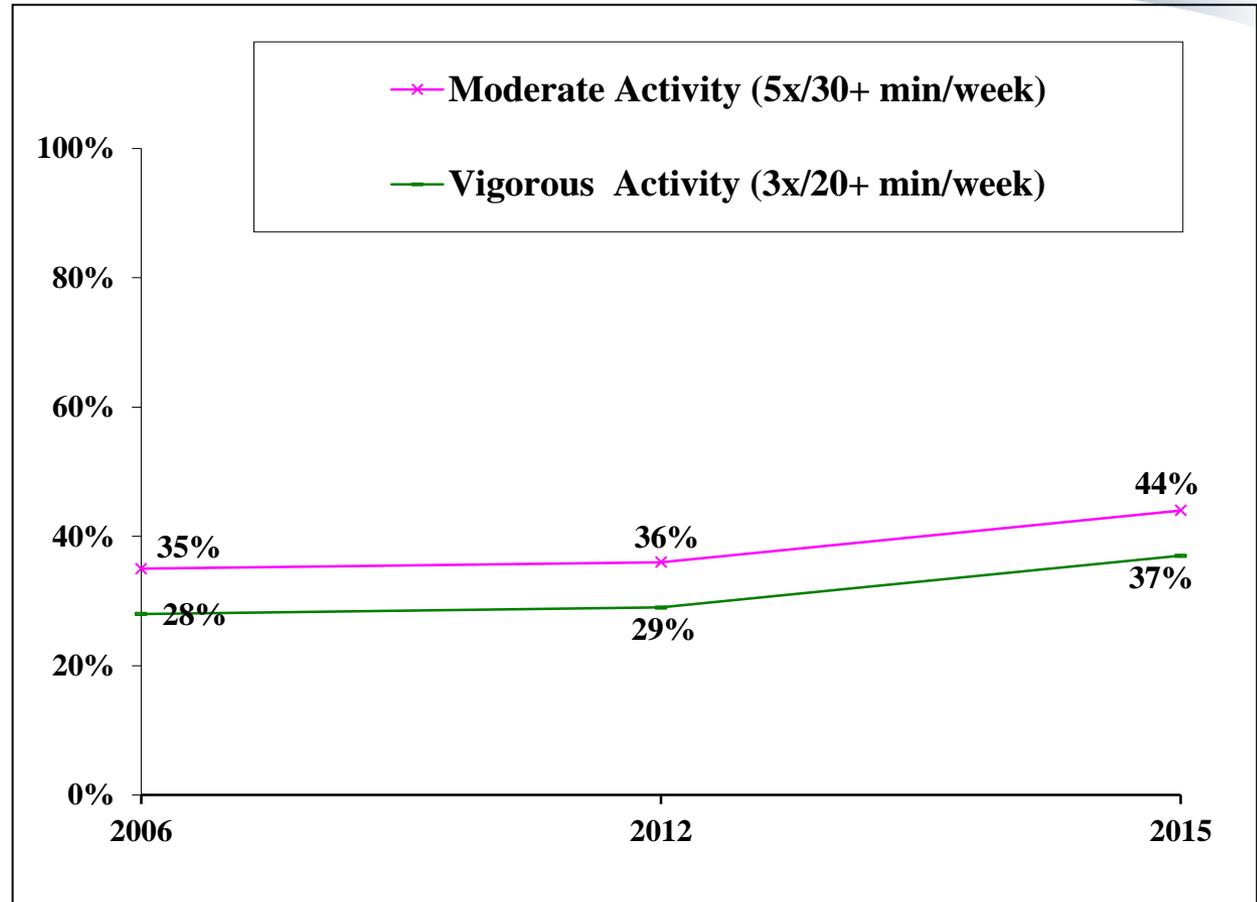




Physical Activity

Priority Area: Physical Activity

- Moderate Activity 2005
 - WI: 42%
 - US: 33%
- Vigorous Activity 2009
 - WI: 31%
 - US: 29%



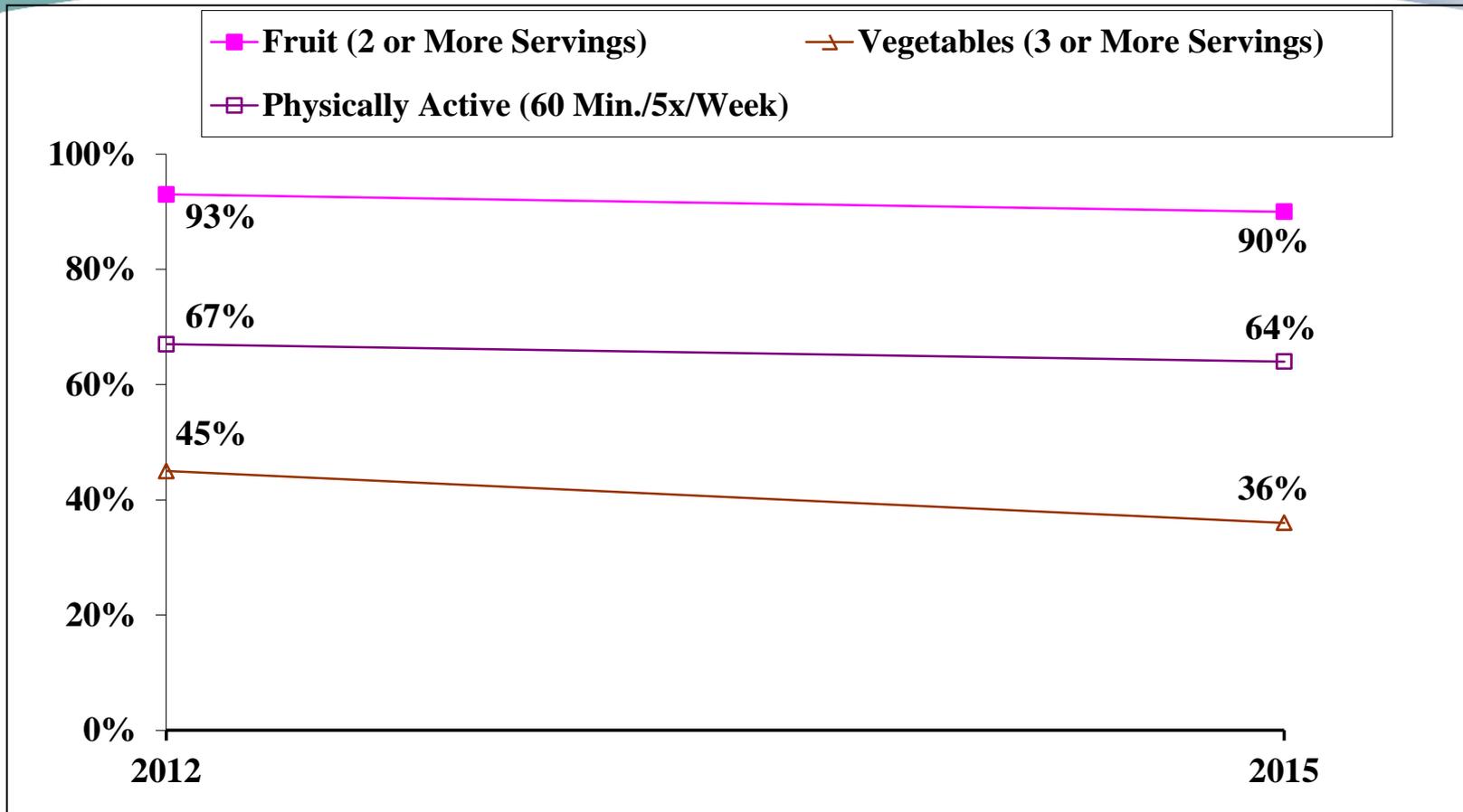
Moderate activity: 5 times a week for 30 or more minutes/time

Vigorous activity: 3 times a week for 20 or more minutes/time



Child's Nutrition and Exercise [5 to 17 Years Old]

