2024

Public Health
Prevent. Promote. Protect.

Appleton Health Department Annual Report

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Appleton Health Department 2024 Annual Report

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Message from the Health Officer

As we reflect on 2024, I am proud to share the Appleton Health Department's achievements in advancing public health and strengthening community partnerships. This past year has been a testament to our commitment to innovation, collaboration, and service, ensuring the well-being of all who live, work, and visit Appleton.

One of our key accomplishments was the introduction of the tiered weights and measures daily rate fee schedule and billing support for the Northeast Wisconsin Weights and Measures Consortium. This new fee structure helps ensure that businesses receive consistent and transparent billing support and enhance the administrative capacity of our consortium partners. This step forward underscores our dedication to maintaining equity and accountability in regulatory services.

Another significant milestone was the implementation of an enhanced tourist rooming house enforcement program. As tourism continues to grow in Appleton, it is crucial that our community remains safe and welcoming. Through this program, we have strengthened compliance measures and provided clearer guidance to property owners, ensuring that short-term rental accommodations meet essential health and safety standards. Through this program, we have helped those learning the state requirements for licensing for the first time and also forcing compliance for those that have been knowingly operating without a license for some time.

2024 also marked the successful launch of the department's first electronic health record (EHR) system. This long-awaited advancement has streamlined operations, improved data management, and enhanced our ability to provide timely and effective care to our residents. The implementation of EHR is a transformative step toward modernizing public health services and improving health outcomes.

Collaboration has been at the heart of our efforts, and our partnership with the Tri-County Community Health Improvement Coalition has been instrumental in addressing regional health challenges. By working together, we have leveraged resources, shared expertise, and developed strategies to improve health equity and access to care across our community.

Expanding support for residents' basic needs remains a top priority, and this year we made significant progress with the creation of the Community Resource Navigator position. This new role has enhanced our ability to connect individuals and families experiencing homelessness with essential services, from housing and food assistance to healthcare and mental health resources. By strengthening our Basic Needs Team, we have taken a crucial step in ensuring that all community members have the support they need to thrive.

Additionally, we are proud to have played a key role in the creation of the Appleton Milk Bank. This initiative, designed to support infant nutrition and maternal health, provides a vital resource for families in need. The establishment of the milk bank reflects our commitment to fostering community health through innovative solutions and strategic partnerships.

These achievements are a testament to the dedication and hard work of our staff, partners, and community members. As we move forward, we remain steadfast in our mission to protect and promote the health of Appleton residents. I extend my deepest gratitude to our team and partners for their unwavering commitment to public health.

We look forward to building on these successes in the coming year and continuing to create a healthier, stronger Appleton for all.

Gratefully yours,

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

Our Vision

Health for all, together.

Our Mission

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

Our Beliefs

- The Appleton Health Department plays a vital role in 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 residents and consumers.
- 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.

Figure 1: 2024 Health Department Staff

2024 Board of Health

Cathy Spears

Chairperson

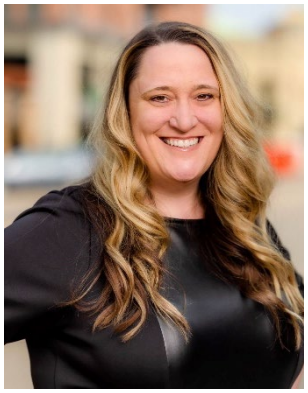
Lee Marie Vogel, MD

Medical Advisor

Kathleen Fuchs, PhD

Nate Wolff

Alderperson



Vaya Jones

Alderperson

Deborah Werth, BSN, RN

Emma Kane, MPH

Jacob Woodford

Mayor

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

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

2024 Table of Organization

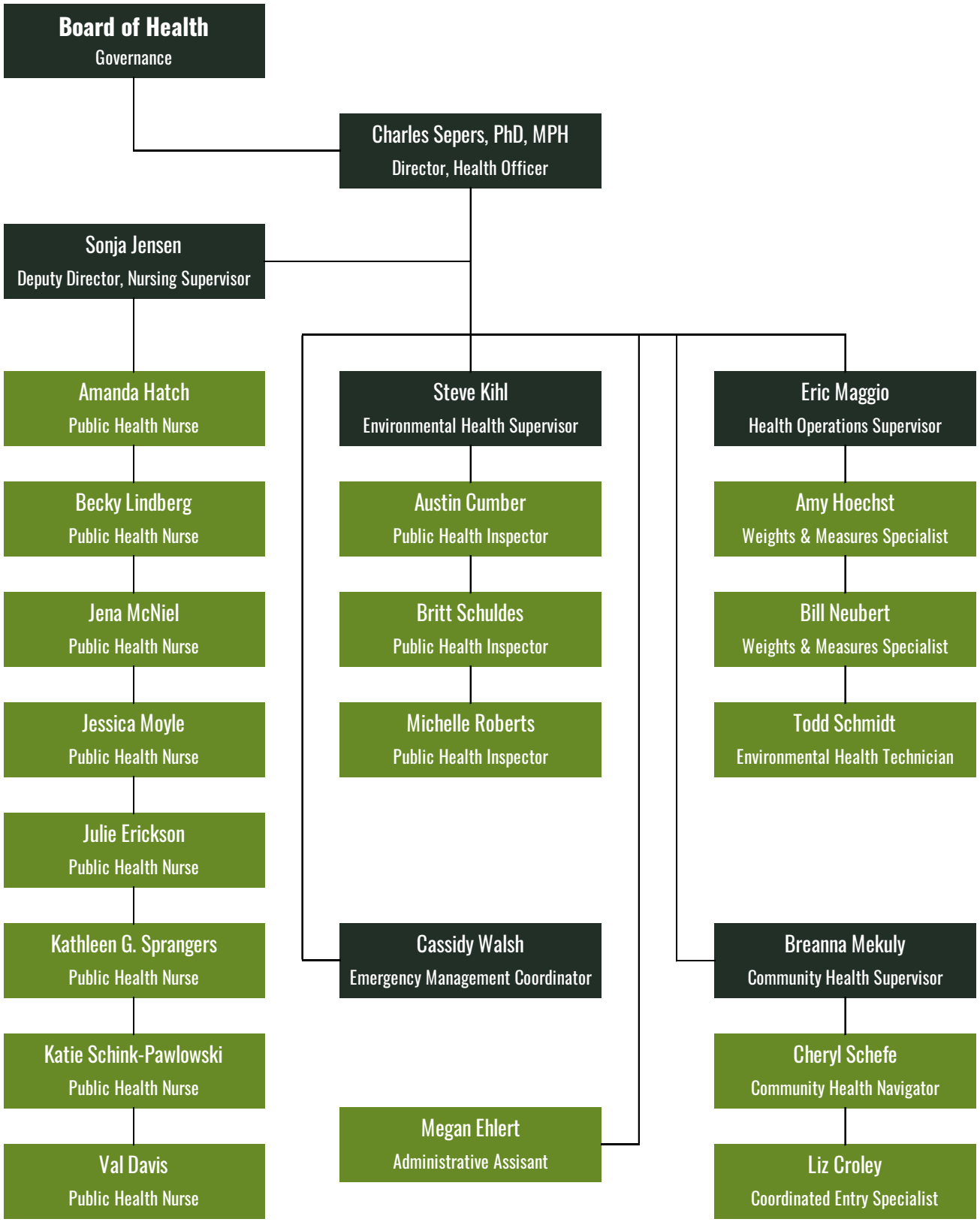


Figure 2: 2024 Table of Organization

2024 Roster

Board of Health

Cathy Spears, Chairperson
Lee Marie Vogel, MD, Medical Advisor
Deborah Werth, RN
Kathleen Fuchs, PhD
Emma Kane, MPH
Alderperson Vaya Jones
Alderperson Nate Wolff
Mayor Jacob Woodford

Staff

Administration

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

Environmental Health

Steve Kihl, RS, Environmental Health Supervisor
Austin Cumber, Environmentalist
Britt Schuldes, Environmentalist
Michelle Roberts, RS, Environmentalist
Todd Schmidt, Environmental Health Technician

Community Health

Breanna Mekuly, MTS, Community Health Supervisor
Liz Croley, Coordinated Entry Specialist
Cheryl Schefe, Community Resources Navigator

Public Health Emergency Preparedness

Cassidy Walsh, CEM, Emergency Management Coordinator

Public Health Nursing

Valerie Davis, RN, Public Health Nurse
Katie Schink-Pawlowski, RN, Public Health Nurse
Julie Erickson, RN, Public Health Nurse (Part-Time)
Amanda Hatch, RN, Public Health Nurse (Part-Time)
Becky Lindberg, RN, Public Health Nurse (Part-Time)
Jena McNiel, MPH, RN, Public Health Nurse (Part-Time)
Jessica Moyle, RN, Public Health Nurse (Part-Time)
Kathleen Sprangers, RN, Public Health Nurse (Part-Time)
Susan Larson, RN (PRN)

Consumer Protection

Eric Maggio, Operations Supervisor
Amy Hoechst, Weights & Measures Specialist
Bill Neubert, Weights & Measures Specialist

Using this Report

Purpose of this Report

An annual report for a local public health department clearly shows how the organization is doing, what it achieved, and what it plans to do next. It is designed to help the community and others understand the department's work and its impact. Specifically, the annual report does several important things:

- **Clarity:** It explains how money was earned and spent in a way that is easy to understand.
- **Responsibility:** It shows how the organization worked to meet its goals and stick to its mission, making sure it stays accountable to the community.
- **Highlights:** It shares big achievements and also talks openly about any challenges faced over the year.
- **Future Plans:** It discusses the organization's plans and goals for the upcoming year, showing its commitment to keep improving.
- **Connection:** It builds trust by clearly showing the positive impacts the organization has made in the community.
- **Following the Rules:** It ensures the organization is open about following laws and necessary guidelines.

In simple terms, an annual report is like a yearbook that gives an overview of how the public health department did over the past year and what it hopes to accomplish next.

Additionally, the annual report helps the department meet Essential Public Health Service #9, which focuses on "Evaluating how well health services work, how easy they are to access, and their quality," by:

- **Providing Data for Evaluation:** Including clear data to evaluate how well health services are working.
- **Identifying Gaps and Inequities:** Showing any areas where health services are not equally available or effective, helping to make needed improvements.
- **Facilitating Continuous Improvement:** Sharing lessons learned and best practices to keep improving health services.

Overall, the annual report is an important tool to make sure public health services stay effective, fair, and focused on the community's needs.

Navigating this Report

The Wisconsin DHS Administrative Code Chapter DHS 140 mandates that local public health departments utilize the Foundational Public Health Services (FPHS) and the 10 Essential Public Health Services (EPHS) as core frameworks for their daily operations, strategic planning, performance evaluation, and reporting, ensuring comprehensive, effective, and accountable public health practices. The layout of this report uses these frameworks as navigation aids throughout.

Foundational Public Health Services

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

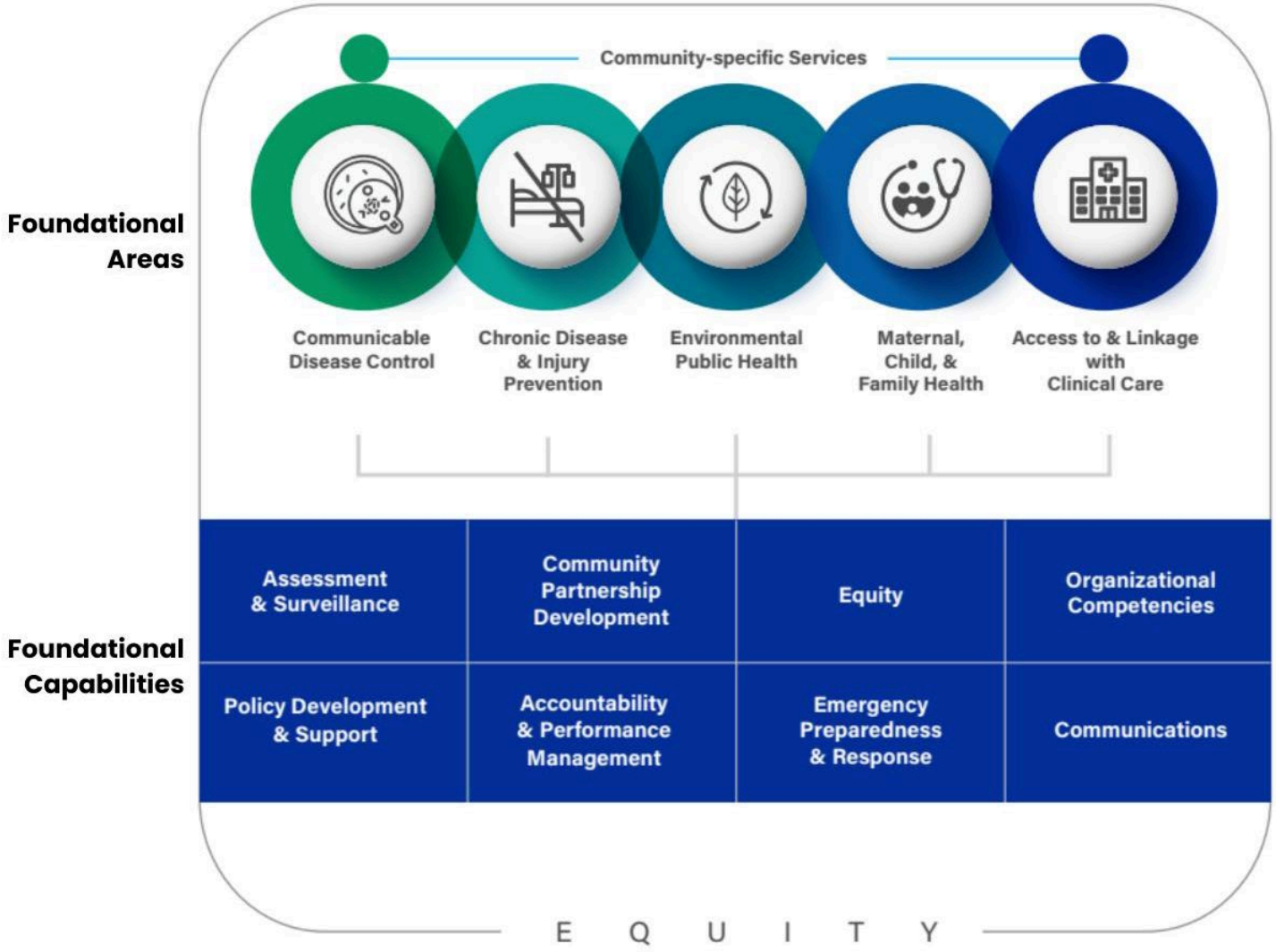


Figure 3. Foundational Public Health Services

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

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

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

The Foundational Public Health Services are:

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

10 Essential Health Services

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

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

Figure 4: The 10 Essential Public Health Services

The 10 Essential Public Health Services are:

