### MINUTES OF BOARD OF HEALTH MEETING August 7, 2013

Meeting was called to order by Chair Kraft at 6:00 p.m.

<u>Board of Health Members Present</u>: Chair Kraft, Supervisor Peer, Supervisor Bostwick (Left at 7:00 PM), Supervisor Rundle, Dr. Winter, Ms. Wade, and Eric Gresens, R.PH.

Board of Health Members Absent: Dr. Best, Dr. Peterson

<u>Staff Members Present</u>: Karen Cain – Health Officer; Timothy Banwell – Environmental Health Director; Janet Zoellner – Public Health Nursing Director; Sancee Siebold – Nursing Supervisor South Office; and Elizabeth LaBelle-Administrative Secretary

### **Adopt Agenda**

Supervisor Bostwick and Supervisor Rundle made a motion to adopt the agenda. MOTION APPROVED.

### **Approval of Minutes 7/1/13**

Supervisor Peer and Ms. Wade made a motion to approve the minutes of the 7/1/13 Board of Health meeting. MOTION APPROVED.

### **Citizen Participation**

None at this time.

#### New Business

#### **Administrative Division**

### Approval of Bills/Transfer of Funds

Ms. Wade and Supervisor Peer made a motion to approve the bills. MOTION APPROVED.

Chair Kraft inquired what 500 Suspicious Letters bill was for. Health Officer Cain informed the board that this was for laminated cards to be distributed to local businesses.

Supervisor Rundle inquired if there has been an increase in the Shingles Vaccine due to the TV ads from the Center for Disease Control (CDC). Nursing Director Zoellner said she would run the numbers and get back to the board.

#### **Health Department Report**

Health Officer Cain informed the Board of Health that Dr. Best is resigning and to let her know if anyone has suggestions to fill this position. Recent publicity in local newspapers was then passed around for viewing. The Health Department had articles on Dog Bite Prevention, Pool Testing Water Quality, and Nitrates in the Water.

Environmental Health Director Banwell announced that Friends of Noah is putting on a Low Cost Rabies Clinic at Telfer Park in Beloit on September 14, 2013 from 1-4 PM. One thousand doses of the vaccine have been donated by Merck pharmaceuticals. Right now the committee is working on preparation of signs, posters, press releases, and finding volunteers. Environmental Health Director Banwell stated that the City of Beloit is going to be at the clinic as well to register dogs and cats.

Dr. Winter inquired how many rabies vaccinations were given at the Rabies Clinic held in Janesville. Environmental Director Banwell stated 430 rabies vaccinations were given. Health Officer Cain stated there will be an update after the clinic on the outcomes from the Beloit Rabies Clinic.

Health Officer Cain announced the upcoming collaboration of the Rock County Planning Department and the Health Department to follow up on homes after lead rehabilitation has been completed. The Health Department will be completing 20-30 follow up inspections. Sanitarians certified in lead inspections will be completing the home inspections. Lead inspectors must be certified to complete lead rehabilitation inspections. Environmental Health Director Banwell explained that it is the home owner's choice if they would like to have these inspections done. Supervisor Peer inquired if there was any special equipment to use? Health Officer Cain explained that there is an XRF Machine that will be used to identify lead. Environmental Director Banwell explained that there is an upcoming training for Health Department staff on the XRF Machine.

Supervisor Rundle inquired if there is a plan on what work was completed on a home and documentation that lead was addressed. Environmental Health Director Banwell said that it what the Health Department's role will be.

Health Officer Cain announced that the Health Department was notified last week that we were not invited to write for the Sexually Transmitted Infections (STI) Implementation grant. The current grant was to identify issues in Rock County and the implementation grant would be to apply strategies. STIs are a problem in Rock County and the staff at the Health Department will continue to look for additional sources of funding for STI intervention. Ms. Wade inquired why the Health Department was not invited to write for the grant. Health Officer Cain stated that we do not have any comments yet, just notification that we were not invited to write for the grant. Only 50% of groups that wrote for the grant were accepted.

Health Officer Cain explained the main things that Health Educator Jenna Lovaas and the coalition have identified in Rock County is that the general population does not realize there is a problem with STIs and the community is not ready for specific intervention. The next step would be to get the word out and community education on STIs. This is what the Health Department will continue to search for funding.

The PNCC (Prenatal care coordination) audit has been completed and the results will be shared next week via phone conference. Health Officer Cain will provide an update at the next meeting.

#### 2012-2013 Flu Season Report:

Nursing Supervisor Siebold then gave a summary of the 2012-2013 flu season. Each year, the CDC researches on what occurred for the prior flu season, trends, what to do better the next year. This is looked at nationwide. This past flu season was very unusual in the fact that it started earlier than normal according to the CDC. Nursing Supervisor Siebold shared that in Rock County the flu started around October/November instead of December. With the earlier start of the flu, the peak of the flu season hit in December instead of January or February.

