



MINUTES OF BOARD OF HEALTH MEETING

April 4, 2018

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

Board of Health Members Present: Supervisor Peer, Ms. Wade, Dr. Winter, Dr. Somaraju, Dr. Meyers, and Mr. Gresens.

Board of Health Members Absent: Chair Kraft, Supervisor Garrett, and Supervisor Bostwick.

Staff Members Present: Marie-Noel Sandoval – Health Officer; Dave Pluymers – Assistant Director; Rick Wietersen – Environmental Health Director; Michelle Bailey – Nursing Supervisor; Nick Zupan – Epidemiologist; and Jessica Turner – Administrative Services Supervisor.

Others Present: Michelle Genthe – Head Start

Adopt Agenda

Ms. Sandoval stated that there is a typo in item A. (3) f. Singrix should be Shingrix.

Mr. Gresens made a motion to adopt the agenda with the changes listed above. Dr. Meyers seconded the motion. MOTION APPROVED.

Approval of Minutes – 3/7/18

Dr. Meyers mentioned that she noticed several typos, but they were not of major significance.

Ms. Wade made a motion to approve the minutes of the 3/7/18 Board of Health meeting. Dr. Somaraju seconded the motion. MOTION APPROVED.

Citizen Participation

Ms. Genthe thanked the board for letting her attend.

New Business

Administrative Division

Review of Payments

The Board reviewed the Health Department's March payments in the amount of \$10,885.01.

Transfer of Funds over \$5,000

None at this time.

Health Department Report

In the News

Ms. Sandoval reported that this is Public Health Week. She thanked the Board for all that they do for Public Health. Ms. Sandoval also communicated that the Janesville Gazette published an article recently about the County Health Rankings. The article highlighted the Public Health Department's new epidemiologist position.

Surveillance

Ms. Sandoval stated that influenza B continues to rise state and nationwide. Ms. Sandoval also reported that the suspected Tuberculosis case had a third sputum sample return negative. She stated that there is another potential Tuberculosis case. It is a relative of a family that tested positive in another county. The blood test came back positive. A chest x-ray is still pending. Ms. Sandoval relayed that some of the Rock County Public Health Department staff members attended a tuberculosis training. Part of the focus was on video surveillance methods to assess and follow up with active tuberculosis cases. According to Ms. Sandoval, the Public Health Department was also made aware of a positive pertussis case. The siblings were also coughing and showing symptoms.

Community Events/Outreach

Ms. Sandoval discussed the prescription drug collection that is coming up. This is an annual event that takes place every spring. This year's event will take place on April 28 and will involve most of the police departments. Mr. Wietersen added that drug collection services are available every day of the year. This event is focused on creating awareness. Mr. Gresens asked about funding for the service. Mr. Wietersen responded that it is funded through the State of Wisconsin. The disposal of the pharmaceuticals is provided at no cost by a facility in Ohio. The State of Wisconsin pays for the transportation. Mr. Gresens also asked about sharps collection. Mr. Wietersen indicated that the Health Department is involved in the coordination of efforts. Currently grant money cannot be used for sharps collection. Supervisor Peer asked about the security of future drug disposal in Ohio. Mr. Wietersen felt that it will continue for some time.

Budget

Ms. Sandoval informed the Board that the Public Health Department received additional funding. This funding will be discussed later in the form of two resolutions. She added that the \$9600 communicable disease funding that was received was partially a result of a resolution in support of this funding that the Board passed approximately six months ago.

Personnel

Ms. Sandoval introduced Nick Zupan, the Public Health Department's new Epidemiologist. Mr. Zupan told the Board about himself. He grew up in Madison and attended Ripon College. He participated in an internship at Green Lake County Health Department. Mr. Zupan earned his MPH at UW-Madison. While there, he studied epidemiology, community health, and global health. He also spent two years at the Eau Claire Health Department and one year at an ophthalmology office. He is very interested in social determinants of health.

Ms. Sandoval announced that the vacant Public Health Nursing Supervisor position has been filled. She will start working on April 16. The vacant Public Health Support Specialist position has also been filled. The new Support Specialist will begin on April 23. Ms. Sandoval also reported that the support staff is currently housing a Workforce Innovation and Opportunity Act intern. Ms. Turner explained the program to the board members.

Ms. Sandoval declared that other than the two part time positions that were not funded for this year, the Public Health Department is fully staffed.

Shingrix Vaccine

According to Ms. Sandoval, a new shingles vaccine, Shingrix, was approved in September of 2017. This new vaccine is for the prevention of herpes zoster in ages 50 and up. It has proven to be 90-97% effective. The previous vaccine, Zostavax, was most effective for ages 60-69, decreasing in effectiveness by age. The new vaccine provides longer protection, but requires a second dose. It is recommended that people get the new vaccine, even if they had previously received Zostavax. Shingrix has also been found safe for those with chronic medical conditions. Ms. Sandoval told the Board that the cost for the vaccine is \$140 per dose. The Public Health Department will add an office visit fee of \$28. In comparison, the Public Health Department charged \$244 per dose of Zostavax. Dr. Somaraju added that the Zostavax vaccine had a 50-60% efficacy rate. She stated that her hospital is changing to the new vaccine. Mr. Gresens said his pharmacy also carries the new vaccine. Dr. Meyers asked what the recommendation is for those who have already had shingles. Dr. Somaraju replied that they should still get vaccinated. Supervisor Peer asked if Medicare helps pay for the vaccine. Dr. Somaraju replied that it is not clear yet. Her hospital is having patients sign an agreement to pay if Medicare does not cover. Mr. Gresens added that they are doing something similar.

Ms. Wade made a motion to approve the use and cost of the new vaccine. Dr. Winter seconded the motion. MOTION APPROVED.

Resolution: Accepting Communicable Disease Prevention Grant Funds and Amending the 2018 Rock County Public Health Department Budget

NOW, THEREFORE, BE IT RESOLVED, by the Rock County Board of Supervisors duly assembled this ____ day of _____, 2018 does hereby authorize the Rock County Public Health Department to accept this grant in the amount of \$9,600, and amend the 2018 Rock County Public Health Department Budget as follows:

<u>Account</u>	<u>BUDGET AT 1/1/18</u>	<u>AMOUNT OF INCREASE</u>	<u>AMENDED BUDGET</u>
<u>Source of Funds</u>			
31-3036-2018-42100	\$ 0	\$ 9,600	\$ 9,600
Contributions			
<u>Use of Funds</u>			
31-3036-2018-63100	\$ 0	9,600	9,600
Administrative Expense			

Dr. Winter made a motion to approve the resolution and budget changes. Dr. Somaraju seconded the motion. MOTION APPROVED.