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

Community Snapshot

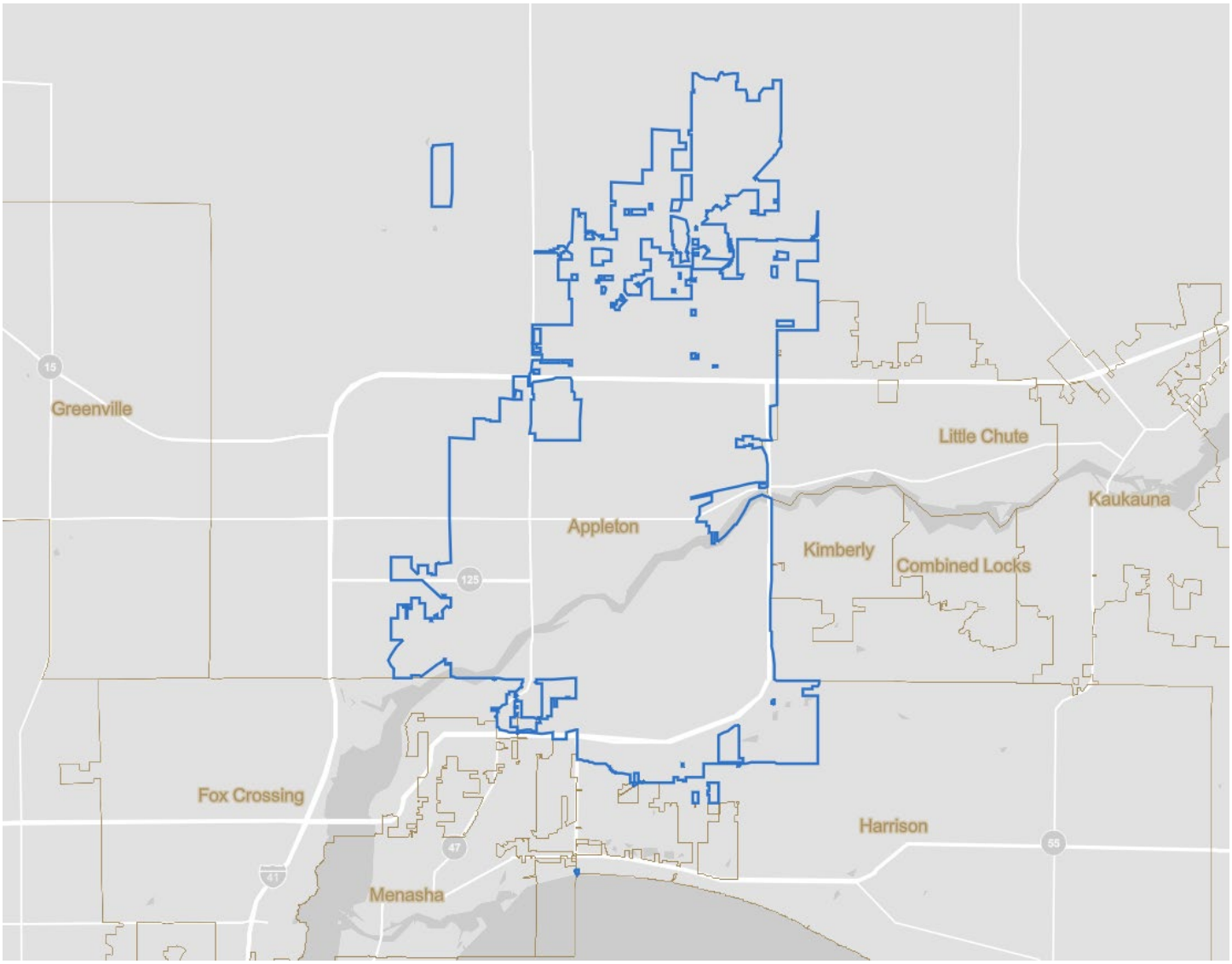


Figure 5: City of Appleton Map

Population (2023)

74,873

Median Family Income (2023)

$77,450

Median Age (2022)

36.9 years

Median Gross Rent (2025)

$1,140/month

Owner-Occupied (2022)

64.5%

Poverty Rate (2023)

8.5%

Foundational Capabilities

Assessment & Surveillance

Local health departments play a vital role in collecting and using assessment and surveillance data to protect and improve community health. Collecting this data, including both community health assessments and disease surveillance, allows health departments to identify and respond quickly to health problems.

A Community Health Assessment (CHA) provides detailed information about health needs, problems, and resources in the community. It helps health departments prioritize their efforts, focus resources, and create effective programs based on actual community needs.

Surveillance data, on the other hand, helps track diseases, outbreaks, and health trends. This kind of data allows local health departments to quickly respond to outbreaks and prevent diseases from spreading further.

Local health departments also collect non-surveillance data, such as evaluation data for implemented programs, and collecting information about environmental concerns, which helps identify risks that might lead to future health issues. This kind of data helps departments plan preventive measures before problems get worse.

Sharing this collected data with community stakeholders, local organizations, and the public is critical. It promotes transparency and builds trust, helping everyone understand the reasons behind public health decisions and actions. Openly sharing data encourages cooperation among local groups and empowers residents to actively participate in improving community health.

In short, assessment and surveillance data guide local health departments to make informed decisions, respond swiftly to health threats, and keep communities informed and engaged. This process helps ensure everyone receives effective, fair, and responsive health services.

Community Health Assessment

A Community Health Assessment (CHA) helps local health departments understand the health needs of their community. It helps identify the most important health problems so departments can focus their efforts where they matter most.

The CHA collects data to help health departments make good decisions about how to use their resources. This ensures programs and services match what the community actually needs. A CHA also involves local residents and organizations, creating teamwork and trust. It encourages people to get involved in improving community health.

Figure 6: The City of Appleton CHA collected data through in-person interviews, electronic surveys, and in multiple languages.

An important job of the CHA is to discover health issues and to find out which groups may not be getting enough support. By identifying these problems, health departments can create specific programs that meet the needs of everyone, including those who might be overlooked.

The CHA provides important information to measure how well public health programs work. This helps health departments stay accountable and shows clearly how they are making a difference over time.

Finally, the CHA is essential for planning future programs and meeting health standards. It helps health departments create plans that improve community health and meet state and national requirements.

Overall, a CHA helps local health departments clearly understand community health issues, build partnerships, provide fair services, and improve everyone's health and well-being.

As part of the City of Appleton CHA, we planned, and deployed a Community Concerns Survey, which asked community members to identify issues affecting their community that they cared about and how important they were to address. These data helped us identify which issues were important to community members, and among those, which needs the community's attention and focus.

Health priorities can vary significantly from one community to the next due to factors in the environment, surrounding industry, socio-economic conditions, and cultural practices. It is essential to embed a diverse group of steering committee members including representation from public health, cultural groups, community organizations, and the education sector to ensure a broad range of perspectives and expertise.

Because the work belongs to everyone, a steering committee featuring community stakeholders from multiple sectors guided this work. This group included representatives from the Appleton Area School District, Lawrence University, the HMong American Partnership, and United Way Fox Cities, among others.

Committee members collaborate to make sure data collection content and methods encompass as many Appleton residents as possible. Steering Committee members are involved in setting priorities, developing strategies, and outlining action plans related to the work.

In addition to the Appleton Community Health Assessment, our staff worked closely with other health districts within Calumet, Outagamie, and Winnebago Counties, as well as the hospitals within the three-county region as part of the Tri-County Health Coalition.

In 2024, the Tri-County Health Coalition utilized the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework to implement a comprehensive and coordinated regional community health assessment across Tri-County Region. The Coalition's overarching goal is to improve achieve health equity and well-being for all community members through collaborative, community-centered processes.

Guided by the principles of equity, shared decision-making, and community collaboration, the Coalition actively engaged diverse community stakeholders throughout Calumet, Outagamie, and Winnebago counties. The Coalition works to collectively analyze community health, prioritize key health issues, and strategically plan evidence-based interventions, ensuring continuous evaluation and iterative improvement of the health improvement process.

Using the MAPP 2.0 process, the Coalition systematically considers multiple layers affecting community health. These include structural factors such as policies, legislation, and organizational practices; community conditions such as housing, transportation, education, and economic opportunities; and individual behaviors and health outcomes. By recognizing and addressing power imbalances and systemic inequities, the Coalition is committed to ensuring that community members, especially those experiencing the greatest disparities, play an active role in decision-making.

The Coalition's approach aligns with the Well-Being Portfolio developed by the Rippel Foundation, emphasizing critical vital conditions such as humane housing, reliable transportation, lifelong learning, meaningful work and wealth, and belonging and civic muscle. These vital conditions are essential for sustainable community well-being and are integrated into the Coalition's planning to foster an equitable and healthy community environment.

By adopting this collaborative framework, the Tri-County Health Coalition aims to create a unified and sustainable community health improvement cycle. Their strategy includes shared assessments, coordinated interventions, and continuous measurement and reporting to maintain transparency and accountability among stakeholders and the broader community.

Point in Time (PIT) Count

The PIT Count is a federally required census of homelessness conducted nationwide each January and again in July. On a single designated night, trained volunteers and outreach staff fan out to:

1. **Identify everyone staying in emergency shelters or transitional housing** (the "sheltered" count, captured directly from agency rosters), and
2. **Locate and survey people sleeping in places not meant for human habitation**—cars, tents, abandoned buildings, streets, etc. (the "unsheltered" count, gathered through in-person interviews).

For jurisdictions like Appleton that belong to the Wisconsin Balance-of-State Continuum of Care (CoC), HUD allows a narrow window (up to seven consecutive nights) to complete the unsheltered canvass if weather or geography make a one-night effort impractical. Appleton's teams used that full window in 2024, improving the accuracy of the Fox Cities estimate. This is a major shift over the previous methodology, that allowed two nights after the night of the count to fully verify the numbers.

Figure 7: Chronic Homelessness is defined as experiencing homelessness for at least 12 months in the last 3 years or on at least 4 separate occasions in the last 3 years, with each occasion lasting at least 7 nights.

Why the PIT Count is important:

- **Resource allocation.** HUD and state agencies use PIT data to distribute homeless-assistance funding; an undercount can mean fewer dollars for local shelters, rapid-rehousing and supportive-housing programs.
- **Trend monitoring.** Because the methodology is standardized each year, communities can track increases or decreases in homelessness and evaluate the impact of new policies or housing investments.
- **Service planning.** The brief survey captures age, household type, veteran status, race/ethnicity and special needs. Local planners use this information to tailor outreach, shelter design and supportive services.
- **Community engagement.** Recruiting volunteers—from police cadets to faith groups—raises public awareness and builds partnerships that last well beyond the count night. Appleton's January 2024 effort mobilized 50 volunteers from 25 organizations and immediately connected 37 unsheltered individuals (including two children) with shelter, supplies and case-management referrals .

In short, the PIT Count is the single most visible snapshot of homelessness each year. It drives funding, informs strategy and, most importantly, ensures that people experiencing homelessness are seen and offered a path to housing and services.

PIT Count and Coordinated Entry data are presented to local stakeholders and service providers, as well as the Fox Valley Housing Coalition via a monthly report.

Community Partnership Development

The Appleton Health Department recognizes that a “one-size-fits-all” series of questions cannot capture the health needs of a community, so a Steering Committee has been formed. The Steering Committee has come together to guide and oversee the development and implementation of Appleton’s CHA and to coordinate with the Tri-Country Community Health Improvement Coalition to build the Community Health Improvement Plan (CHIP) informed by the CHA results.

Health priorities can vary significantly by jurisdiction due to factors including environment, industry, socio-economic conditions, and cultural practices. It is essential to embed a diverse group of steering committee members including representatives from public health, cultural groups, community organizations, and the education sectors to ensure a broad range of perspectives and expertise.

Committee members collaborate to make sure data collection content and methods encompass as many Appleton residents as possible. Steering Committee members are involved in setting priorities, developing strategies, and outlining action plans related to the work. They also play a role in mobilizing community resources and partnerships to support data collection and ultimately, implementation of the regional CHIP.

The CHA Steering Committee is an example of community partnership development because it expands the ownership of Appleton’s Community Health Assessment within the hands of stakeholders and the community itself. Instead of a health-department-only project, survey questions, outreach sites, and priority setting are co-designed by public-health staff working alongside cultural-community leaders, school-district liaisons, local foundations, and youth and LGBTQ+ advocates. This intentionally broad mix ensures that the perspectives of residents most affected by health inequities shape both the questions that were asked and ultimately, the solutions that will be pursued, rather than being spoken for by others.

Because those partners bring their own assets—translation services, trusted messengers, event venues, even QR-code posters on Valley Transit buses—the steering committee mobilizes far more reach and goodwill than the health department could muster alone. The result was more than 2,300 Community Concerns Survey responses, 38 percent of which came from ZIP codes historically under-represented in city surveys. After data collection, the same partners sit down together to weigh epidemiologic findings against community insights, then align Appleton’s emerging priorities with the region-wide Tri-County Community Health Improvement Plan. That alignment lets hospitals, counties, and nonprofits pool funding and staff toward shared goals rather than duplicating efforts.

By co-creating knowledge, co-setting priorities, and co-implementing strategies, the Steering Committee turns the CHA into a genuine community-driven movement for better health in Appleton.

Equity

This year's initiatives deliberately targeted the structural and social determinants that widen health gaps in Appleton:

How we addressed inequities	Example actions & early impacts
Housing instability & homelessness raise risks of chronic disease, mental-health crises, and premature mortality.	• Led the Fox Cities Point-in-Time Count to map where unsheltered residents sleep and what barriers they face. • Piloted a **Community Resource Navigator** who now spends five days a week in high-traffic service hubs, connecting people experiencing homelessness to primary care, behavioral health, and rental-assistance programs. • Distributed 3,000 **QR code Coordinated Entry cards**, giving anyone with a phone one-tap access to real-time shelter availability and intake forms.
Language, literacy, and trust barriers limit access to preventive services.	• Co-designed the Community Health Assessment survey with neighborhood leaders, translating it into Hmong, Spanish, and Swahili and launching pop-up survey stations at churches, mosques, and apartment complexes—doubling participation from communities of color. • Embedded plain-language standards and readability checks into all CHA outreach materials.
Lack of community voice in decision-making perpetuates policies that miss lived realities.	• Convened multicultural stakeholder sessions that shifted survey questions toward housing, transportation, and safety—issues residents said matter most. • Committed to placing residents with lived expertise on the forthcoming Community Health Improvement Plan (CHIP) steering group, ensuring that solutions are community-led from concept to implementation.

To create systemic support for addressing the most vulnerable, we created a Community Resource Navigator position to guide residents through complex health, housing, and social-service systems. Adding this capacity to our team has resulted in creating a warm referral process for those experiencing homelessness to basic needs services.

Collectively, these projects strengthened our ability to assess & monitor inequities, communicate in culturally affirming ways, and build community partnerships that turn data into action. They also set the stage for the 2025–2027 Tri-County Community Health Improvement Plan, which will help set the conditions for residents with lived experience in decision-making roles for implementing the plan.

Organizational Competencies

Behind every program, inspection, and community partnership is an infrastructure that keeps the Appleton Health Department (AHD) running smoothly and accountably. In 2024 we strengthened that infrastructure on three fronts—leadership and workforce development, and legal & governance.

Leadership and Workforce Development

There were a number of different opportunities that brought an enhanced, professional skillset into the Department. First, Eric Maggio continued with his Master of Health Administration degree in 2024. His position of City Sealer was also reclassified as the Health Operations Supervisor to reflect taking on new responsibilities within the Consumer Protection Division and cross-Divisional and cross-Departmental projects around quality improvement.

Next, Todd Schmidt, who has been working in the department since 2019 as a Weights and Measures Technician, began a bachelor's degree in environmental health. He also took a new role within the Department as an Environmental Health Technician focusing on short-term rental license compliance.

Further, Emergency Management Coordinator Cassidy Walsh earned the state's Professional Emergency Management Certification at the Wisconsin Governor's Conference, underscoring her expertise and elevating Appleton's credibility in statewide planning forums. Walsh also designed and taught a January course on managing spontaneous volunteers and was later invited to evaluate Waukesha County's volunteer-reception exercise—evidence that her skills are being tapped across Wisconsin.

Lastly, this year three staff members—Breanna Mekuly, Eric Maggio, and Steve Kihl—completed the City of Appleton's **THRIVE** leadership cohort. These supervisors joined a growing list of THRIVE-trained leaders within the department. Their reflections underscore the program's value:

THRIVE
Leadership Academy

- *"Leadership looks like listening."* – Breanna Mekuly, Community Health Supervisor
- *"THRIVE leadership training equips staff with the skills to develop and execute policies and programs that are responsive to the community's needs"* – Eric Maggio, Health Operations Supervisor
- *"Clear, consistent communication drives equitable enforcement."* – Steve Kihl, Environmental Health Supervisor

Graduates now lead cross-functional quality-improvement projects, mentor new hires, and model trauma-informed communication with residents and regulated entities alike. THRIVE also broadens inter-departmental networks, giving public-health staff direct lines to Public Works, Police, among others. These relationships help to accelerate response during emergencies.

Legal Partnership—Noise Ordinance Update

Over the past year the Appleton Health Department (AHD) has led a cross-department effort in partnership with the City Attorney's Office, and Alderperson Martyn Smith to bring Chapter 12, Article IV of the municipal code in line with contemporary public-health practice and community expectations. The revised ordinance and companion fee schedule were recommended for approval by the Board of Health and adopted by the Common Council in February 2025.

Key changes to this ordinance were aimed at enhancing clarity, enforceability, and efficiency. Specifically, key changes to this ordinance featured: a) an improved noise variance process, b) removal of light motor vehicle regulations to comply with existing Wisconsin traffic law, c) clarification of muffler violations, d) enhanced enforcement provisions, and e) general language and structural improvements. These changes were designed to modernize the ordinance and align it with the current best practices, while also improving its effectiveness in addressing noise-related concerns within our community.