This past flu season resulted in more adults hospitalized than prior years. CDC started collecting adult hospitalization data in 2005-2006. Nationwide, there were 149 child deaths due to the flu this year. Overall, the flu vaccine was 60% effective this year.

For the coming flu season, the CDC is looking at the same strain as last year with a few tweaks. The flu is not the problem, but how it affects your immune systems. That is why an 'outside of the box' approach is becoming more and more necessary.

Even though the flu strain is unpredictable due to mutated strains, the Health Department still recommends receiving a flu shot because it still gives you moderate protection. The United States is the only Country that has a universal flu vaccine. Health Officer Cain stated that we are in the planning processes for our flu clinics, which will start mid-September.

#### 2014 Budget Summary:

Health Officer Cain then gave an update on the budget. The Health Department budget was submitted 8/2/2013 and there will be some upcoming budget meetings. As of 8/7/2013, the Health Department has not yet heard if we will be invited to write for the CDC Nitrate Grant.

The Health Department has received the Fetal Infant Mortality Review (FIMR) grant, which should help the coming year's budget. Health Officer Cain will have some budget updates as the process continues.

#### Resolutions:

The follow resolutions were then discussed and approved:

1. Resolution - Accepting Fetal Infant Mortality Review Team Grant and Amending the 2013 Rock County Health Department Budget

Supervisor Bostwick and Ms. Wade made a motion to accept the FIMR Grant and amending the 2013 Rock County Health Department Budget. MOTION APPROVED.

Chair Kraft inquired if the FIMR Grant will analyze infant deaths in all of Rock County. Health Officer Cain stated yes, the grant will review infant deaths in all of Rock County.

2. Resolution-Requesting authorization to enter into a contract with King Consulting

Supervisor Peer and Mr. Gresens made a motion to authorize the Rock County Health Department enter into a contract with King Consulting. MOTION APPROVED.

Supervisor Peer inquired where King Consulting is located. Nursing Director Zoellner stated that King Consulting is based out of Beloit, WI and does a lot of collaboration with Beloit Healthy Families and the WI Partnership to reduce cultural disparities. The contract with King Consulting will focus on infant deaths. King Consulting has a great deal of experience working with different cultures.

### **Public Health Nursing**

Nursing Director Zoellner gave a power point presentation on low birth rate and the outcome of our home visiting program.

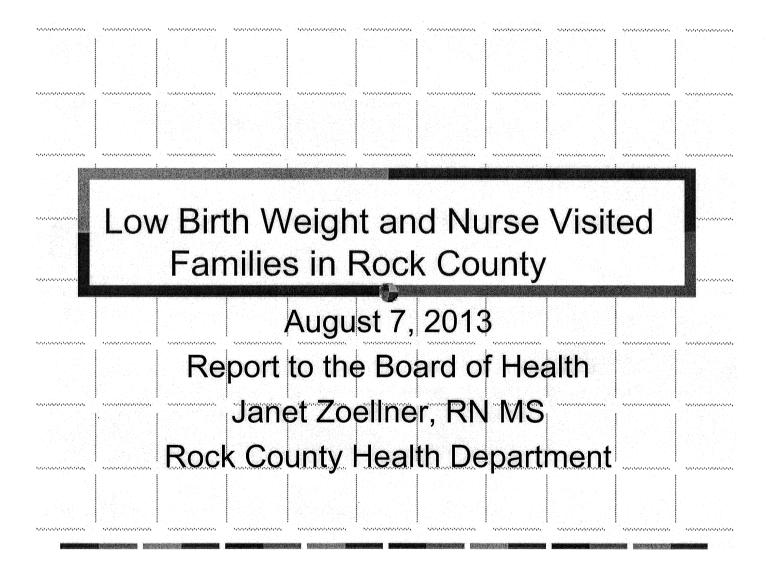
Ms. Wade stated she does share the Health Department's home visiting services with client's however, challenges to arise to get past the 'not right now or not today' responses. Ms. Wade stressed the importance of relationships to break the barrier.

Supervisor Bostwick mentioned that getting the word out is important. Supervisor Bostwick also inquired if there were any literature handed out to possible clients for self referrals. By handing out literature, it gives the potential client the opportunity to look at the information later. Nursing Director Zoellner stated that we are trying to increase the outreach to community partners to create more connections/collaborations.

Nursing Director Zoellner stated that the Health Department currently has collaboration with First Choice Women's Health Center. One day a week a nurse visits First Choice Women's Health Center and works with clients who have just found out they were pregnant. This way positive care starts immediately.

