



MINUTES OF BOARD OF HEALTH MEETING

January 3, 2018

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

Board of Health Members Present: Chair Kraft, Supervisor Peer, Supervisor Bostwick, Ms. Wade, Dr. Winter, Dr. Somaraju and Dr. Meyers

Board of Health Members Absent: Supervisor Garrett, Mr. Gresens,

Staff Members Present: Marie-Noel Sandoval – Health Officer; Dave Pluymers – Assistant Director; Rick Wietersen – Environmental Health Director; Abigail Diehl – Health Educator; Carol McComb – Public Health Support Staff; and Molly Polk – Account Clerk.

Others Present:

Coral Swanson – League of Women Voters
Joy Diaz – Student / Beloit Memorial High School
Mackenzie Jensen – Student / Beloit Memorial High School
Charlie Meyers
Claire Mae Elizabeth Meyers

Adopt Agenda

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

Approval of Minutes – 12/6/17

Supervisor Peer made a motion to approve the minutes of the 12/6/17 Board of Health meeting. Dr. Winter seconded the motion. MOTION APPROVED.

Citizen Participation

Ms. Swanson notified the Board that she will not be at the next two meetings (February and March). The Board welcomed Ms. Diaz and Ms. Jensen, students at Beloit Memorial High School. Dr. Meyers introduced her husband, Charlie Meyers and their newborn baby girl, Claire Mae Elizabeth Meyers. The Board congratulated and thanked them for bringing in their new baby for them to meet.

New Business

Administrative Division

Review of Payments

The Board reviewed the Health Department's December 2017 payments in the amount of \$6457.64.

Transfer of Funds over \$5,000

None at this time.

Health Department Report

In the News

Ms. Sandoval shared information regarding an article that Mr. Pluymers had shared with her from Wisconsin Public Radio. The article was on Wisconsin Public Health Preparedness and immunization rates. Trust for America's Health Report was used to compare states to other states, terms of Public Health Emergency Preparedness. The report uses ten factors to rank the states and Wisconsin only was only up to grade for three of the ten factors. Wisconsin is now the 21st healthiest state, dropping one spot from 20th. Minnesota is now ranked 6th and Massachusetts has taken over the number one spot from Hawaii. Wisconsin ranks 47th in terms of Public Health funding per capita, including state and local funding. The state funding is where Wisconsin is really falling short. The report provides a snapshot of where Wisconsin is in relation to other states. The referenced report is comprised of 2016 data, as 2017 is not yet available. Board members questioned what it is that Massachusetts is doing that has enabled them to reach number one. Mr. Pluymers stated that there is much greater access to healthcare in the state, and has been for some time, leading to them making their way to the top over time.

Surveillance

RCPHD is currently in the process of investigating a foodborne outbreak associate with restaurant parties. A GI outbreak at an assisted living facility, in Beloit, is being investigated as well.

Influenza cases are starting to come in, with RCPHD receiving 20 yesterday (Tuesday, January 2nd). These are all unconfirmed/suspect cases at this point, but they are definitely on the upswing. The sign board in front of RCPHD has been changed to remind the community of the importance of the influenza vaccine.

Community Events/Outreach

Environmental is continuing to test for lead in drinking water sources in schools. The initial sampling is almost complete and a total of 18 schools have been tested (elementary schools and two head start programs). Lead is being found in all of the schools and some of the levels are over the health advisory. RCPHD is working individually on corrective action plans and doing follow-up testing. Due to starting this initiative, a couple of schools have voluntarily tested on their own through private consultants. A similar protocol is being used, however they are probably able to test more locations through the school than we have been with the grant funding. We are on the forefront of the issue.

Staff met with Edgerton and Parkview school districts regarding their immunization rates. We have seen rates for both of these districts and believe it is due to a decrease in waiver rates. We believe that the process change, for providing parents with the waivers, alone has led to this decrease. After seeing the data that we were able to provide them, districts are now going to their respective school boards to strengthen their exclusion policies.

