



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

**October 4, 2017**

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

Board of Health Members Present: Supervisor Peer, Supervisor Bostwick (left at 7:00), Supervisor Garrett, Ms. Wade, Dr. Winter

Board of Health Members Absent: Chair Kraft, Dr. Meyers, Mr. Gresens, Dr. Konkol.

Staff Members Present: Marie-Noel Sandoval – Health Officer; Dave Pluymers – Assistant Director; Rick Wietersen – Environmental Health Director; Adam Elmer – Sanitarian; Michelle Bailey – Nursing Supervisor; Kelly Klingensmith – Community Health Education Coordinator; Molly Polk – Account Clerk; and Jessica Turner – Administrative Secretary.

Others Present: Coral Swanson – League of Women Voters, Janesville

### **Adopt Agenda**

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

### **Approval of Minutes – 9/6/17**

Dr. Winter made a motion to approve the minutes of the 9/6/17 Board of Health meeting. Supervisor Bostwick seconded the motion. MOTION APPROVED.

### **Citizen Participation**

None at this time.

### **New Business**

### **Administrative Division**

### **Review of Payments**

The Board reviewed the Health Department's September 2017 payments in the amount of \$12,424.21.

Supervisor Peer asked about the payment to Sanofi Pasteur. Ms. Sandoval responded that it was for vaccine.

### **Transfer of Funds over \$5,000**

None at this time.

## **Vaccine Pricing**

Ms. Sandoval shared a handout (see attached) with suggested vaccine pricing based on Medicare reimbursement rates. Ms. Wade asked about people who don't have Medicare. Ms. Sandoval replied that they would be charged the same fees.

Dr. Winter made a motion to accept the suggested vaccine pricing. Ms. Wade seconded the motion. MOTION APPROVED.

## **Health Department Report**

### **In the News**

Ms. Sandoval told the Board that the first case of West Nile Virus in Rock County for the year was reported. A press release was sent out regarding mosquito precautions.

### **Surveillance**

Ms. Sandoval reported that the Public Health Department was referred potential TB and Mumps cases. Both cases were negative.

### **Community Events/Outreach**

Ms. Sandoval said that the Public Health Department participated in the Janesville and Beloit Senior Fairs. Over 65 vaccines were given and 34 pounds of unwanted prescription drugs were collected at the Janesville Senior Fair. At the Beloit Senior Fair, 120 vaccines were given and 29 pounds of unwanted prescription drugs were collected.

According to Ms. Sandoval, several Public Health Department employees attended the Hispanic Fair on Saturday. Ms. Klingensmith was one of the attendees and reported that the participation was lower than normal. She said this seems to be a trend with events overall. Ms. Klingensmith said they talked about the flu and hand washing at the Hispanic Fair and at both Senior Fairs.

Ms. Sandoval reported that Rock County Employee flu clinics are coming up. They are all by appointment.

Ms. Sandoval also reported that the HEAR Community Breakfast will be taking place on October 11 from 8:00-10:30 am. She encouraged the board members to attend. Dr. Winter asked what will take place. Ms. Klingensmith responded that they will be discussing the Community Health Assessment and Community Health Improvement Plan.

### **Personnel**

Ms. Sandoval introduced Michelle Bailey, the new Nursing Supervisor for the Public Health Department. Ms. Bailey told the Board that she is a registered nurse. She was a Public Health Nurse for Burnett County for 17 years. She was also a Health Officer for Burnett County and most recently worked for the Wisconsin Department of Health Services Division of Public Health Southern Regional Office as a Public Health Nursing Consultant. She is excited to work toward modernizing, efficiencies, and making a difference.

Ms. Sandoval told the Board that the other supervisor position has been posted.

The .4 Public Health Support Specialist position has been suspended to accommodate the 2018 budget according to Ms. Sandoval. This position has not been eliminated. Supervisor Bostwick asked how the position would be funded if the Public Health Department hired someone. Ms. Sandoval responded that it will not be funded in the 2018 budget.