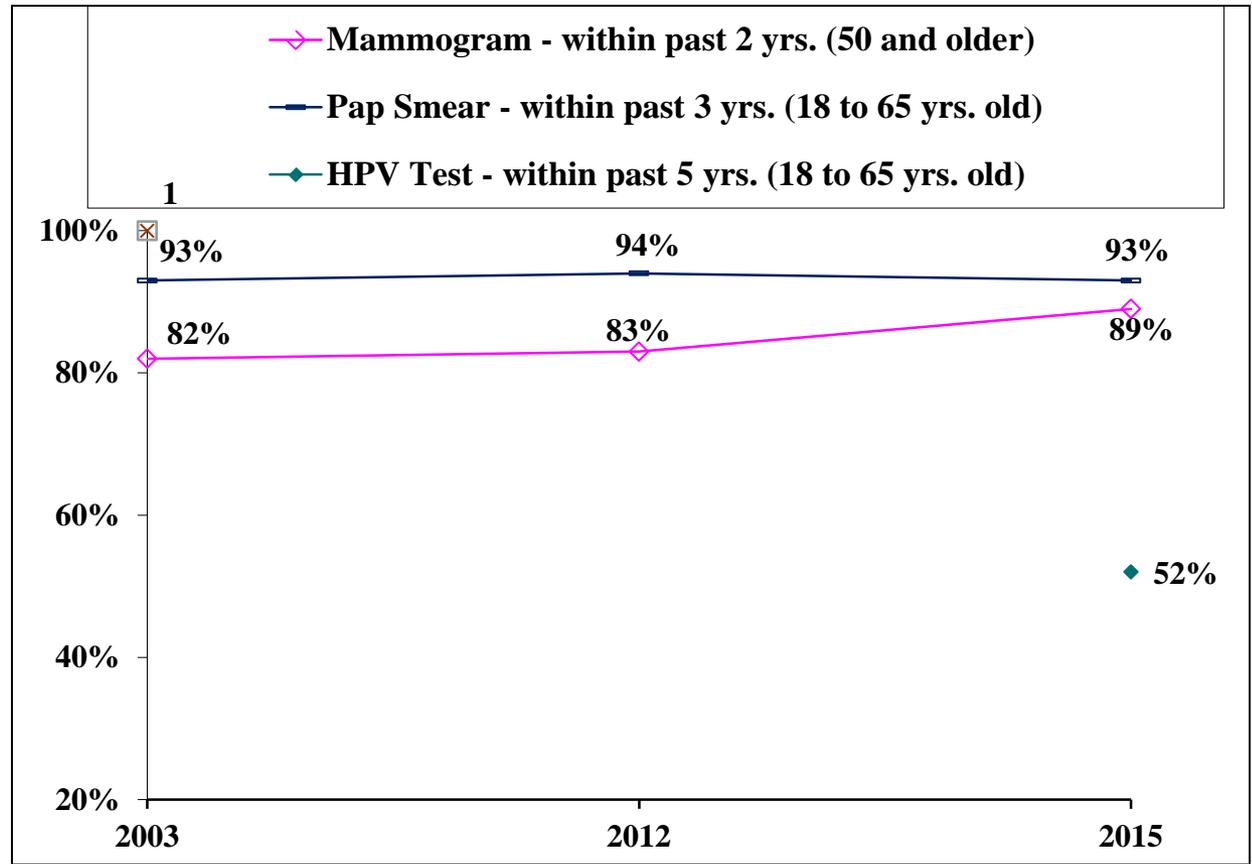
Priority Area: Chronic Disease/Physical Activity





Women's Health

- Pap Smear (18+) 2010
 - WI: 85%
 - US: 81%
 - NS: 93%
- Mammogram (50+) 2012
 - WI: 82%
 - US: 77%
 - NS: 89%

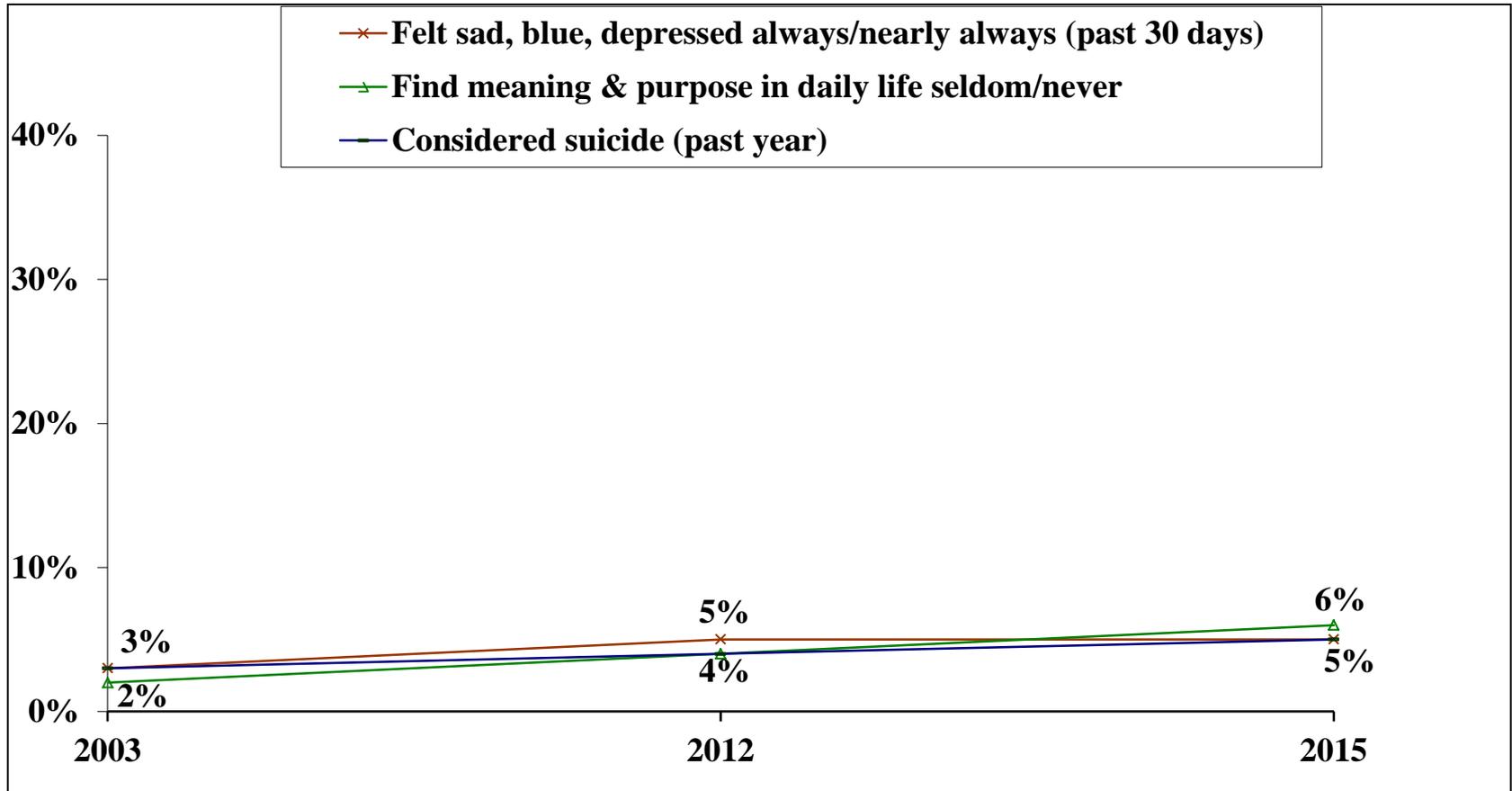


*Recommended Cervical Cancer Screening: 18 to 29 years old--pap smear within past three years; 30 to 65 years old--pap smear and HPV test within past five years or pap smear only within past three years.