RCPHD is increasing partnerships with physicians, in an effort to increase immunization rates, decrease STI rates and provide collaborative education on asthma and safe sleep. Having everyone on the same page will lead to a healthier community overall. We are emphasizing the importance of physicians taking the opportunity to check immunization records while children are in their office, ensuring that immunizations are on schedule.

We are in the process of submitting our request for mass clinic influenza vaccine for next year. Only 16.5% of children in Rock County have received the flu vaccine. We are requesting enough vaccine to conduct mass clinics at three school districts next year. Last year we submitted a request for three mass clinics at schools, but were only given enough for one school district. We are limited to three due to resources at that state and man power. Schools that have been working on partnering with RCPHD will be chosen for the mass clinics, as an incentive to continue building these partnerships. There is hope that mass clinics will coincide with school registration days, in order to capture as many people as possible and multiple grades/ages. This vaccine is provided through the preparedness grant. Chair Kraft voiced concern that we are limited to three districts and suggested that additional means be researched to try to include other districts as well. Ms. Sandoval shared that there is a limited amount of money in the state, shared among all of the counties. Dr. Winter mentioned that hospitals and pharmacies are getting on board to make immunizations available in other places besides the Public Health Department, due to the partnering efforts and working with providers to encourage and administer vaccines.

Ms. Sandoval shared that there was recently an article published referencing the 1918 influenza outbreak, where 550,000 people died. The world began to see that more than just children and elderly could be effected. She stated that the images and article were very graphic, but is hoping that more people saw it and it will trigger a new awareness.

Dr. Winter asked if we are seeing any statistics on the effectiveness of this year's influenza vaccine and Dr. Somaraju stated that it is too early to know at this point, as it is just the beginning.

Ms. Diehl took on the task of revamping the department website. It is now up and running and a demonstration will be provided later in the meeting.

Personnel

The epidemiologist position closed on December 15th. Five applicants, out of 34, were chosen for Skype interviews and, from those, one in-person interview was conducted. However, that individual decided it was not what she was looking for. The candidate was a local individual that met all of the requirements and was looking for an opportunity closer to home. However, decided that strictly epidemiology and working with data was not the path she really wanted. The position is being posted for an additional four weeks.

The Public Health Nursing Supervisor, for the Beloit Office, closes on Friday, but will be reposted for an additional month.

Sanitarians in the Environmental Health department received new titles beginning January 1st, 2018. They are no longer sanitarians and now have the title of Environmental Health Specialists. Nino Majoy started on Tuesday, January 2nd, as the new .4 Environmental Health Specialist.

Budget

An e-mail was sent from Ms. Sandoval, to the Board, informing everyone that there was no one instance where one person attended a conference that cost over \$1,000 in 2017.

There was an opportunity for staff to apply for conference scholarships, through the state, for Emergency Preparedness. Five individuals applied and were awarded a total of over \$5,000 in scholarships. Ms. Polk received a scholarship for \$2,350 to attend the Preparedness Summit in Atlanta, GA in April.

Ms. Sandoval is working on the rollover request for next year. At this point, it looks like the only funds that will be rolled over are grants, with terms outside of the calendar year

School Immunization Report Presentation

Noel presented a PowerPoint, regarding School Immunization rates, to the Board. See attached.

Rock County Public Health Department Website Demonstration

Abby presented the new RCPHD Website and shared her experience throughout the process with the Board. The new website can be found here: <http://www.co.rock.wi.us/publichealth>.

Communications and Announcements

Chair Kraft shared a Christmas card from Sancee Siebold (retired Public Health Nursing Supervisor – Beloit) that was addressed to the entire Board.

Adjournment

Supervisor Peer made a motion to adjourn the meeting. Dr. Somaraju seconded the motion. MOTION APPROVED. Meeting adjourned at 7:02 p.m.

