

MINUTES OF BOARD OF HEALTH MEETING

August 1, 2018

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

<u>Board of Health Members Present</u>: Supervisor Peer, Supervisor Gramke, Supervisor Brown, Ms. Wade, Dr. Winter, Dr. Somaraju, Supervisor Rynes, and Dr. Meyers.

Board of Health Members Absent: Mr. Gresens.

<u>Staff Members Present</u>: Marie-Noel Sandoval – Health Officer; Dave Pluymers – Assistant Director; Rick Wietersen – Environmental Health Director; Matt Wesson – Environmental Health Supervisor; Michelle Bailey – Public Health Nursing Supervisor; Emily Lindquist – AHEC Intern; and Jessica Turner – Administrative Services Supervisor.

Others Present: Coral Swanson, League of Women Voters

Adopt Agenda

Ms. Wade made a motion to adopt the agenda. Supervisor Rynes seconded the motion. MOTION APPROVED.

Approval of Minutes – 6/27/18

Supervisor Brown made a motion to approve the minutes of the 6/27/18 Board of Health meeting. Dr. Meyers seconded the motion, MOTION APPROVED.

Citizen Participation

Dr. Winter asked that Action for Dental Health information be added to the Public Health Department website.

New Business

Administrative Division

Review of Payments

The Board reviewed the Health Department's June and July payments in the amount of \$13,278.74 and \$6,507.94 respectively.

Transfer of Funds over \$5,000

None at this time.

Health Department Report

In the News

Ms. Sandoval reported that Jared Hergert, Environmental Health Specialist, was on the front page of the Janesville Gazette for a story about food inspections at the County Fair. The Public Health Department was also promoting hand washing at the Fair.

Ms. Sandoval told the Board that a press release went out from the Public Health Department with information about rabies awareness.

Surveillance

Ms. Sandoval reported that a bat was confirmed to have rabies in Rock County.

According to Ms. Sandoval, health issues related to synthetic cannabinoids have been reported in Illinois, Indiana, and Wisconsin. Wisconsin has had 45 cases reported of which 37 are confirmed and 8 probable. Cases have been reported in Dane, Milwaukee, Outagamie, and Rock Counties. The first associated death has been reported in Milwaukee County. The Rock County Public Health Department is continuing to ask media to put out information on the subject.

Mr. Wietersen reported that there has been a case of Cyanobacteria (Blue-green Algae) reported in Rock County. The exposure took place in Dane County. Cyanobacteria is a newly reportable disease.

Ms. Sandoval added that in addition to Cyanobacteria there are several other diseases that are now reportable and require follow-up. The first is carbon monoxide. Since it became reportable, Rock County has had six referrals. This is approximately one referral per week. One was not a case, three were confirmed cases, and two were presumptive. All of the reported cases have been smokers. Another newly reportable disease is latent tuberculosis infection. Ms. Sandoval estimates that The Public Health Department will see approximately 12-15 cases per year. There have been approximately two cases of active tuberculosis infections per year. Infant methemoglobinemia (blue baby syndrome) and asbestosis are also reportable.

Community Events/Outreach

Ms. Sandoval told the Board members that the Rock County Public Health Department participated in the Beloit Summer Food Fair. Employees provided education on sun safety. The Public Health Department also had a table at the Rock County Employee Health Fair to provide education about radon, water quality, lead and general public health topics. There were approximately 400 attendees.

According to Ms. Sandoval, the Rock County Public Health Department will no longer provide contracted school nursing services. Instead, the Public Health Department will focus on broader services that will have a greater county-wide impact. Ms. Sandoval said that the Public Health Department is forming a school health coalition to provide support to the school districts in the county. According to Ms. Sandoval, many schools are already interested.

Mr. Wietersen reported that monitoring wells have been placed to track and evaluate high nitrates. He also stated that new land use practices are being implemented. The lease for county land will include an agreement to follow these new land use practices. Land Conservation has funding to offset the risks of implementing new land use practices.

Budget

Ms. Sandoval told the Board that the amount requested for the 2019 budget is \$3,768,146 which includes a reclassification of the Clerk II position to Accountant. If approved, this would increase the tax levy by \$239,094. Approximately \$230,000 of that amount is wage and benefit increases. According to Ms. Sandoval, some levy reduction options include grants and salary savings due to vacant and frozen positions. She also added that the Public Health Department is now responsible for paying its portion of the Workmen's Compensation charges. In the past, this came out of the general fund. Ms. Sandoval stated that the overall budget for the department decreased, but the tax levy increased due to less revenue. Dr. Winter asked about immunization revenue. Ms. Sandoval explained that the expenses for that program are greater than the revenue. The Public Health Department is limiting services to uninsured and underinsured individuals, senior fairs, and mass clinics. Employees have been working with schools to increase the awareness and send out reminders to get children vaccinated before school starts. Ms. Sandoval said the Public Health Department is encouraging the public to establish a medical home.

Ms. Sandoval told the Board that the Public Health Department has received a \$20,000 USDA Food Safety Grant and a \$6500 State Health Assessment Grant. She is awaiting a decision on two CDC grants in the amounts of \$30,000 and \$40,000. These grants would be used for work on obesity and chronic disease. Ms. Sandoval stated that the Public Health Department is being focused and thoughtful with grant applications.

Personnel

Ms. Sandoval stated that the Public Health Department will be interviewing 4-5 applicants next week for the posted Public Health Nurse position. Additionally, another Public Health Nurse position was vacated. That nurse accepted a school nursing position. Ms. Sandoval believes she will be a great contact for the school district. The open 0.4 FTE Environmental Health Specialist position has been posted. Interviews will take place as soon as next week.