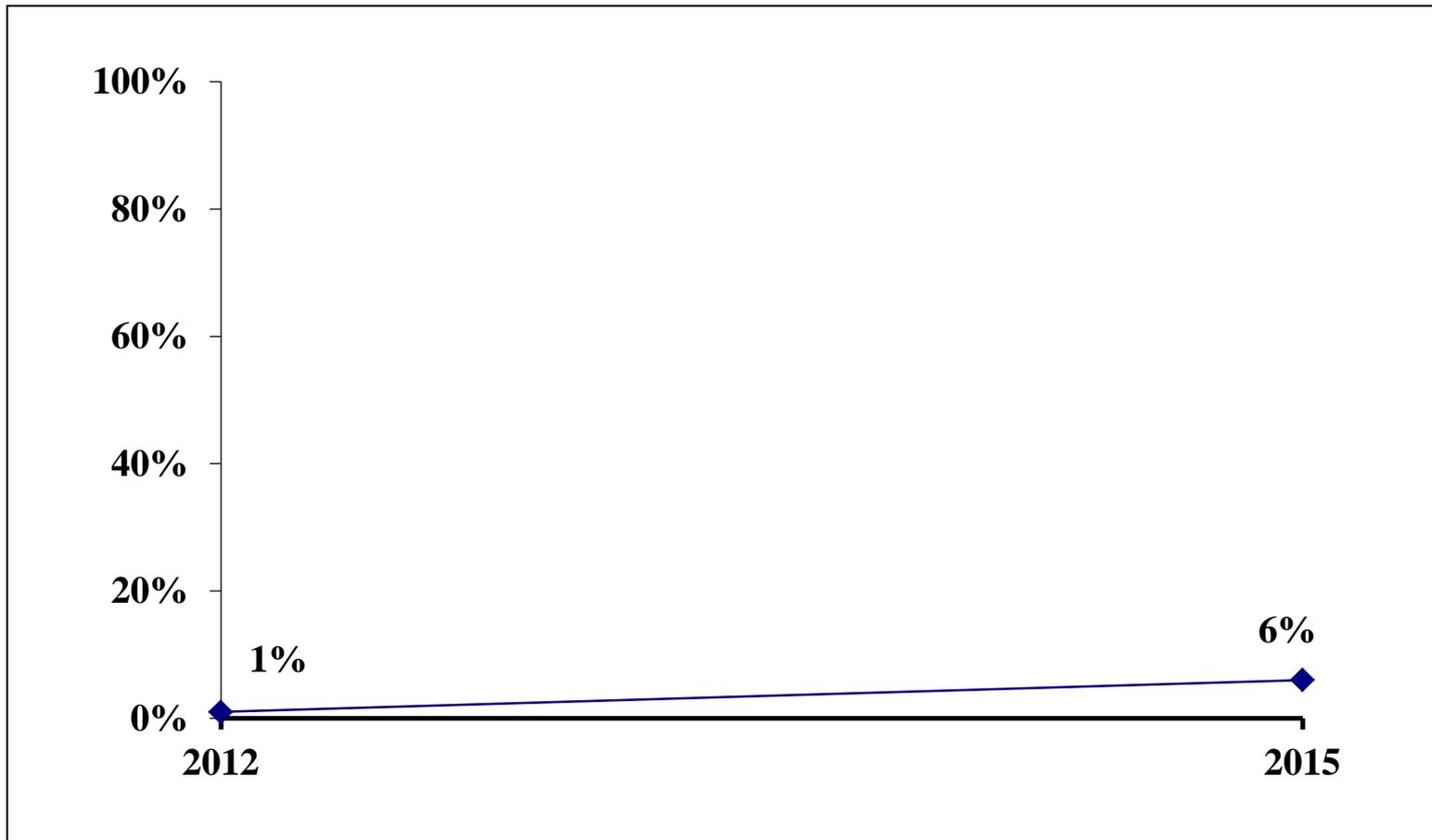
Mental Health Status

Priority Area: Mental Health





Child Always/Nearly Always Felt Unhappy, Sad or Depressed in Past 6 Months [8 to 17 Years Old]

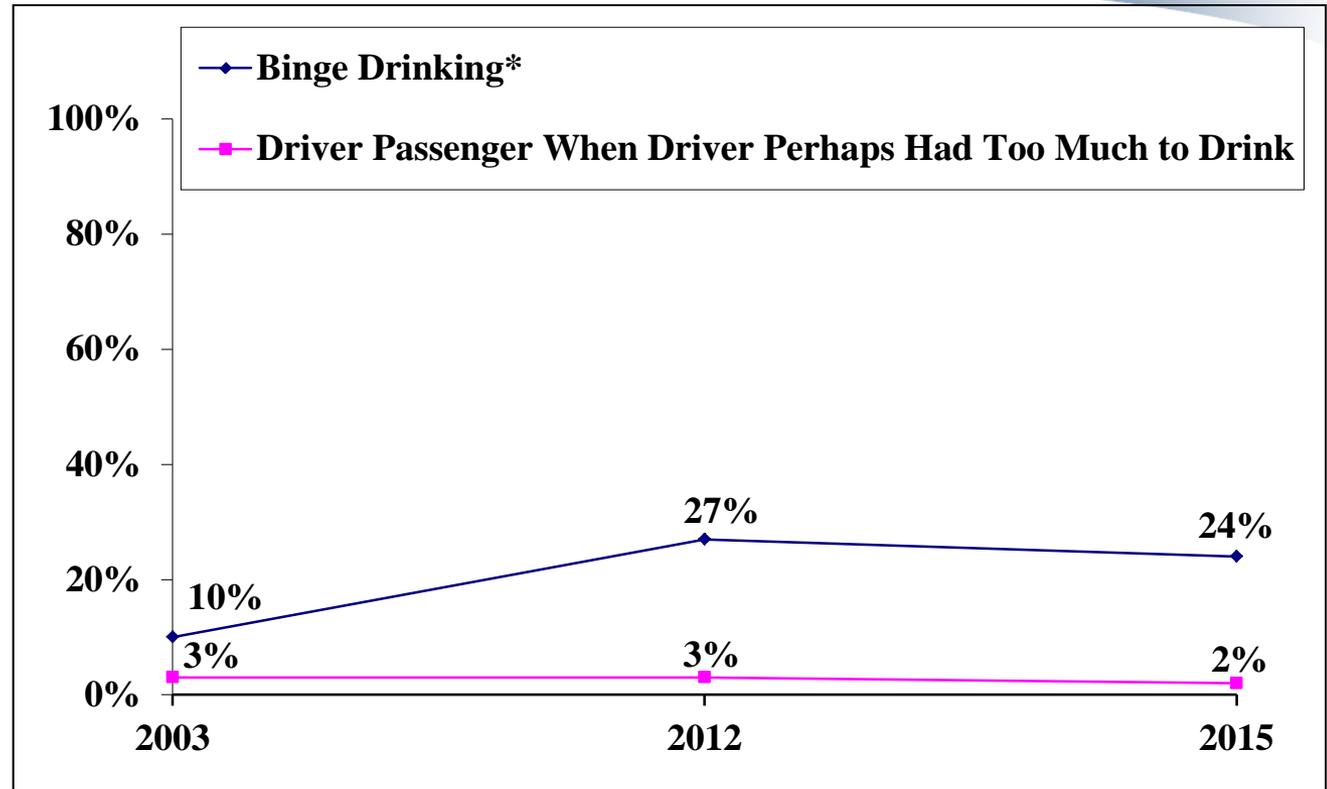




Alcohol Use in Past Month

Priority Area: Chronic Disease/Mental Health

- Binge Drinking 2013
[Male 5+; Female 4+]
 - WI: 23%
 - US: 17%
 - NS: 24%

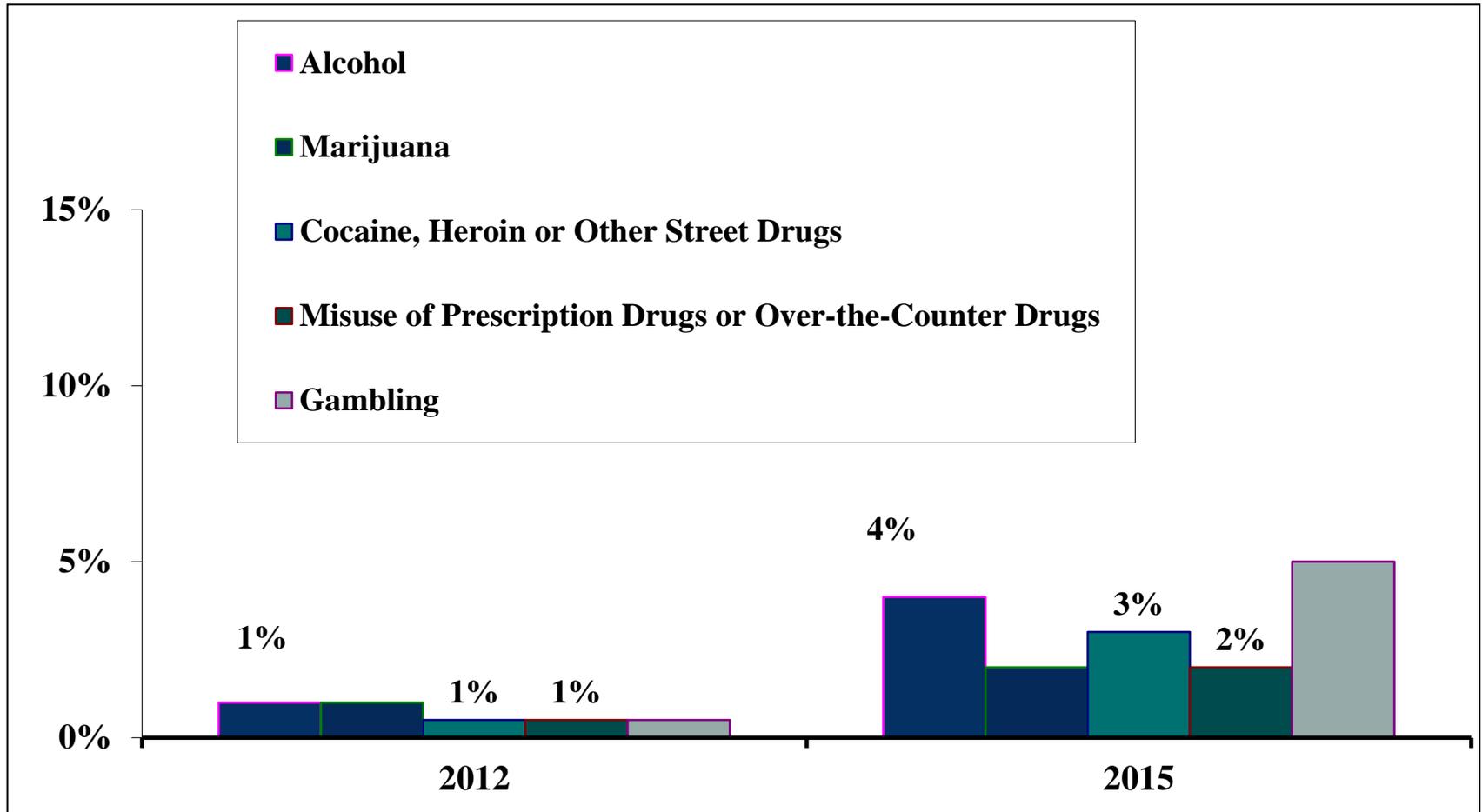


*In 2003 and 2015, "4 or more drinks on an occasion" for females and "5 or more drinks on an occasion" for males was used