Ms. Sandoval announced that a potential board member has been identified to replace Dr. Konkol. She has received a letter of interest from an infectious disease doctor with a Master's in Public Health. Ms. Sandoval, Chair Kraft, and Supervisor Peer will be interviewing the candidate.

#### Budget

Ms. Sandoval told the Board that the Public Health Department received four new vaccine storage units. A new call system is being set up that will be monitored by the Facilities Management Director.

According to Ms. Sandoval, the Public Health Department recently submitted three grants applications. An application was submitted to WPP for a school health collaborative grant in the amount of \$50,000.00. The funds would be used to work with eight school districts to provide consistency in their health education and policies. Focus would be on sexually transmitted infections, teen pregnancy rates, and human growth and development programs. Other topics may include the Youth Risk Behavior Survey, immunization rates, and asthma plans. An application was also submitted for a prescription drug grant in the amount of \$7,000.00. Another application was submitted for an FDA training grant in the amount of \$3,000.00. This grant would be used for food service training.

#### Environmental Health Presentation: Radon

Mr. Elmer gave a PowerPoint presentation on Radon. (see attached)  
Discussion followed concerning possible educational opportunities and financial assistance.

#### CHA/CHIP Update

Ms. Klingensmith gave a PowerPoint presentation on the Community Health Assessment and Community Health Improvement Plan. (see attached)

#### Communications and Announcements

None at this time.

#### Adjournment

Ms. Wade made a motion to adjourn the meeting. Dr. Winter seconded the motion. MOTION APPROVED.  
Meeting adjourned at 7:30 p.m.

Respectfully Submitted,

Jessica Turner, Recorder  
Not Official Until Approved by the Board of Health

|                                     |                                | Previous<br>Charges | Proposed<br>Charges* |
|-------------------------------------|--------------------------------|---------------------|----------------------|
| Havrix - 1440 - Adult               | Hep A                          | \$ 50.00            | \$ 79.00             |
| Energix-B                           | Hep B                          | \$ 58.00            | \$ 89.00             |
| Fluzone - QIV - 16-17 (36 + Months) | Influenza - Regular            | \$ 40.00            | \$ 43.00             |
| Fluzone - HD - 16-17                | Influenza - Hi Dose - Ages 65+ | \$ 65.00            | \$ 74.00             |
| Pneumovax 23                        | Pneumonia                      | \$ 100.00           | \$ 124.00            |
| Tenivac                             | Td - Tetanus/Diphtheria        | \$ 45.00            | \$ 47.00             |
| Typhim                              | Typhoid - Injectable           | \$ 105.00           | \$ 110.00            |
| Vivotif                             | Typhoid - Oral                 | \$ 65.00            | \$ 85.00             |
| Tdap                                |                                | N/A                 | \$ 57.00             |
| Zostavax                            | Shingles                       | \$ 240.00           | \$ 244.00            |

\*Based on medicare reimbursement rounded up to the next dollar



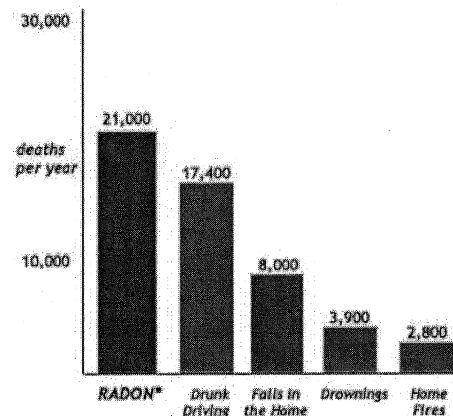
# Radon Program

Adam Elmer R.S., Sanitarian  
Rock County Public Health Department



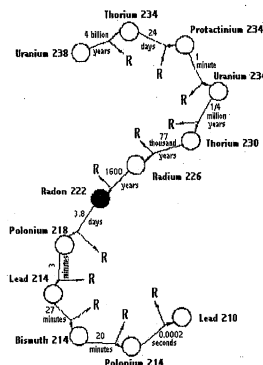
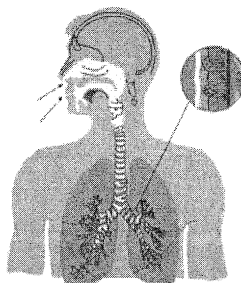
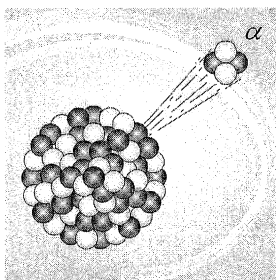
## What is Radon?

