



## **MINUTES OF BOARD OF HEALTH MEETING**

**October 6, 2021**

Call to Order: Meeting was called to order by Chair Peer at 6:00 p.m.

Board of Health Members Present: Chair Peer, Supervisor Rynes, Dr. Meyers, Dr. Winter, Debra Kolste, Dr. Somaraju, Eric Gresens, Supervisor Clasen and Supervisor Williams.

Board of Health Members Absent: None.

Staff Members Present: Katrina Harwood – Health Officer/Director; Rick Wietersen – Environmental Health Director; Kelsey Cordova – Public Health Supervisor; Nick Zupan – Epidemiologist; Michael Niles – Public Health Strategist; Jill Camber Davidson – Public Health Supervisor; and Melissa DeWitt – Public Health Support Specialist.

Others Present: Dan Defore – Citizen; Frank Dmuchowski – Citizen; April Whitledge – Citizen; Tana Fauske – Citizen; Lorin Cox – WCLO.

### **Roll Call**

Chair Peer asked for the roll call. At roll call Chair Peer, Supervisor Rynes, Dr. Winter, Eric Gresens, Supervisor Clasen and Supervisor Williams were present. Dr. Meyers, Dr. Somaraju and Deb Kolste joined after roll call. 6 PRESENT. 3 ABSENT.

### **Adopt Agenda**

Dr. Winter made a motion to adopt the agenda. Supervisor Williams seconded the motion. MOTION APPROVED.

### **Approval of Minutes – 9/1/2021**

Debra Kolste made a motion to approve the minutes of the 9/1/2021 Board of Health meeting. Supervisor Clasen seconded the motion. MOTION APPROVED.

### **Citizen Participation**

### **Presentation: HealthNet**

Ian Hedges, HealthNet of Rock County CEO, presented to the Board. Ian explained in full detail where the American Rescue Plan Funding dollars will be used in the new HealthNet clinic, which will be located at 113 S. Franklin St. in Janesville.

**Resolution: Allocating American Rescue Plan Funding to HealthNet of Rock County to Address Health Inequities Exacerbated by the COVID-19 Pandemic**

**NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled this \_\_\_\_\_ day of \_\_\_\_\_, 2021 does hereby allocate \$200,000 in American Rescue Plan Act (ARPA) funding to HealthNet of Rock County in the following manner: \$176,281 to help fund the purchase of dental equipment, \$15,000 to provide dental services to developmentally disabled residents, \$5,000 to provide medication-assisted treatment to 20 women; and \$3,719 to provide dental services to 30 additional inmates at the Rock County jail.

**BE IT FURTHER RESOLVED**, the 2021 Rock County budget be amended as follows:

<b><u>ACCOUNT</u></b>	<b><u>BUDGET 10/1/2021</u></b>	<b><u>INCREASE (DECREASE)</u></b>	<b><u>AMENDED BUDGET</u></b>
<u>Source of Funds</u>			
19-1980-0000-42100 ARPA Funding	\$7,515,000	\$200,000	\$7,715,000
<u>Use of Funds</u>			
19-1980-1601-64000 Medical Supplies	-0-	\$176,281	\$176,281
19-1980-1601-62189 Medical Services	-0-	\$18,719	\$18,719
19-1980-1111-62189 Medical Services	-0-	\$5,000	\$5,000

Debra Kolste made a motion to accept the resolution. Dr. Winter seconded the motion. MOTION APPROVED.

**New Business**

**Administrative Division**

**Transfer of Funds Over \$5,000**

No transfer of funds over \$5,000.

**Review of Payments**

The Board reviewed the Health Department's September payments in the amount of \$34,629.53.

**Health Department Report**

**COVID Response Update**

Katrina Harwood shared a slideshow of the representation of the work that the Health Department is involved in for the county-wide COVID-19 response. They are still seeking opportunities to increase testing capacity in



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Rock county, while looking to partner with a private company to increase testing locally. The use of the Wisconsin National Guard resources may be looked at and assessed differently at the regional/state level. Rock County is currently seeing a positive increase in the number of COVID-19 cases. The Contact Tracing team at the Health Department is operating at full capacity due to this increase. Regarding COVID-19 vaccinations, the Health Department has partnered with both AMI & the Beloit Area Community Health Center (BACHC) to offer clinics in local schools. At these clinics, AMI & BACHC have been administering the COVID-19 vaccine while the Health Department has been offering pediatric flu vaccines.

Surveillance: Nick Zupan provided the Board members with the current COVID-19 data.