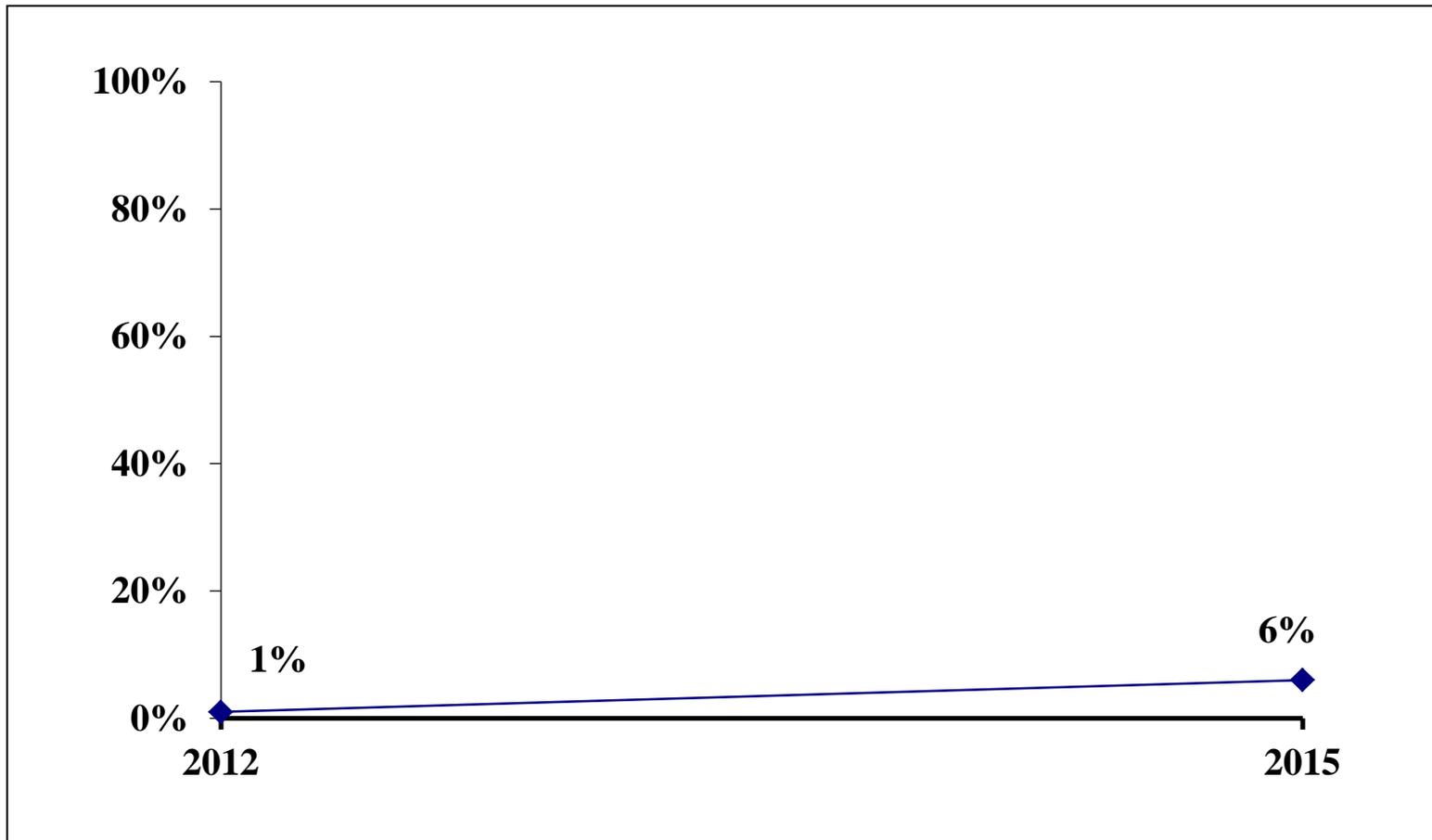
Household Problems In Past Year

Priority Area: Mental Health



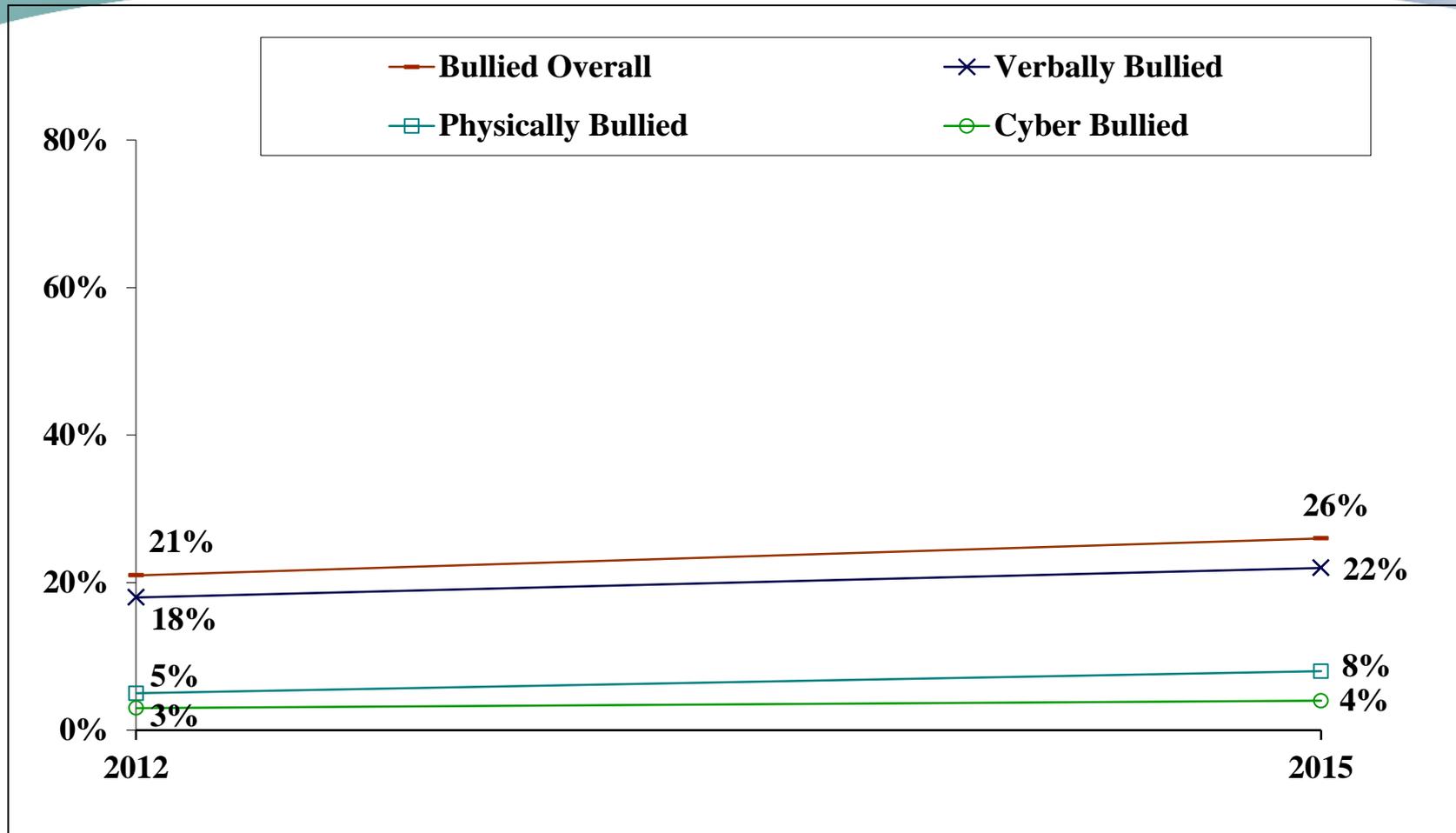


Child Always/Nearly Always Felt Unhappy, Sad or Depressed in Past 6 Months [8 to 17 Years Old]