Resolution: Accepting Preparedness Grant Scholarship Funds and Amending the 2018 Rock County Public Health Department Budget

NOW, THEREFORE, BE IT RESOLVED, by the Rock County Board of Supervisors duly assembled this ____ day of _____, 2018 does hereby authorize the Rock County Public Health Department to accept this grant in the amount of \$5,850, and amend the 2018 Rock County Public Health Department Budget as follows:

<u>Account</u>	<u>BUDGET AT 1/1/18</u>	<u>AMOUNT OF INCREASE</u>	<u>AMENDED BUDGET</u>
<u>Source of Funds</u>			
31-3036-0000-42100	\$ 95,972	\$ 5,850	\$ 101,822
Contributions			
<u>Use of Funds</u>			
31-3026-0000-63100	\$ 95,972	5,850	101,822
Administrative Expense			

Mr. Gresens made a motion to approve the resolution and budget changes. Ms. Wade seconded the motion. MOTION APPROVED.

County Health Rankings

Ms. Sandoval did a PowerPoint presentation on County Health Rankings (see attached).

The Board members discussed the rankings and possible future interventions.

School Drinking Water Lead Sampling Report

Mr. Wietersen presented a PowerPoint presentation on school drinking water lead sampling (see attached).

Communications and Announcements

Mr. Gresens thanked Mr. Wietersen and Ms. Sandoval for keeping the Board up-to-date on surface water sampling.

Ms. Sandoval congratulated Mr. Gresens on his new business and branding.

Supervisor Peer thanked the Public Health Department staff members for their presentations.

Adjournment

Mr. Gresens made a motion to adjourn the meeting. Ms. Wade seconded the motion. MOTION APPROVED. Meeting adjourned at 7:16 p.m.

Respectfully Submitted,

Jessica Turner, Recorder

Not Official Until Approved by the Board of Health

County Health Rankings 2018

Marie-Noel Sandoval, MPH

Nick Zupan, MPH

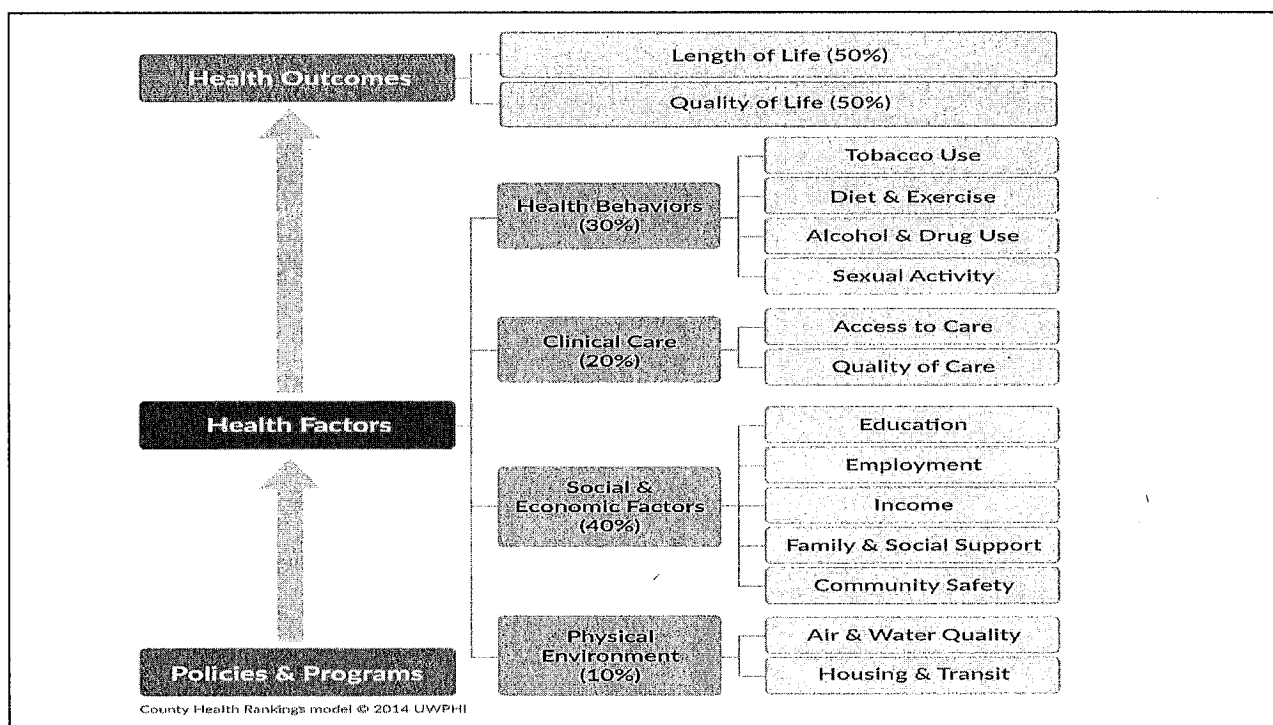
Rock County Public Health Department
April 4, 2018



Why are the County Rankings Important?

The Rankings provide us with **information** we can use to **work together** and **take action** by implementing **interventions** and **policy changes** that **improve health** for all in Rock County.





Factors that affect ranking the most (% of total scoring)

- Smoking 10%
- Unemployment 10%
- Children in Poverty 7.5%
- Obesity 5%
- Uninsured 5%
- Preventable Hospital stays 5%
- High School Graduation Rate 5%
- Some College 5%

☐ These 8 factors account for 52.5% of scoring,

☐ The other 22 factors each account for 2.5% or less



Public Health

2016 Key Findings

Dramatic differences between rural and urban counties

Rural have higher

- Premature death
- Smoking
- Obesity
- Child poverty
- Teen births
- Uninsured adults



Large Urban have lower

- Smoking rates
- Obesity rates
- Fewer injury deaths
- More residents who attend college

2017 Key Findings

More Americans are dying prematurely (before age 75), notably among our younger generations

- Increased most among ages 14-44
- Drug overdose & injury influenced rise
- Ages 15-24 motor vehicle accidents & firearm fatalities
- Consistently highest among American Indian/Alaskan Natives & Blacks
- Rural highest followed by metro (following 2016 trend)
- Youth disconnection (ages 16-24 not in school & not working)



2018 Key Findings

Meaningful health gaps persist not only by place
but also by race

- low birthweight
- unemployment
- high school graduation
- impact of residential segregation



Rock County Summary Trends

- "Outcome" rankings have **improved** each of last 3 years
- "Social and Economic" rankings have **improved** each of the last 3 years
- "Physical Environment" rankings have shown the **worst 3-yr trend**