- Naturally Occurring Radioactive Gas
- Odorless and Colorless
- 2<sup>nd</sup> leading cause of lung cancer

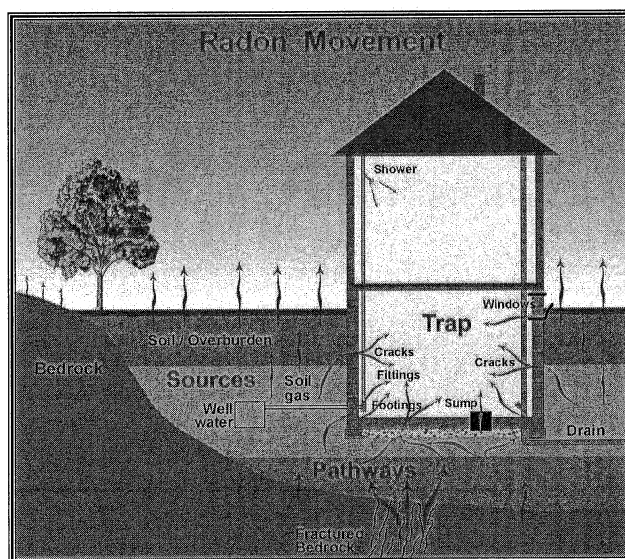


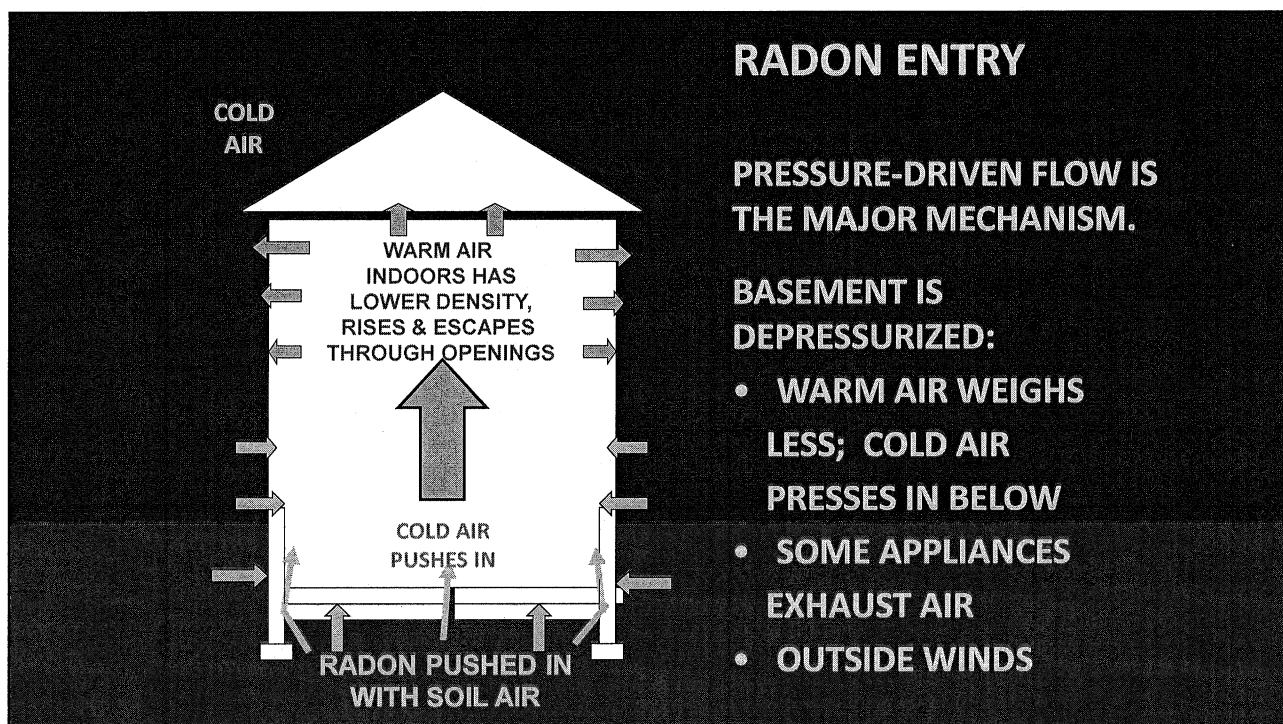
## How does it cause lung cancer?