Policy Development & Support

Public Health Policy in Action

Updating Appleton's smoking ordinance to cover the entire block surrounding the renovated Public Library is a clear example of the Health Department's commitment to develop and support policy to improve public health.

In 2024, staff from the Appleton Health Department spoke with Library and City Attorney Office staff, and downtown business owners. It became clear that the smoking ordinance needed to be revised—not only because the areas designated in the policy no longer existed due to demolition and reconstruction—but because the feedback from stakeholders and staff made it clear that the smoke-free zone needed to be expanded to include the new Library block.

The *Appleton Post-Crescent* first covered the Board of Health's recommendation in October, noting plans to combine the Valley Transit Center block and the library block into one continuous smoke-free zone, and an initial denial of the action by the Appleton Common Council. The Post-Crescent wrote a follow-up article in November detailed the Common Council's subsequent action, underscoring the policy's health rationale and its importance for families who will use new outdoor features like the Children's Garden. The final language removes outdated references to the "Blue Parking Ramp" and defunct skywalk, replacing them with GIS-based parcel descriptions that leave no ambiguity about where smoking is prohibited.

Beyond public health, the ordinance demonstrates effective policy development and support: cross-department collaboration, legal vetting, transparent public engagement, and evidence-informed decision-making. It also advances equity commitments by protecting children, transit-dependent residents, and low-income populations who spend significant time in the downtown hub, all while communicating expectations in plain language. The result is a smoke-free civic campus that greeted visitors when the library reopened in early 2025—a tangible sign of Appleton's dedication to creating a healthier, more inclusive downtown for everyone.

Policy Enforcement

Short-term rentals (STRs) have exploded in popularity, but rapid growth left Appleton with hundreds of unlicensed "tourist rooming houses" that skipped basic safety checks. In 2024 the Health Department launched a new compliance project that fuses the City's Geographic Information System with a cloud-based monitoring platform to identify—and bring into compliance—properties operating outside Wisconsin's licensing laws.

How the system works

1. **Listing review.** The service monitors major platforms (e.g., Airbnb, Vrbo) and captures listing details, host names, and calendar availability.
2. **GIS matching.** Each listing address is geocoded and compared to Appleton's parcel data, zoning overlays, and existing lodging-license registry.
3. **Flag & alert.** Listings with no active tourist-rooming-house license generate a real-time alert in the Health Department's dashboard, complete with map location and host contact information, generated from existing City records.
4. **Progressive outreach and enforcement.** Hosts that have been operating without a license are first given an opportunity to become licensed without penalty, if they are unaware of legal requirements. Subsequent violation of licensing requirements are met with a cease-and-desist letter. Further violations are met with legal actions.

Why it matters

- **Guest safety.** Licensed properties undergo health, fire, and building inspections to confirm smoke alarms, carbon-monoxide detectors, egress, and sanitation standards. Ensuring every listing is licensed reduces human-health-hazard risks for visitors. Recent fires in the state and nationally that have resulted in the deaths of guests highlight the importance of the licensing process.
- **Fair playing field.** Hotels, bed-and-breakfasts, and compliant STR hosts already invest in permits and taxes. Leveling the field supports local business equity and protects room-tax revenue that funds tourism marketing.

Figure 8: Fire detectors and other regulations ensure every stay is a safe one in Appleton.

- **Neighborhood quality of life.** Early-warning data let zoning and police address nuisance complaints—noise, parking, trash—before they escalate.

Early outcomes

- The dashboard identified **about 170** previously unknown listings in the program went live in July 2024. At that time, we identified that **only 33%** of the total of 254 listings were licensed.
- We estimate that we will reach **67%** of licensing compliance by July 2025.
- The host licensing compliance rate from initial notification was about **72%**. Among those contacted, compliance was either achieved by getting licensed or reverting short-term rental properties back into long-term rental properties. Within the first two months of the program, 38 short-term rental properties were returned to the housing market as long-term rental properties, providing much-needed stock to the housing market.

The project exemplifies the **Policy Development & Support** function: it operationalizes state lodging statutes through modern data tools, integrates enforcement protocols across Health, Community Development, Fire, Legal, and Information Technology, and communicates clear expectations to property owners. By pairing technology with innovative compliance steps, Appleton is closing regulatory gaps, protecting visitors, and safeguarding neighborhood well-being—without adding unsustainable workloads to staff and is completely paid for through licensing fees.

Accountability & Performance Management

In July 2024, the Appleton Health Department launched a revamped invoice creation system for its Weights & Measures consortium contracts in response to a necessary rate increase. To demonstrate added value and transparency to the 11 contracted communities, Health Operations Supervisor Eric Maggio initiated a Quality Improvement (QI) project focused on modernizing the invoice creation process. Maggio developed customized invoice creation tools and payment trackers for each community. These tools streamlined financial tracking and improved administrative efficiency by providing a single point of contact for all billing requests. This proved especially efficient where a single corporate contact could provide payment for many stores at once, such as grocery and retail stores. Following implementation, an after-action report was shared with all communities to gather feedback and further refine the system for future billing cycles.

An additional QI project focused on improving the Department's Tuberculosis Skin Testing program.

Emergency Preparedness & Response

In 2024, Appleton's emergency-management team strengthened professional capability, advanced inter-agency coordination, and delivered hands-on readiness programs for both staff and residents.

Training & Exercises

Three Appleton staff attended the national Preparedness Summit, bringing back lessons on aligning public-health and emergency-management systems for cascading incidents. Locally, the Health Department hosted an **Incident Command System** tabletop with all Northeast Wisconsin Public Health Preparedness Partnership agencies and partnered with Thrivent and regional responders for a three-day active-shooter drill. In October, Walsh coordinated the statewide Simulated Emergency Test for ARES/RACES, recruiting two high schools as shelter sites to sharpen communications and shelter-activation protocols.

During **Severe Weather Awareness Week**, city staff—led by Walsh—promoted household disaster-planning discussions through daily tips and a collaborative video that reached residents via Health Department social channels. In May, Walsh joined Wisconsin ARES/RACES for equipment checks ahead of storm season, reinforcing critical amateur-radio links.

When summer flooding struck Appleton, the Emergency Operations Center activated to coordinate response and recovery. Working with the American Red Cross and Outagamie County CERT, the team opened a temporary shelter for evacuees and distributed cleanup kits, demonstrating the value of unified command and pre-established partnerships.

Together, these accomplishments illustrate a year of proactive skill-building, robust inter-agency collaboration, and direct service to the community—key ingredients of a resilient emergency-management program.

Communications

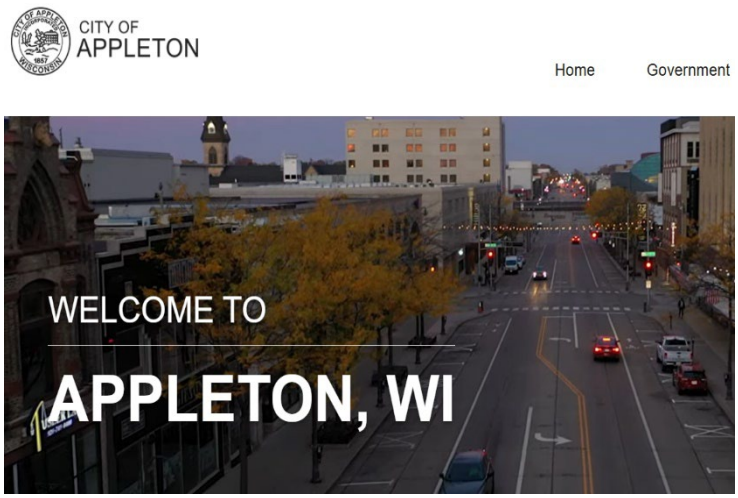


Figure 9: The City's new website, appletonwi.gov, launched in December of 2024.

Throughout 2024 the Appleton Health Department (AHD) strengthened its role as the community's trusted public-health voice by weaving together several communication activities. Illustrative examples include: newsletter production, social media engagement, Community Health Assessment (CHA) marketing, issue-specific messaging, and sustained engagement with partner organizations.

Newsletter Development

The department's redesigned e-newsletter became a monthly touchpoint that combines timely alerts with human-interest stories. Using a plain-language template and built-in translation tool, each issue highlights upcoming clinics, policy updates, and staff features, while directing readers to resources such as quit-smoking classes and disaster-preparedness checklists.

CHA Marketing

To reach residents who are often missing from city surveys, the communications team built a multilayer campaign for the 2024 Community Health Assessment. Tactics included QR-code posters in buses and laundromats, short "how-to" reels on Instagram and Facebook, and pop-up survey booths at cultural festivals. Faith leaders and tenant-resource groups received digital toolkits—flyer templates, social-media captions, and talking-points cards in English, HMong, Spanish, and Swahili.

Public-Health Messaging

AHD issued more than three dozen targeted messages this year, from winter carbon-monoxide safety to summer heat advisories. Each release followed the department's Inclusive Communications Standard: eighth-grade reading level, inclusive language, and ability-friendly formatting. For example, during Severe Weather Awareness Week the team collaborated with Emergency Management on a daily series of household-preparedness tips.

Community-Organization Engagement

AHD worked to strengthen and engage community-based organizations across a number of key initiatives. For example, the work of the Tri-County Community Health Improvement Coalition worked with over 20 community-based organizations to embark on a new, regional initiative designed to enhance community voice, improve health equity among marginalized communities, and draw upon diverse strengths and capabilities of stakeholders to most efficiently and effectively focus on issues prioritized by residents of the Tri-County Region. Additional community-organizational engagement occurred across our work leading the Fox Cities Housing Coalition, leading volunteers to conduct the Point in Time counts, administer housing services to those experiencing homelessness, and navigating residents to basic needs.

Foundational Areas

Communicable Disease Control

Pertussis Outbreak

In 2024 the AHD demonstrated the power of early detection, rapid response, and care coordination in controlling two communicable threats—pertussis and latent tuberculosis.

Pertussis, also known as whooping cough, is a bacterial infection that can affect all ages but is especially dangerous for infants and pregnant people. Pertussis differs from many other vaccine-preventable diseases because it remains present in a population, typically year-round. The early symptoms of Pertussis are similar to other respiratory illnesses and the infection is highly contagious.

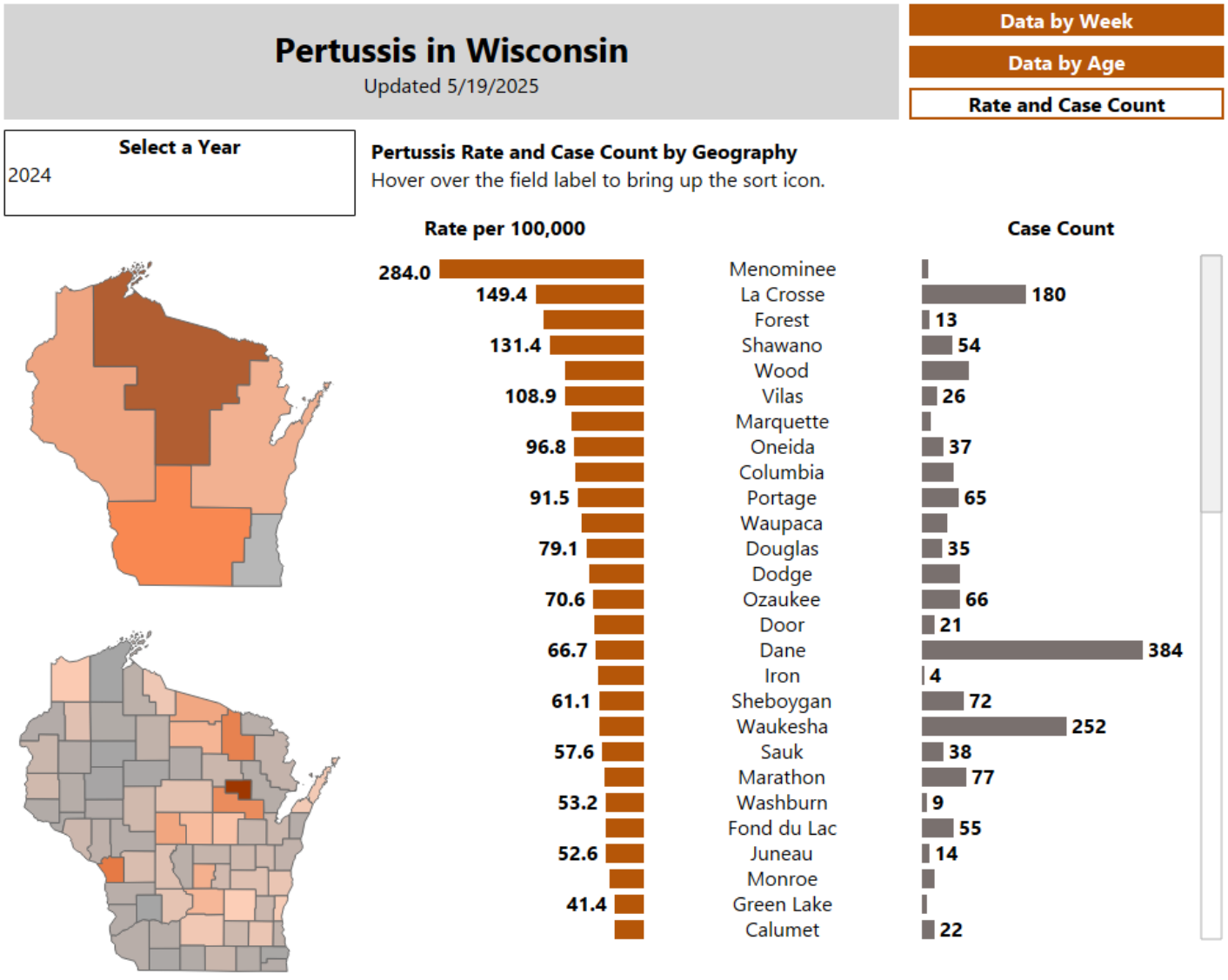


Figure 10: Pertussis Rates in Wisconsin

Appleton, as well as 2/3 of the state, faced a dramatic increase in pertussis cases over previous years. Rates per 100,000 saw an increase of more than 10x over 2023 levels. In Appleton, the incidence rate in 2024 was 37.5 per 100,00 people, in comparison to zero incidence in 2023.

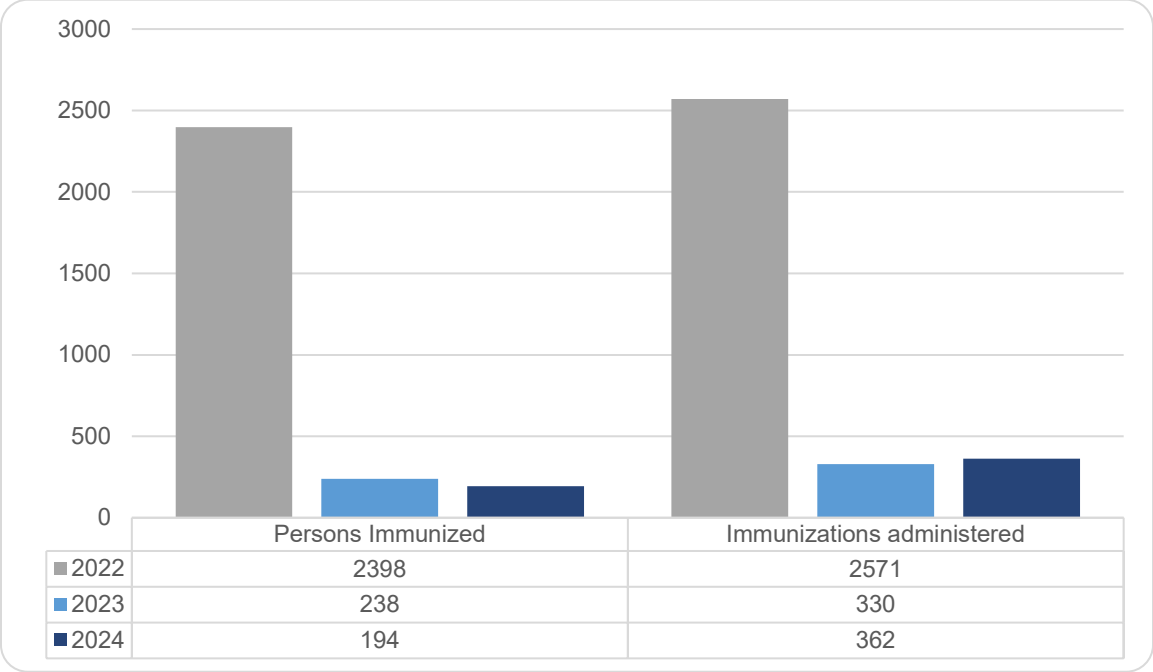
Public Health Nurses began each investigation by interviewing patients or caregivers to trace infection sources and identify people at risk. They issued stay-home and follow-up instructions, stressing that untreated cases could remain contagious for up to three weeks after coughing started. When clusters appeared, nurses alerted the affected community, offered symptom guidance, and answered questions from caregivers, schools, daycares, and medical practices. This swift outreach prompted earlier testing and treatment, raised vaccination uptake, and halted further spread.