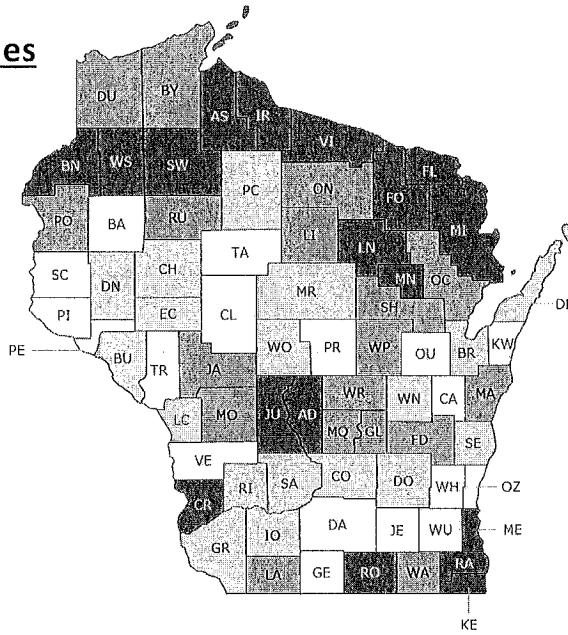


2018 Health Outcomes

-50% Length of life
-50% Quality of life

Rock County 58

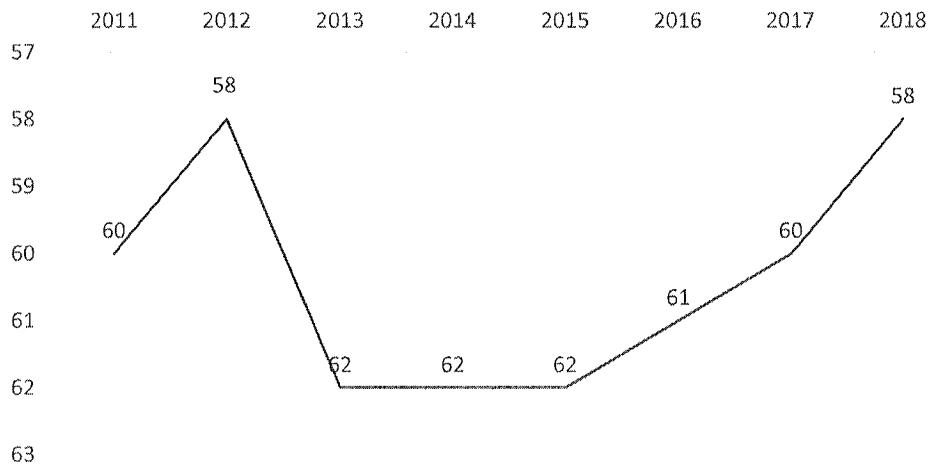
Racine 61
Kenosha 59
Jefferson 12
Walworth 47
Green 10



Rank 1-18 Rank 19-36 Rank 37-54 Rank 55-72

Health Outcomes

Steadily improved for Rock County, advancing from 62 in 2015 to 58 in 2018



Improvements

- length of life advanced from 50 to 44.
- Uninsured adults dropped from 11% to 8%
- Improvement of all primary providers per resident ratios
- Steadily decreasing teen birth rates from 38 in 2015 to 30 in 2018

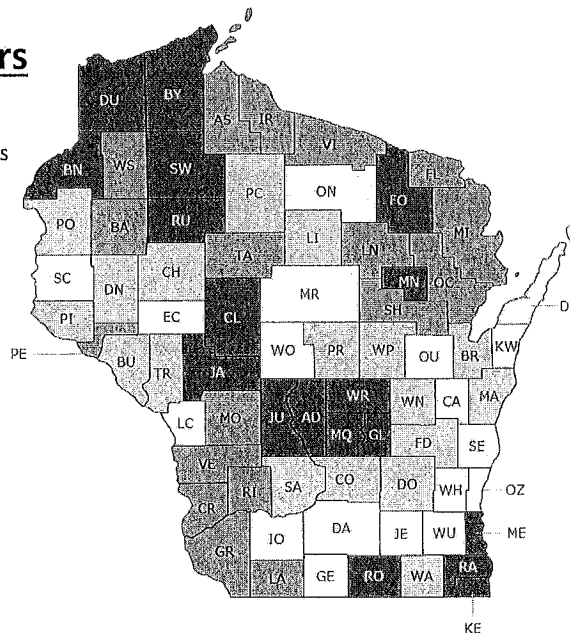


2018 Health Factors

- 30% Health Behaviors
- 20% Clinical Care
- 40% Social & Economic Factors
- 10% Physical Environment

Rock County 65

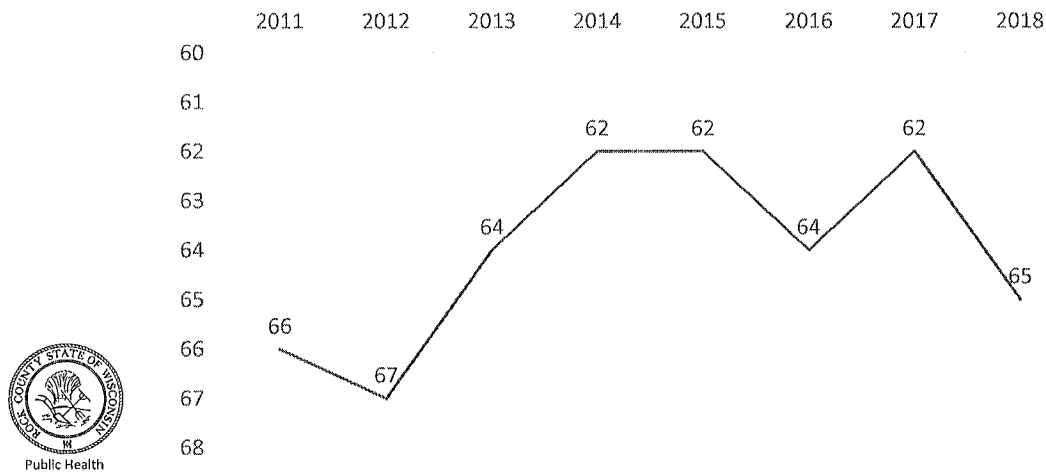
Racine 62
Kenosha 66
Jefferson 14
Walworth 36
Green 12



Rank 1-18 Rank 19-36 Rank 37-54 Rank 55-72

Health Factors

Declined from 2017 from 62 to 65



Health Behaviors, which account for 30% of Health factors, **where Rock County ranked poorly**

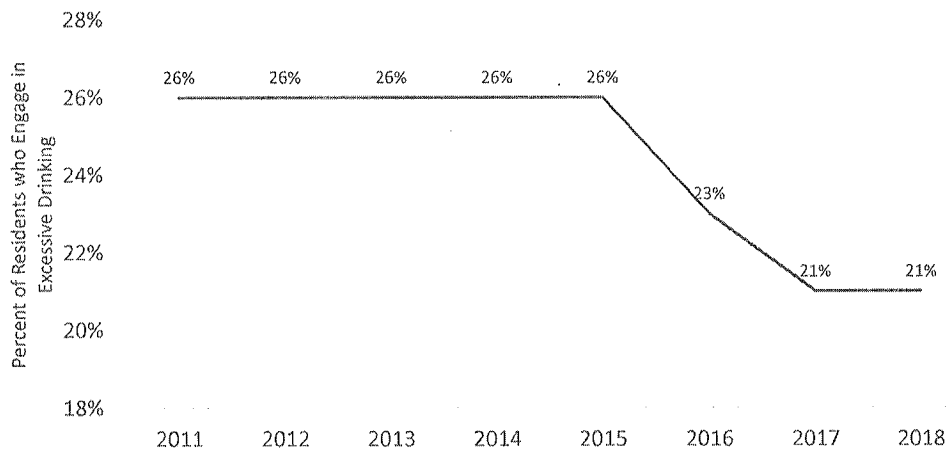
- Alcohol impaired driving deaths (39% increased to 43%)
- STIs steadily increasing over time (RC 5th highest)