Radon gas decay products emit alpha radiation which is damaging to DNA when breathed into the lungs.



Risk increases with exposure and time.

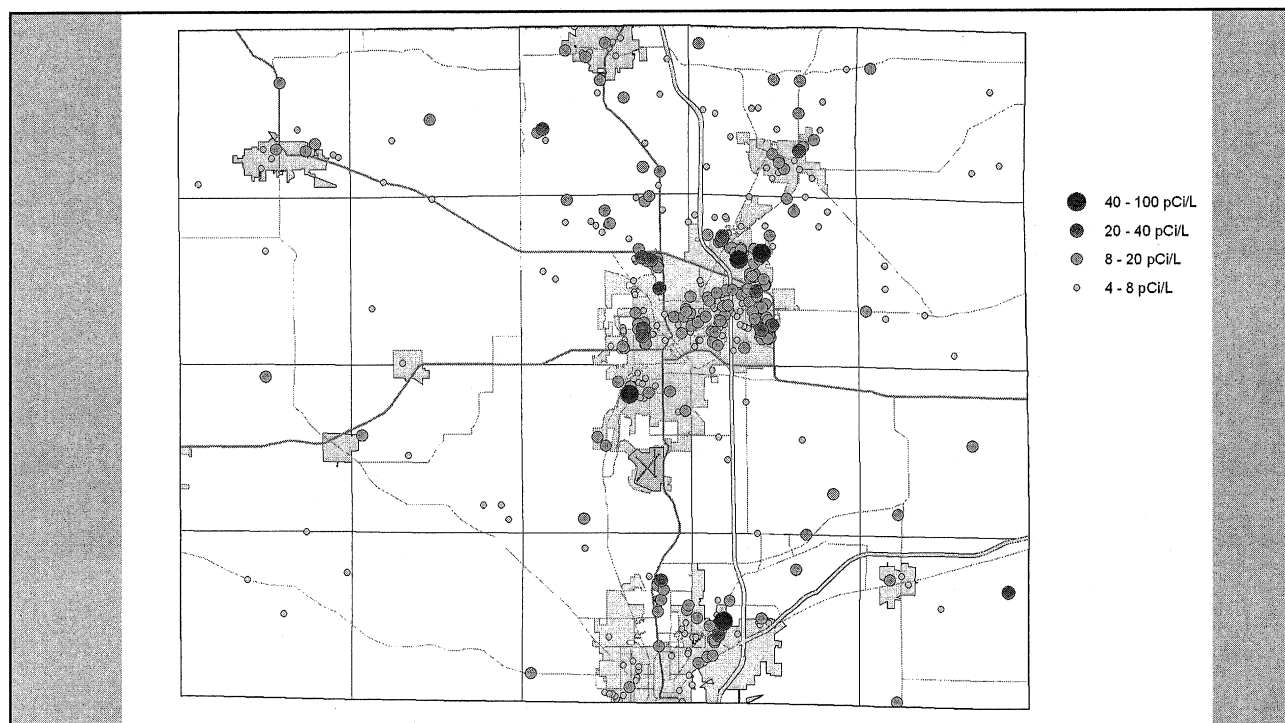
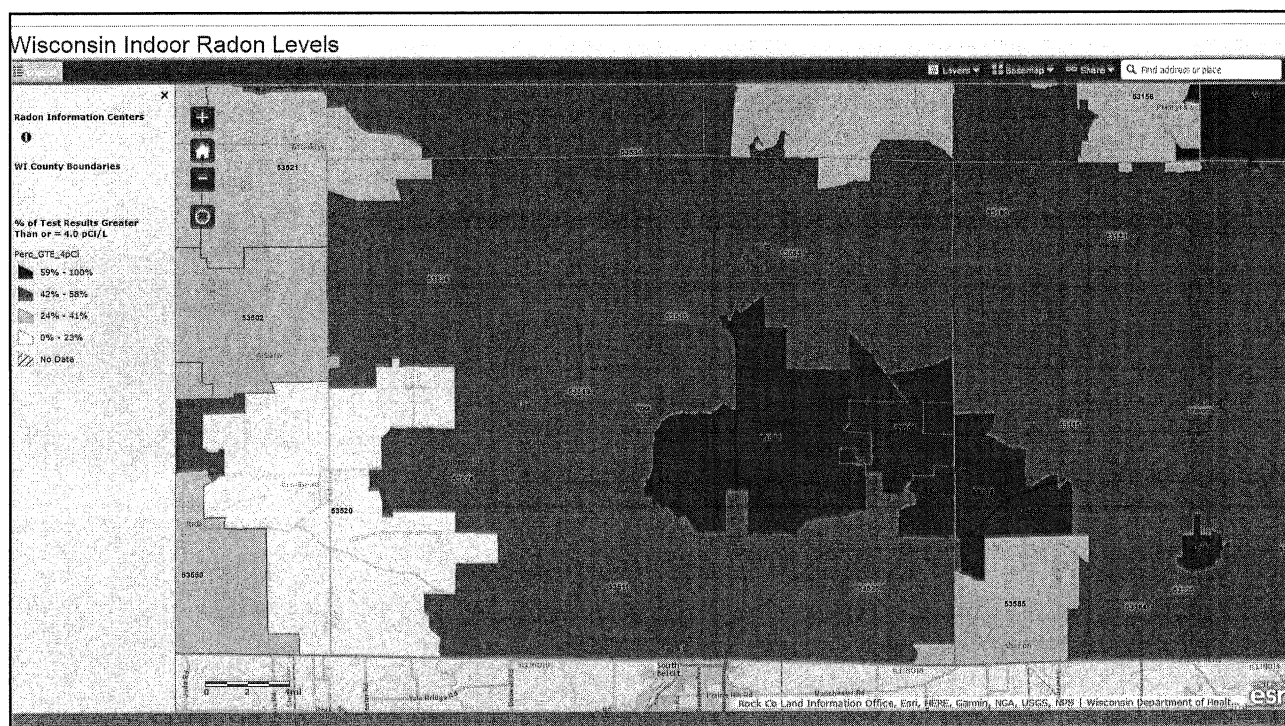