Appleton Health Department Offers TB Skin Testing

The Appleton Health Department began offering Tuberculosis (TB) Skin Testing in late 2023 as part of a multifaceted approach to eliminate the spread of active tuberculosis disease, to detect Latent Tuberculosis Infection, and provide an affordable and convenient testing option available to local residents.

Our TB skin testing program has seen steady demand for the service. Many workplaces, schools, and other organizations require the completion of a TB skin test prior to starting. Someone can have no signs of illness but be infected with the bacteria that causes TB, Mycobacterium tuberculosis; this is called latent tuberculosis infection (LTBI). A TB skin test is one way to detect LTBI before it may develop into active TB. Only someone who develops active TB disease can spread the bacteria to others so treating the symptomless LTBI is really important to stop the spread of the disease.

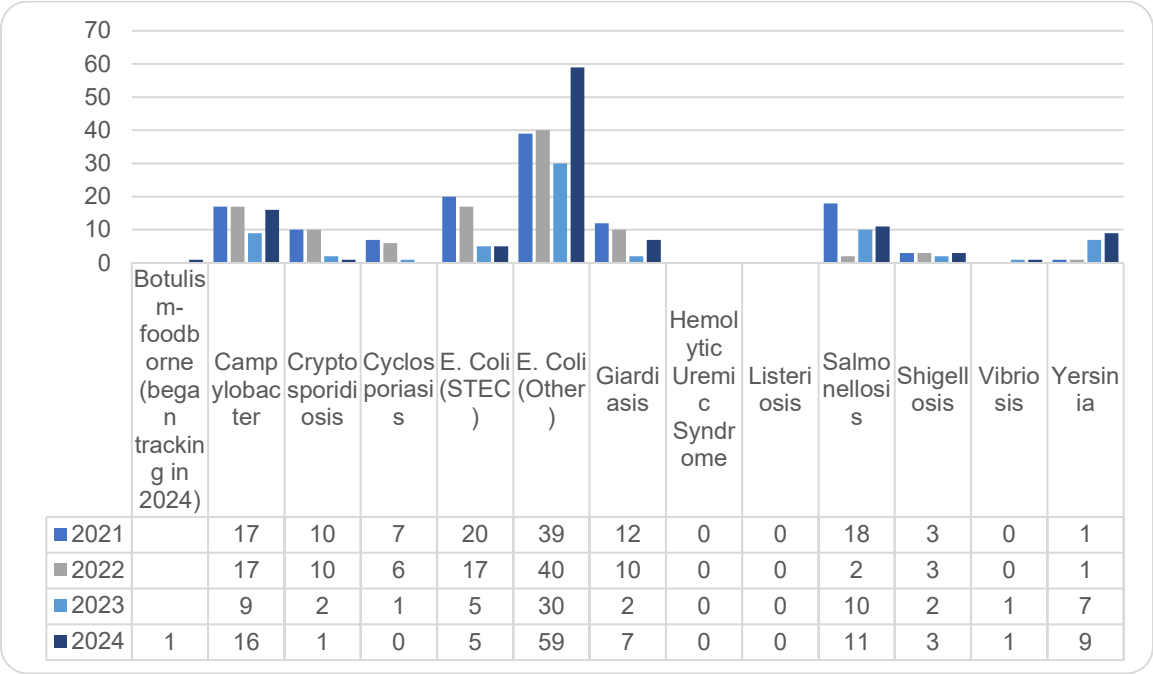
This screening is available as a fee for service or without cost for residents with an identified exposure to active TB. Appleton Public Health Nurses administer and interpret the TB skin tests and provide follow-up case management and linkage to a medical healthcare provider when appropriate. Finally, treatment for LTBI may be started in accordance with medication regimens recommended by the WI State TB Program or CDC/American Thoracic Society (ATS) using current guidelines.



	Persons Immunized	Immunizations administered
2022	2398	2571
2023	238	330
2024	194	362

Figure 11: Immunization Clinics including COVID-19 Immunizations

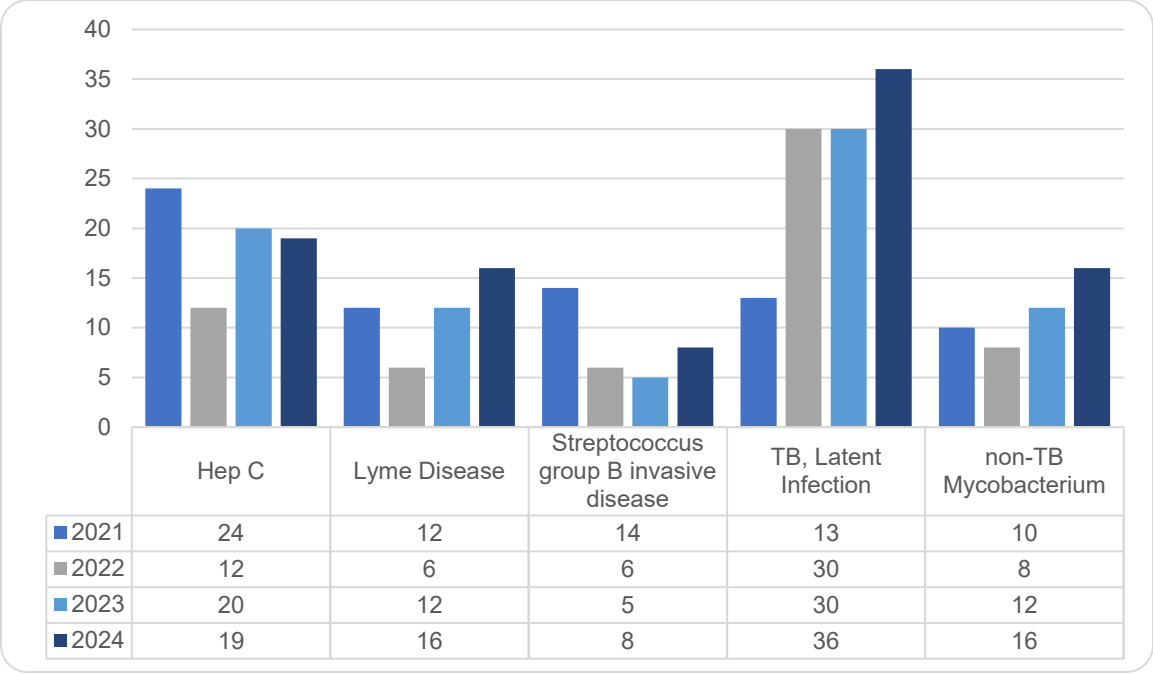
Post-pandemic immunization reset – The steep drop in “persons immunized” after 2022 reflects the wind-down of mass COVID-19 clinics; core vaccination services are stabilizing, with slight growth in 2024 dose counts.



	Botulism-foodborne (began tracking in 2024)	Campylobacter	Cryptosporidiosis	Cyclosporiasis	E. Coli (STEC)	E. Coli (Other)	Giardiasis	Hemolytic Uremic Syndrome	Listeriosis	Salmonellosis	Shigellosis	Vibriosis	Yersinia
2021		17	10	7	20	39	12	0	0	18	3	0	1
2022		17	10	6	17	40	10	0	0	2	3	0	1
2023		9	2	1	5	30	2	0	0	10	2	1	7
2024	1	16	1	0	5	59	7	0	0	11	3	1	9

Figure 12: Communicable Disease Cases (Gastroenteric)

Mixed enteric-disease picture – While protozoan infections (Cryptosporidium, Cyclospora) continue to fall, several bacterial pathogens—especially non-STEC E. coli, Giardiasis, and Yersinia—show notable increases.
Rare but serious events – The first documented food-borne botulism case since tracking began underscores the importance of public education on safe home-canning practices, even as severe outcomes such as HUS and listeriosis remain absent.



	Hep C	Lyme Disease	Streptococcus group B invasive disease	TB, Latent Infection	non-TB Mycobacterium
2021	24	12	14	13	10
2022	12	6	6	30	8
2023	20	12	5	30	12
2024	19	16	8	36	16

Figure 13: Communicable Disease Cases (Other)

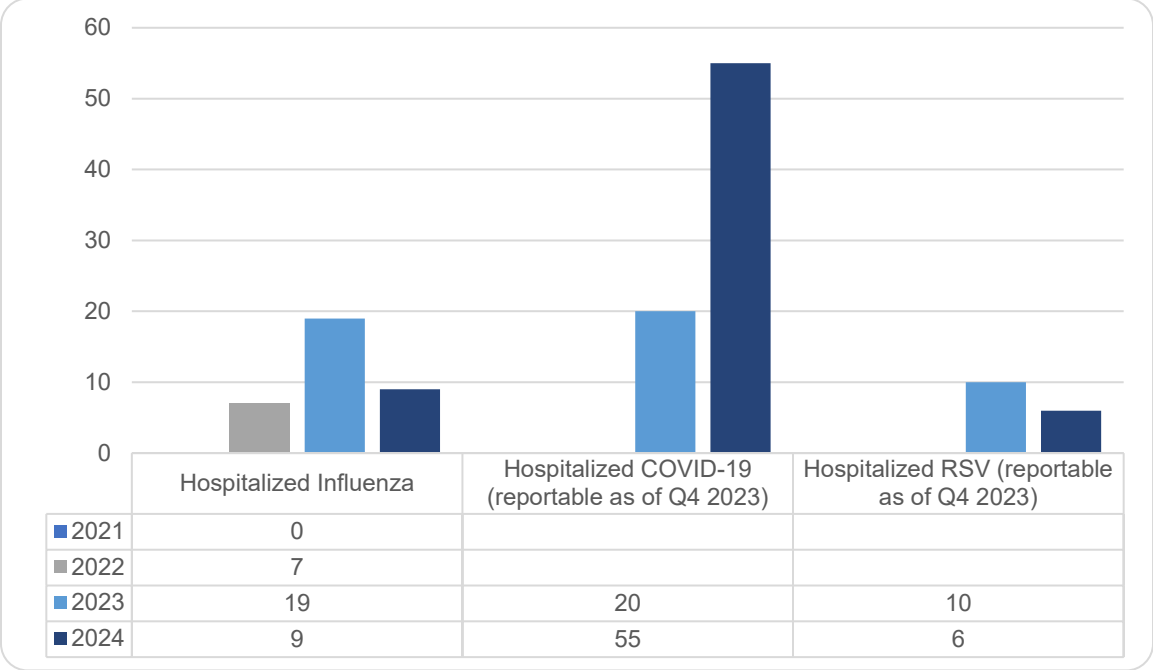
Vector-borne risk is rising. Lyme disease totals have quadrupled since 2022; the department should continue public messaging on tick avoidance and consider targeted outreach in parks and trailheads during peak months.

Enhanced TB screening is working. Higher LTBI numbers demonstrate successful case-finding rather than heightened transmission. The next step is sustaining completion of short-course preventive regimens to avert future active TB.

Hep C rebound warrants action. The climb since 2022 signals a need to integrate harm-reduction services (syringe exchange, treatment linkage) with ongoing STI/HIV programming.

Streptococcus B remains controlled, but perinatal quality-improvement audits should continue to keep rates low.

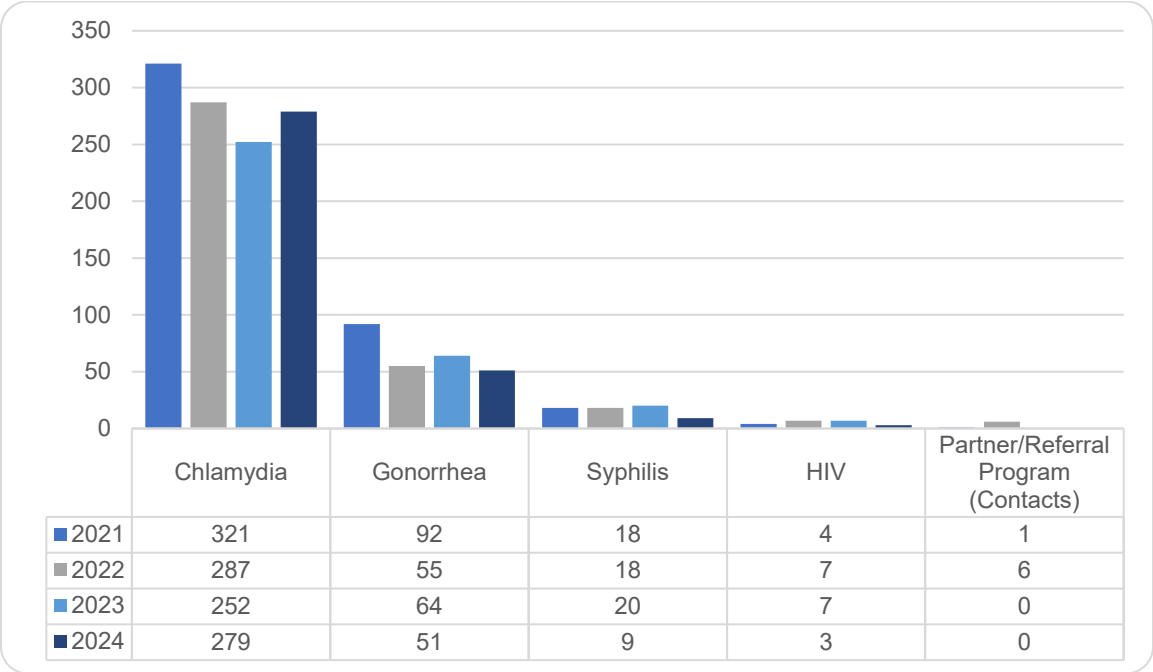
Non-TB mycobacterial infections are trending upward; collaboration with pulmonologists on environmental assessments (e.g., hot-tub aerosols, household water systems) could curb exposure for vulnerable residents.



	Hospitalized Influenza	Hospitalized COVID-19 (reportable as of Q4 2023)	Hospitalized RSV (reportable as of Q4 2023)
2021	0		
2022	7		
2023	19	20	10
2024	9	55	6

Figure 14: Hospitalized Respiratory Infections

Quarter-adjusted prevalence data indicated that hospitalized cases of COVID-19 have decreased from 2023 to 2024, but require three full years of data to understand current trends. Similarly, both rates of Hospitalized influenza and RSV have decreased dramatically over 2023 levels in 2024.



	Chlamydia	Gonorrhea	Syphilis	HIV	Partner/Referral Program (Contacts)
2021	321	92	18	4	1
2022	287	55	18	7	6
2023	252	64	20	7	0
2024	279	51	9	3	0

Figure 15: Sexually Transmitted Disease

Chlamydia counts fell 10 % from 2021 to 2022 and another 12 % from 2022 to 2023, then rose 11 % in 2024. Despite this rebound, the 2024 total remains 13 % below the 2021 high.