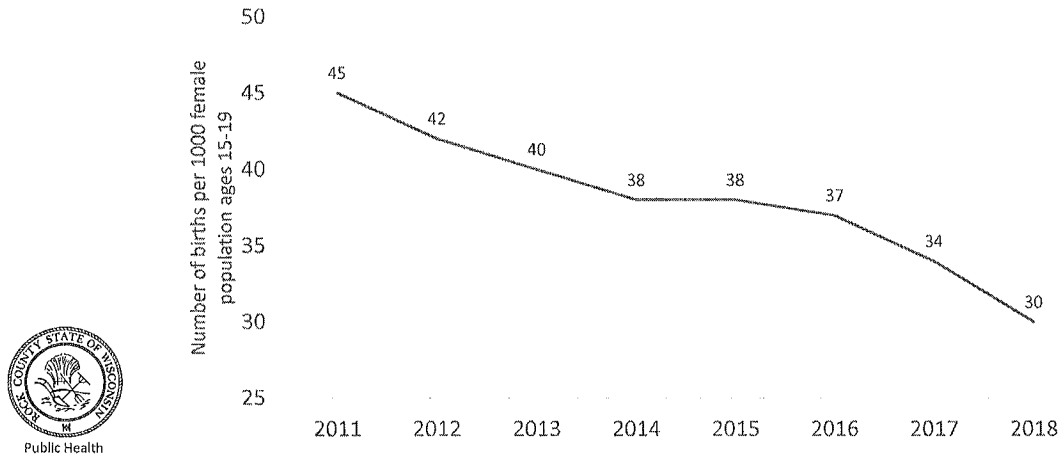
Highlights - 2018



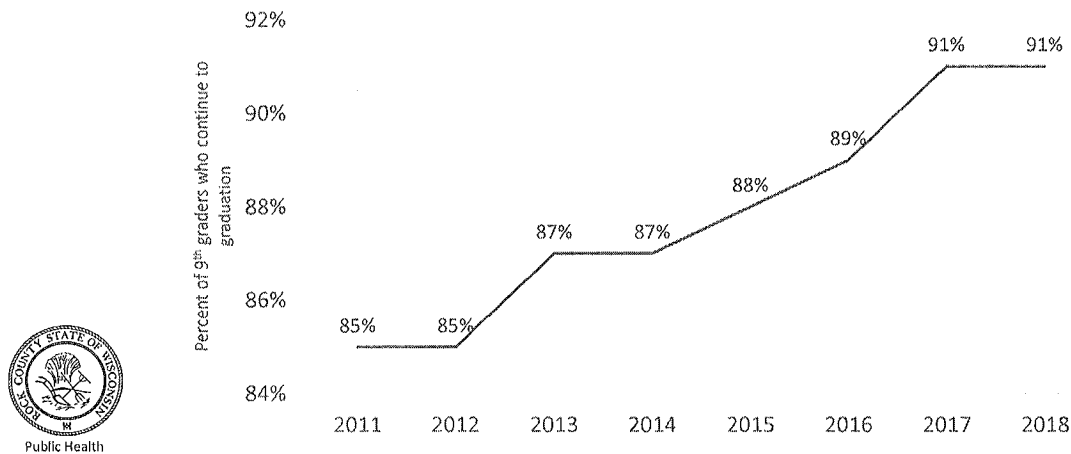
Excessive Drinking rates have decreased since 2015



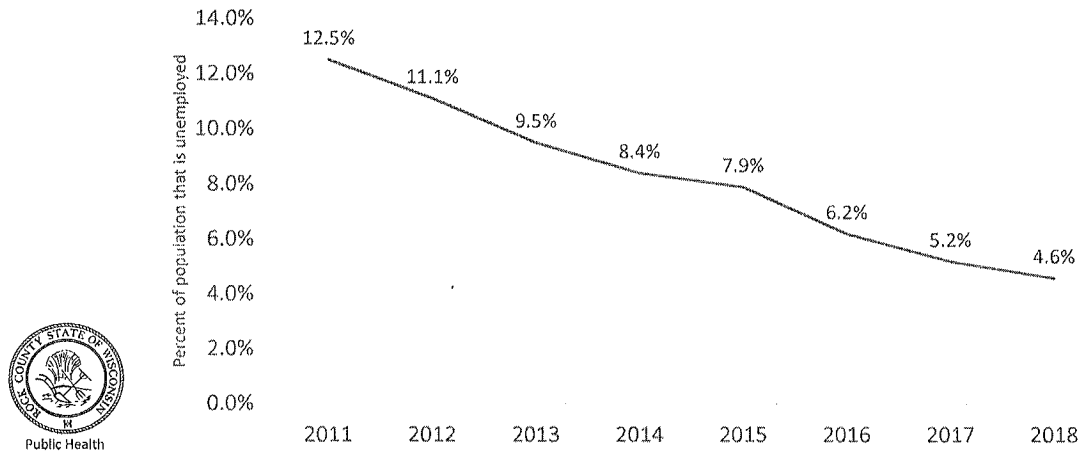
The teen birth rate has declined since 2011



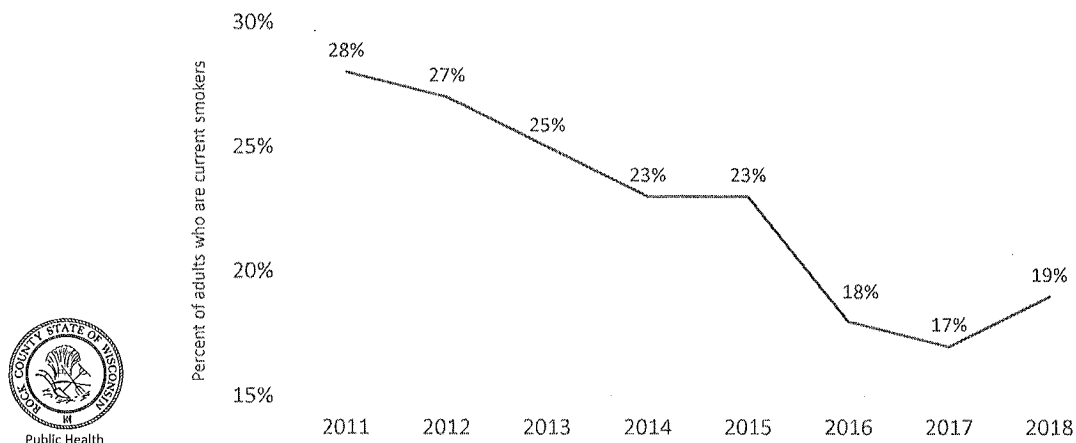
High School Graduation Rates have steadily increased since 2011