Mr. Gresens inquired if there are a lot of home visiting services competing with the Health Department. Nursing Director Zoellner stated that there are other visiting services thru different organizations, however, ours has some unique levels of service, such as Registered Nurses visit the client in their home or meet at a community location for education, etc.

Supervisor Peer stated that collaboration will help people become aware of the services offered by the Health Department and build relationships for referrals. Nursing Director Zoellner stated that currently, the Health Department and Head Start team up for client co-visits.



- Rock County agencies that visit in-home
  - Early Head Start
  - Exchange Family Resource Center
  - RC Human Services
  - Rock County Health Department

- How is Rock County Health Department unique?
  - Serve all income populations
  - Public Health Nurse visits
  - Able to enroll pregnant clients in MA
  - Professional expertise to engage medical providers in discussions about health
  - Has been a core program in public health since the beginning

- What is the referral criteria?
  - At higher risk for poor birth outcome
    - Many medical factors considered
    - Includes socio-economic risk
    - Short interpregnancy interval
    - No insurance coverage
    - Late prenatal care
  - Prenatal Care Coordination is billed if client receives MA; client is never charged a fee.

Where did we receive our referrals of pregnant women in 2012?

PUBLIC HEALTH RNs 77
SELF REFERRAL 39
FIRST CHOICE COLLABORATION 32
MERCY SYSTEMS 11
EXPRESS ENROLLMENT 7
EARLY HEAD START
COLLABORATION 4
WIC 4
MERITER 3

JEFFERSON COUNTY HEALTH
DEPT 3
BELOIT COUNSELING CTR 2
FT ATKINSON 1
SPANISH INTERPRETER 1
TIME FOR PARENTS 1
ST MARYS 1
RC HUMAN SVC 1
DEAN 1
GREEN CO HEALTH DEPT 1

Where did we receive our referrals of pregnant women in 2012?

Most of the referrals we opened for pregnant women in 2012 were generated by the public health nurses themselves through casefinding, enrolling pregnant women in Express Enrollment, etc.

The next highest number were clients that requested client services for themselves.

- How do we conduct visits?
  - Visits are voluntary
  - Curriculum is "Before Baby Arrives"
  - Visited every 3 weeks during pregnancy
  - Continue visits every 2 weeks for the first 2 months and monthly afterward until baby is 1 year old.
  - Visits are family centered and tailored to client's need.

- How do we link with other agencies/providers?
  - Medical provider is notified of visits
  - Referral source is provided information on disposition of the case
  - We provide group education to Beloit Domestic Violence shelter, Stateline Pregnancy, Evenstart (Latina population)

- How do we link with other agencies/providers?
  - We co-visit with Early Head Start home visitors to provide additional health information
  - We staff a room ½ days at both First Choice Women's Health Center locations. This provides information and referral services immediately upon the pregnancy diagnosis.

## What is Low Birth Weight?



- Weight under 5 lbs.8 oz.
- Can be caused by:
  - Prematurity
  - Health problems of the mother
  - Health problems of the baby
  - Multiple birth

## What is Low Birth Weight?



- Other contributing factors:
  - Mother smoking
  - Alcohol/street drugs
  - Poverty
  - African American race
  - Younger than 17/older than 35

## What is Low Birth Weight?



What is the big deal?
Don't kids just catch up?

# Problems Associated With LBW – newborn period

- Low oxygen levels at birth
- Inability to maintain body temperature
- Difficulty feeding and gaining weight
- Infection
- Breathing problems
- Neurologic problems
- Gastrointestinal problems

# Problems Associated With LBW – Childhood

- Blindness
- Hearing Loss
- Cerebral Palsy
- Asthma
- High blood pressure
- Compromised cognitive development

## Problems Associated With LBW – Childhood

Compared to their normal birth weight siblings, low birth-weight children are:

- 30 percent less likely to be in excellent or very good health in childhood.
- Score significantly lower on reading, passage comprehension, and math achievement tests.
- One-third more likely to drop out of high school relative other children.

## Problems Associated With LBW – Adulthood

- Low birth weight has significant negative effects on adult health, equivalent to being 12 years older in one's 30s and 40s.
- Weighing less than 5.5 pounds at birth increases the probability of being in fair or poor health as an adult by over 70 percent.

## Problems Associated With LBW – Adulthood

- Earnings penalty increases with age Low birth weight is linked to a
  - 10 percent reduction in hourly wages from ages 18-26, compared to the wages of normal birthweight siblings, but a
  - 22 percent reduction in wages from ages 37-52.

## Problems Associated With LBW – Adulthood

Low birth-weight children, relative to their normal birth-weight siblings, work 7.4 percent fewer hours in adulthood.