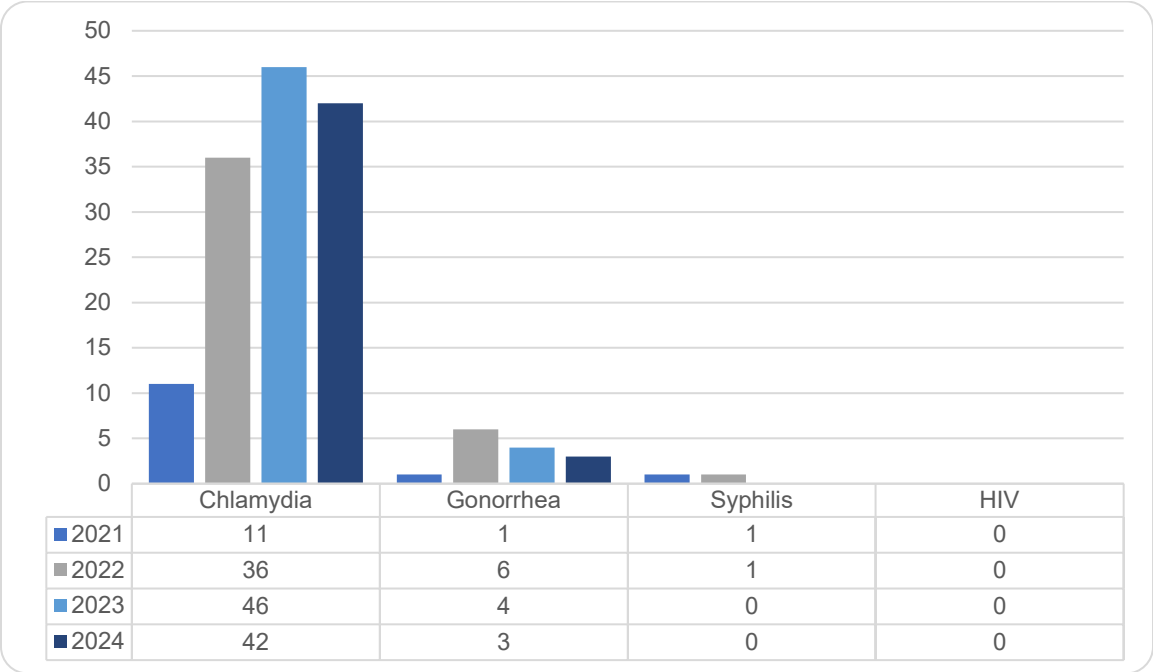
Gonorrhea saw a sharp 40 % decline occurred between 2021 and 2022. Cases increased 16 % in 2023 but dropped 20 % in 2024, the lowest level in the four-year series.

Syphilis remained stable at 18 cases from 2021 and 2022, peaked in 2023 at 20 cases, then decreased by more than half in 2024.

HIV prevalence increased from 2021 to 2022 four to seven cases, respectively, and held steady in 2023. A decrease to three cases represents a 57 % decrease from the previous two years. Diabetes prevalence includes both those that have moved to the health district with a diagnosed infection.

Partner/Referral Program recorded a single contact in 2021, peaked at six in 2022, and has reported none since.

Chlamydia remains the most frequently reported STI every year, accounting for roughly 80–85 % of all infections tracked in this set. Gonorrhea shows the greatest proportional variability, with a pronounced dip after 2021 and fluctuations thereafter. Syphilis and HIV persist at low absolute numbers but exhibit episodic spikes, visible in 2023 for syphilis and in 2022–2023 for HIV.



	Chlamydia	Gonorrhea	Syphilis	HIV
2021	11	1	1	0
2022	36	6	1	0
2023	46	4	0	0
2024	42	3	0	0

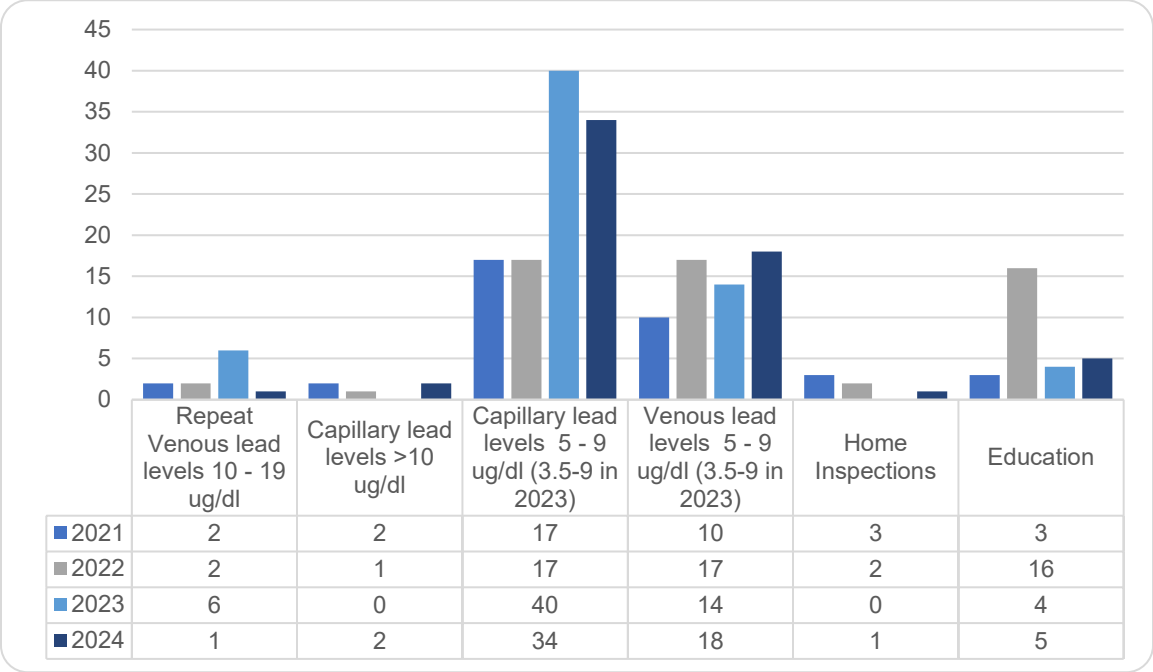
Figure 16: Sexually Transmitted Disease≤18

For those 18 years of age and under, rates of Chlamydia incidence decreased from 46 in 2023 to 42 in 2024, what could be the reversal of a trend of steady increases from 2021 to 2023. Still, prevalence of Chlamydia among this age group remains nearly four times the number of cases observed in 2021.

Similarly, Gonorrhea incidence had decreased among youth for the third consecutive year from 2022 to 2024.

Chronic Disease & Injury Prevention

Lead Surveillance & Enforcement



	Repeat Venous lead levels 10 - 19 ug/dl	Capillary lead levels >10 ug/dl	Capillary lead levels 5 - 9 ug/dl (3.5-9 in 2023)	Venous lead levels 5 - 9 ug/dl (3.5-9 in 2023)	Home Inspections	Education
2021	2	2	17	10	3	3
2022	2	1	17	17	2	16
2023	6	0	40	14	0	4
2024	1	2	34	18	1	5

Figure 17: Lead Elevations

Beginning in 2023, Wisconsin adopted the CDC's lower blood-lead reference value of 3.5 µg/dL, replacing the previous 5 µg/dL threshold. This policy change broadened the pool of Appleton children flagged for follow-up. Whereas capillary screenings at 5–9 µg/dL held steady at 17 cases in both 2021 and 2022, the expanded 3.5–5.9 µg/dL range captured 40 children in 2023 and 34 so far in 2024. Venous confirmations in this same band followed suit, rising from 14 to 18 over the last two years.

Despite the uptick at these newly reportable levels, severe elevations remained uncommon. Repeat venous results between 10 and 19 µg/dL doubled from two cases in 2021 to six in 2023, then fell sharply to a single case in 2024. First-time capillary tests above 10 µg/dL never exceeded two in any year, underscoring that the most dangerous exposures are still rare.

Environmental responses did not mirror the surveillance surge. Home inspections declined from three in 2021 to none in 2023, with only one completed in 2024. Educational outreach peaked at 16 contacts in 2022—even before the threshold change—then slipped to four in 2023 and five this year. As a result, the number of children identified with modest blood-lead elevations has grown, while field investigations and family education have remained comparatively limited.

Taken together, the data depict a program now identifying a larger cohort of lower-level lead exposures, maintaining low numbers of high-level poisonings, yet lagging in on-site inspections and outreach activity relative to the expanded caseload.

Child Passenger Safety

2024 marked the second year of our Child Passenger Safety program, in partnership with the Appleton Fire Department. Each appointment paired families with a Certified Child Passenger Safety Technician, who began by examining the child's current car seat. Rather than simply tightening straps, the technician adjusted every element—seat angle, harness height, installation method—to match the child's age, height, weight, and the unique contours of the family's vehicle. Parents then practiced under supervision, leaving confident they could replicate a correct installation on their own.

That confidence matters: nationwide, roughly four out of five car seats are installed or used incorrectly, a sobering statistic in light of the fact that roadway crashes remain the leading cause of preventable death and injury among children. When properly fitted, however, a child safety seat reduces the risk of a fatal injury by more than two-thirds. Recognizing both the stakes and the financial barriers many families face, the Wisconsin Bureau of Transportation Safety supplies grant funds that allow Appleton's program to provide no-cost seats to caregivers who could not otherwise afford them.

The program's strength lies in the expertise of its staff. Public Health Nurses earn additional certification as Child Passenger Safety Technicians, a credential that equips them to guide caregivers through the shifting safety needs of growing children—from rear-facing infant carriers to forward-facing seats and booster transitions. By integrating these fittings into routine public health practice, the department ensures every child has the right seat, correctly installed, every ride. For further resources and national guidelines, families are encouraged to visit the National Highway Traffic Safety Administration's child passenger safety page.

Community Health

The Basic Needs Team housed at the Appleton Police Department, is comprised of two employees from the Appleton Health Department. This team expanded in 2024 to include the new role of the Community Resource Navigator, joining the Coordinated Entry Specialist to round out the team. Together, they play a vital role in connecting individuals and families experiencing homelessness to resources in our community. In just a year approximately 175 Coordinated Entry (CE) intakes have been completed, helping those at risk of or currently experiencing homelessness, not including children and significant others. Beyond Coordinated Entry intakes, the team has assisted individuals with accessing food, shelter, housing, and employment resources. They have also established strong partnerships within the community. One of the team's key initiatives is the Interagency Collaboration meeting, which brings together various local agencies to provide coordinated support for those struggling to meet basic needs.

In 2024 the Coordinated Entry system offered an unfiltered view of housing instability across the Fox Cities, revealing a crisis that deepened as the year progressed. From January through December the total number of households on the by-name list climbed steadily, but the sharpest swell came from adults without children: the queue of those currently residing within and wanting to relocate to the Fox Cities grew from 225 in January to 356 by year-end, while their average wait for permanent housing never dipped below three months. Most of these single-adult households were headed by men, and the racial mix skewed heavily toward African American and American Indian residents—indicating that homelessness locally is disproportionately borne by people of color. Youth-headed household cases, though smaller in absolute terms, fluctuated between seven and twenty-two, underscoring the need for age-specific interventions.

Families with children experienced a different—but equally troubling—trajectory. The count of family households doubled, jumping from 86 in January to a late-autumn peak of 177 before closing the year at 172. Their waits were slightly shorter, hovering around 90–112 days, yet the human stakes were higher: most applications came from female-led families, and a persistent subgroup of youth-headed households—

between six and seventeen each month—highlighted the vulnerability of young parents navigating the housing market.

Prevention services, designed to avert homelessness before it begins, shouldered a growing caseload as well. Client numbers rose from 142 in January to 202 in October before oscillating in the final months. Those served were largely adults aged 25-44 who scored in the moderate-risk band on the service assessment—people whose housing precarity might be halted with relatively modest infusions of rent support or mediation.

Veteran households, while numerically small, never disappeared from the list. Month to month, six to thirteen single-adult veterans awaited housing, and only sporadic family veteran cases surfaced. The persistence of even a handful of unhoused veterans pointed to gaps in the specialized resources meant to end veteran homelessness entirely.

July's Point-in-Time (PIT) count captured the year's most dramatic snapshot: 148 people experiencing homelessness on a single night, including 23 children. While we saw an increase in those experiencing homelessness, we also were able to employ new approaches to capturing more accurate numbers after the fact, as a result of changes to federal funding source changes. Because of changes made at the Federal level, and July 2024 PIT count This count also showcased the community's capacity to mobilize; outreach teams, municipal staff, and service providers worked side by side, yielding stronger data and, for many participants, a quicker connection to shelter beds or diversion funds.

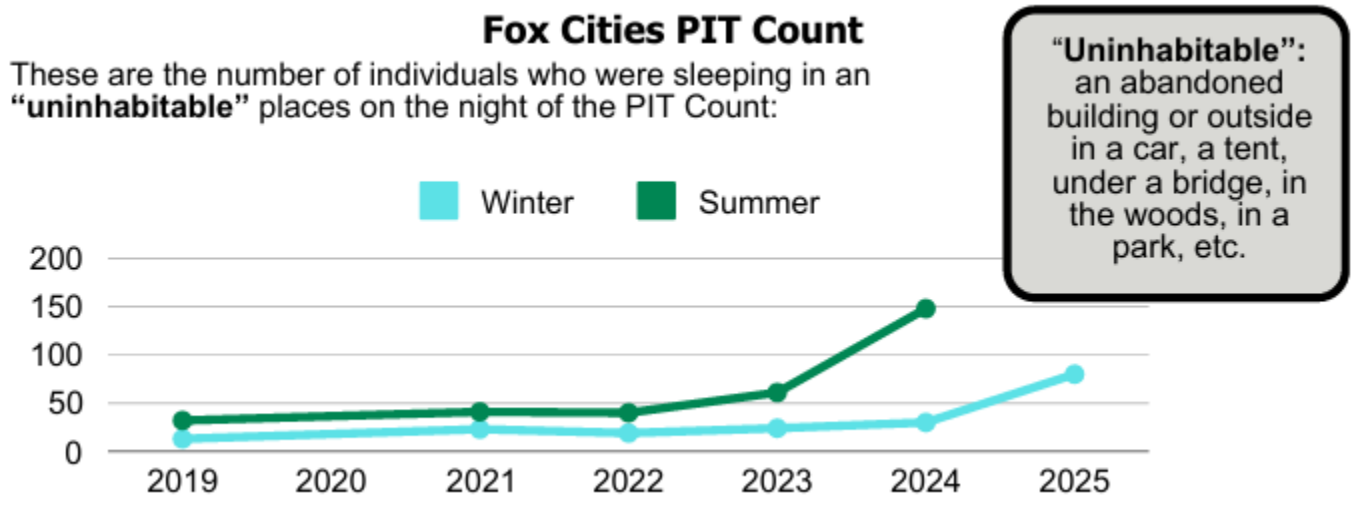


Figure 18: Fox Cities PIT Count

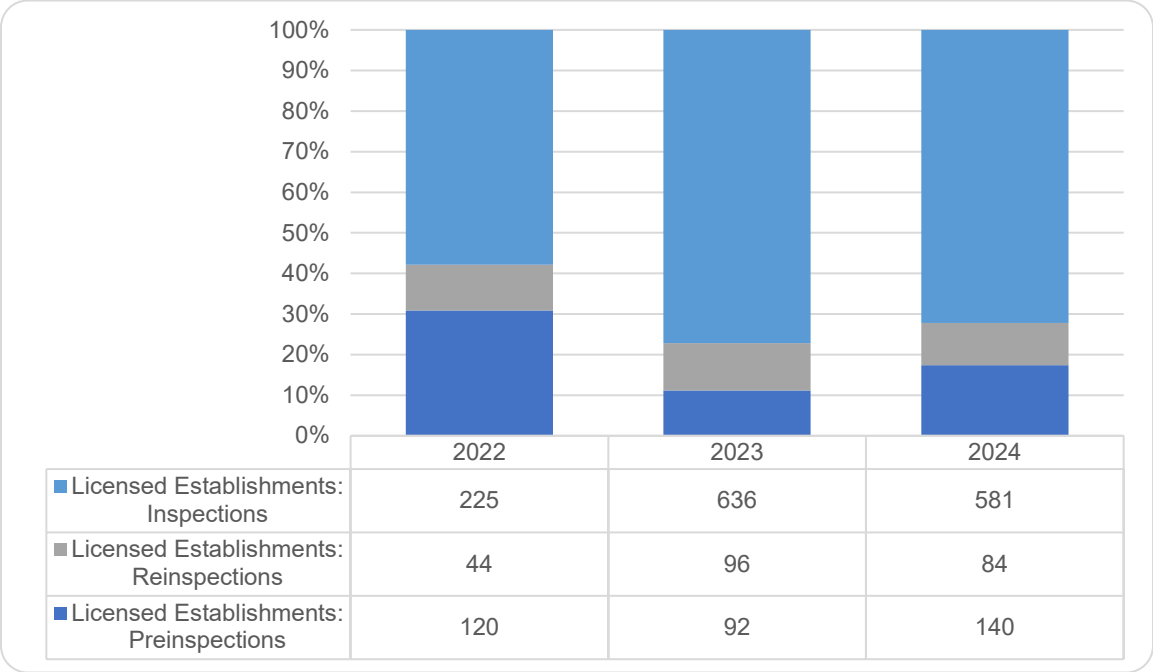
Taken together, the 2024 data portray a region where demand for affordable, stable housing is outpacing supply, especially for single adults and families led by women and youth.