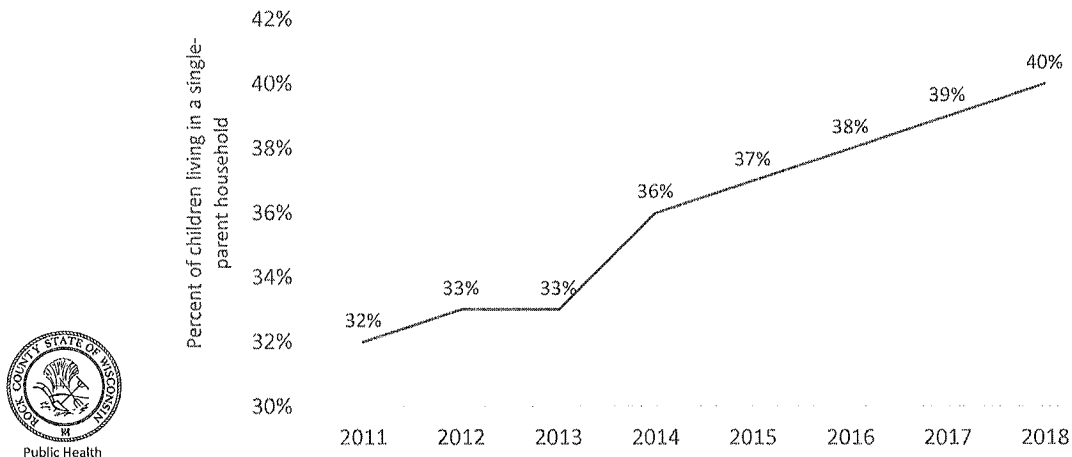
Unemployment has declined each year since 2011



Adult smoking has decreased substantially but is up from last year



The percent of children living in a single-parent household has increased. In 2018, 2 in 5 children live in a single- parent household



Health Factors by Race & Ethnicity

- Years of potential life lost
- LBW
- Age-adjusted Mortality
- Child mortality rate
- Teen Births
- Children in Poverty
- Household Income



Nationally, rates for Blacks were highly **disparate** in comparison to Whites in **all areas**, especially **low birth rate & child poverty**



There is an alarming pattern of racial disparity among low birthweight babies.

- Low birthweight is a key indicator of **quality of life** for mothers and babies.
- Compared to White babies, Black babies are **twice** as likely to be born at low birthweight and about **twice** as likely to die before their first birthday.

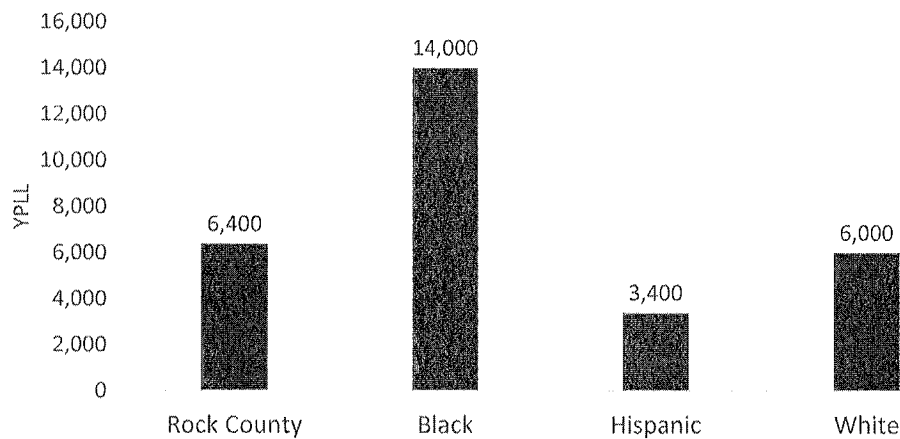


A heavy burden of poverty falls on children of color

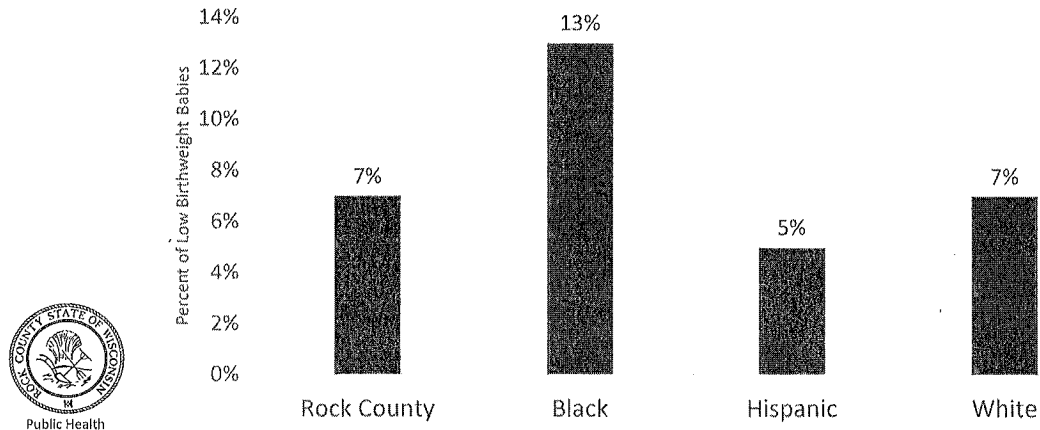
- Today, **1 in 5** children grow up in poverty in America.
- Available data show that, for the majority of U.S. counties, child poverty rates for American Indian/Alaskan Native, Black, and Hispanic children are higher than rates for White children, and these rates are often **twice** as high.



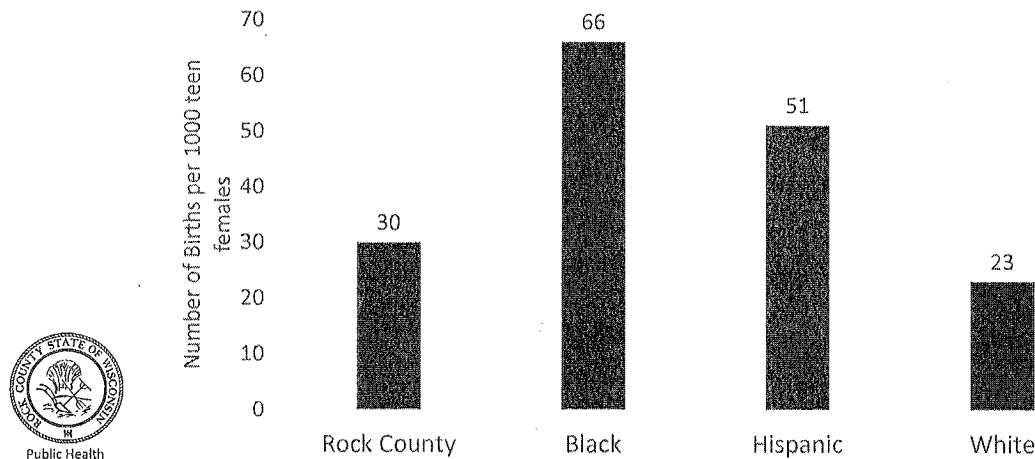
Black populations are experiencing much **higher morbidity** compared to White and Hispanic populations