Resolution: AMENDING SECTION 6.123(3)(f) AND SECTION 6.127 AND ADDING SECTION 6.123(3)(g) OF THE ROCK COUNTY ORDINANCES

Executive Summary

The Rock County Public Health Department's issues private onsite wastewater treatment system (POWTS) permits in Rock County. These ordinance amendments and addition are needed to address agreements in a 208 Water Quality Plan Amendment which was put in place to address the potential denial of POWTS permits in sewer service areas with an currently existing 208 Water Quality Plan but outside municipal boundaries. The City of Beloit and City of Janesville have worked with the adjacent Towns to create amendments to the County 208 Water Quality plan to reflect criteria in which a POWTS permit will be denied based on proximity to existing municipal sewer service, parcel size, and the ability of the municipality to provide sewer service in a timely manner. It is the intent of the Rock County Public Health Department to base permit denials on these agreed upon criteria unless municipalities providing sewer service indicate in writing that they will not or cannot serve a property with sewer service.

Changes to Section 6.127 reflect a correction in a citation of the appeal process based on State Statutes. The previous citation was either incorrect or had changed since the last ordinance update.

Mr. Wietersen provided the Board with some handouts (see attached). He explained that Rock County has been experiencing high E.coli levels. He said there is a DNR rule that states that treatment plants do not have to disinfect from October 1 to the end of April. This rule is being amended. It is in the public comment period for economic evaluation now. The proposed changes are less stringent than the existing rule. According to Mr. Wietersen, the Badfish Creek and Yahara River are affected by the wastewater. The Board discussed what actions could be taken.

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

Mr. Wietersen explained to the board members that the City of Beloit and the City of Janesville have agreements with the surrounding towns. If a septic system fails close to city, they can provide access to the city sewer system. Mr. Wietersen proposed a better guideline and a six month timeline.

AHEC Intern Presentation: Health Disparities

Mr. Pluymers introduced Ms. Lindquist, Area Health Education Center intern. Ms. Lindquist's project focused on Health Equity. Mr. Zupan, Health Department Epidemiologist, provided background information. Mr. Pluymers presented the Power Point presentation (see attached).

Ms. Lindquist gave a Power Point presentation on her project (see attached).

Communications and Announcements

None at this time.

Adjournment

Supervisor Gramke made a motion to adjourn the meeting. Supervisor Rynes 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

Beloit Area 208 Water Quality Plan Sewer Service Area Policy

Private Onsite Wastewater Treatment Systems (POWTS) within the SSA When properly operating, a POWTS safely treats wastewater by storing sludge and solids in a treatment tank and discharging wastewater to a dispersal component. A POWTS may be installed for new structures as well as a replacement system for an existing structure.

A failing system is identified as:

- Discharging sewage to surface water, groundwater, drain tiles, bedrock or zones of seasonally saturated soils.
- Discharging sewage to the surface of the ground.
- Causing the backup of sewage into the structure served.

If a POWTS failure occurs at an existing structure or if a sanitary permit application for a new structure is requested within the SSA, the property will be required to connect to a Wastewater Treatment Facility (WWTF) if the property meets two criteria:

- 1. If the property is located in a residential cluster with lots of 1.5 acres or less.
- 2. Is located within reasonable distance to a public sewer.
 - a. A reasonable distance for the purposes of this section shall be deemed to be not greater than 400 feet to a single-family residential property line and not greater than 1000 feet to a multi-family residential (housing with three or more units) or to a nonresidential property line.
 - b. The public sewer will follow a dedicated road Right-of-Way or established sanitary sewer easement.
 - c. The sewer infrastructure will be available for connection within a reasonable time period.
 - i. Reasonable time period for the purposes of this section shall be considered within six months of the initial availability inquiry.
 - ii. The six month time period may be extended if reasonable extenuating circumstances will delay the availability.
 - iii. Additional time may be allowed if acquisition of Right-of-Way and or an easement is needed.

If the property does not meet either of the two criteria, a letter from the SSA District plant operating municipality will need to be provided within 30 days of request to the Rock County Public Health Department stating that the property may be issued a Sanitary Permit.

September 2014

Exhibit A

(Proposed Addendum to Chapter 6: Implementation) Private Onsite Wastewater Treatment Systems (POWTS) within the SSA Janesville Area 208 Water Quality Plan Sewer Service Area Policy

Private Onsite Wastewater Treatment Systems (POWTS) within the SSA

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- 1. If sanitary sewer immediately abuts the lot or parcel of land and said lot or parcel is 2.0 acres or less in size.
- 2. The property is located within reasonable distance to a public sewer.
 - a. A reasonable distance for the purposes of this section shall be 400 feet or less in the case of single or two-family residential properties that are 1.5 acres or less in size and 1,000 feet or less in the case of multi-family residential (housing with three or more units) and nonresidential properties.
 - b. The public sewer will follow a dedicated road Right-of-Way or established sanitary sewer easement.
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ROCK COUNTY PUBLIC HEALTH DEPARTMENT

North Office

P.O. Box 1088 Janesville, WI 53547-1088 608-757-5440 608-758-8423 (fax)



www.co.rock.wi.us

South Office

61 Eclipse Center Beloit, WI 53511 608-364-2010 608-364-2011 (fax)

WDNR Proposed Rule Changes -Wastewater Discharge

Background:

- NR210 Requires wastewater disinfection from May 1 to Sept 30
 - Therefore, disinfection not required October 1 to April 30th
 - Madison Metro Sewerage District Permit is October 15th to April 15th
 - Discharge is to Badfish Creek and ultimately Yahara River
 - Wastewater discharge is >50% of stream flow (over 40 million gal/day)
- RCPHD Conducts Summer and Winter E. Coli Sampling of Recreational Waters
 - Results have shown significant water quality problems in Badfish Cr. And Yahara River during Winter months (see attached)
 - Significant recreation takes place on these waters after October 15 and prior to April 15th each year.
- DNR Does not require bacteria testing when not disinfecting
 - Typical non-disinfected wastewater has 10,000 units of E. Coli/100ml
 - Beaches Close and 1,000 units E. coli
- Water Quality Advisories have been issued by RCPHD due to high E. Coli