### **RCPHD Program Spotlight**

#### **The Future of Public Health**

- Public Health 3.0
  - Public Health History
    - Public Health 1.0
      - Defined as a period of tremendous growth when public health became an essential governmental function from the late 19<sup>th</sup> century to the late 20<sup>th</sup> century
      - During this period, public health:
        - Developed systematized sanitation
        - Improved food and water safety
        - Expanded our understanding of disease
        - Developed vaccines and antibiotics
        - Expanded capabilities in the epidemiological field
    - Public Health 2.0
      - By the late 20<sup>th</sup> century, local public health capacity was struggling to address new infectious and chronic disease challenges
      - Defined by the systematic development of public health capacity across the United States
      - During this period, public health:
        - Increased public health capacity
        - Became increasingly professionalized
        - Developed performance standards
    - Public Health 3.0

- Public Health 3.0 emphasized cross-sectoral environmental policy, and system level actions that directly affect the social determinants of health
- During this period, public health:
  - Goes beyond traditional public health department functions and programs
  - Focuses on all the factors that affect a person's overall health
  - Serves as a Chief Health Strategist
- Social Determinants of Health (SDOH)
  - The conditions in the environments where people are born, live, learn, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks
  - SDOH can be divided into 5 domains
    - Education Access and Quality
      - Goal: Increase educational opportunities and help children and adolescents do well in school
      - Objectives:
        - Increase the proportion of high school students who graduate in 4 years
        - Increase the proportion of children who are developmentally ready for school
        - Increase the proportion of students with disabilities who are in regular education programs
    - Economic Stability
      - Goal: Help people earn steady incomes that allow them to meet their health needs
      - Objectives:
        - Reduce the proportion of adolescents and young adults who aren't in school or working
        - Reduce the proportion of people living in poverty
        - Reduce household food insecurity and hunger
        - Reduce work-related injuries resulting in missed work days
    - Health Care Access and Quality
      - Goal: Increase access to comprehensive, high quality health care services
      - Objectives:
        - Increase the proportion of adults who get recommended evidence-based preventive health care
        - Increase the proportion of adolescents who had a preventive health care visit in the past year
        - Reduce the proportion of people who can't get medical care when they need it
    - Social and Community Context
      - Goal: Increase social and community support
      - Objectives:
        - Reduce the proportion of children with a parent or guardian who has served time in jail
        - Increase the proportion of adolescents who have an adult they can talk to about serious problems



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- Increase the proportion of adults who talk to friends or family about their health
  - Neighborhood and Built Environment
    - Goal: Create neighborhoods and environments that promote health and safety
    - Objectives: Reduce the rate of minors and young adults committing violent crimes
    - Reduce the number of days people are exposed to unhealthy air
    - Reduce the amount of toxic pollutants released into the environment
    - Reduce deaths from motor vehicle crashes
- Social Ecological Model
  - Framework that examines how behaviors form based on characteristics of individuals, social networks, communities, and organizations
  - Aims to better understand the range of factors that put people at risk for illness and injury
  - Emphasizes the need to act at multiple levels of the framework for effective prevention
  - Also known as the socio-ecological framework and socio-ecological model
- Prevention Tiers
  - Primary prevention
    - Primary prevention occurs before the onset of illness or injury
    - Aims to prevent disease or injury before it occurs by preventing exposures to hazards, altering unhealthy or unsafe behaviors, and increasing resistance to disease or injury
    - Examples of primary prevention related to COVID-19:
      - Masks, hand hygiene, social distancing, vaccination
  - Secondary prevention
    - Secondary prevention occurs during the illness or injury
    - Aims to reduce the impact of a disease or injury that has already occurred through detection (screening), and implementing programs & strategies to prevent re-injury, chronic injury or illness
    - Examples of secondary prevention related to COVID-19:
      - Contact tracing, testing, vaccination, isolation and quarantine
  - Tertiary prevention
    - Tertiary prevention occurs after the illness or injury

- Aims to soften the impact of an ongoing illness or injury by managing long-term health problems and injuries to improve functionality and quality of life
  - Examples of tertiary prevention related to COVID-19:
    - Standard medical care, monoclonal antibody treatment
- Upstream Prevention
- Harm Reduction
  - A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use
  - Incorporates a spectrum of strategies including:
    - Safer use
    - Managed use
    - Abstinence
    - Addressing the conditions of use
  - No universal definition or formula for implementation
- Medication assisted treatment (MAT)
  - Using medications, in combination with counseling and behavioral therapies to treat substance use disorders
  - Aims to address the physical dependence of drug use disorders along with the social and emotional conditions that lead to drug use

## **Budget**

Katrina Harwood reported on our current year to date expenses.

<b><u>Budget</u></b>	<b><u>Actual Expenses</u></b>	<b><u>Encumbrance</u></b>	<b><u>Balance</u></b>
\$5,707,185.00	\$3,359,442.91	\$37,255.56	\$2,310,486.53 (40.5%)

The Board discussed holding a special budget meeting on Wednesday, October 20<sup>th</sup> to discuss the requested/recommended budget from the County Board. Everyone is in agreeance to hold this special meeting. Meeting will commence at 6 p.m.

## **Workforce**

Katrina Harwood reported on current workforce updates.

### New staff

- Jill Camber Davidson, Public Health Supervisor
- Nicole Nichols, Environmental Health Specialist

### Current Position Vacancies

- Public Health Policy Specialist (Vy Nguyen starting 11/15)
- Public Health Data Scientist (position offered)
- Health Educator HEAR Coordinator (position offered)
- COVID-19 Contact Tracers (positions offered)
- Public Health Nurse (interviews scheduled)
- Public Health Planner (recruitment reopened, closes 10/8)

## **Communications and Announcements**

Nothing to report.



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### **Adjournment**

Deb Kolste made a motion to adjourn the meeting. Dr. Winter seconded the motion. MOTION APPROVED.  
Meeting adjourned at 7:47 p.m.

Respectfully Submitted,

Melissa DeWitt, Recorder

Not Official Until Approved by the Board of Health