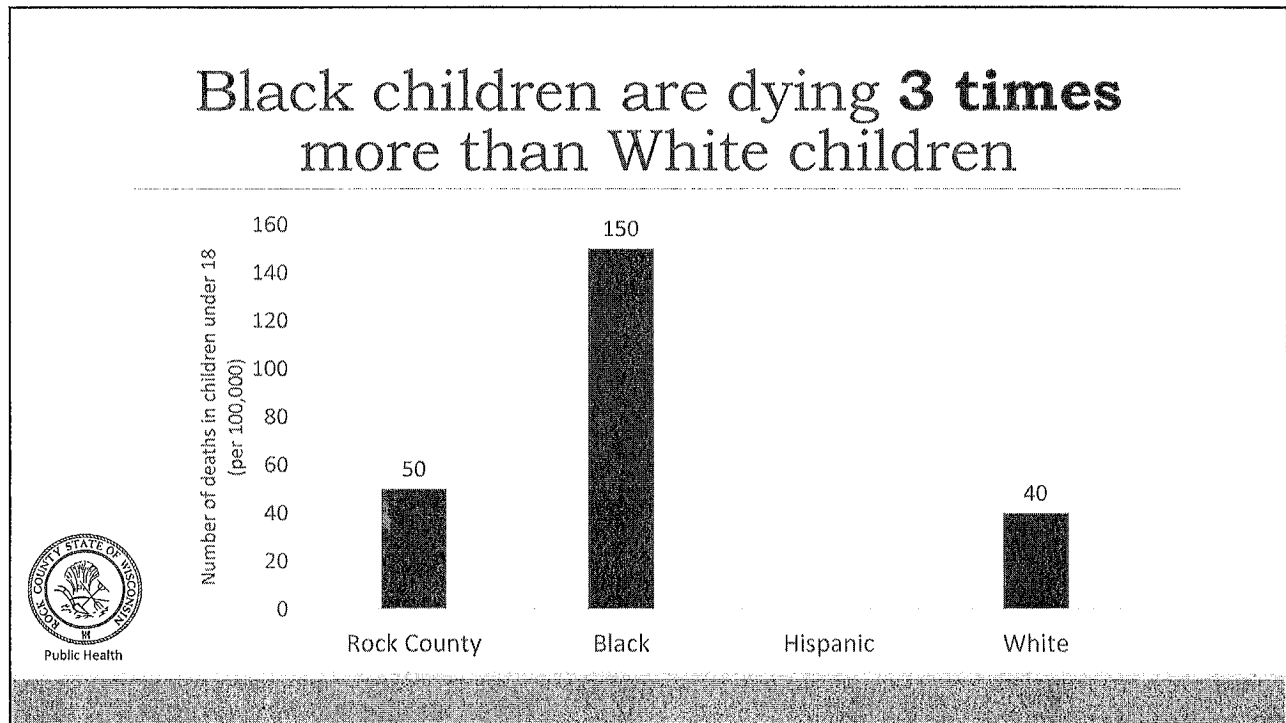
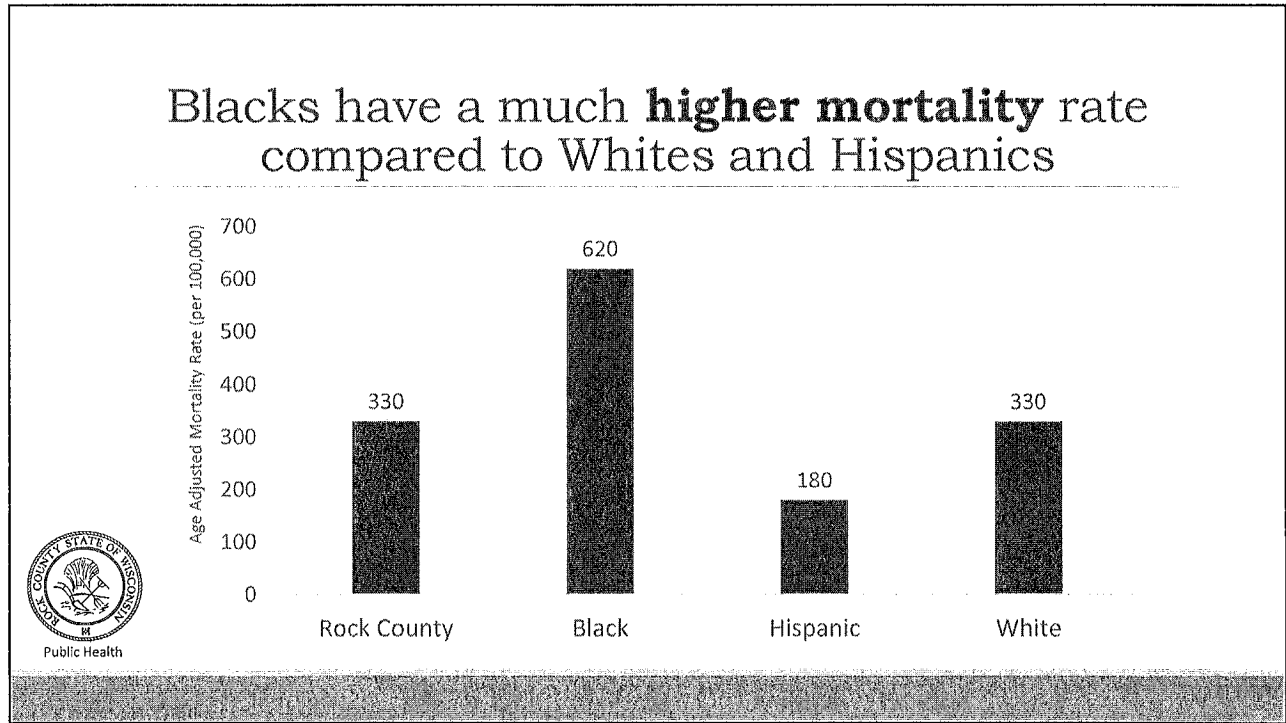


Twice as many Black babies are low birthweight compared to White and Hispanic babies

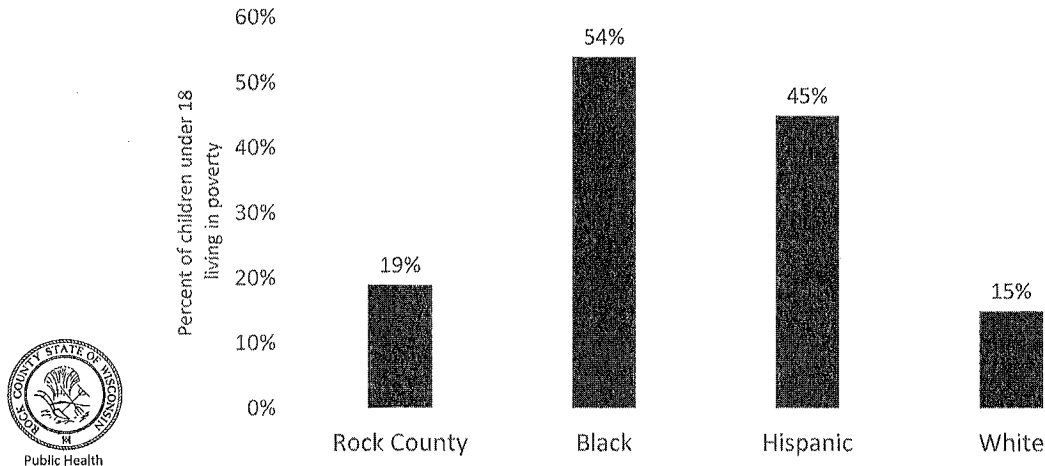


The Black and Hispanic teen birth rates are more than **double** that of White teens