Proposed DNR Rule Changes:

- Pathogen Indicator Change
 - o E. coli is new unit of measure (was fecal coliform)
 - New standard is:
 - 126 E. Coli 90 day Geometric Mean (was 400 fecal coliform)
 - Not more than 10% samples over 410 E. Coli (was 1000 fecal coliform)
- <u>Illness Rate Change</u>
 - o Standard based on a less stringent illness rate
 - 36 illnesses per 1000 recreational users (vs 32 per 1000)
- Time Frame for Testing
 - o Bacteria standards and testing only apply May 1 to Sept 30 (no change)
 - Iowa is March 15 to November 15
 - Minnesota and Indiana are April 1 to October 31
- Testing Calculation Duration Criteria
 - DNR recommending a 90-day testing calculation period
 - Geometric Mean levels over 90 days, 10% exceedance over 90 days
 - Other States Use much shorter durations
 - 30 day mean and 1 day exceedance values (Mich. And Indiana)
- 'Recreational Use' definition
 - EPA and other States have many categories of recreational use defined
 - DNR chose to only consider 'full contact' recreational use in its analysis
 - Other recreational uses such as canoeing, fishing, kayaking not considered in analysis

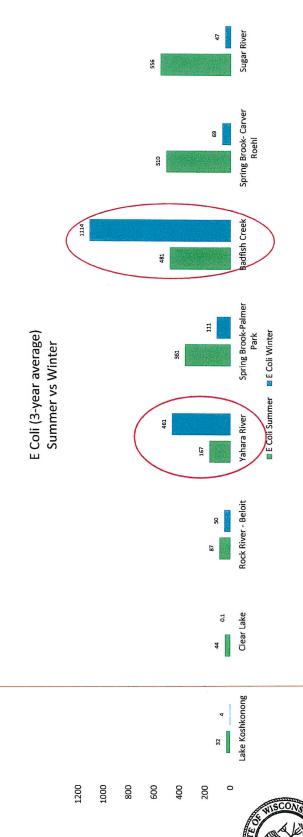
Next steps

- Economic Impact Comments By Aug 7th
- General Public Comments October? (Date not set)

Possible Considerations

- Consider comments on Rule Changes (October?)
 - Timeframe for Disinfection (now May to Sept)
 - Should it be longer in general for all WWTP's in Wisconsin?
 - Shorter duration for specific dischargers
 - o Based on stream recreational use
 - o Based on stream flow to waste flow ratios
 - o Based on existing water quality data
 - o Proximately of discharge to recreational uses
 - Should there be 'Off-season' testing requirements and standards?
 - Is the illness rate criteria stringent enough?
 - Should testing calculation be over a shorter duration (less than 90 days)
 - Single day values?
 - 30 day Means instead of 90?
 - Should other recreational uses be considered in this rule change?
- Consider Input on Madison Metropolitan Sewage District Discharge Permit
 - Nor sure of next permit renewal time period?