## Testing

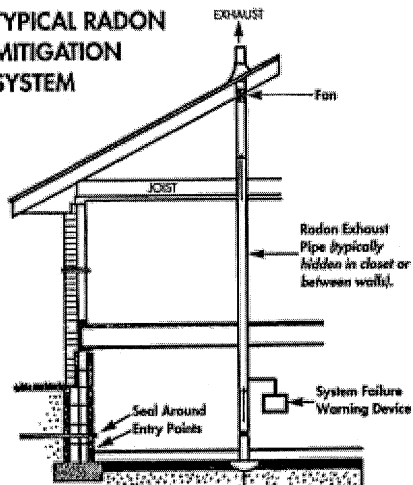
- Do-It-Yourself test kits are available from the RCPHD and hardware stores
  - Short and long term kits are available
  - Can hire a radon measurement professional
- RCPHD distributes 150-200 low cost test kits per year
- Advise on interpreting test results and mitigation
- Analyze and map radon data
  - 50% of Rock County radon results are above the EPA action level of 4.0 pCi/L



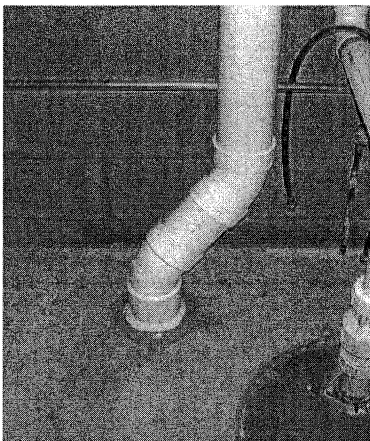


## Radon Mitigation

**TYPICAL RADON MITIGATION SYSTEM**



Sub-Slab Depressurization is the most common technique used for mitigating radon.