Respectfully Submitted,

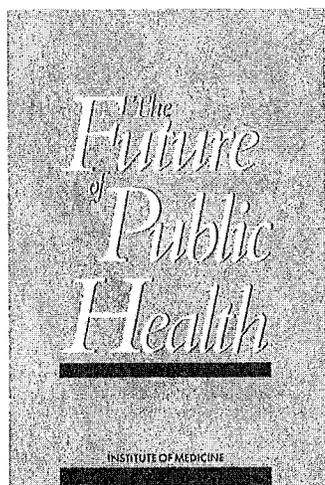
Molly Polk, Recorder
Not Official Until Approved by the Board of Health

Public Health 3.0

DAVID W. PLUYMERS, ROCK COUNTY PUBLIC HEALTH DEPARTMENT



History



Institute of Medicine's (IOM) The Future of Public Health, 1988

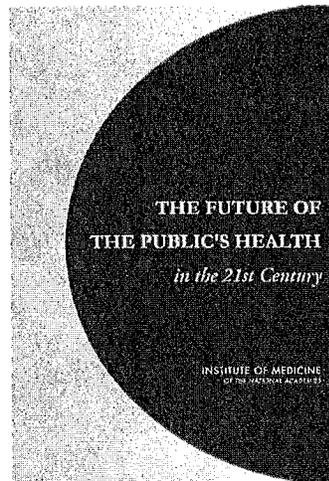
- Recognition of a public health system in "disarray"
- Vision of attainable public health



History

Institute of Medicine's The Future of The Public's Health in the 21st Century, 2002

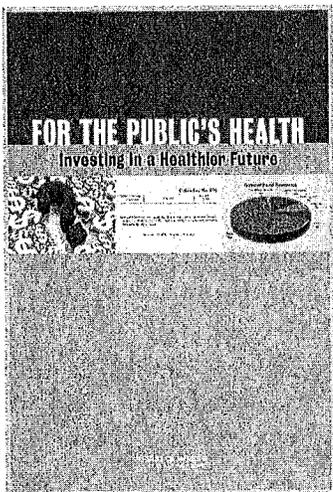
- Recognition of “neglected” governmental public health infrastructure
- Multiple determinants for the health of a population



Recent History

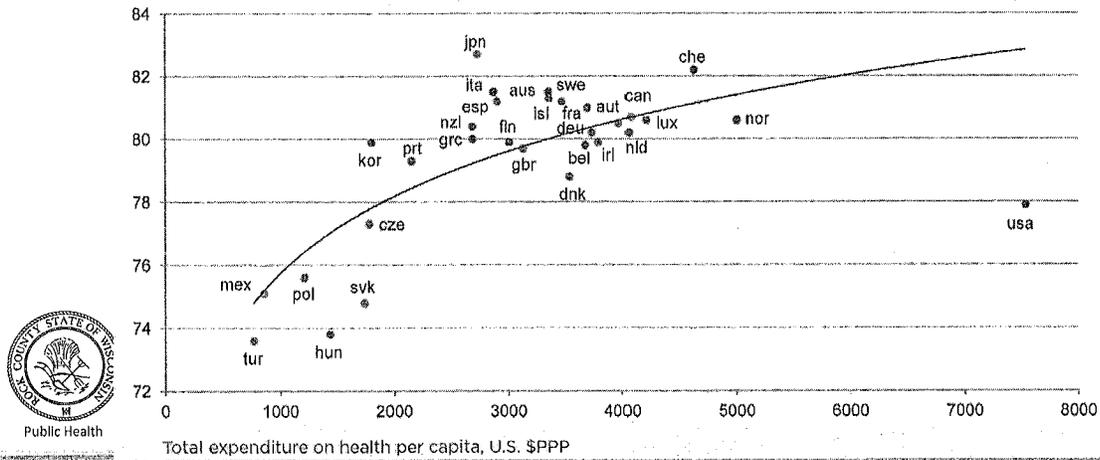
Institute of Medicine's For the Public's Health: Investing in a Healthier Future (2012)