E. Coli Summer vs Winter 3 year averages

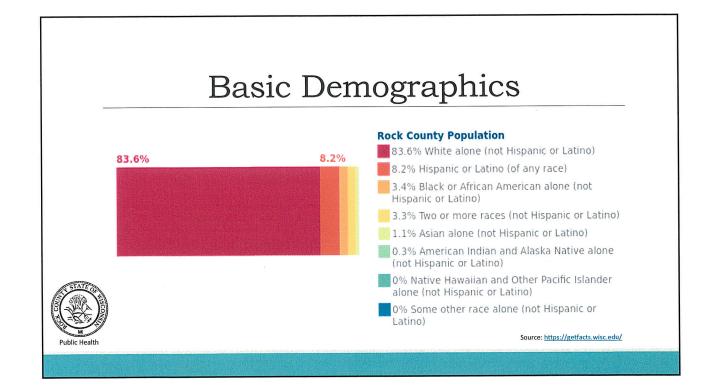


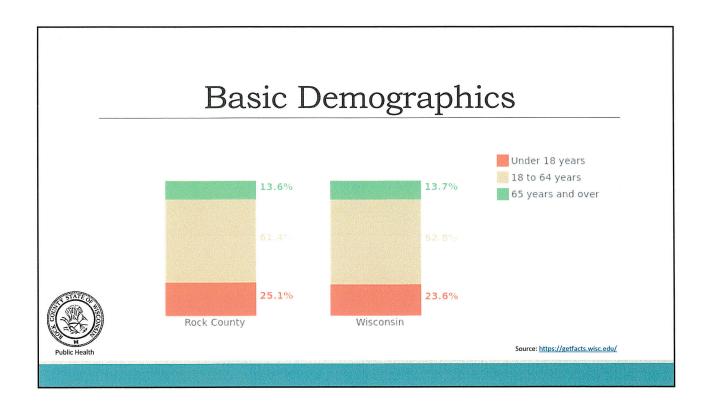


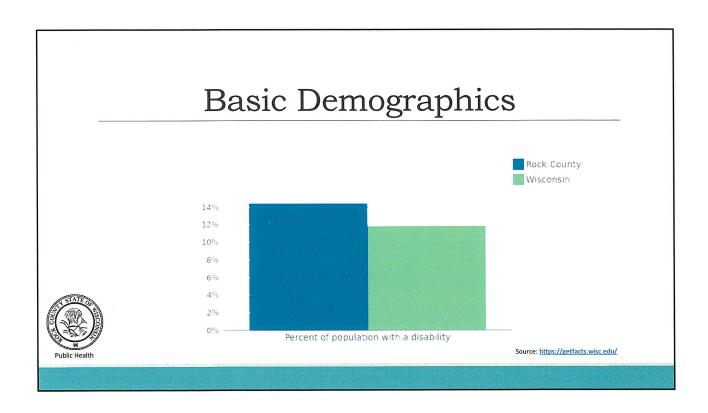
Health Disparities in Rock County

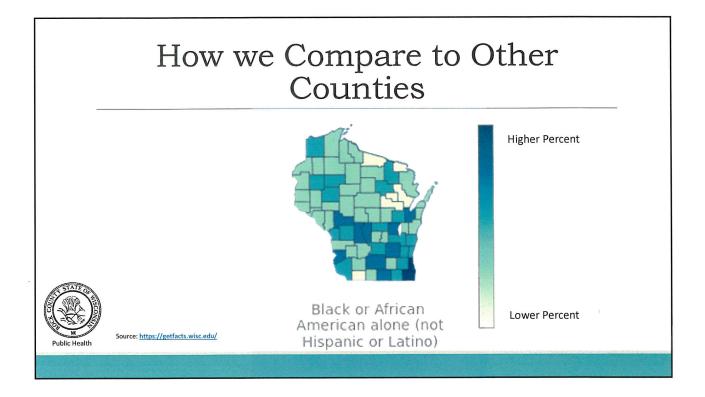
Nick Zupan, MPH Rock County Public Health Department 7/27/2018

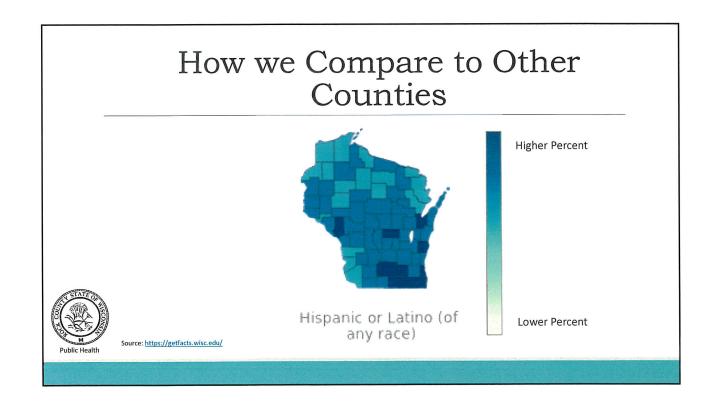












How we Compare to Other Counties Higher Percent White alone {not Hispanic or Latino} Lower Percent

What is a health disparity?

- Difference in health or key determinants that adversely affect marginalized or excluded groups
- More than Race/Ethnicity
 - Age
 - Sex and Gender
 - Sexual Identity
 - Disability
 - Socioeconomic Status
 - Neighborhood



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Connecting Disparities and Inequity

- Certain obstacles exist that prevent people from having a fair opportunity to be healthy
- Obstacles include:

Poverty

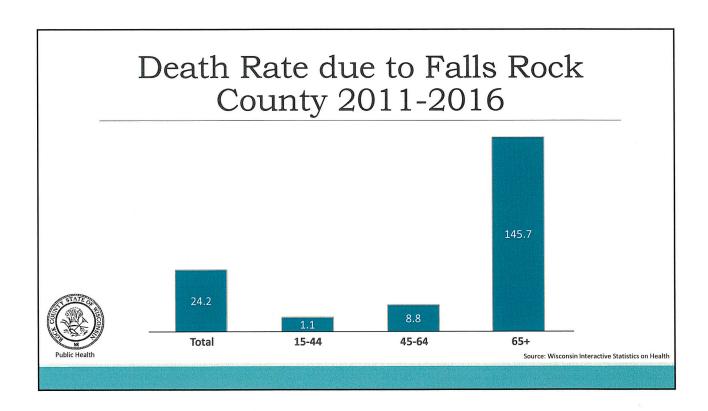
Discrimination

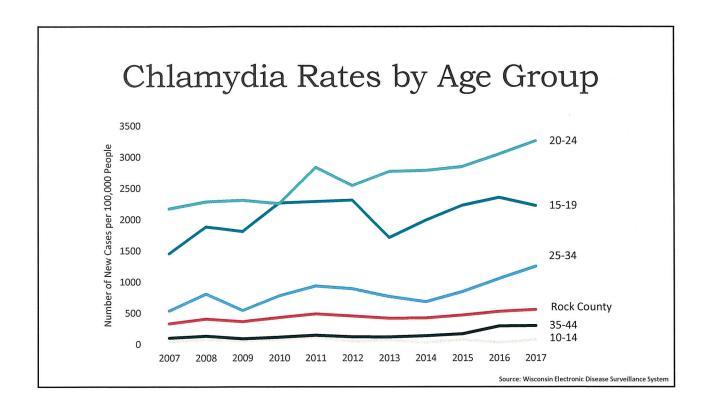
Access to jobs, services or quality education