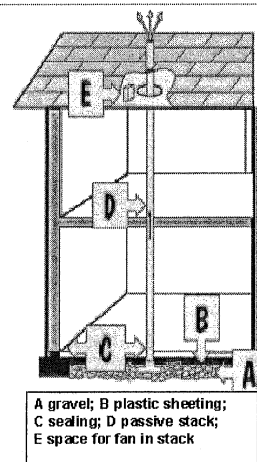
Typical cost:  
\$650-\$1500

Always hire a  
certified  
mitigator

## Radon Resistant New Construction

Has many advantages:

- ◊ Easier to install
- ◊ Less expensive
- ◊ More effective
- ◊ May not require fan – passive system with room for fan installation if needed



# Health Equity Alliance of Rock County(HEAR)

## 2017-2020 Community Health Assessment & Improvement Plan

Kelly Klingensmith  
Rock County Public Health Department  
October 4, 2017



## Wisconsin Administrative Code DHS 140 Review of Local Public Health Authority

| Related Statute(s)  | Required Doc.  | Local Health Dept. Evidence  |
|---|--|--|
| <p>1. <u>Wis. Stat. 251.04(6)</u><br/>The local board of health shall:<br/>Assess public health needs and<br/>advocate for the provision of<br/>reasonable and necessary public<br/>health services</p> | <p>01a. Provide current Community Health<br/>Assessment (CHA) doc. That included<br/>statistics on health, identifies community<br/>health needs, included a list of partners or<br/>types of partners involved in the CHA and<br/>the effective date of the CHA</p> <p>01b. Provide evidence of Board of Health<br/>(BOH) involvement in CHA</p> <p>Documentation may include: meeting<br/>minutes, participant list or other examples<br/>to demonstrate BOH involvement</p> | <p>Evidence should include:</p> <ul style="list-style-type: none"> <li>- Statistics on health, including data<br/>sources</li> <li>- Identified community health<br/>needs</li> <li>- List of partners</li> <li>- Effective date of CHA</li> </ul> |





## Work to date:

Healthy Wisconsin Leadership Institute (HWLI) Community Team

HEAR Advisory team- started in October 2016

Members include: St. Mary's, Youth2Youth for Change, Building a Safer Evansville (BASE) coalition, UW Extension, South Central Area Health Education Centers, HealthNet and the Rock County Health Department.

- Name, Mission, Vision, and Values
- 2014-2016 Rock County Progress Report
- Submitted MCW Change Incubator Funding application for HEAR Community Engagement Project



Developed 2017 Rock County Community Health Assessment

## HEAR- Mission, Vision, & Values

**Mission-** HEAR is committed to health equity, through community collaboration, to ensure that Rock County reaches its full health potential.

**Vision-** Rock County is a healthier place to live, work, learn, play, and grow.

**Values-**

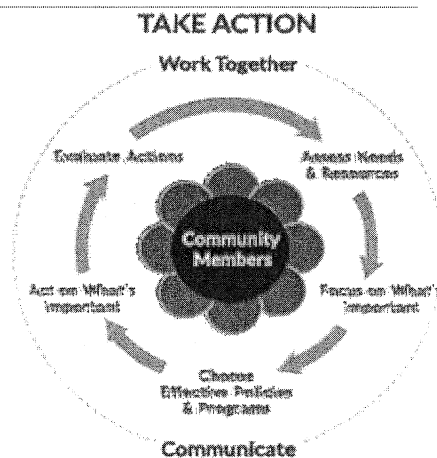
- Community
- Health & Well-being
- Equity
- Collaboration