## Problems Associated With LBW - Adulthood

These effects of poor infant health persist, in sibling comparisons, after accounting for the independent effects of birth order, mother's age at birth, birth year cohort, race/ethnicity, family structure, parental income, and parental fertility timing.

http://ns.umich.edu/new/releases/5882 2007 "Born to Lose" How Birthweight Affects Adult Health and Success" U-M Gerald R. Ford School of Public Policy

### Healthiest People 2020

**National Low Birthweight = 8.2%** 

**Healthiest People 2020 Goal = 7.8%** 

National African American Low Birthweight=13.2%

National White, non-Hispanic LBW=7.1%

# Low Birthweight in Rock County

Rock County data from 2010 (latest available)

Low Birthweight in all populations: 8.29%

African Americans: 15.8%

White: 7.7%

Counted only those that received 3 HV or > AND were followed until they delivered their baby.

Disclaimer: This is an examination of real numbers, it is not research.

Years: 2011-2012

All Races combined:

119 women: 5 total LBW

4.2%

All were at increased risk for poor outcome 94% covered by Wisconsin Medicaid

White Population:

Of 119 women, 100 were White:

5 babies were born with LBW

5%

**African American women:** 

Of 119 women, 19 were African American:

No babies were born with LBW

0%

updated 9:23 a.m. EDT, Tue March 17, 2009

### Study: Average preemie costs \$49,000 in first year

#### STORY HIGHLIGHTS

- · By definition, a premature baby is born before the 37th week of pregnanc
- · Premature babies cost the U.S. at least \$26 billion each year
- · There are risk factors, but not all premature births can be prevented
- . In tough economic times, pregnant women should not cut back on health

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By Elizabeth Landau

(CNN) -- The average cost of medical care for a premature or low birth-weight baby for its first year of life is about \$49,000, according to a new report from the March of Dimes Foundation.



Babies born after the 37th week of pregnancy are less costly to the health care system than premature babies.

By contrast, a newborn without complications costs \$4,551 for care in its first year of life, the report said. Newborns with other kinds of complications, such as congenital defects, have medical expenses of \$10,273 on average in the first year.

The foundation wants to show employers the importance of good maternity care, maternity coverage, and prevention of prematurity, said Jennifer Howse, president of the March of Dimes, a nonprofit for pregnancy and baby health.

"It's in the best interest of the bottom line for the employer, and of course it's certainly in the best interest for the baby, the employee, and ultimately the community in which the business is located," she sald.

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Statistically what would be expected?

5 more babies born at low birth weight,

3 of them African American

What is the savings to the taxpayer (using March of Dimes data)?

### For the first year of life:

Cost of preemie for 1st year =

\$49,000

cost if infant was born at term

- \$4,551

\$44,449

 $5 \times \$44,449 = \$222,245$ 

### Efforts to Expand Access

- Healthy Families First Outreach Nurses
- Meetings with Clinic systems and HMOs
- Awareness of Affordable Care Act changes
- Healthy Families First/PNCC enrollment clinics at First Choice Women's Health Centers in Janesville/Beloit
- Active involvement in Beloit LIHF, Home Visiting Network

## Thank You

#### **Environmental Health**

Environmental Health Director Banwell gave a presentation on changes to the food code from the Food and Drug Administration (FDA).

#### **Terminology Changes**

- Critical Item to Priority Item & Priority Foundation Item
- Non-Critical Item to Core Item
- Potentially Hazardous Food to Potentially Hazardous Food (Time/Temperature Control for Food Safety)

### **New Requirements**

- Cut Leafy Greens & Produce are to be stored at 41°F or colder
- Undercooked hamburger is not allowed on children's menu, not even with a consumer advisory
- Mechanically Tenderized meats must be cooked to 155°F
- Non-continuous cooking of animal foods has been added
- Frozen commercially prepared raw animal products can be stored with ready-to-eat food
- Person in Charge (PIC) must be present at all times
- PIC must demonstrate knowledge about major food allergens and train facility staff
- Hand washing is no longer allowed in pre-wash sinks
- Cheese curds may be received at temperatures other than 41°F; cooled within 4 hours if sold at 41°F of less.

Supervisor Rundle asked when the food code changes take place. Environmental Health Director Banwell stated that the changes are effective September 1, 2013. Supervisor Rundle verified that new restaurants open prior to 9/1/13, will not be impacted the hand washing sink change. Environmental Health Director Banwell stated yes, that is correct.

#### **Communications and Announcements:**

Supervisor Rundle reminded the board about the Hazard Materials Clean Sweep August 23 and August 24, 2013. Supervisor Rundle inquired if this is on our Health Department Website. Health Officer Cain informed the board that this is on our website home page under announcements.

#### Adjournment

Supervisor Rundle and Ms. Wade made a motion to adjourn the meeting. MOTION APPROVED. Meeting adjourned at 7:34 p.m.

Respectfully submitted,

Elizabeth LaBelle, Recorder Not Official Until Approved by the Board of Health