Unsafe Environments



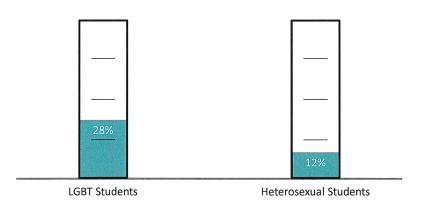
Disparities by Age





Disparities by Sexual Identity

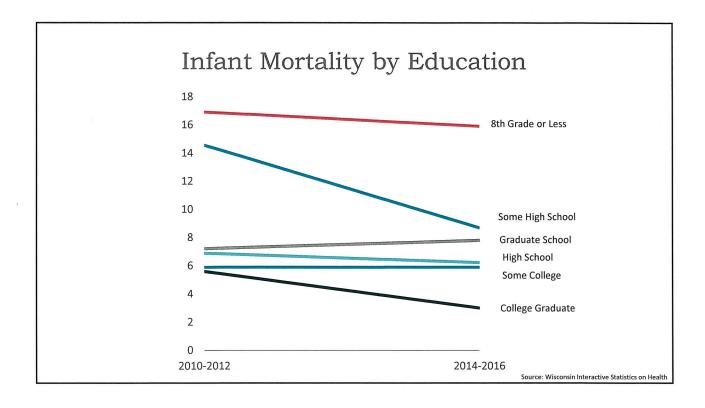




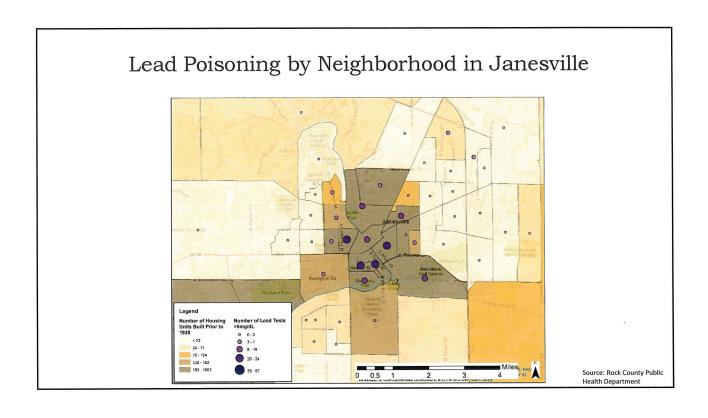
Source: 2018 Rock County YRB!

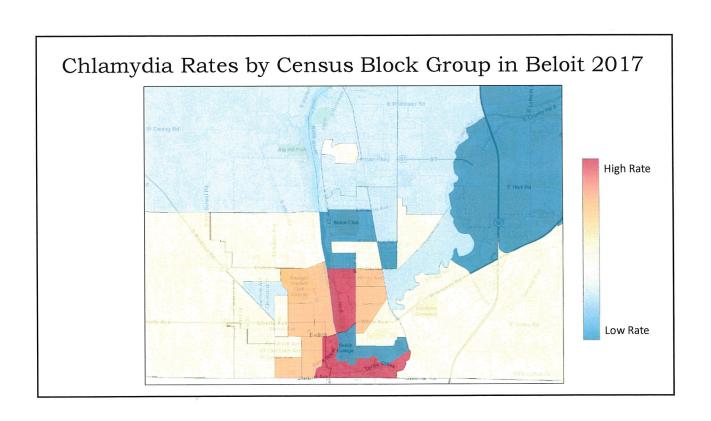
Disparities by Socio-Economic Status

(INCOME, EDUCATION, OCCUPATION, ETC.)



Disparities by Neighborhood





Disparities by Race/Ethnicity

Racial and Ethnic Disparities in Rock County

Premature Death (YPLL)	6,000	14,000	3,400
Percent of Babies Born Low Birth Weight	7%	13%	5%
Teen Birth Rate (per 1,000 females 15-19)	23	66	51
Percent of Children in Poverty	15%	54%	45%
% Receiving Mammography Screening	68%	51%	

13

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			Source: County Hea

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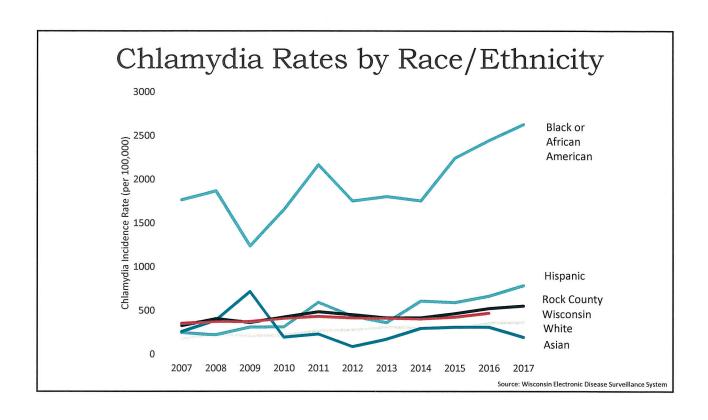
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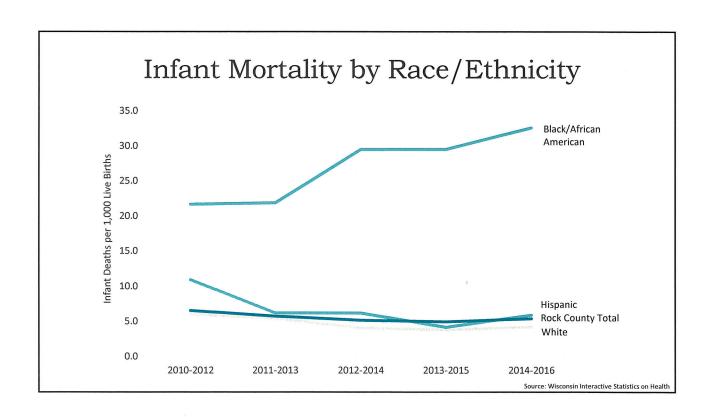
Racial and Ethnic Disparities in Rock County

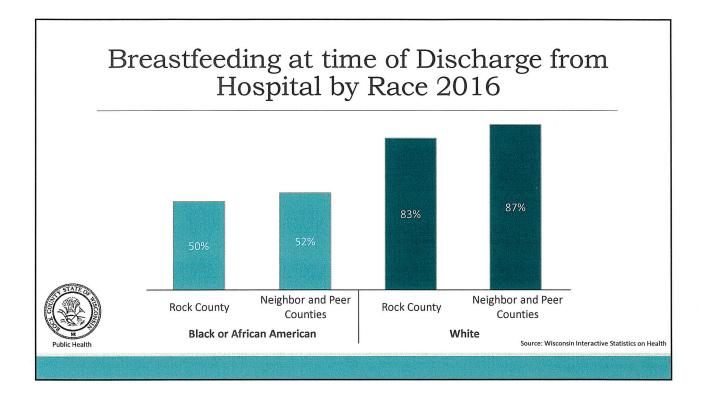
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What can we do about disparities and improve health equity?