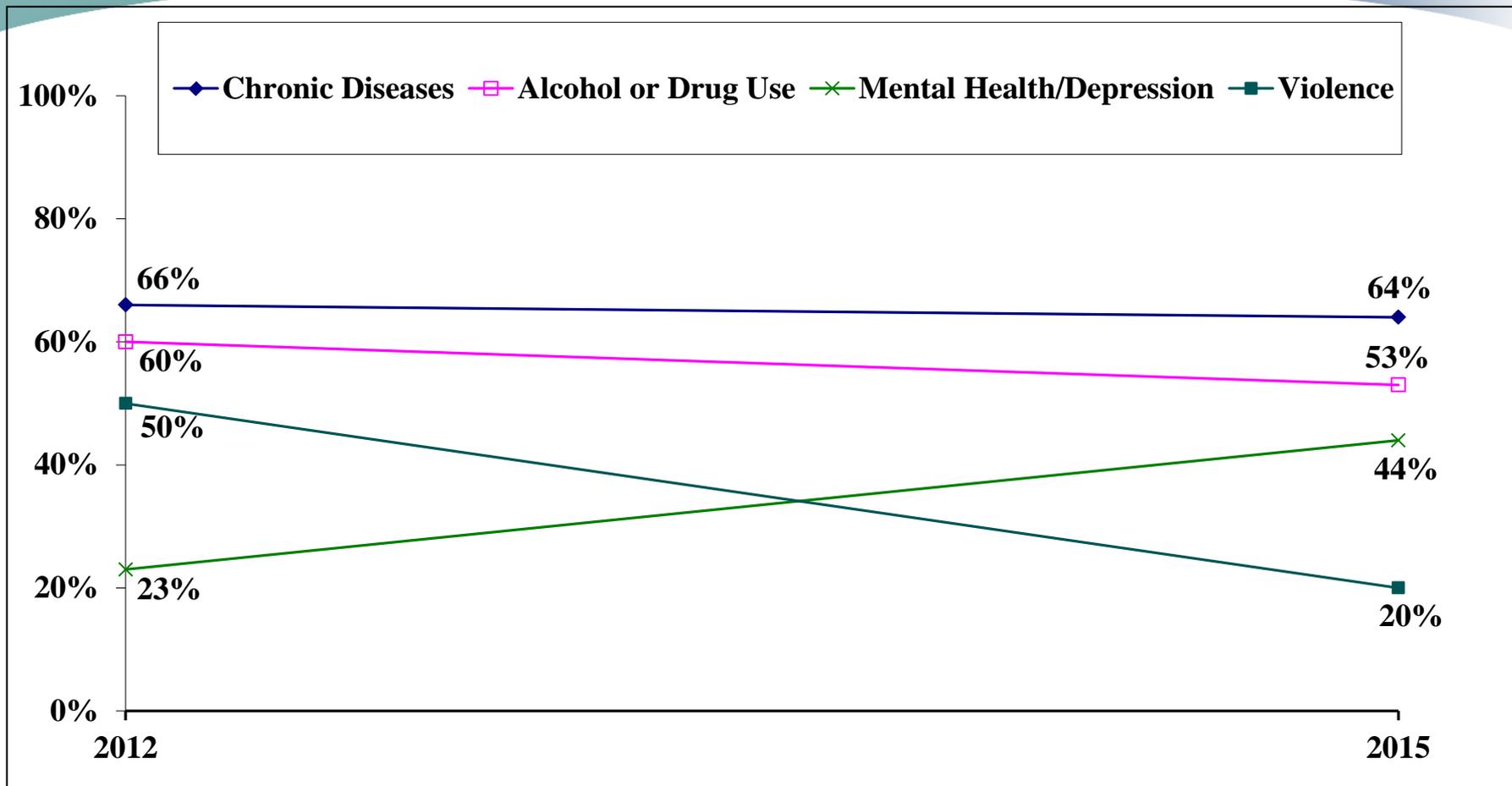


Child Experienced Bullying in Past 12 Months [8 to 17 Years Old]





Top Community Health Issues for North Shore Residents





Select Key Findings of Need in North Shore

- 48% Flu Vaccination (past year, 18+) vs. 70% HP2020
- 26% High Blood Cholesterol
- 24% High Blood Pressure
- 55% Overweight
- 55% Smokers Tried to Quit Smoking (past year) vs. 80% HP2020
- 5% Gambling Problem in Household (past year)
- 26% Children 8 to 17 Years Old Bullied (past year, verbal/physical/cyber)
- 22% Children 8 to 17 Years Old Verbally Bullied (past year)



Opportunities for a Healthy North Shore

- North Shore Health Department
 - Community Health Improvement Plan
 - Programs and Services
- Community coalitions working to address issues
 - REDGen – Community coalition focused on supporting resiliency in the North Shore
- Local activities such as farmers' markets, worksite wellness programs, medication drop boxes, school-based prevention

North Shore Community Health Survey Summary

This research provides valuable behavioral data, lifestyle habits, and the prevalence of risk factors and disease conditions of North Shore residents. This summary was prepared by JKV Research for Aurora Health Care, Children’s Hospital of Wisconsin, Columbia St. Mary’s Health System, Froedtert Health and Wheaton Franciscan Healthcare in partnership with the North Shore Health Department and the Center for Urban Population Health. Additional data is available at www.aurora.org/commbenefits, www.chw.org, www.columbia-stmarys.org/Serving_Our_Community, www.Froedtert.com/community-engagement, www.mywheaton.org and www.nshealthdept.org.

Overall Health						Vaccinations (65 and Older)					
North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
Excellent	29%	31%	26%	28%	21%	Flu Vaccination (past year)	73%	68%	74%	71%	76%
Very Good	40%	36%	41%	39%	42%	Pneumonia (ever)	57%	72%	81%	72%	77%
Fair or Poor	7%	10%	9%	11%	11%	<i>Other Research: (2013)</i>					
<i>Other Research: (2013)</i>						<i>WI U.S.</i>					
<i>Fair or Poor</i>						<i>Flu Vaccination (past year)</i>					
						<i>Pneumonia (ever)</i>					
Health Care Coverage						Health Conditions in Past 3 Years					
North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
Not Covered						High Blood Cholesterol	20%	21%	21%	22%	26%
Personally (currently)	4%	4%	3%	3%	1%	High Blood Pressure	20%	25%	23%	28%	24%
Personally (past 12 months)			7%	5%	3%	Mental Health Condition			12%	14%	14%
Household Member (past 12 months)	13%	14%	9%	6%	4%	Diabetes	4%	5%	7%	8%	11%
<i>Other Research: (2013)</i>						<i>Heart Disease/Condition</i>					
<i>Personally Not Covered (currently)</i>						<i>Asthma (Current)</i>					
Did Not Receive Care Needed						Condition Controlled Through Meds, Therapy or Lifestyle Changes					
North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	High Blood Cholesterol			88%	95%	
Delayed/Did Not Seek Care Due to						High Blood Pressure			97%	98%	
Cost (past 12 months)					14%	Mental Health Condition			83%	95%	
Prescript. Meds Not Taken Due to						Diabetes			92%	95%	
Cost (Household) (past 12 months)				9%	6%	Heart Disease/Condition			77%	95%	
Unmet Care (past 12 months)						Asthma (Current)			97%	100%	
Medical Care				7%	9%	Routine Procedures					
Dental Care				7%	14%	North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
Mental Health Care				3%	4%	Routine Checkup (2 yrs. ago or less)	81%	83%	82%	88%	91%
						Cholesterol Test (4 years ago or less)	77%	79%	79%	81%	77%
Health Information and Services						Dental Checkup (past year)	77%	76%	80%	81%	79%
North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	Eye Exam (past year)	52%	51%	48%	51%	51%
Primary Source of Health Information						<i>Other Research:</i>					
Doctor				41%	44%	<i>Routine Checkup (≤2 years; 2013)</i>					
Internet				33%	33%	<i>Cholesterol Test (≤5 years; 2013)</i>					
Myself/Family Member in Health Field				7%	10%	<i>Dental Checkup (past year; 2012)</i>					
Have a Primary Care Physician				88%							
Primary Health Services											
Doctor/nurse practitioner’s office	91%	87%	82%	71%		Physical Health					
Urgent care center	<1%	4%	3%	10%		North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
Hospital emergency room	<1%	<1%	3%	4%		Physical Activity/Week					
Public health clinic/com. health center	5%	5%	3%	3%		Moderate Activity (5 times/30 min)	32%	35%	38%	36%	44%
Hospital outpatient	<1%	<1%	<1%	<1%		Vigorous Activity (3 times/20 min)		28%	29%	29%	37%
No usual place	2%	2%	5%	10%		Recommended Moderate or Vigorous		51%	52%	50%	56%
Advance Care Plan	35%	42%	46%	44%	41%	Overweight	46%	56%	48%	61%	55%
Colorectal Cancer Screenings (50 and Older)						Fruit Intake (2+ servings/day)	76%	75%	72%	70%	68%
North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	Vegetable Intake (3+ servings/day)	36%	34%	30%	37%	36%
Blood Stool Test (within past year)	31%	22%	--	12%	19%	Often Read Food Label of New Product					69%
Sigmoidoscopy (within past 5 years)			11%	8%	11%	Restaurant Food Meals (2 or fewer/past week)					75%
Colonoscopy (within past 10 years)			69%	69%	69%	<i>Other Research:</i>					
Screening in Recommended Time Frame			70%	73%	77%	<i>Overweight (2013)</i>					