- Increased focus and prioritization among governmental public health agencies
- A set of “foundational capabilities” for governmental public health



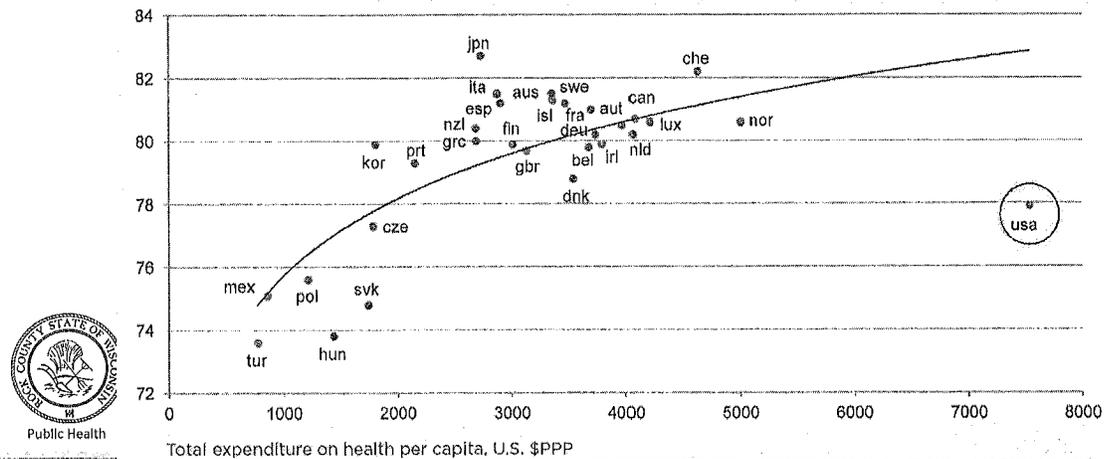
IOM's 2012 Findings

FIGURE: Life Expectancy at Birth (yrs), Health Spending by Country



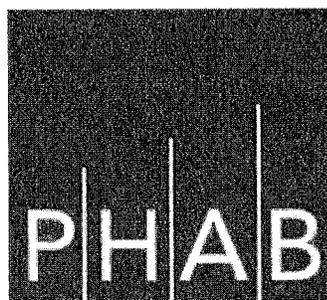
IOM's 2012 Findings

FIGURE: Life Expectancy at Birth (yrs), Health Spending by Country



Foundational Capabilities

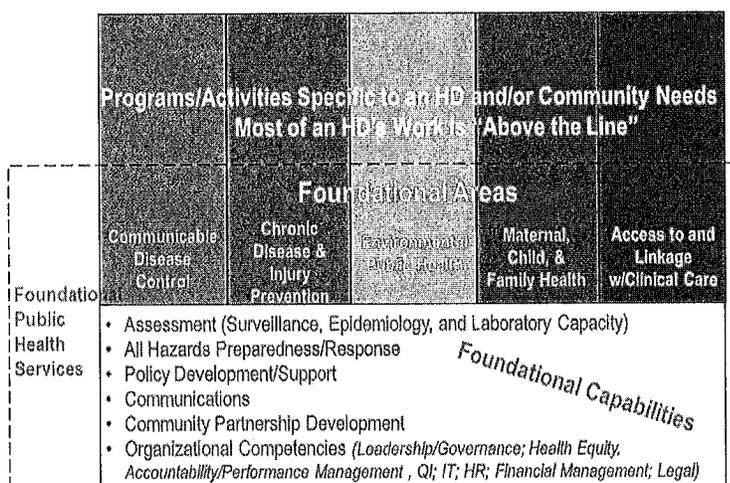
Foundational Capabilities: Cross-cutting skills needed in state/local health departments everywhere for the health system to work anywhere; essential skills/capacities to support all activities.