## 2017 CHA Process

- Community Health Assessment Survey
- One-to-One Conversations (Key Informant Interviews)
- Community Conversations (Focus Groups)





# Community Health Assessment:

January 15, 2017- March 1, 2017 - *Option to answer survey via mail or online*

- Mailed 2,000 random Rock County residents
- Web links- Partnering agencies & RCPHD website
- Spanish survey will be mailed per request & available online



Responses- 1,466 Total

- 546 mail responses
- 920 that responded to our web based survey  
(including 62 in Spanish combined)



## One-to-One Conversations

One-on-One Conversations are a purposeful conversation with an individual to learn about their concerns, self-interest, and resources.

One-on-One conversations are important because they help create relationships, and organizing and mobilizing is built on good relationships.



## Community Conversations



Community Conversations engage members of a community to discuss issues that affect the all elements of health in the community. They generate knowledge that can then be used to inform decision-making.

12 community conversations took place throughout Rock County from March 2017-May 2017. Over 130 people shared their views and perspectives on what impacts health in their communities.



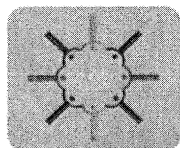
## Priority Areas for Voting

*(CHA Survey Question 14)*

- o Drug abuse & Substance abuse disorders
- o Alcohol abuse
- o Obesity
- o Mental health
- o Cancers
- o Violence
- o Heart disease and stroke
- o Diabetes
- o Domestic violence
- o Aging problems
- o High blood pressure
- o Gun injuries
- o Dental problems
- o Teen pregnancy
- o Sexually transmitted diseases (STDs)
- o Suicide
- o Dementia
- o Lung disease
- o Rape/sexual assault
- o HIV/AIDS
- o Infant death



## Top Priorities



Health Equity



Behavioral Health



Obesity

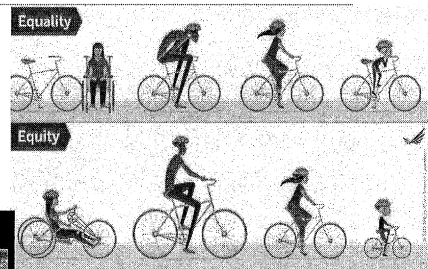
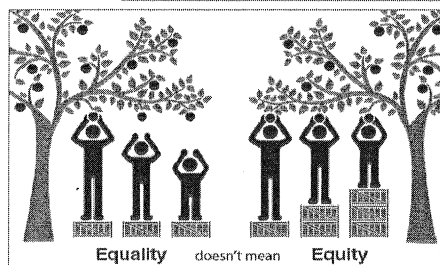


Oral Health

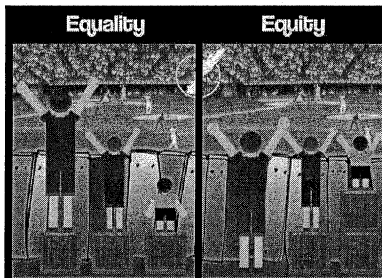


Public Health

## Equality vs. Equity



Public Health



## Definitions

**Health equity:** Attainment of the highest level of health possible for all people.

**Health inequity:** Difference in health status between more and less socially and economically advantaged groups, caused by systemic differences in social conditions and processes that effectively determine health. Health inequities are avoidable, unjust and therefore actionable.

**Health disparities:** Differences in the incidence, prevalence, mortality and burden of disease and other adverse health conditions that exist between specific population groups.