Women's Health						Alcohol Use in Past Month						
North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	
Mammogram (50+; within past 2 years)	82%	84%	83%	83%	89%	Binge Drinker	10%	15%	11%	27%	24%	
Bone Density Scan (65 and older)	76%	84%	84%	84%		Driver/Passenger When Driver						
Cervical Cancer Screening						Perhaps Had Too Much to Drink	3%	2%	1%	3%	2%	
Pap Smear (18 – 65; within past 3 yrs)	93%	93%	90%	94%	93%							
HPV Test (18 – 65; within past 5 yrs)					52%	<i>Other Research: (2013)</i>				<u>WI</u>	<u>U.S.</u>	
Screening in Recommended Time Frame						<i>Binge Drinker</i>				23%	17%	
(18-29: Pap every 3 yrs; 30 to 65: Pap and HPV every 5 yrs or Pap only every 3 yrs)					93%							
						Household Problems Associated With...						
<i>Other Research:</i>					<u>WI</u>	<u>U.S.</u>	North Shore	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	
<i>Mammogram (50+; within past 2 yrs; 2012)</i>					82%	77%	Alcohol	3%	1%	1%	4%	
<i>Pap Smear (18+; within past 3 years; 2010)</i>					85%	81%	Marijuana			1%	2%	
							Cocaine, Heroin or Other Street Drugs			<1%	3%	
							Misuse of Prescription or OTC Drugs			<1%	2%	
							Gambling			<1%	5%	
Tobacco Cigarette Use												
North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>							
Current Smokers (past 30 days)	15%	13%	11%	12%	13%	Distracted Driving						
Of Current Smokers...						North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>	
Quit Smoking 1 Day or More in Past Year Because Trying to Quit	52%	44%	54%	33%	43%	Driving with Technology Distractions (1+ times/day)					19%	
Saw a Health Care Professional Past Year and Advised to Quit Smoking	58%	62%	80%	75%		Driving with Other Distractions (1+ times/day)					17%	
<i>Other Research:</i>					<u>WI</u>	<u>U.S.</u>	Mental Health Status					
<i>Current Smokers (2013)</i>					19%	19%	North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
<i>Tried to Quit (2006)</i>					49%	56%	Felt Sad, Blue or Depressed					
							Always/Nearly Always (past 30 days)	3%	3%	4%	5%	5%
							Find Meaning & Purpose in Daily Life					
							Seldom/Never	2%	3%	4%	4%	6%
Exposure to Smoke							Considered Suicide (past year)	3%	2%	3%	4%	5%
North Shore			<u>2009</u>	<u>2012</u>	<u>2015</u>							
Smoking Policy at Home						Children in Household						
Not allowed anywhere			83%	81%	89%	North Shore				<u>2012</u>	<u>2015</u>	
Allowed in some places/at some times			3%	5%	2%	Personal Doctor/Nurse who						
Allowed anywhere			3%	3%	<1%	Knows Child Well and Familiar with History				94%	99%	
No rules inside home			11%	11%	9%	Visited Personal Doctor/Nurse for						
Nonsmokers Exposed to Second-Hand Smoke In Past Seven Days			15%	10%	5%	Preventive Care (past 12 months)				91%	95%	
						Did Not Receive Care Needed (past 12 months)						
<i>Other Research: (WI: 2003; US: 2006-2007)</i>					<u>WI</u>	<u>U.S.</u>	Medical Care			1%	<1%	
<i>Smoking Prohibited at Home</i>					75%	79%	Dental Care			1%	0%	
							Specialist			<1%	0%	
							Current Asthma			12%	2%	
Other Tobacco Products in Past Month							Safe in Community/Neighborhood (seldom/never)			0%	0%	
North Shore					<u>2015</u>	Children 5 to 17 Years Old						
Smokeless Tobacco					6%	Fruit Intake (2+ servings/day)				93%	90%	
Electronic Cigarettes					4%	Vegetable Intake (3+ servings/day)				45%	36%	
Cigars, Cigarillos or Little Cigars					3%	Physical Activity (60 min./5 or more days/week)				67%	64%	
						Children 8 to 17 Years Old						
Top Community Health Issues						Unhappy, Sad or Depressed						
North Shore					<u>2012</u>	<u>2015</u>	Always/Nearly Always (past 6 months)			1%	6%	
Chronic Diseases					66%	64%	Experienced Some Form of Bullying (past 12 months)			21%	26%	
Alcohol or Drug Use					60%	53%	Verbally Bullied			18%	22%	
Mental Health or Depression					23%	44%	Physically Bullied			5%	8%	
Violence					50%	20%	Cyber Bullied			3%	4%	
Infectious Diseases					23%	20%						
Teen Pregnancy					30%	7%	Personal Safety in Past Year					
Infant Mortality					27%	2%	North Shore	<u>2003</u>	<u>2006</u>	<u>2009</u>	<u>2012</u>	<u>2015</u>
Lead Poisoning					<1%	2%	Afraid for Their Safety	10%	4%	6%	6%	4%
							Pushed, Kicked, Slapped, or Hit	3%	1%	2%	5%	4%
							At Least One of the Safety Issues	11%	5%	8%	8%	7%

Overall Health and Health Care Key Findings

In 2015, 63% of respondents reported their health as excellent or very good; 11% reported fair or poor. Respondents who female, 55 and older, in the bottom 40 percent household income bracket, overweight or physically inactive were more likely to report fair or poor conditions. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported their health as fair or poor.*

In 2015, 1% of respondents reported they were not currently covered by health care insurance. Three percent of respondents reported they personally did not have health care coverage at least part of the time in the past 12 months. Four percent of respondents reported someone in their household was not covered at least part of the time in the past 12 months. *From 2003 to 2015, the overall percent statistically decreased for respondents 18 and older as well as for respondents 18 to 64 years old who reported no current personal health care coverage. From 2009 to 2015, the overall percent statistically decreased for respondents who reported no personal health care coverage at least part of the time in the past 12 months. From 2003 to 2015, the overall percent statistically decreased for respondents who reported someone in the household was not covered at least part of the time in the past 12 months.*

In 2015, 14% of respondents reported they delayed or did not seek medical care because of a high deductible, high co-pay or because they did not have coverage for the care in the past 12 months; respondents 45 to 54 years old were more likely to report this. Six percent of respondents reported that someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. Nine percent of respondents reported there was a time in the past 12 months they did not receive the medical care needed; respondents 18 to 34 years old, 55 to 64 years old or in the bottom 40 percent household income bracket were more likely to report this. Fourteen percent of respondents reported there was a time in the past 12 months they did not receive the dental care needed; respondents who were female, 18 to 34 years old, 45 to 54 years old, with some post high school education or in the bottom 40 percent household income bracket were more likely to report they did not receive the dental care needed. Four percent of respondents reported there was a time in the past 12 months they did not receive the mental health care needed; respondents who were 18 to 34 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2012 to 2015, the overall percent statistically remained the same for respondents who reported someone in their household had not taken their prescribed medication due to prescription costs in the past 12 months. From 2012 to 2015, the overall percent statistically increased for respondents who reported an unmet dental need in the past 12 months. From 2012 to 2015, the overall percent statistically remained the same for respondents who reported an unmet medical need or unmet mental health need in the past 12 months.*

In 2015, 44% of respondents reported they contact their doctor when they need health information while 33% reported they go to the Internet. Ten percent reported themselves or a family member was in the health field and their source of information. Respondents who were female, 65 and older or in the bottom 40 percent household income bracket were more likely to report they contact their doctor. Respondents who were 35 to 44 years old, 55 to 64 years old, with some post high school education, in the middle 20 percent household income bracket or married were more likely to report the Internet as their source of health information. Respondents with a high school education or less or in the top 40 percent household income bracket were more likely to report themselves or a family member in the health field and their source of health information. Eighty-eight percent of respondents reported they have a primary care physician they regularly see for check-ups and when they are sick; respondents who were female, 45 and older or with a college education were more likely to report a primary care physician. Seventy-one percent of respondents reported their primary place for health services was from a doctor's or nurse practitioner's office; respondents who were 55 to 64 years old, in the middle 20 percent household income bracket or married were more likely to report this. Forty-one percent of respondents had an advance care plan; respondents 65 and older were more likely to report an advance care plan. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their source of health information was themselves/family member in the health field. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their source of health information was their doctor or the Internet. From 2006 to 2015, there was a statistical decrease in the overall percent of respondents reporting their primary place for health services was from a doctor's or nurse practitioner's office. From 2003 to 2015, there was a statistical increase in the overall percent of respondents having an advance care plan.*

In 2015, 91% of respondents reported a routine medical checkup two years ago or less while 77% reported a cholesterol test four years ago or less. Seventy-nine percent of respondents reported a visit to the dentist in the past year while 51% reported an eye exam in the past year. Respondents who were female or in the middle 20 percent household income bracket were more likely to report a routine checkup two years ago or less. Respondents who were 35 and older, in the middle 20 percent household income bracket or married were more likely to report a cholesterol test four years ago or less. Respondents with a college education or in the top 40 percent household income bracket were more likely to report a dental checkup in the past year. Respondents who were female, 65 and older or with some post high school education were more likely to report an eye exam in the past year. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents reporting a routine checkup two years ago or less.*

From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting a cholesterol test four years ago or less, a dental checkup in the past year or an eye exam in the past year.