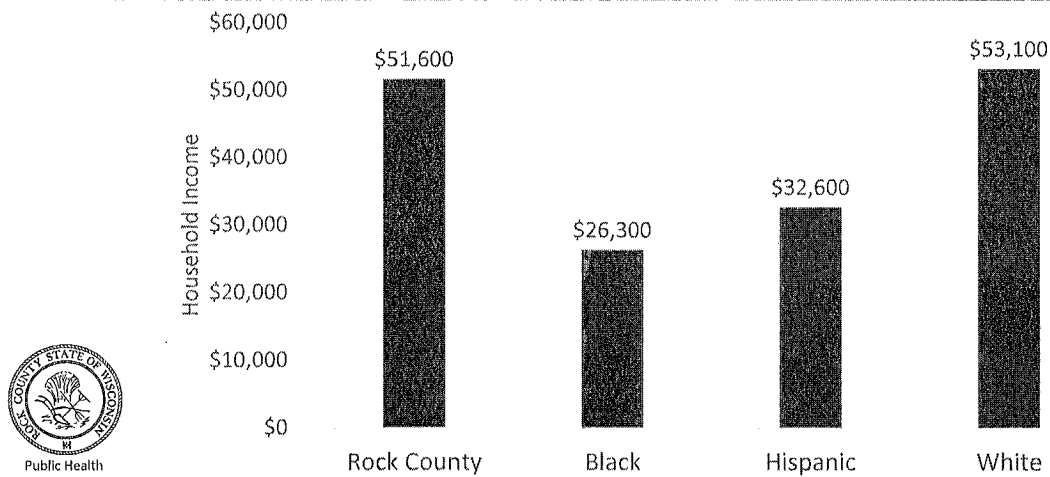




Nearly half of Black and Hispanic children are living in poverty



White families' household income is almost **double** that of Black and Hispanic families



What are we doing?

- HEAR **partners** looking at Issues & interventions together
- Developing new partnerships & strengthening old partnerships
- ACEs training/awareness
- **Data**
 - Moving away from having “programs” to identifying **issues** & collaborating with partners to work on **interventions**
 - Focus on **prevention**
 - Look at **trends**
 - Hired Epi to help us “dive deeper” into the issues, causes, & potential interventions
 - YRBS – successfully encouraged all school districts to participate (1st time)
- **Committing M&CH funding** to work on Disparities



In Summary

County Health Rankings are another **data source** – data is good

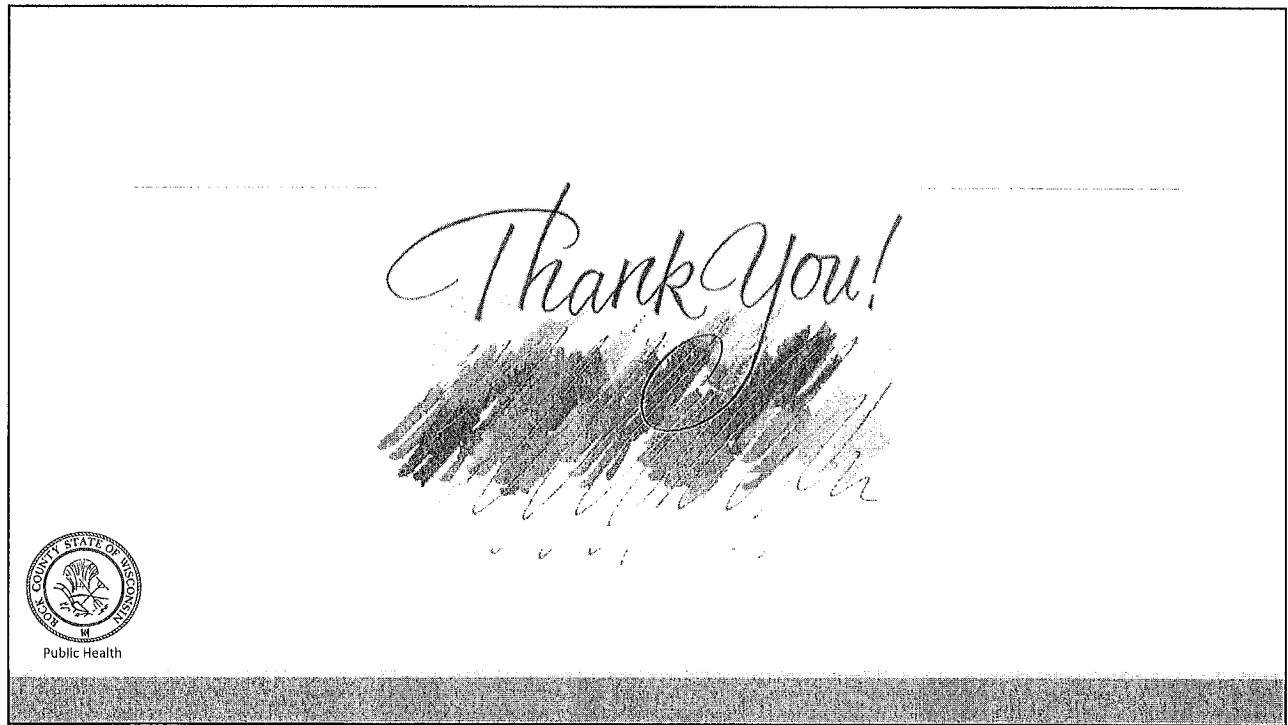
Useful for **identifying issues and opportunities** for local health improvement as well as garner support for new initiatives

Provides a **platform** for starting “the conversation” with new partners & continuing the conversation with current partners about what we can do to create healthier places for everyone to live, learn, work, & play

Change doesn’t happen overnight and requires us to **work together for collective impact**

We are on good improvement trajectory, but we still have a lot of work to do...





School Drinking Water Lead Testing

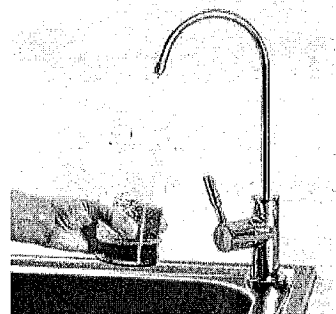
Rick Wietersen, Rock County Public Health Department

4/4/2018



Environmental Health Taking Action with Data Grant

- Provided by Wisconsin Department of Health Services
- September 2017 to July 2018
- \$10,000 grant



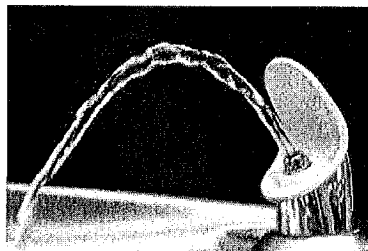
Why Look for Lead in Elementary School Drinking Water?