Foundational Public Health Model

Other Services Particular To A Community

*Public Health
Leadership Forum*



Population Health

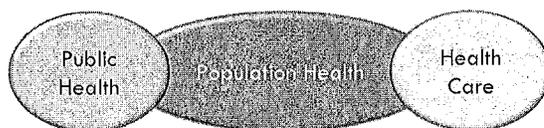


Population health was defined by Kindig and Stoddart (2003) as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”



Kindig, D.A. and G. Stoddart “What Is Population Health?”, *American Journal of Public Health*, Vol. 93, 2003, pp. 3669.

Population Health Opportunity

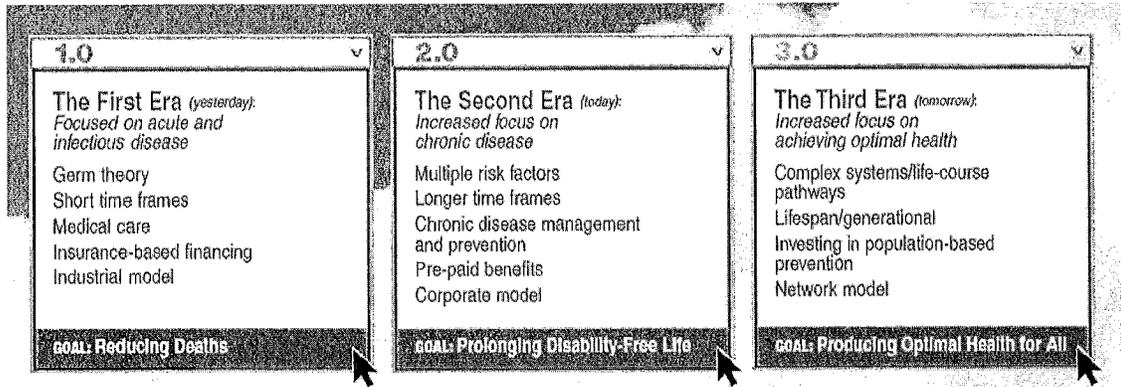


“...a potent opportunity for health care delivery systems, public health agencies, community-based organizations, and many other entities to work together to improve health outcomes in the communities they serve.”



Stoto, Micheal A., “Popluation Health in the Affordable Care Act Era”, *Academy Health*, February 21, 2013

The Evolving Health Care System



UCLA Public Health, "3.0 A New Operating System for Public Health"

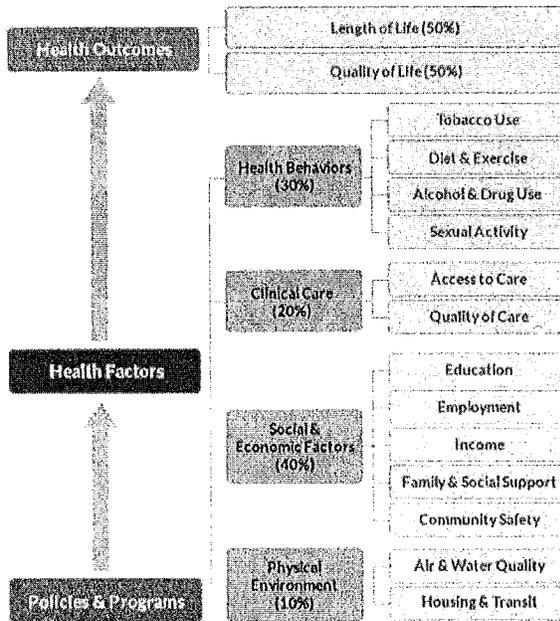
True Population Health Management

Requires a collaborative strategy between leaders in healthcare, politics, charity, education, and business