My AHEC Community Health Internship



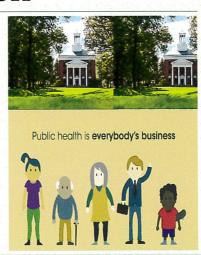


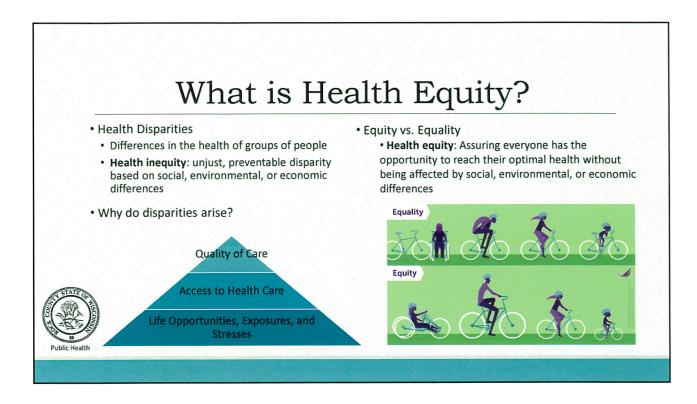
Emily Lindquist, AHEC Intern Rock County Public Health Department 7/25/18

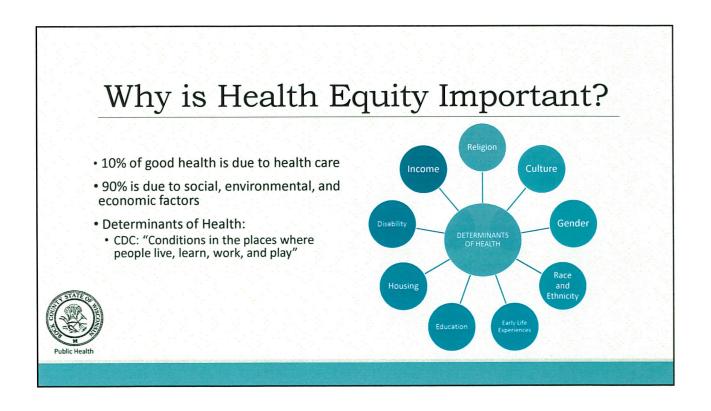
Introduction

- Beloit College Graduate:
 - · BS in Molecular, Cellular, and Integrative Biology
- · Career Interests:
 - MS in Pathologists' Assistant Studies
 - · Gross examination and dissection of specimens
 - · Postmortem examinations
- Why the AHEC Community Health Internship Program?

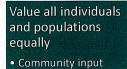








How can Health Equity be Achieved?

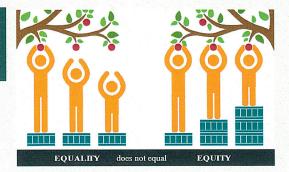


Recognize and rectifying historical injustices

• Racism, Sexism

Provide resources according to need

 Culturally Competen Services





Health Equity and Environmental Health

SOCIAL DETERMINANTS OF HEALTH:

- Socioeconomic status
- Culture
- · Language, literacy, and education
- · Mental health
- Geographic location

LEAD TO:

- Increased environmental exposure
- Greater vulnerability to environmental conditions
- · Less access to services
- Behavioral changes



Health Equity and Environmental Health







Project Expectations

- Research Health Equity Practices Regarding: Breastfeeding Safe sleep
- 2. STI Community Readiness Assessment Interviews
- 3. Review Health Equity Assessment Tools
- 4. Cultural Competency

 Definition and Assessment Tools
- 5. Healthful Hint
- 6. Community Advisors Directory





Racial Inequities in Breastfeeding Rates

- Racial Inequities
 - · Lack of support from family and friends
 - · Lack of role models
 - · Social stigma
 - · Lack of community resources
 - · Financial strain
 - Lack of breastfeeding encouragement and information from health care providers
 - · Sexual perception of breasts

Three evidence-based strategies:

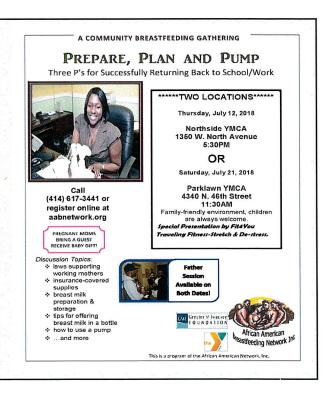
- Increase hospital policies and practices supportive of breastfeeding
- Create breastfeeding friendly worksites
- Improve access to professional and peer breastfeeding support



Breastfeeding

GRASS-ROOTS INTIATIVES

- Harambee Village
 - Community-Based Doulas
- African American Breastfeeding Alliance
 - Community-Based CLCs
- African American Breastfeeding Network
 - Breastfeeding and Father Peer Counselors



Breastfeeding

RACINE LIFECOURSE INITIATIVE FOR HEALTHY FAMILIES

- Centering Pregnancy
 - Wheaton Franciscan Healthcare-All Saints
- Racine/Kenosha Birthing
 Project
 - Birthing Project USA