- * Lead is commonly in older plumbing fixtures and Piping
Many schools built before 1978
- * Lead in municipal piping infrastructure
Awareness from Flint Mich./Milwaukee Issues
- * Children are most at risk to lead health concerns
- * Likely no history of lead testing in schools

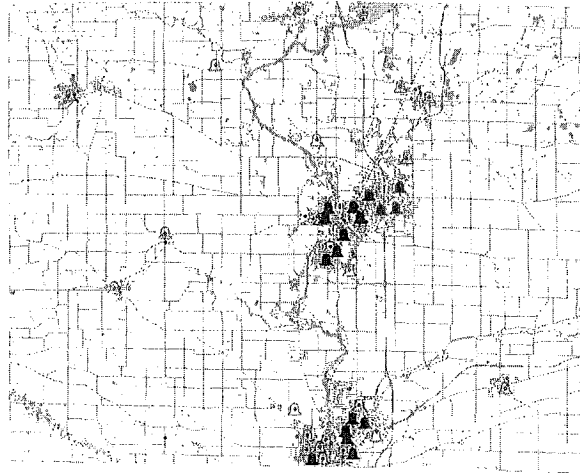


School Participation

- * Testing was offered to:
All 49 elementary schools and head start programs in Rock County
- * 19 Schools Volunteered for Testing



Location of Participating Schools

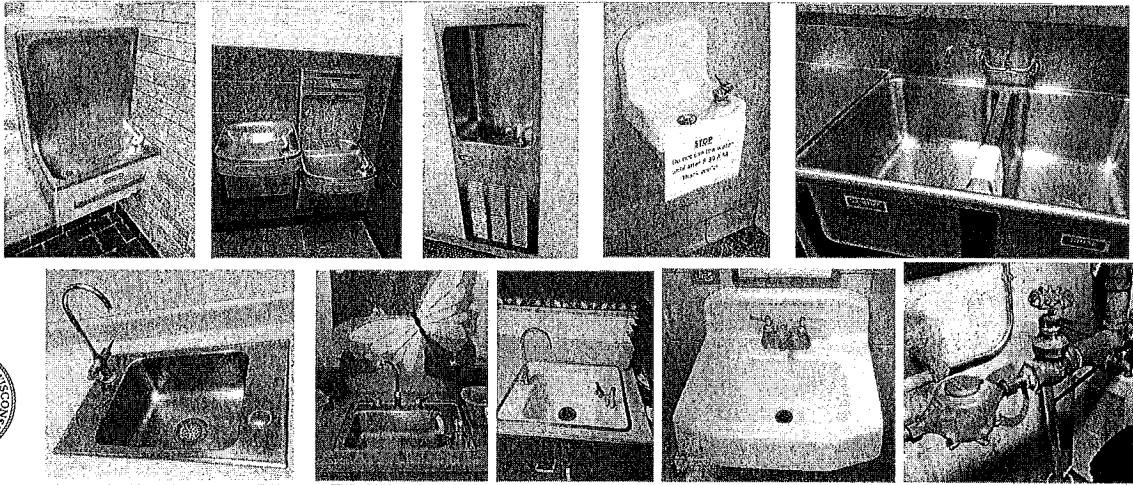


Sampling Protocol

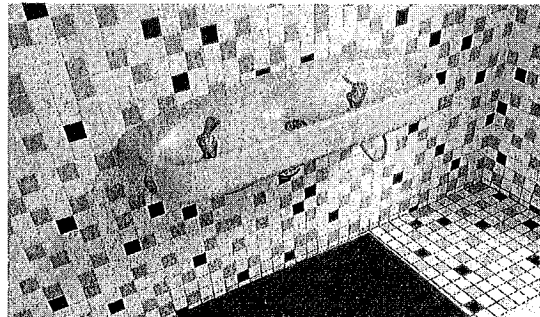
- * Sampling was done when schools were not in session
 - "First draw" samples are necessary for lead testing
- * Sample Locations:
 - 6-17 locations per school
 - All similar types/ages of water fixtures sampled
 - Bubblers, classroom sinks, bathrooms, kitchens, nurse offices
 - Also sampled school water entry points
 - Entry samples flushed for 3 minutes
- * Sample Technique
 - Followed EPA Guidance for School testing
 - First Draw Samples
 - Represents 'worse case' lead scenario



Typical sample Locations



Interesting Sample Locations



What did we Find?

- * 13 of 19 schools had at least one elevated lead level
Elevated = 15 ppb or higher

- * 24 of 192 Initial Samples had elevated lead (12.5%)
 - Four samples over 100 ppb lead
 - Highest lead sample was 563 ppb (Entry point brass hose bib)



Immediate Actions

- * Schools Notified of Results

- Locations with High Results:
 - Fixtures Taken out of Service
 - Water shut off or fixtures removed
 - "Low lead" drinking water locations identified



Follow-up testing

* Follow-up testing conducted at initially elevated locations

* We repeated initial “first draw” sampling technique
18 of 24 samples confirmed as elevated

* Also collected a “30 second flush” sample
Most (80%) flush samples were below 15 ppb
Problems are likely fixtures and not school piping



Action Items

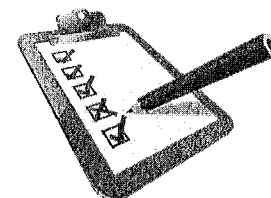
* RCPH Department Recommended Actions:

Short-term Actions

- Remove or disconnect elevated lead fixtures
- Designate preferred “low lead” drinking locations
- Conduct flushing of water use locations
- Clean faucet aeration screens

Long-term Actions

- Replace affected plumbing fixtures
- Conduct follow-up sampling after actions taken
- Conduct testing of other locations and other Schools



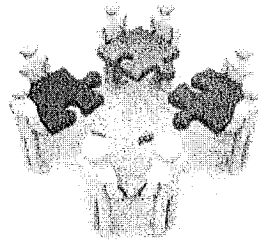
Positive Outcomes

- * Awareness of unknown lead risks uncovered
- * Awareness from this grant prompted other action:
 - Janesville School District hired consultant to do additional lead testing
 - Parkview and Edgerton Schools conducted their own lead testing
- * Potential lead risks to Children reduced or eliminated
 - Schools implemented actions to eliminate lead exposure
 - Removed affected water fixtures
 - Shut off water to affected water fixtures
 - Designated preferred drinking water locations



Cooperation with Schools

- * Relationships built between schools and Public Health Department



School Drinking Water Lead Testing

**GET THE
LEAD OUT!**

Important information about
drinking water and lead



Rick Wietersen, Rock County Public Health Department

4/4/2018