In 2015, 48% of respondents had a flu vaccination in the past year. Respondents 65 and older were more likely to report a flu vaccination. Seventy-seven percent of respondents 65 and older had a pneumonia vaccination in their lifetime. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents 18 and older who reported a flu vaccination in the past 12 months. From 2003 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a flu vaccination. From 2003 to 2015, there was a statistical increase in the overall percent of respondents 65 and older who had a pneumonia vaccination.*

Health Risk Factors Key Findings

In 2015, out of six health conditions listed, the two most often mentioned in the past three years were high blood cholesterol (26%) and high blood pressure (24%). Respondents 65 and older, with a high school education or less, in the middle 20 percent household income bracket, who were overweight, inactive or nonsmokers were more likely to report high blood pressure. Respondents who were 65 and older, overweight or inactive were more likely to report high blood cholesterol. Eleven percent of respondents reported they were treated for, or told they had heart disease. Respondents who were male, 65 and older or unmarried were more likely to report heart disease/condition. Fourteen percent reported a mental health condition; respondents who were female or 45 to 54 years old were more likely to report this. Eleven percent reported diabetes; respondents who were 55 to 64 years old, in the bottom 60 percent household income bracket, overweight or nonsmokers were more likely to report diabetes. Nine percent reported current asthma; respondents with a college education or who were unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported high blood cholesterol, heart disease/condition, diabetes or current asthma. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported high blood pressure. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a mental health condition. From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported their heart disease/condition or mental health condition was controlled through medication, therapy or lifestyle changes. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their high blood pressure, high blood cholesterol, diabetes or current asthma was under control.*

In 2015, 5% of respondents reported they always or nearly always felt sad, blue or depressed in the past 30 days; female respondents were more likely to report this. Five percent of respondents felt so overwhelmed they considered suicide in the past year; respondents with a college education were more likely to report this. Six percent of respondents reported they seldom or never find meaning and purpose in daily life; respondents who were 18 to 34 years old, 45 to 54 years old, in the bottom 40 percent household income bracket or unmarried were more likely to report this. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported they seldom/never find meaning and purpose in daily life. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they always or nearly always felt sad, blue or depressed in the past 30 days or they considered suicide in the past year.*

Behavioral Risk Factors Key Findings

In 2015, 44% of respondents did moderate physical activity five times a week for 30 minutes while 37% did vigorous activity three times a week for 20 minutes. Combined, 56% met the recommended amount of physical activity; respondents with a high school education or less, in the top 60 percent household income bracket or unmarried respondents were more likely to report this. Fifty-five percent of respondents were classified as overweight. Respondents who were 55 to 64 years old or married were more likely to be classified as overweight. *From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported moderate physical activity five times a week for at least 30 minutes. From 2006 to 2015, there was a statistical increase in the overall percent of respondents who reported vigorous physical activity three times a week for at least 20 minutes. From 2006 to 2015, there was no statistical change in the overall percent of respondents who met the recommended amount of physical activity. From 2003 to 2015, there was a statistical increase in the overall percent of respondents being overweight.*

In 2015, 68% of respondents reported two or more servings of fruit while 36% reported three or more servings of vegetables on an average day. Respondents who were female, in the top 40 percent household income bracket, married, not overweight or met the recommended amount of physical activity were more likely to report at least two servings of fruit. Respondents who were female, 18 to 34 years old, in the top 40 percent household income bracket, unmarried or who met the recommended amount of physical activity were more likely to report at least three servings of vegetables on an average day. Sixty-nine percent of respondents reported they often read the labels of new food products they purchase; respondents who were 35 to 54 years old or married were more likely to report this. Seventy-five percent of respondents reported they had two or fewer restaurant meals in the past seven days. Respondents who were 45 and older, in the bottom 40 percent household income bracket, married, not overweight, did not meet the recommended amount of physical activity or who had a child in the household were more likely to report two or fewer restaurant meals. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents*

who reported at least two servings of fruit on an average day. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported at least three servings of vegetables on an average day.

In 2015, 89% of female respondents 50 and older reported a mammogram within the past two years. Eighty-four percent of female respondents 65 and older had a bone density scan. Ninety-three percent of female respondents 18 to 65 years old reported a pap smear within the past three years. Fifty-two percent of respondents 18 to 65 years old reported an HPV test within the past five years. Ninety-three percent of respondents reported they received a cervical cancer test in the time frame recommended (18 to 29 years old: pap smear within past three years; 30 to 65 years old: pap smear and HPV test within past five years or pap smear only within past three years). Respondents with a college education, who were in the bottom 60 percent household income bracket or married were more likely to meet the cervical cancer recommendation. From 2003 to 2015, there was no statistical change in the overall percent of respondents 50 and older who reported having a mammogram within the past two years. From 2006 to 2015, there was no statistical change in the overall percent of respondents 65 and older who reported a bone density scan. From 2003 to 2015, there was no statistical change in the overall percent of respondents 18 to 65 years old who reported having a pap smear within the past three years.

In 2015, 19% of respondents 50 and older reported a blood stool test within the past year. Eleven percent of respondents 50 and older reported a sigmoidoscopy within the past five years while 69% reported a colonoscopy within the past ten years. This results in 77% of respondents meeting the current colorectal cancer screening recommendations. From 2003 to 2015, there was a statistical decrease in the overall percent of respondents who reported a blood stool test within the past year. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a sigmoidoscopy within the past five years. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported a colonoscopy within the past ten years. From 2009 to 2015, there was no statistical change in the overall percent of respondents who reported at least one of these tests in the recommended time frame.

In 2015, 13% of respondents were current tobacco cigarette smokers; respondents who were male, with a high school education or less or unmarried were more likely to be a smoker. In the past 12 months, 43% of current smokers quit smoking for one day or longer because they were trying to quit. Seventy-five percent of current smokers who saw a health professional in the past year reported the professional advised them to quit smoking. From 2003 to 2015, there was no statistical change in the overall percent of current tobacco cigarette smokers. From 2003 to 2015, there was no statistical change in the overall percent of current smokers who reported they quit smoking for one day or longer in the past 12 months because they were trying to quit. From 2006 to 2015, there was a statistical increase in the overall percent of current smokers who reported their health professional advised them to quit smoking.

In 2015, 89% of respondents reported smoking is not allowed anywhere inside the home. Respondents who were in the top 40 percent household income bracket, married or in households with children were more likely to report smoking is not allowed anywhere inside the home. Five percent of nonsmoking respondents reported they were exposed to second-hand smoke in the past seven days. From 2009 to 2015, there was a statistical increase in the overall percent of respondents who reported smoking is not allowed anywhere inside the home. From 2009 to 2015, there was a statistical decrease in the overall percent of respondents who reported they were exposed to second-hand smoke in the past seven days.

In 2015, 6% of respondents used smokeless tobacco in the past month; respondents 45 to 54 years old, with a high school education or less or in the bottom 40 percent household income bracket were more likely to use smokeless tobacco. Four percent of respondents used electronic cigarettes in the past month; respondents who were male, 18 to 34 years old, with a high school education or less, in the middle 20 percent household income bracket or unmarried respondents were more likely to report this. Three percent of respondents used cigars, cigarillos or little cigars in the past month.

In 2015, 24% of respondents were binge drinkers in the past month. Respondents who were male, 18 to 34 years old, with some post high school education, in the top 40 percent household income bracket or unmarried respondents were more likely to have binged at least once in the past month. Two percent reported they had been a driver or a passenger when the driver perhaps had too much to drink. From 2003 to 2015, there was a statistical increase in the overall percent of respondents who reported binge drinking in the past month. From 2003 to 2015, there was no statistical change in the overall percent of respondents who reported they were a driver or passenger in a vehicle when the driver perhaps had too much to drink in the past month.