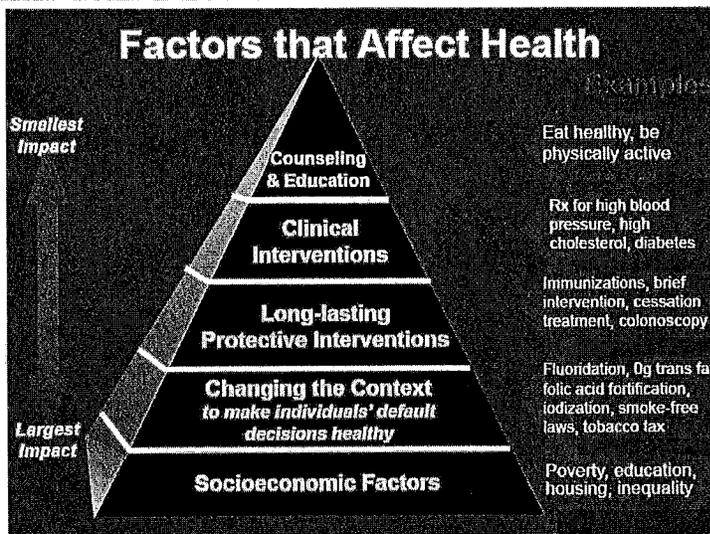
Population Health



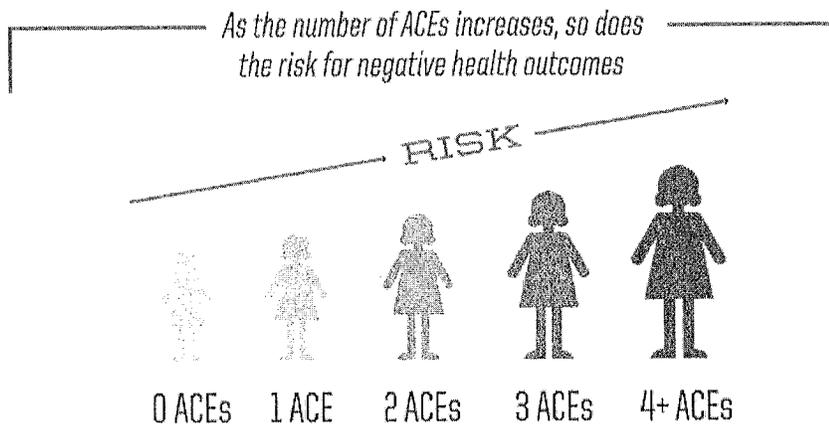
Robert Wood Johnson Foundation, 2014



Social Determinants of Health



Adverse Childhood Experiences (ACEs)



Source: Robert Wood Johnson Foundation, <https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html#/download>

Modernization Recommendations

Trust for America's Health (January 2013):

- The Health Department becomes the chief strategist in the communities.
- Integrate with health care providers to contain costs and improve health.
- Partner within the community to make healthier choices easier.



Modernization Recommendations

Trust for America's Health (January 2013):

- Develop a public health workforce to meet modern demands.
- Use modern technology to identify health problems and determine causes.
- Public health departments should only pay for direct services when they cannot be paid for by insurance.



Public Health 3.0

- A new term took hold in September 2017.
- Initiated by Karen B. DeSalvo, the Acting Assistant Secretary for Health at U.S. Department of Health and Human Services.
- Promoted by the Centers for Disease Control and Prevention (CDC), National Association for City and County Health Officials (NACCHO), and the American Public Health Association (APHA).