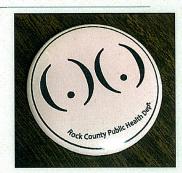




Breastfeeding

PUBLIC HEALTH MADISON & DANE COUNTY

- · Map geographic gaps in lactation spaces
- Collaborate with Environmental Health staff
- Collaborate with the City Planning Department
- Partner with community-based services that support women of color and low-income women:
 - African American Breastfeeding Alliance
 - Harambee Village

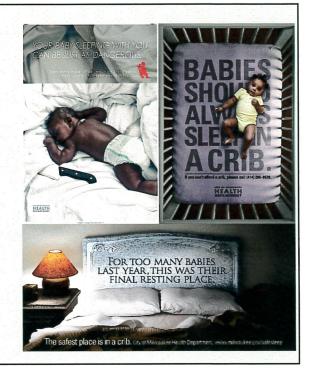




Safe Sleep

CITY OF MILWAUKEE HEALTH DEPARTMENT

- · Cribs for Kids
- Four Home Visiting Programs
 - Dads Program
- Safe Sleep Campaign



Strategy Prioritization Matrix

	Rank Each Criteria: 1 – Low, 2 – Medium, 3 – High						
STRATEGIES	Potential Impact	Actionable for RCPHD	Internal Resources	External Resources	Community Readiness	Integration	Total Points (Max: 18)
Strategy:							
Community-Based Doulas (Harambee Village)	3	1	1	2	1	2	10
Strategy:							
Diverse CLCs (African Amer. Breastfeeding Alliance)	2	1	1	2	1	1	8
Strategy:							
Centering Pregnancy (Racine LIHF)	3	3	2	1	3	1	13
Strategy:							
Breastfeeding/Father Peer Counselors (African Amer. Breastfeeding Network)	3	2	2	2	2	1	12
Strategy:		Non-control de Calabra					
Birthing Project (Racine LIHF)	2	3	1	2	2	3	13

Sexually Transmitted Infections

STI COMMUNITY READINESS ASSESSMENT

- Previous Score: 2.0, Denial/Resistant
 - At least some community members recognize it is a concern, but there is little recognition it might be occurring locally.
- Community Members:
 - · Tammie King- House of Mercy Manager
 - · Lori Richardson- First Choice Health Center NP
 - Stacy Beals- Clinton High School Physical Education Teacher and Wellness Coordinator

Current Score: 4.0, Preplanning

 There is clear recognition that something must be done and there may even be a group addressing it. However, efforts are not focused or detailed.



Health Equity Assessments

- Initial Assessment:
 - Foundational Practices I & II
- Next Steps:
 - BARHII Organizational Assessment
 - · Staff survey
 - PHMDC HRE Readiness Assessment



Program Commitment

Program Accountability Staff Capacity

Data Collection and Management Collaborations, Connections, and Partnerships









Healthy people. Healthy places.

Cultural Competency

"Cultural competency, the ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed. "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. When developing cultural competency, one should exercise cultural humility. Cultural humility is a lifelong, internal examination of one's own cultural practices accompanied by continuous exploration of the cultural practices of others. Cultural humility requires consistent reflection on personal and cultural biases while empathizing with other's cultural concerns. Developing cultural competency and exercising cultural humility are evolving, dynamic processes that take time and occur along a continuum."



Culturally Responsive Care

"Culturally responsive care is care that is respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. These diverse populations include, but are not limited to race and ethnicity, but also include characteristics associated with age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. When exercising cultural humility, health professionals should not only be respectful and responsive to the culturally needs and concerns of diverse populations, but should also actively notice and address the imbalances in power and privilege between themselves and their clients."

"Healthful Hint" Monthly Health News Column "Are You Being Safe?"

Rock County has higher STI (sexually transmitted infection) rates than the Wisconsin state average. Of the people with an STI, the highest rates occur within 15 to 24 year olds. In fact, about half of the people who get newly infected with an STI are within this age range. There are also large health disparities between African American populations and White or Hispanic populations. This means African Americans populations have significantly higher STI rates.

STIs can be spread through anal, oral, or vaginal sex. STIs can be prevented by not having sex or by using condoms correctly every time you have any form of sex. Your chances of getting an STI decrease if you only have one partner who is STI free. Remember, someone can have an STI and show no symptoms, so always get

Did you know? You do not have to have sex to get an STI. Human papillomavirus (HPV) and herpes can be spread just from skin-to-skin contact.

If chlamydia is left untreated in men, it results · Pain and blockages in the testis

Everyone should get tested regularly, but sexually active women under 25 should get tested once a year for chlamydia and gonorrhea. Some STIs like chlamydia and gonorrhea can be cured if you seek treatment quickly and take all of your medication as directed. Others like HIV and hernes cannot be cured.

Chlamydia is the most common STI in Rock County. It is spread by genital contact during sex but can also infect the throat, rectum, and eyes. Mothers can pass chlamydia to their babies during birth as well.

Sterility

If chlamydia is left untreated in women, it

- Pelvic Inflammatory Disease
- Infertility
- Scaring in the fallopian tubes
- Pregnancy outside the uterus
- Chronic pelvic pain

Chlamydia usually shows no symptoms. If symptoms do occur, they are vaginal discharge in women and burning during urination in both men and women.