Environmental Public Health

In the years immediately after the pandemic, we saw a large increase in complaints from residents about short-term rentals, many of which we found to be unlicensed. This began a project to increase compliance, increasing safety for lodging customers. Online listings complicate enforcement. Addresses are hidden behind booking platforms, and hosts sometimes shift listings among limited-liability companies to obscure ownership. When investigators discover an unlicensed property, the city issues a cease-and-desist letter. One such sweep touched five downtown apartment buildings, recovering thirty-seven units for year-round renters and illustrating how tourism pressures can erode affordable housing if left unmanaged.

Despite those challenges, the licensing program has generated a reliable stream of housing data. Officials can now quantify the number of beds removed from the rental market, track geographic clustering, and plan inspections around peak visitor seasons. Hosts appreciate the uniform standard; many highlight their license in marketing materials, confident that guests value verified safety.

In public meetings the department frames the license as a simple social contract. Visitors gain a clean, code-compliant place to sleep. Neighbors are less likely to worry about illegal parking, trash overflow, or unchecked fire hazards. Hosts earn income while meeting obligations familiar to every hotel in town. The city's role is straightforward: set the rules, verify compliance, and step in when the balance tips too far toward risk. It is a modest intervention, yet one that has reshaped Appleton's overnight economy into something more transparent, predictable, and safe.



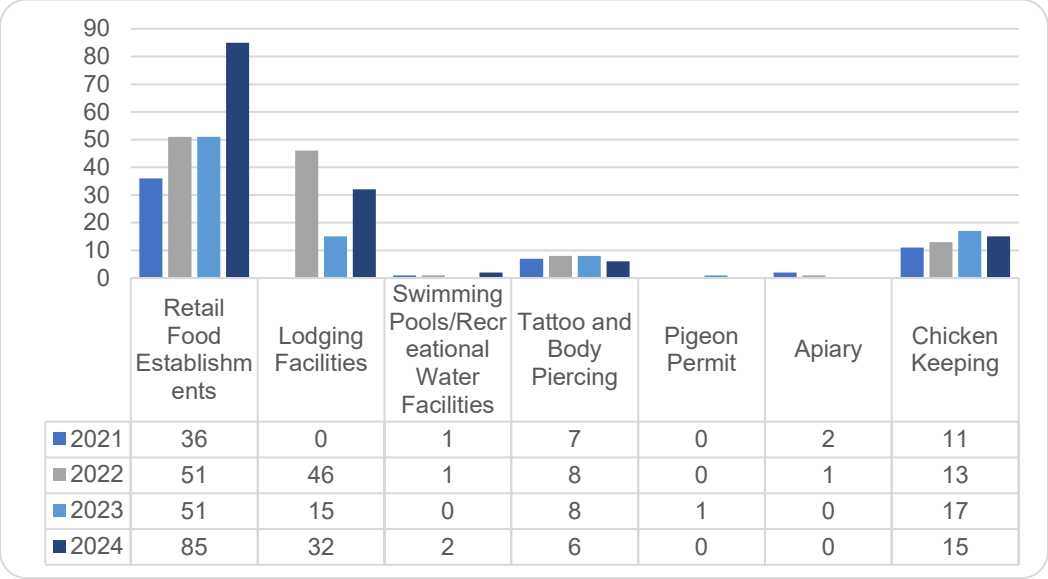
	2022	2023	2024
Licensed Establishments: Inspections	225	636	581
Licensed Establishments: Reinspections	44	96	84
Licensed Establishments: Preinspections	120	92	140

Figure 19: Environmental Health Inspections

From 2022 to 2023 the inspection workload expanded sharply with the increase of additional health inspectors. Routine inspections almost tripled, rising from 225 to 636, while reinspections more than doubled and preinspections fell to their lowest point of the three-year period. Although 2024 brought a slight decrease in total activity, the volume of initial inspections remained more than twice the 2022 level. Preinspections increased to 140, largely as a result of new licenses from the Tourist Rooming House compliance project, surpassing the 2022 figure, and reinspections decreased only modestly compared with 2023. As a result the

2024 mix shows a dominant share of routine inspections, a moderate slice of preinspections, and a smaller, stable proportion of reinspections.

Licensed Establishments: Preinspections

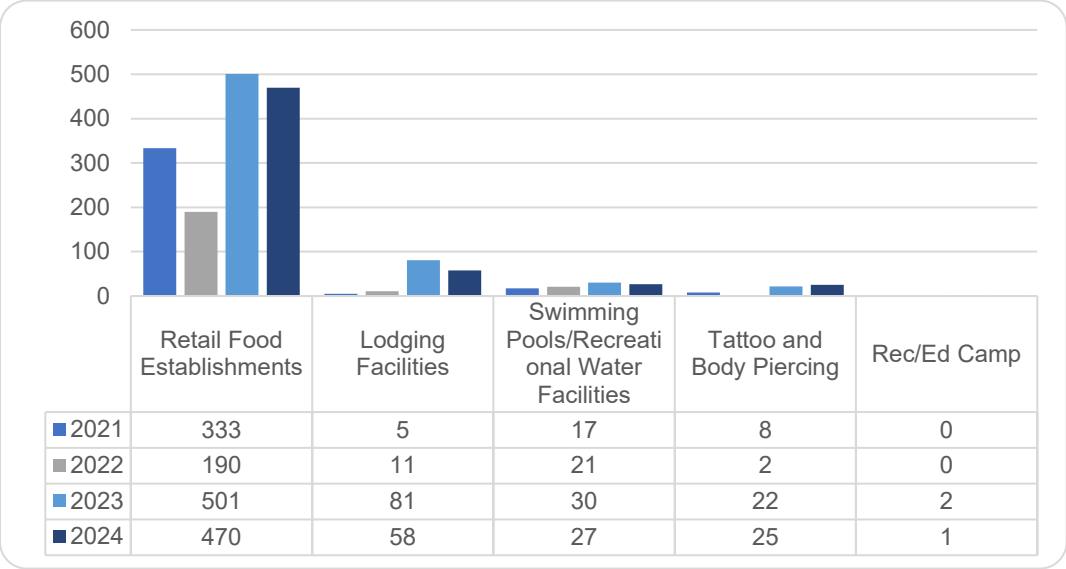


	Retail Food Establishments	Lodging Facilities	Swimming Pools/Recreational Water Facilities	Tattoo and Body Piercing	Pigeon Permit	Apiary	Chicken Keeping
2021	36	0	1	7	0	2	11
2022	51	46	1	8	0	1	13
2023	51	15	0	8	1	0	17
2024	85	32	2	6	0	0	15

Figure 20: Licensed Establishments: Preinspections

Preinspection activity has expanded most noticeably in retail food establishments, rising from 36 in 2021 to 51 in both 2022 and 2023 before reaching 85 in 2024. Lodging facilities entered the program in 2022 with 46 reviews, dipped to 15 in 2023, and climbed back to 32 in 2024. Swimming pools and other recreational water sites saw one preinspection in each of the first two years, none in 2023, and two in 2024. Tattoo and body-piercing businesses held steady at eight visits in 2022 and 2023 after seven in 2021, then experienced a slight decline to six in 2024. No preinspections were recorded for pigeon permits during the entire period. Apiary checks decreased from two in 2021 to one in 2022 and have not been repeated since. Chicken-keeping sites trended upward from 11 in 2021 to 17 in 2023, followed by a moderate fall to 15 in 2024.

Licensed Establishments: Inspections

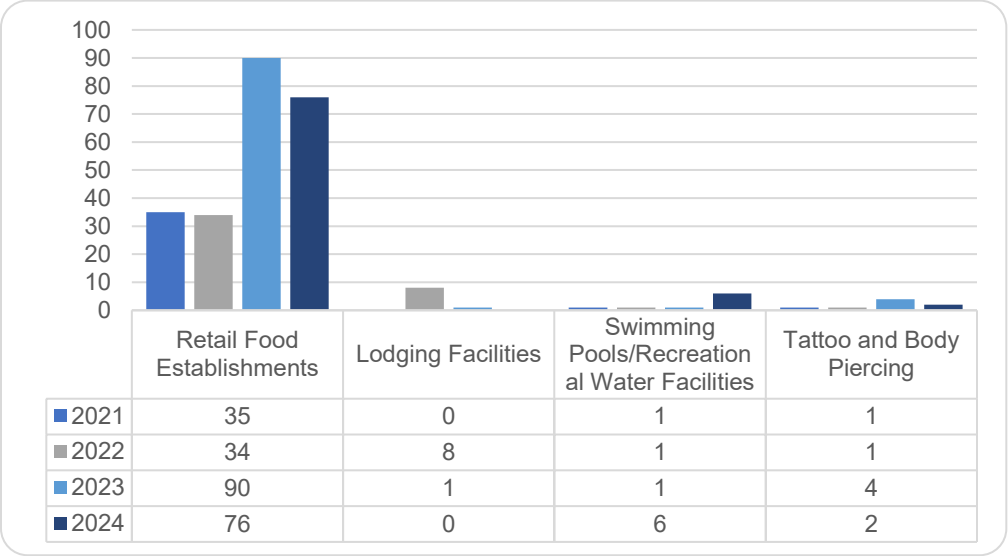


	Retail Food Establishments	Lodging Facilities	Swimming Pools/Recreational Water Facilities	Tattoo and Body Piercing	Rec/Ed Camp
2021	333	5	17	8	0
2022	190	11	21	2	0
2023	501	81	30	22	2
2024	470	58	27	25	1

Figure 21: Licensed Establishments: Inspections

Routine inspections show distinct year-to-year shifts across facility types. Retail food establishments recorded 333 visits in 2021, fell to 190 in 2022, then more than doubled to 501 in 2023 and remained high at 470 in 2024. Lodging facilities registered five inspections in 2021, rose to 11 in 2022, peaked at 81 in 2023, and settled at 58 in 2024. Swimming pools and other recreational water venues were inspected 17 times in 2021, 21 times in 2022, 30 times in 2023, and 27 times in 2024, a slight decrease from the previous year. Tattoo and body-piercing establishments saw eight routine visits in 2021, two in 2022, 22 in 2023, and 25 in 2024. Recreational and educational camps had no inspections in 2021 or 2022, then logged two in 2023 and one in 2024. Retail food operations consistently carried the largest inspection volume, while all other categories experienced varied but generally upward activity across the four-year span.

Licensed Establishments: Reinspections



	Retail Food Establishments	Lodging Facilities	Swimming Pools/Recreational Water Facilities	Tattoo and Body Piercing
2021	35	0	1	1
2022	34	8	1	1
2023	90	1	1	4
2024	76	0	6	2

Figure 22: Licensed Establishments: Reinspections

Reinspection activity has centered on retail food establishments, where counts held in the mid-thirties in 2021 and 2022, rose to 90 in 2023, and fell to 76 in 2024, a total that is still more than double the pre-2023 level. Lodging facilities recorded no reinspections in 2021, eight in 2022, one in 2023, and none in 2024. Swimming pools and other recreational water venues showed one reinspection in each of the first three years, followed by six in 2024. Tattoo and body-piercing sites recorded one reinspection in 2021 and 2022, climbed to four in 2023, and settled at two in 2024. Reinspections are those follow-up inspections to routine inspections where critical violations were detected.

Maternal, Child, & Family Health

In 2024 the Maternal and Child Health program deepened its commitment to equity by weaving social determinants of health into daily operations. The most visible change was the creation of a Community Health section inside the Appleton Health Department, where the newly transferred Coordinated Entry position now sits. Housing stability is treated as a core health factor, consistent with the World Health Organization's Commission on Social Determinants of Health framework. Work on the department's first formal strategic plan progressed at the same time. Staff completed surveys, drafted a vision of "Health for all, together," and articulated a mission to facilitate equitable community wellbeing through education, promotion, and response. Goals, objectives, and measurable outcomes are finished, and the written plan is moving through final edits.

Several initiatives strengthened the program's capacity to advance health equity. A citywide Age Friendly survey, launched with community partners, is gathering data from residents eighteen and older to better understand the social and economic realities that shape health across the life course. Staff training remained a priority. A portion of employees completed health literacy modules, while others attended workforce development sessions that used Walworth County case studies to explore equity in practice. Results from a Public Health Core Competencies survey now guide future staff learning plans, and student placements from institutions such as UW Green Bay Nursing, the University of Nebraska Medical Center, and Lawrence University kept the pipeline of emerging public health professionals active.

Collaboration defined much of the program's day-to-day work. The Health Department continued to rely on the City of Appleton's Special Assistant to the Mayor for Community, Culture, and Belonging for guidance on culturally responsive services. The program partnered with public safety agencies and housing nonprofits to operationalize the coordinated entry role, providing a clear path for residents facing housing instability. A strong relationship with the Appleton Area School District ensured that school-aged children and their families received timely referrals to MCH resources.

Regional and municipal alliances also advanced the scope of work. Appleton remained an active member of the Tri County Public Health Coalition and the CHA-CHIP group that unites local health departments with area hospitals and a Federally Qualified Health Center. Inside city government, the Health Department engaged regularly with Parks and Recreation, Valley Transit, Public Works, and Community Development Department to implement the Health in All Policies ordinance. That ordinance sets clear expectations for advancing health equity across municipal decisions, especially for populations historically affected by socioeconomic disadvantage or discrimination.

At the community level, staff met monthly with groups convened by the Multicultural Coalition Incorporated, collaborated with Diverse and Resilient on LGBTQ+ health, and partnered with the Building for Kids and the Autism Society of Wisconsin to host sensory-friendly vaccination clinics. Work with World Relief supported immigrant and refugee families, while Mosaic Health and People of Progression added clinical and social support.

Finally, the program prepared for the next community health assessment by gathering preliminary data and aligning questions with the strategic plan's equity focus. Throughout 2024 these efforts collectively defined the Maternal and Child Health program's scope: integrating housing into public health practice, advancing strategic planning grounded in equity, expanding staff competence, and reinforcing partnerships that place maternal and child wellbeing at the center of community life.

Access to & Linkage with Care

In 2024 the Appleton Health Department strengthened its Access and Linkage to Care competency by expanding programs that remove cost, sensory, and administrative barriers for residents who often struggle to enter the health system.

The Vaccines for Children (VFC) and Vaccines for Adults (VFA) clinics continued to function as a reliable safety net for people without adequate insurance. Nurses verified eligibility, enrolled new clients, and provided age-appropriate immunizations during evening and weekend hours so caregivers with rigid work schedules could attend. Each visit included a review of the Wisconsin Immunization Registry and, when needed, on-the-spot referrals to primary care practices that accept Medicaid or offer sliding-fee scales. Families left with updated records, clear follow-up instructions, and contact information for medical homes able to sustain routine care.

For community members who find traditional clinic settings overwhelming, the department hosted sensory friendly immunization events in partnership with the Building for Kids Children's Museum and the Autism Society of Wisconsin. The museum space allowed for dimmed lighting, limited crowd size, and visual supports that explained each step of the appointment. Nurses trained in sensory modulation used quiet voices and offered breaks, ensuring that children on the autism spectrum—or anyone sensitive to noise and bright lights—could receive necessary vaccines without escalating anxiety. Feedback from parents confirmed that the modified environment turned what had been an avoided task into a manageable experience, preventing lapses in immunization schedules.

Recognizing that tuberculosis screening is a gateway to both treatment and broader medical engagement, the department introduced a fee-for-service Tuberculin Skin Testing option while maintaining no-cost testing for anyone with a documented exposure. The model is simple: residents schedule the test, pay a modest fee comparable to private retail clinics, and then return within 48 hours for a reading. Positive results trigger an immediate hand-off to the Communicable Disease team, which arranges chest imaging and links clients to providers who follow CDC latent TB treatment protocols. By embedding the service inside the health department, clients who do not have established care providers gain a direct entry point into the healthcare network.

Across all three initiatives staff applied the same access rubric: identify a barrier, design a low-threshold service, and connect each client to a longer-term source of care. The approach reduced missed immunizations among uninsured children, created an inclusive pathway for children with Autism, and brought latent TB detection within reach for residents without a medical home. Together these efforts demonstrate how targeted service design can translate the department's commitment to equitable access into measurable community benefit.

Figure 23: Public Health Nurses, Katie, Becky, and Amanda, attended the 2024 Fulfilling the Promise Conference.