Public Health 3.0

Public Health 3.0

**A Call to Action to Create a 21st
Century Public Health Infrastructure**



Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

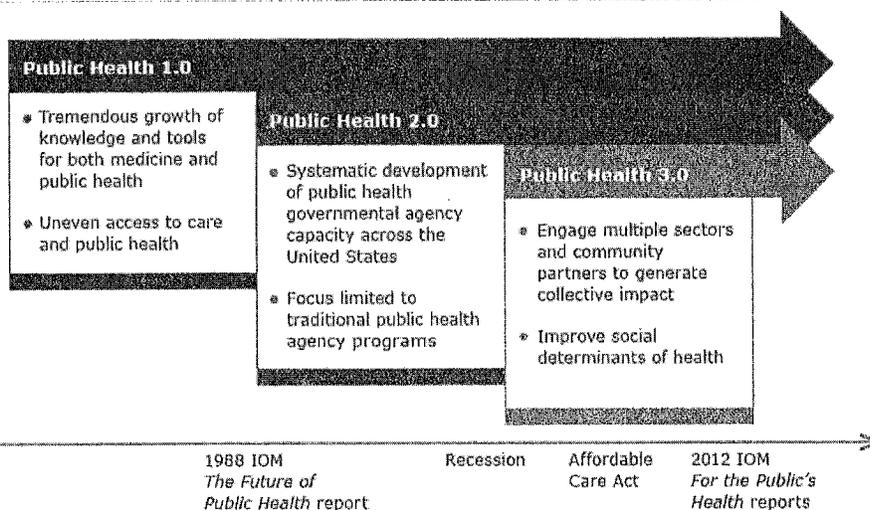
**PUBLIC
HEALTH
3.0**

Public Health 3.0

...a new term for the “Chief Health Strategist” approach.

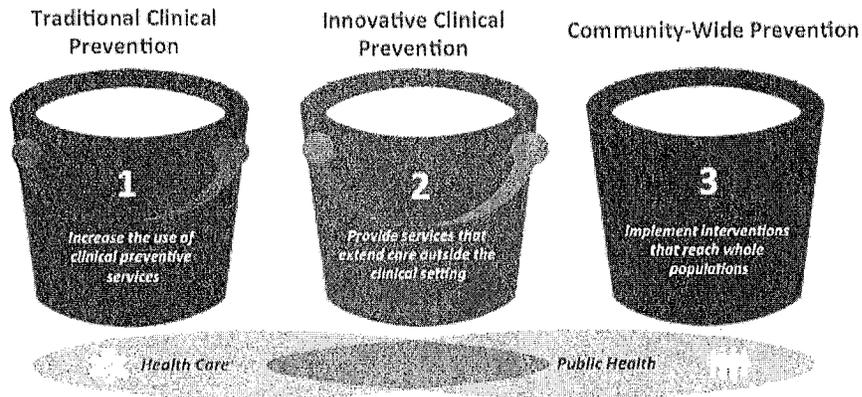


Public Health 3.0



Source: Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century, SPECIAL TOPIC -- Volume 14 -- September 7, 2017

The Evolution of Public Health



Source: Auerbach, John. "The 3 buckets of prevention." *Journal of Public Health Management and Practice* 22.3 (2016):215-218

Public Health 1.0

- Late 19th century through much of the 20th century
- Public health became an essential government function
- Systematized sanitation
- Improved food and water safety
- Powerful new prevention and treatment tools: vaccines and antibiotics
- Expanded capabilities such as epidemiology and laboratory science



Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

**PUBLIC
HEALTH
3.0**

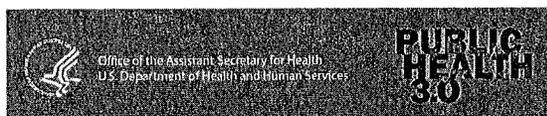
Public Health 2.0

- Emerged in response to the 1988 Institute of Medicine (IOM) report, The Future of Public Health
- Identified the Core Functions and Essential Services
- Developed and implemented performance standards



Public Health 3.0

- Enhanced and broadened public health practice that goes beyond traditional public health department functions and programs
- Cross-sector collaboration
- Chief Health Strategist
- Affect the upstream determinants of health through policy and systems-level actions



Public Health 3.0 Recommendations

1. Strong leadership and workforce
2. Strategic partnerships
3. Flexible and sustainable funding
4. Timely and locally relevant data, metrics, and analytics
5. Foundational infrastructure