In 2015, 4% of respondents reported someone in their household experienced a problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year; respondents in the top 40 percent household income bracket were more likely to report this. Five percent of respondents reported someone in their household experienced some kind of problem with gambling in the past year while 3% reported a household problem with cocaine/heroin/other street drugs. Two percent of respondents each reported a household problem with marijuana or prescription drugs/over-the-counter drugs. Respondents in the bottom 40 percent household income bracket were more likely to report gambling was a household problem in the past year.

From 2006 to 2015, there was no statistical change in the overall percent of respondents reporting they, or someone in their household, experienced some kind of problem, such as legal, social, personal or physical in connection with drinking alcohol in the past year. From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting a household problem with gambling or with cocaine/heroin/other street drugs in the past year. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting a household problem with marijuana or the misuse of prescription drugs/over-the-counter drugs in the past year.

In 2015, 19% of respondents reported in the past 30 days they were driving and distracted by technology at least once a day while 43% reported zero times. Respondents who were 18 to 34 years old, with at least some post high school education, in the bottom 40 percent household income bracket or in the top 40 percent household income bracket were more likely to report being distracted by technology at least once a day. Respondents who were 65 and older, with a high school education or less, in the bottom 60 percent household income bracket or unmarried respondents were more likely to report being distracted by technology zero times. Seventeen percent of respondents reported in the past 30 days they were driving with non-technology distractions at least once a day while 46% reported zero times. Respondents who were 18 to 34 years old, 45 to 54 years old or with a college education were more likely to report driving with non-technology distractions at least once a day. Respondents who were 65 and older, with a high school education or less or unmarried were more likely to report driving with non-technology distractions zero times in the past month.

In 2015, 4% of respondents reported someone made them afraid for their personal safety in the past year; respondents who were 45 to 54 years old or in the bottom 40 percent household income bracket were more likely to report this. Four percent of respondents reported they had been pushed, kicked, slapped or hit in the past year; respondents 18 to 34 years old or 45 to 54 years old were more likely to report this. A total of 7% reported at least one of these two situations. *From 2003 to 2015, there was a statistical decrease in the overall percent of respondents reporting they were afraid for their personal safety in the past year. From 2003 to 2015, there was no statistical change in the overall percent of respondents reporting they were pushed, kicked, slapped or hit. From 2003 to 2015, there was a statistical decrease in the overall percent of respondents reporting at least one of the two personal safety issues.*

Children in Household Key Findings

In 2015, a random child was selected for the respondent to talk about the child's health and behavior. Ninety-nine percent of respondents reported they have one or more persons they think of as their child's personal doctor or nurse, with 95% reporting their child visited their personal doctor or nurse for preventive care during the past 12 months. Less than one percent of respondents reported there was a time in the past 12 months their child did not get the medical care needed. Zero percent of respondents each reported their child did not receive the dental care needed or their child did not visit a specialist they needed to see. Two percent of respondents reported their child currently had asthma. Zero percent of respondents reported their child was seldom or never safe in their community. Ninety percent of respondents reported their 5 to 17 year old child ate two or more servings of fruit on an average day while 36% reported three or more servings of vegetables. Sixty-four percent of respondents reported their 5 to 17 year old child was physically active five times a week for 60 minutes. Six percent of respondents reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. Twenty-six percent reported their 8 to 17 year old child experienced some form of bullying in the past year; 22% reported verbal bullying, 8% reported physical bullying and 4% cyber bullying. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents reporting their child has a personal doctor or nurse. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child saw their personal doctor in the past year for preventive care. From 2012 to 2015, there was no statistical change in the overall percent of respondents reporting their child had an unmet medical need, unmet dental need or their child needed to see a specialist but could not in the past 12 months. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported their child had asthma. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their child was seldom/never safe in their community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 5 to 17 year old child ate two or more servings of fruit per day, ate at least three servings of vegetables per day or was physically active five times a week for at least 60 minutes. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child always or nearly always felt unhappy, sad or depressed in the past six months. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported their 8 to 17 year old child was bullied in the past year or in the type of bullying.*

Community Health Issues Key Findings

In 2015, respondents were asked to pick the top three health issues in North Shore out of eight listed. The most often cited were chronic diseases (64%) alcohol/drug use (53%) and mental health/depression (44%). Respondents 55 to 64 years old were more likely to report chronic diseases. Respondents 18 to 34 years old, with a college education, in the top 40 percent household income bracket or married respondents were more likely to report alcohol/drug use as a top health issue. Respondents who were female, 18 to 34 years old or with at least some post high school education were more likely to report mental health/depression.

Twenty percent reported infectious diseases; respondents who were 45 to 54 years old, in the middle 20 percent household income bracket or unmarried were more likely to report this. Twenty percent of respondents reported violence. Seven percent of respondents reported teen pregnancy as a top issue; respondents who were 18 to 34 years old or in the bottom 40 percent household income bracket were more likely to report this. Two percent of respondents each reported infant mortality or lead poisoning as a top issue. *From 2012 to 2015, there was a statistical increase in the overall percent of respondents who reported mental health/depression as one of the top health issues in the community. From 2012 to 2015, there was a statistical decrease in the overall percent of respondents who reported alcohol/drug use, teen pregnancy, violence or infant mortality as one of the top health issues in the community. From 2012 to 2015, there was no statistical change in the overall percent of respondents who reported chronic diseases, infectious diseases or lead poisoning.*

The story of Annie

During 2015, the North Shore reviewed a total of 405 blood lead level results for children in the communities of Brown Deer, Bayside, Fox Point, Glendale, River Hills, Shorewood and Whitefish Bay. Of those, 216 were results from children between the ages of 8 months and 18 months. This is a window of time we allowed for the first recommended lead level screening at one year of age.

Most initial lead level screenings are done from a capillary sample (a “finger stick”). This is a great way to easily get a screening result, but a venous sample provides a much more accurate result as to the actual level of lead in the body, instead of lead dust on the skin that may get into a finger stick sample.

That is why the health department will recommend that the parent and pediatrician follow up with obtaining a venous sample for lead level testing.

During 2015, we had 17 kids who had at least a capillary lead level result of 5.0 mcg/ dL or more. If the initial result was done by a finger stick, we contacted parents by mail, encouraging them to follow up with a more accurate venous level, and providing them with some general information about lead poisoning and how to protect children from lead exposure. For elevated (5.0 mcg/ dL or more) venous blood lead levels, parents were contacted by mail and/ or phone recommending a home visit by one of the public health nurses for education, as well as use of the health department’s HEPA vacuum.

This is the story of one of those children- On August 24, 2015, we were notified of a child in our area with a venous blood lead level of 10mcg/ dL. Annie was 12 months old at the time and her parents were renting a lower level in an older duplex near the health department office. We called her parents and discussed ways they could immediately intervene to reduce Annie’s lead exposure. These included increasing iron and calcium in her diet, wiping her hands frequently to remove lead dust, damp mopping and damp wiping surfaces and running water from the tap before using it in the morning, using only cold water for drinking and cooking. A home visit was set up, and one of the Public Health nurses visited the house, taking the HEPA vac for the parents to use and reviewing possible sources of lead. During the visit, Annie was observed “cruising” on her newfound land legs along a low windowsill in the attached sunporch. Her parents said that they frequently have the windows on the sunporch up so there is fresh air, but that they close them at night when it gets cool. When she reached the end of the line of windows, Annie sat down on the floor, proud of herself for her walking skills and then put her hands into her mouth while she smiled and giggled. A LeadCheck swab used on the window sill indicated the presence of lead. Opening and closing the windows may have produced fine lead dust to settle on the windowsill which Annie used to support herself while learning to walk. There were no areas of paint peeling or chipping and neither parent worked in any field that would increase lead levels in the home. The parents used the HEPA vac and damp wiped the windowsill, damp mopped the floors and diligently wiped Annie’s hands often. These measures, along with changes in diet and tap use were continued by

Annie's parents. On October 13th, Annie, now 14 months old, had a repeat venous blood lead level drawn with a result of 3.0 mcg/ dL, well below the level of concern identified by the CDC.

Rapid intervention, education and diligent work by the parents brought Annie's venous blood lead level down to an acceptable level in less than 2 months!

This story shows that elevated lead levels can be corrected, and the earlier the interventions are initiated, the sooner those levels can be reduced. However, while 216 children in the North Shore had lead level screens at "one year" as recommended by the CDC, there were 547 births in 2014. Only 39.5% of those children were screened a year later. If 100% of the children born in 2014 received lead screening, we would have expected to see an additional 26 children with at least capillary lead levels at a level of concern- 5.0mcg/ dL or greater.

Where are those 26 kids? Is one of them yours?