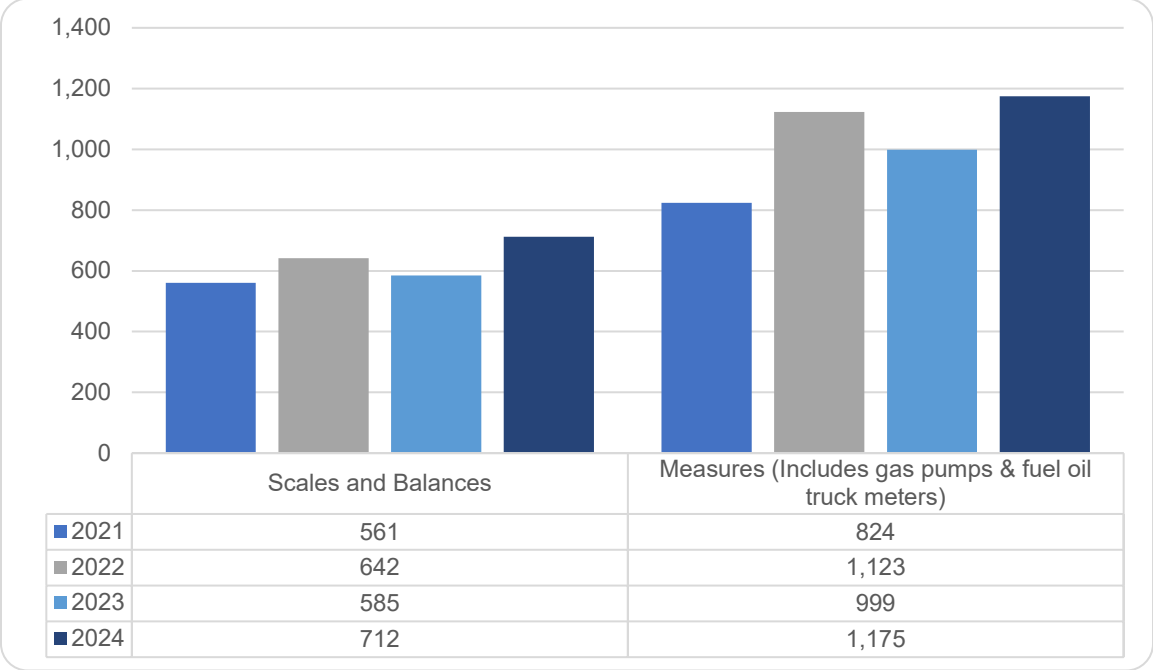
Consumer Protection

Weights and Measures: Municipal Programs

The structure of the Appleton Weights and Measures program is unique within the state whereas we operate as a consortium of communities – currently a dozen cities, towns, and villages – all within the Appleton Health Department. Weights and Measures programs play a crucial role in benefiting the local communities and municipalities in several ways, but what does it have to do with Public Health?

Legal and regulatory actions provide the foundation for implementing measures aimed at safeguarding consumer health and well-being. These policies encompass various aspects such as food safety, product quality, and accurate labeling, or pricing. Simplest of all, Weights and Measures aims to ensure fair trade and to extend the buying power of your dollar, which helps everyone in the community.

People are empowered through the Weights and Measures program to make informed choices on the products and services they buy, to build trust in local businesses, and to be assured they are getting what they are paying for. By enforcing regulations and collaborating with stakeholders, consumer protection policies create a healthier and more equitable marketplace, serving as a critical component of public health infrastructure, ensuring protection from potential health hazards and injustices in our daily interactions as consumers.



	Scales and Balances	Measures (Includes gas pumps & fuel oil truck meters)
2021	561	824
2022	642	1,123
2023	585	999
2024	712	1,175

Figure 24: Equipment and Devices Examined

Community Partner: Wisconsin Weights and Measures Association

Did you know that Appleton hosted the Fall Conference and annual business meeting for the Wisconsin Weights and Measures Association (WWMA) the past two years? Not only has the City of Appleton been an integral contributor to the WWMA for its 59-year history, but it was also a founding member. The WWMA is a forum for state officials and inspectors to discuss items like, “How do we test the accuracy of electric vehicle charging stations?” or “Do we have weights and measures policies in place for the sale of marijuana if it became legal in Wisconsin?”

Formed through collaboration with other local and tribal communities, the WWMA assists in enforcing standards that guarantee businesses accurately measure and label their products, preventing consumers from

being misled or cheated. Additionally, the WWMA offers guidance and support to Appleton and other municipalities in implementing and enforcing Weights and Measures (W&M) regulations, aiding in compliance with evolving state and federal standards. The association also provides training programs to city and state officials involved in W&M enforcement, ensuring effective regulation of Wisconsin businesses. The WWMA advocates at the National Conference on Weights & Measures for policies that benefit the local community, fostering a transparent and equitable marketplace.

Eric Maggio, Appleton City Sealer and East Central Weights and Measures Consortium Administrator, is the current WWMA Vice President and has served as WWMA President. Todd Schmidt, Appleton Weights and Measures Specialist, has also served as president of the Wisconsin Weights and Measures Association.

Appendix A: 2024 Birth Data

Birth by ZIP Code of Mother	Birth Count	Percent
54911	276	21.66%
54913	190	14.91%
54914	344	27.00%
54915	456	35.79%
Other	8	0.64%
Total	**1,274**	**100.00%**

Age of Mother	Birth Count	Percent
15-17	10	0.78%
18-19	22	1.73%
20-24	169	13.27%
25-29	371	29.12%
30-34	463	36.34%
35-39	200	15.70%
40-44	39	3.06%
Total	**1,274**	100.00%

Race/Ethnicity of Mother	Birth Count	Percent
Non-Hispanic White	891	69.94%
Non-Hispanic Black	67	5.26%
Non-Hispanic American Indian/Alaska Native	15	1.18%
Hispanic	146	11.46%
Non-Hispanic Laotian/Hmong	86	6.75%
Non-Hispanic Other Race	49	3.85%
Non-Hispanic Multi-race	12	0.94%
Non-Hispanic Unknown	8	0.63%
Total	**1,274**	**100.00%**

Education of Mother	Birth Count	Percent
8th grade or less	20	1.57%
9th-12th grade-no diploma	60	4.71%
High school grad/GED	316	24.80%
Some college	319	25.04%
Bachelors degree	381	29.91%
Masters/Professional degree	173	13.58%
Unknown	5	0.39%
Total	**1,274**	**100.00%**

Marital Status of Mother	Birth Count	Percent
Married	844	66.25%
Unmarried	427	33.52%
Unknown	3	0.24%
Total	**1,274**	**100.00%**

Trimester Prenatal Care Began	Birth Count	Percent
1st trimester	1,037	81.40%
2nd trimester	162	12.72%
3rd trimester	45	3.53%
None	9	0.71%
Unknown	21	1.65%
Total	**1,274**	100.00%

Number of Prenatal Care Visits	Birth Count	Percent
0	9	0.71%
1-4	12	0.94%
5-9	128	10.05%
10-12	346	27.16%
13-98	748	58.71%
Unknown	31	2.43%
Total	**1,274**	100.00%

Sex of Infant	Birth Count	Percent
Male	679	53.30%
Female	595	46.70%
Total	**1,274**	**100.00%**

Plurality	Birth Count	Percent
Singleton	1,217	95.53%
Multiple	57	4.47%
Total	**1,274**	**100.00%**

Live Birth Order	Birth Count	Percent
1	509	39.95%
2	388	30.46%
3	202	15.86%
4	95	7.46%
5+	77	6.04%
Unknown	3	0.24%
Total	1,274	**100.00%**

Attendant at Birth	Birth Count	Percent
MD	968	75.98%
DO	239	18.76%
CNM	42	3.30%
Licensed Midwife	23	1.81%
Other Midwife	1	0.08%
Unknown	1	0.08%
Total	**1,274**	**100.00%**

Births to women with one or more medical risk factors by Sex	Male	Female	Total
Total Birth Count	679	595	**1,274**
Pre-Pregnancy Diabetes	6	5	**11**
Gestational Diabetes	34	20	**54**
Pre-Pregnancy Hypertension	6	11	17
Gestational Hypertension	23	17	**40**
Eclampsia	0	0	**0**
Previous Preterm Birth	49	44	**93**
Other Previous Poor Pregnancy Outcome	33	45	**78**
Pregnancy resulted from infertility treatment	7	7	**14**
Fertility enhancing drugs, artificial insemination or intrauterine insemination	4	4	**8**
Assisted reproduction technology	4	2	**6**
Mother had previous C-section	102	89	**191**
Unknown if mother presented any of the medical risk factors listed	3	0	**3**
None - mother did not present any of the listed medical risk factors	480	412	**892**

Births by Birthweight	Birth Count	Percent
<1000 grams	5	0.39%
1000-1499 grams	12	0.94%
1500-2499 grams	68	5.34%
2500-3999 grams	1,079	84.69%
4000+ grams	110	8.63%
Total	**1,274**	**100.00%**

Low Birthweight	Birth Count	Percent
<2500 grams	85	6.67%
2500+ grams	1189	93.33%
Total	**1274**	**100.00%**

Mother smoked during pregnancy	Birth Count	Percent
No	1,219	95.68%
Yes	44	3.45%
Unknown	11	0.86%
Total	**1,274**	**100.00%**

Mother smoked during pregnancy by Infant Birthweight	No		Yes		Missing/Unknown		Total	
Birthweight	**Birth Count**	**Percent**	**Birth Count**	**Percent**	**Birth Count**	**Percent**	**Birth Count**	**Percent**
<1000 grams	5	0.39%	0	0.00%	0	0.00%	**5**	**0.39%**
1000-1499 grams	10	0.78%	2	0.16%	0	0.00%	**12**	**0.94%**
1500-2499 grams	65	5.10%	2	0.16%	1	0.08%	**68**	**5.34%**
2500-3999 grams	1,033	81.08%	39	3.06%	7	0.55%	**1,079**	**84.69%**
4000+ grams	106	8.32%	1	0.08%	3	0.24%	**110**	**8.63%**
Total	**1,219**	**95.68%**	**44**	**3.45%**	**11**	**0.86%**	1,274	**100.00%**

Method of Delivery	Birth Count	Percent

VBAC	35	2.75%
Vaginal Spontaneous	828	64.99%
Vaginal Forceps	1	0.08%
Vaginal Vacuum	36	2.83%
Primary C-Section	214	16.80%
Repeat C-Section	155	12.17%
Unknown	5	0.39%
Total	**1,274**	**100.00%**

Prematurity	**Birth Count**	**Percent**
Term/Postterm (37-47 weeks)	1,156	90.74%
Preterm (17-36 weeks)	115	9.03%
Unknown	3	0.24%
Total	**1,274**	**100.00%**

Gestation Age	**Birth Count**	**Percent**
17-31 weeks	16	1.26%
32-35 weeks	55	4.32%
36 weeks	44	3.45%
37-38 weeks	336	26.37%
39-41 weeks	816	64.05%
42-47 weeks	4	0.31%
Unknown	3	0.24%
Total	**1,274**	**100.00%**

Infants transferred to NICU or other hospital	**Birth Count**	**Percent**
No	1,193	93.64%
Yes	81	6.36%
Total	**1,274**	**100.00%**

Abnormal Conditions of Newborn by Sex	**Male**	**Female**	**Total**
Total Birth Count	679	595	**1,274**
Assisted ventilation immediately following delivery	65	40	**105**
Assisted ventilation for more than 6 hours	10	1	**11**
NICU admission	87	42	**129**

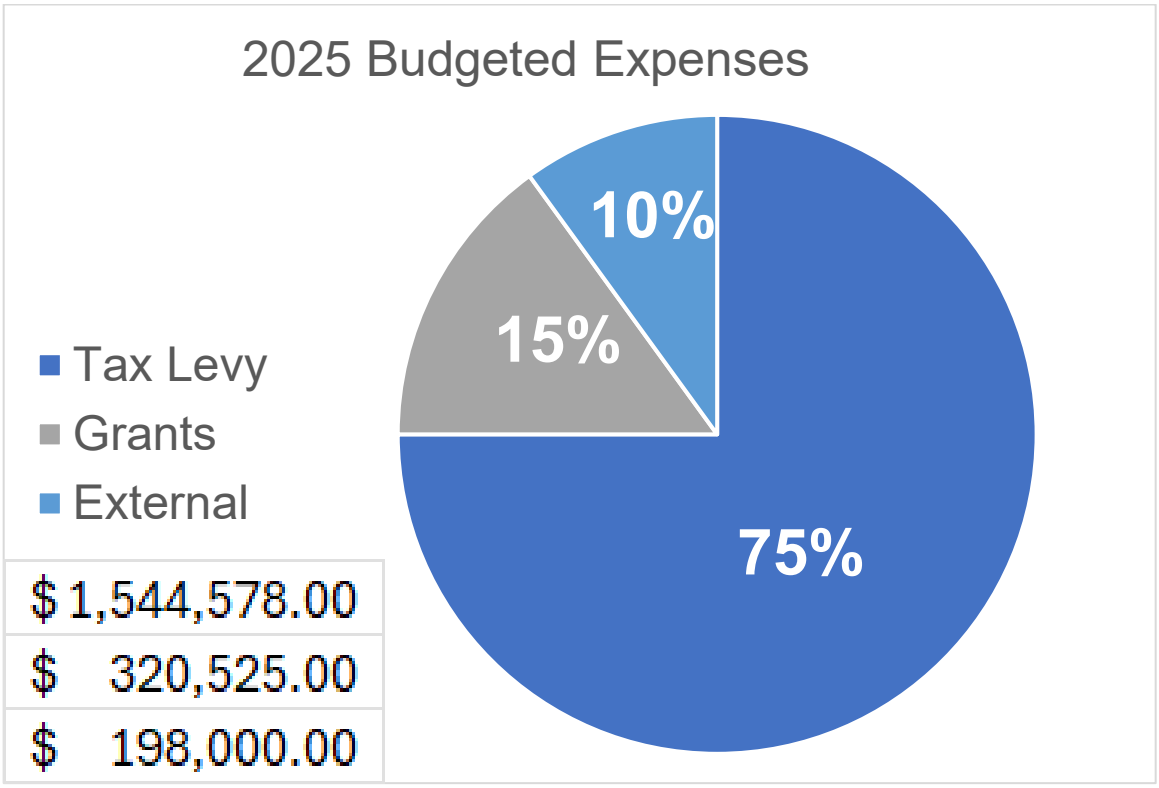
Surfactant Replacement Therapy	1	2	**3**
Antibiotics Received for Suspected Neonatal Sepsis	3	2	**5**
Seizure or Serious Neurologic Dysfunction	1	0	**1**
Significant Birth Injury	0	0	**0**
Unknown if any of the listed abnormal conditions was present	5	8	**13**
None of the listed abnormal conditions was present	557	522	**1,079**