Public Health



1. Strong Leadership and Workforce

- Strong, diverse and policy-oriented public health workforce
- Skills for:
 - ✓ Building structured partnerships, coalitions, task forces, etc.
 - ✓ Leveraging actionable data and evidence
 - ✓ Communicating new approaches
- Leading for collective impact
- Creative and forward thinking

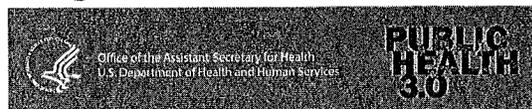


Public Health



2. Strategic Partnerships

- Form cross-sector organizational structures aimed at achieving a collective vision of community health
- Politically neutral backbone entity (structure, timelines, work plans, mechanisms to pool and deploy funding/resources)
- Cultivating new and existing relationships (authenticity, aligned values, trust, investment in communication)
- Identifying collective goals and defining value (drive collective action and impact)



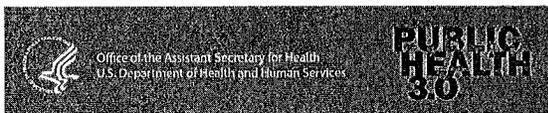
3. Flexible and Sustainable Funding

- Leverage shared goals
- Break funding silos
- Explore alternative financing models



4. Timely and Locally Relevant Data, Metrics and Analytics

- Addressing current data gaps and access challenges
- Exploring new types of data (data on upstream challenges related to income, education, housing, crime, interpersonal violence and trauma, environmental hazards, and transportation)
- Supporting data sharing and analysis



5. Foundational Infrastructure

- Creating a mission-based collaborative infrastructure
- Focusing on equity and cultural competence
- Articulating foundational infrastructure and the public health "brand" (forward-thinking change makers, institutionalize Public Health 3.0 operations and leadership)



NACCHO's Public Health 3.0 Issue Brief – Health Equity

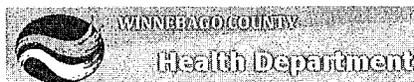
- Health Equity and the Social Determinants of Health
- Upstream shifts to confront the causes of inequity and system or oppression.
- Integration of social justice



Wisconsin Innovations

Winnebago County Health Department

- Workforce Modernization
- Greater use of Public Health Educators
- Two Coalition Coordinators
- Public Health Planner
- Communications Specialist (promotion, engagement, material development, and social media)



Wisconsin Innovations

Wood County Health Department



- Workforce Modernization
- Addition of Public Health Educators
- Community Health Planner position
- Evolution into Community Health Planner and Health Promotion Supervisor
- Minimal direct care services



Wisconsin Innovations

Oneida County Health Department

- Creating Community Health Specialist positions
- Seven Community Health Specialists
- ~50% of the Health Department workforce
- Activities focus on: coalition building, community assessment, changing community behaviors

ONEIDA COUNTY

Public Health Department

in partnership with the best interests of the people



Wisconsin Innovations

Greendale Health Department

- Addition of Public Health Specialist position
- Integrated Electronic Health Records for billing, scheduling and activity tracking



VILLAGE of GREENDALE Wisconsin

Wisconsin Innovations

Cudahy Health Department

- Electronic Health Records
- Intake, inventory, and building client profiles
- Streamlined processes and got rid of spreadsheets



Pierce County Health Department

- Electronic Health Records
- Paperless billing and simplified payroll
- Reduced administrative time



Wisconsin Innovations

Rock County Public Health Department

- Workforce modernization
- Two Public Health Nursing positions converted into Public Health Educators.
- One Public Health Nursing position converted to a Public Health Epidemiologist position.
- New focus on strategic planning, partnerships, health promotion, and disease prevention.



In Summary...

- Public Health is moving into a data-informed population health space with health care.
- The local health department can and should become the chief strategist for health in the community.
- Local public health agency should mobilize, collaborate with, and leverage partners in the community for improved health outcomes.
- Adapt, adopt, evolve, strategize and collaborate.



Thank You

David Pluymers, Rock County Public Health Department