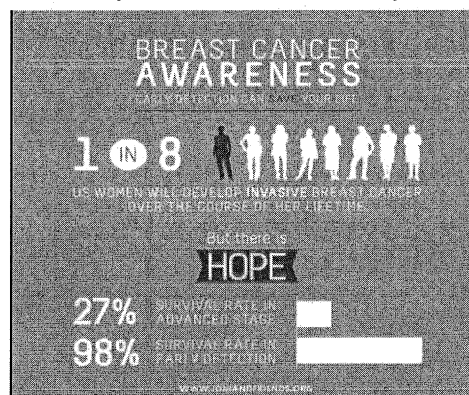
## Examples

### Examples of Health Inequities

|                     |   |
|---------------------|---|
| Education           | Infants born to African American mothers with only a high school education were 2.2 times more likely to die in the first year of life compared to their White counterparts.                                  |
| Income              | Low socioeconomic status is associated with an increased risk for many diseases, including CVH, arthritis, diabetes, chronic respiratory diseases, cervical cancer and frequent mental distress. <sup>1</sup> |
| Access to resources | Lower income and racial/ethnic minority communities are less likely to have access to grocery stores with a wide variety of fruits and vegetables. <sup>2,3</sup>   |

References: <sup>1</sup>Pleis, Lethbridge-Cejku (2006), <sup>2</sup>Morland, et al (2002), <sup>3</sup>Baker, et al (2006)

### Example of Health Disparities



## PRIORITY AREA: Health Equity

**GOAL:** Reduce disparities and improve health of all groups throughout Rock County.

**OBJECTIVE #1:** By December 2020, 50 providers (e.g. doctors, nurse practitioners, physician's assistants, nurses) will have a processes in place to ensure all are receiving culturally responsive care.

**OBJECTIVE #2:** By December 2020, 5 healthcare facilities (e.g. hospitals, clinics, non-profit agencies, government agencies, etc.) will have a process in place to improve health literacy.



## PRIORITY AREA: Behavioral Health

**GOAL:** Increase community engagement from all sectors to enhance behavioral health outcomes.

**OBJECTIVE #1:** Adult alcohol use/misuse- By December 2020, 25% of municipalities will work to implement policy, systems and environmental change to address local alcohol-related problems.

**OBJECTIVE #2:** Smoking- By December 2020, decrease the number of pregnant women smoking by 15%.

**OBJECTIVE #3:** Treatment- By December 2020, increase the number of providers offering Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance use disorders by 25%.



## PRIORITY AREA: Obesity

**GOAL:** Advance overall community health to improve health outcomes associated with obesity.

**OBJECTIVE #1:** Nutrition- By December 2020, 10 new sites (e.g. convenience stores, schools, recreational facilities, etc.) will provide increased access to healthy and affordable foods (i.e. fruits, veggies, whole grains).

**OBJECTIVE #2:** Physical Activity- By December 2020, increase to 5 new sites (e.g. community centers, schools, bike paths, etc.) with policies and procedures to increase opportunities for physical activity that are welcoming for people with limited resources.

**OBJECTIVE #3:** Healthy Environments- By December 2020, increase or establish 20 sites (e.g. schools, hospitals, non-profits, government agencies, businesses, etc.) with wellness procedures and policies.



## PRIORITY AREA: Oral Health

**GOAL:** Advance overall community health to improve oral health outcomes.

**OBJECTIVE #1:** By December 2020, a 10% increase the number of children who have seen a dentist at or before 2 years old.

**OBJECTIVE #2:** By December 2020, a 10% increase in adults with a dental home.

**OBJECTIVE #3:** By December 2020, a 15% reduction in oral health related emergencies.



## Next Steps

- Workgroups based on priorities
- University of Wisconsin- Madison MPH students assisting with priorities

|                    |                   |
|--------------------|-------------------|
| January 10, 2018   | Health Equity     |
| February 14, 2018  | Behavioral Health |
| March 14, 2018     | Obesity           |
| April 11, 2018     | Oral Health       |
| May 9, 2018        | Health Equity     |
| June 13, 2018      | Behavioral Health |
| July 11, 2018      | Obesity           |
| August 8, 2018     | Oral Health       |
| September 12, 2018 | Health Equity     |
| October 10, 2018   | Behavioral Health |
| November 14, 2018  | Obesity           |
| December 12, 2018  | Oral Health       |



Public Health

## Save the Date!

### HEAR Community Breakfast

**Date:** October 11, 2017

**Time:** 8:00am

**Location:** 2809 N Pontiac Dr  
Janesville, WI 53545



Public Health

# Thank You

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Kelly Klingensmith, MPH  
Community Health Education Coordinator

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