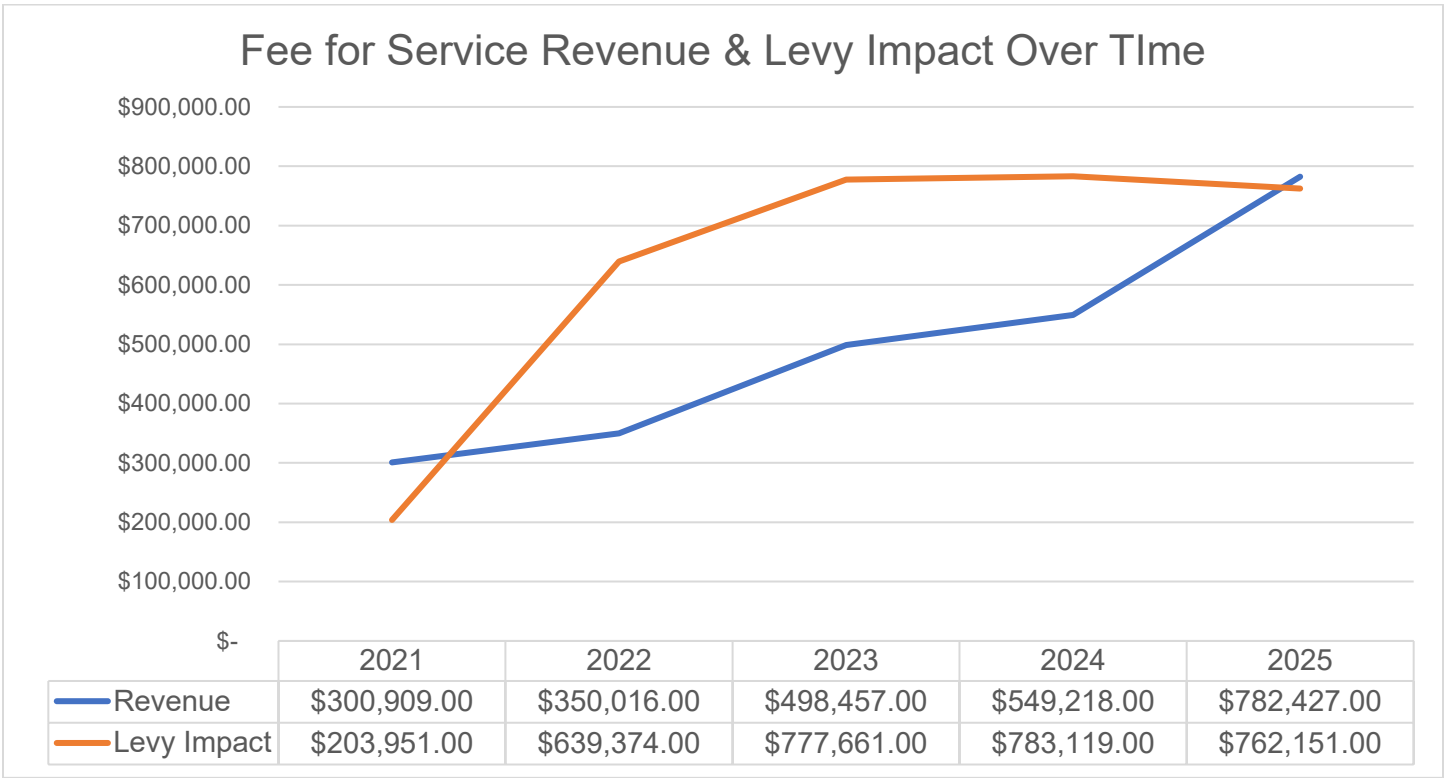
Birth with Reported Congenital Anomalies by Sex	**Male**	**Female**	**Total**
Total Birth Count	679	595	**1,274**
Anencephaly	0	0	**0**
Meningomyelocele/Spina Bifida	0	0	**0**
Cyanotic Congenital Heart Disease	0	0	**0**
Congenital Diaphragmatic Hernia	0	0	**0**
Omphalocele	0	0	**0**
Gastroschisis	0	0	**0**
Limb Reduction Defect	0	0	**0**
Cleft Lip With or Without Cleft Palate	0	0	**0**
Cleft Palate Alone	0	0	**0**
Down syndrome	0	1	**1**
Karyotype Confirmed Down syndrome	0	0	**0**
Karyotype Pending for Down syndrome	0	0	**0**
Suspected Chromosomal Disorder	0	0	**0**
Karyotype Confirmed for Suspected Chromosomal Disorder	0	0	**0**
Karyotype Pending for Suspected Chromosomal Disorder	0	0	**0**
Hypospadias	1	0	**1**
Unknown if any of the listed congenital anomalies was present	25	20	**45**
None of the listed congenital anomalies was present	653	574	**1227**

Appendix B: Total Deaths, All Causes

	Cause of Death Category	Number of Deaths
1	All Other Codes	185
2	Diseases of the Heart	182
3	Malignant Neoplasms	133
4	Cerebrovascular Diseases	39
5	Chronic Lower Respiratory Diseases	30
6	Accidents (Unintentional Injuries)	24
7	Alzheimer Disease	23
8	Diabetes Mellitus	20
9	Nutritional Deficiencies	16
10	Parkinson Disease	14
11	Chronic Liver Disease and Cirrhosis	14
12	Septicemia	12
13	Intentional Self-Harm (Suicide)	12
14	Pneumonitis due to Solids and Liquids	10
15	Aortic Aneurysm and Dissection	7
16	Nephritis, Nephrotic Syndrome and Nephrosis	7
17	Congenital Malformations	5
18	Benign Neoplasms	4
19	COVID-19	3
20	Influenza and Pneumonia	3
21	Viral Hepatitis	2
22	Hernia	2
23	Hypertension	2
24	Certain Conditions Originating in the Perinatal Period	2
25	Anemias	1
26	Pregnancy, Childbirth, and the Puerperium	1
27	Hyperplasia of Prostate	1
28	Complications of Medical and Surgical Care	1
29	Peptic Ulcer	1
30	Unknown	1
	Total Deaths, All Causes	**757**

Appendix C: Financial Data





	2021	2022	2023	2024	2025
Revenue	$300,909.00	$350,016.00	$498,457.00	$549,218.00	$782,427.00
Levy Impact	$203,951.00	$639,374.00	$777,661.00	$783,119.00	$762,151.00

Appendix D: Program Report Data

Communicable Disease Control

Immunization Clinics	2021	2022	2023	2024
Persons Immunized	23007	2398	238	194
Immunizations administered	37985	2571	330	362

Vaccine Type/Number of Doses	2021	2022	2023	2024
Covid-19	37,845	350	53	37
DtaP (Diptheria, Tetanus, Acellular Pertussis)	0	1	3	1
Dtap/IPV	0	1	2	1
Dtap/IPV/Hep B	1	5	2	1
Flu (Influenza)	76	243	165	143
Hep B	1	14	18	36
Hep A	4	15	12	14
Hep A/Hep B	0	0	0	0
HIB (Haemophilus Influenzae b)	1	5	2	2
HPV (Human Papillomavirus)	9	11	16	17
IPV (Inactivated Polio Vaccine)	3	10	5	16
MCV4 (Meningococcal)	11	10	5	13
MenB	5	5	3	1
MMR (Measles, Mumps, Rubella)	3	14	8	15
MPOX	1	6	3	9
Pneumococcal	1	6	3	1
Rotavirus	0	4	0	0
Td (Tetanus diptheria)	2	7	8	11
Tdap	23	11	8	19
VZV (Varicella)	6	19	10	26
Total	**37992**	**737**	**326**	**363**

Communicable Disease Cases (Gastroenteric)	2021	2022	2023	2024
Botulism-foodborne (began tracking in 2024)	NA**	NA**	NA**	1
Campylobacter	17	17	9	16
Cryptosporidiosis	10	10	2	1
Cyclosporiasis	7	6	1	0
E. Coli (STEC)	20	17	5	5
E. Coli (Other)	39	40	30	59
Giardiasis	12	10	2	7
Hemolytic Uremic Syndrome	0	0	0	0
Listeriosis	0	0	0	0
Salmonellosis	18	2	10	11
Shigellosis	3	3	2	3
Vibriosis	0	0	1	1
Yersinia	1	1	7	9
Total	**127**	**106**	**69**	**113**

Communicable Diseases (Other)	2021	2022	2023	2024
Acute Flaccid Myelitis	0	0	0	0
Abestosis	NA**	NA**	NA**	2
Babesiosis	0	1	0	0
Bacterial Meningitis, non N.meningitidis	0	0	2	1
Brucellosis	NA**	NA**	NA**	1
Blastomycosis	0	1	0	1
Burkholderia Pseudomallei	0	0	0	0
Carbon Monoxide Poisoning	5	1	6	0
Coccidiodomycosis	0	1	0	1
Chikungunya	0	0	0	1
Dengue Fever	0	0	0	0
Ehrlichiosis / Anaplasmosis	2	2	4	2
Haemophilis Influenza	0	0	2	5
Hep A	0	1	0	0
Hep B	5	6	5	6
Hep C	24	12	20	19
Histoplamosis	1	1	0	0
Hospitalized Influenza	0	7	19	9
Hospitalized COVID-19 (reportable as of Q4 2023)	NA**	NA**	20	55
Hospitalized RSV (reportable as of Q4 2023)	NA**	NA**	10	6

Invasive Group A Strep	1	2	7	5
Invasive Strep, Other	0	2	1	2
Jamestown Canyon	0	0	0	0
Kawasaki	0	0	2	0
Legionellosis	2	1	0	0
Leprosy	0	0	0	0
Lyme Disease	12	6	12	16
Malaria	0	0	1	0
Neisseria Meningitidis, Invasive Disease	0	0	0	0
Novel Influenza	0	0	0	0
Plesiomonas Infection	0	1	0	1
Pneumocystis jiroveci	0	1	0	1
Rocky Mountain Spotted Fever	1	0	0	0
Streptococcus group B invasive disease	14	6	5	8
Streptococcus pneumoniae	3	2	2	3
TB, Latent Infection	13	30	30	36
non-TB Mycobacterium	10	8	12	16
TB: Mycobacterium	3	2	0	1
Viral Meningitis	0	0	0	0
VISA	0	0	0	0
West Nile Virus	0	0	0	0
Other	1	5	15	3
Total	**97**	**99**	**175**	**201**

Chronic Disease & Injury Prevention

Vaccine Preventable	2021	2022	2023	2024
COVID-19	8487	NA**	NA**	NA**
Measles	0	0	0	0
Mumps	0	0	0	0
Pertussis	2	2	0	28
Rubella	0	0	0	0
Varicella	2	2	1	2
Total	**8491**	**4**	**1**	**30**

Sexually Transmitted Disease	2021	2022	2023	2024
Chlamydia	321	287	252	279
Gonorrhea	92	55	64	51
Syphilis	18	18	20	9
HIV	4	7	7	3
HIV Linkage to Care	NA**	NA**	5	0
Other STD	0	0	0	1
Partner/Referral Program (Contacts)	1	6	0	0
Total	**436**	**373**	**348**	**343**

Sexually Transmitted Disease≤18	2021	2022	2023	2024
Chlamydia	11	36	46	42
Gonorrhea	1	6	4	3
Syphilis	1	1	0	0
HIV	0	0	0	0
HIV Linkage to Care			0	0
Other STD	0	0	0	0
Partner/Referral Program (Contacts)	0	0	0	0
Total	**13**	**43**	**50**	**45**

Lead - Elevations	2021	2022	2023	2024
Initial Venous lead levels >19 ug/dl	0	1	0	0
Repeat Venous lead levels >19 ug/dl	0	1	0	0
Initial Venous lead levels 10 - 19 ug/dl	2	1	0	0
Repeat Venous lead levels 10 - 19 ug/dl	2	2	6	1
Capillary lead levels >10 ug/dl	2	1	0	2
Capillary lead levels 5 - 9 ug/dl (3.5-9 in 2023)	17	17	40	34
Venous lead levels 5 - 9 ug/dl (3.5-9 in 2023)	10	17	14	18
Home Inspections	3	2	0	1
Education	3	16	4	5
Formal Enforcement Action	1	1	0	1
Total	**40**	**59**	**64**	**62**

Environmental Health

Licensed Establishments: Preinspections	2021	2022	2023	2024
Retail Food Establishments	36	51	51	85
Lodging Facilities	0	46	15	32
Manufactured Home Communities	0	0	0	NA**
Swimming Pools/Recreational Water Facilities	1	1	0	2
Tattoo and Body Piercing	7	8	8	6
Rec/Ed Camp	0	0	0	0
Pigeon Permit	0	0	1	0
Apiary	2	1	0	0
Chicken Keeping	11	13	17	15
Total	**57**	**120**	**92**	**140**

Licensed Establishments: Inspections	2021	2022	2023	2024
Retail Food Establishments	333	190	501	470
Lodging Facilities	5	11	81	58
Manufactured Home Communities	1	1	0	NA**
Swimming Pools/Recreational Water Facilities	17	21	30	27
Tattoo and Body Piercing	8	2	22	25
Rec/Ed Camp	0	0	2	1
Pigeon Permit	0	0	0	0
Apiary	1	0	0	0
Chicken Keeping	1	0	0	0
Total	**366**	**225**	**636**	**581**

Licensed Establishments: Reinspections	2021	2022	2023	2024
Retail Food Establishments	35	34	90	76
Lodging Facilities	0	8	1	0
Manufactured Home Communities	0	0	0	NA**
Swimming Pools/Recreational Water Facilities	1	1	1	6
Tattoo and Body Piercing	1	1	4	2
Rec/Ed Camp	0	0	0	0
Pigeon Permit	0	0	0	0
Apiary	0	0	0	0
Chicken Keeping	0	0	0	0
Total	**37**	**44**	**96**	**84**

Licensed Establishments: Complaints	2021	2022	2023	2024
Retail Food Establishments	22	33	32	17
Lodging Facilities	1	1	1	2
Manufactured Home Communities	0	0	0	NA**
Swimming Pools/Recreational Water Facilities	3	7	1	1
Tattoo and Body Piercing	0	1	0	0
Rec/Ed Camp	0	0	0	0
Pigeon Permit	0	0	0	0
Apiary	0	1	0	0
Chicken Keeping	0	4	1	0
Total	**26**	**47**	**35**	**20**

Food Borne-Water Borne Disease	2021	2022	2023	2024
Number of Outbreaks	0	0	0	0
Number of Interviews	0	0	0	0
Number symtomatic	0	0	0	0

Laboratory/Field Tests	2021	2022	2023	2024
WDATCP Random Sampling Program	0	0	0	2

Swimming Pool Water Samples	2021	2022	2023	2024
Total number of pools sampled	269	214	245	261
Total positive HPC	1	3	0	2
Total positive coliform	4	5	1	0

Rabies Specimens (Types of Animal Shipped)	2021	2022	2023	2024
Dog	0	0	0	0
Cat	1	0	0	0
Bat	3	2	3	3
Raccoon	0	3	0	0
Ferret	0	0	0	0
Skunk	0	0	0	0
Other	0	0	0	0
Total shipped	4	5	3	3
Total positive results	0	0	0	0

Environmental Investigations: Complaints	2021	2022	2023	2024
School/Day Care	0	0	0	0
Surface water pollution	0	0	0	0
Animal nuisances	2	1	0	1
Rabies control	0	0	0	0
Insect control	2	0	7	3
Rodent control	0	2	3	2
Hazardous substance control	0	0	0	0
Air pollution - Indoor	3	0	1	0
Air pollution - Outdoor	0	2	0	0
Noise	0	4	3	2
Radiation	0	0	0	0
Garbage/rubbish nuisance	2	0	1	0
Private residence/housing	2	4	2	1
Lead	1	0	2	0
Other Programs (e.g., communicable disease)	0	0	0	0
Other Business (e.g., general sanitation)	5	8	7	0
Mold	5	8	7	2
Totals	**22**	**29**	**33**	**11**

Maternal, Child, & Family Health

Community Health Visits: Includes Admissions and Revisits

Includes contact to elderly and adult clients, parents, and children for purposes of assessment, teaching, referrals and case management

Community Health Visits: Admissions	2021	2022	2023	2024
MCH	93	136	162	42
Adult	55	242	144	24
Elderly	149	119	7	1
Total	**297**	**514**	**313**	**67**

Community Health Visits: Revisits	2021	2022	2023	2024
MCH	58	89	63	42
Adult	46	229	119	24
Elderly	146	117	6	1
Total	**250**	**435**	**188**	**67**

Access to & Linkage with Clinical Care

Planned Parenthood Contract	2021	2022	2023	2024
Individuals served	51	20	21	26
Number of tests	148	59	64	68
Individuals treated	15	6	3	7

Consumer Protection

Type of Establishments Inspected: Food and convenience stores, restaurants, bakery and candy stores, dairy plants and stores, drug stores, hardware stores, variety stores, gas stations, salvage and recyclers, pet shops, garden centers, industrial manufacturing.

Complaints: Number Received	2021	2022	2023	2024
Totals	**29**	**41**	**57**	**58**

Complaints w/ Violations Found	2021	2022	2023	2024
Totals	**7**	**16**	**20**	**15**

Type of Establishments Inspected	2021	2022	2023	2024
Total number inspected	**724**	**730**	**503**	**533**

Equipment and Device Examined	2021	2022	2023	2024
Scales and Balances	561	642	585	712
Measures (Includes gas pumps & fuel oil truck meters)	824	1,123	999	1,175
Weights	7	10	0	25
Total	**1,392**	**1,775**	**1,584**	**1,912**

Not in Compliance	2021	2022	2023	2024
Scales and Balances	16	21	18	9
Measures (Includes gas pumps & fuel oil truck meters)	54	31	45	12
Weights	0	0	0	0
Total	**70**	**52**	**63**	**21**

Commodity Report	2021	2022	2023	2024
Total units of product investigated	157,599	70,159	71,991	62,052
Random sample size	22,882	13,347	15,091	18,784
Total products/units found short weight	2,092	749	1,194	345
Total products/units found mislabeled	1,326	972	1,481	712

Price Scanning Inspections	2021	2022	2023	2024
Number of Inspection	129	121	128	121
Number of items scanned	4,232	3,893	4,694	5,104
Pricing errors found	121	97	108	39

END OF REPORT