There are multiple facilities in Rock

- County that offer free STI testing: · First Choice Women's Health
 - o Beloit: (608) 313-1305
- Janesville: (608) 755-2438 Janesville Community Health Center: (608) 758-7814
- Beloit Area Community Health Center: (608) 361-0311

Free condoms can be found at:

- AIDS Resource Center of Wisconsin's Beloit Office: (608) 364-4027
- First Choice Women's Health Centers
- Rock County Public Health Department: (608) 757-5440

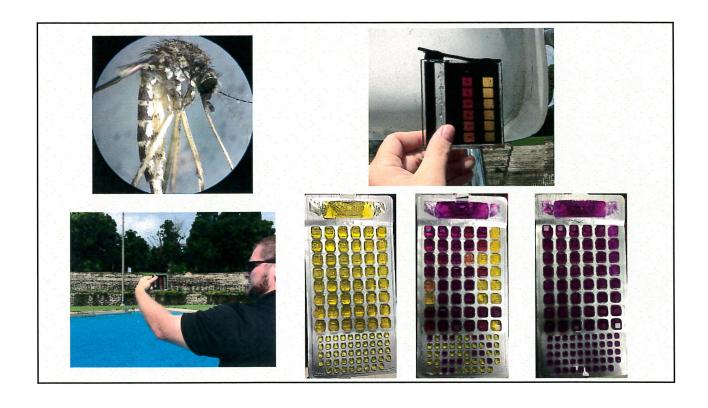
Talk to your primary health care provider about STI testing as well.

Visit our website at http://www.co.rock.wi.us/publichealth and the CDC's website at $https://www.cdc.gov/std/general/default.htm\ for\ more\ STI\ information.\ Get\ yourself\ tested$

Emily Lindquist is an AHEC intern serving with the Rock County Public Health Department. If you would like to ask a health-related question, e-mail Alison.Chouinard@co.rock.wi.us. The Rock County Public Health Department reserves the right not to answer any questions deemed unsuitable. For more information follow us on Facebook @rockcountyPHD.

Community Advisors Directory

Name	Contact	Email or phone	RCPHD Staff Attendir	g Group Focus	Location
Aids Resource Center of Wisconsin	Amelia Lyman, Prevention Specialist	608-364-4027, Amelia.Lyman@arcw.org		AIDs and HIV	Beloit
AWARE	Julie Hermanson, Program Manager	aware@community-action.org, 608-882-9900		low-income population	Evansville
Beloit Area Community Health Center	Office	(608) 361-0311		healthcare	Beloit
Beloit Community Services (Children's H	Office	608-365-8553		Family resource center, home visiting, group-based family so	e Beloit
Beloit Public Health Intiative	Office	healthybeloit@gmail.com		sexual health	Beloit
Breastfeeding Coalitoin	Kristen Weber	kristenrd@sbcglobal.net	Ginny, Jen	normalizing breastfeeding	Rock County
Building a Safer Evansville	Jen Braun, Exectuive Director	(608) 436-1275, jbraun.base@gmail.com	HEAR	substance abuse, youth, high risk behavior	Evansville
Community Action	Marc Perry, Planning and Development Di	re mperry@community-action.org, 608-313-1338		services for those in poverty	Janesville
Coordinated Services Team	Liane Felton, Program Supervisor	Liane.Felton@co.rock.wi.us, (608) 757-5357		individual plans for families with multiple, serious needs	Janesville
Courageours Conversatoins	Office	608-313-1300		racial injustice and diversity	Beloit
Diversity Action Team of Rock County	Office	diversityactionteam@gmail.com, 608-756-1815		eliminate racism and discrimination	Janesville
DUFFY Program	Carol Wickersham, Director	wickersh@beloit.edu		community partnerships	Beloit College
Equal Opportunities Commission	Steve Howland, Chairperson	smhowland@gmail.com, 608-466-2517		discrimination and racism	Beloit
Fatherhood Initaive	Erick Williams, Program Manager	ewilliams@community-action.org, 608-313-1324		entry-level jobs for fathers	Beloit and Janesv
First Choice Health Center	Christina Arambula, Manager	(608) 755-2438, carambula@community-action.org		healthcare services	Janesville and Bel
Head Start	Carol Mishler; Michelle Genthe	cmishler@cfsheadstart.org; mGenthe@cfsheadsta	ort.org	services for children (3-5 years old)	Beloit
Health Equity Alliance of Rock Co.	Kelly Klingensmith	Kelly.Klingensmith@co.rock.wi.us	Kelly, Abby	health equity	Janesville
Healthy Edgerton	Meagan Farrell	608-561-6100 x2921	HEAR	underage drinking, substance abuse	Edgerton
Heroin Task Force	Erin Davis	edavis@jm4c.org	Jo	Heroin	Janesville
Janesville Community Services	Office	(608) 314-9006		child advocacy and social services	Janesville
Janesville Mobilizing 4 Change	Erin Davis, Director	edavis@jm4c.org, 608-741-2105	HEAR	substance abuse, mental health, youth	Janesville
La Leche League	Bobbi Thompson, Local Group Leader	(608) 359-9409	no	breastfeeding support	Rock County
Latino Service Provider Coalition	Cecilia Ramirez, Coalition Coordinator	608-361-1928		latino community	Beloit
Office of Inclusive Living and Learning	Cecil Youngblood, Associate Dean	youngblc@beloit.edu, 608-363-2404	no	diversity and inclusivity (Beloit College and Community)	Beloit College
Peronsal Responsibility Education Progr	Office	(608) 313-1300		Teen pregancy, STIs, HIV/AIDs	Beloit
Safe Schools, Healthy Students	Shawn Fredricks	sfredric@sdb.k12.wi.us	Abby, Kelly	mental health, youth	Rock County
WIC	Susan Stein, Executive Director	Beloit: 608-362-1566, nha1983@sbcglobal.net	no	maternal and child health	Beloit and Janesy
Yellow Brick Road	Office	608-774-8639		LGBTQA+ community in Rock Co.	Beloit
Youth 2 Youth	Debbie Fischer, Director	debtfk@aol.com	HEAR	substance abuse in youth and adults	Beloit
YWCA	Vicki Brown, Racial Justice Coordinator	vbrown@ywcarockco.com, 608-752-5445 x218		eliminating racism and empowering women	Janesville



Thank You All!

Emily Lindquist, BS AHEC Intern

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