

## MINUTES OF BOARD OF HEALTH MEETING

April 06, 2016

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

Board of Health Members Present: Chair Kraft, Supervisor Bostwick (left at 7pm), Supervisor Peer, Dr. Peterson, Dr. Konkol, Dr. Winter, Ms. Wade.

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

Staff Members Present: Marie-Noel Sandoval – Health Officer; Timothy Banwell – Environmental Health Director; Deborah Erickson – Acting Public Health Nursing Director; Sancee Siebold – Nursing Supervisor South Office; and Jessica Riedlinger – Administrative Secretary.

Others Present: None at this time.

### **Adopt Agenda**

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

### **Approval of Minutes 3/2/16**

Dr. Winter made a motion to approve the minutes of the 3/2/16 Board of Health meeting. Supervisor Peer seconded the motion. MOTION APPROVED.

### **Citizen Participation**

None at this time.

### **Unfinished Business**

None at this time.

### **New Business**

### **Administrative Division**

### **Approval of Bills/Transfer of Funds**

Ms. Wade made a motion to approve the Health Department bills in the amount of \$36,749.21. Supervisor Peer seconded the motion. MOTION APPROVED.

### **Health Department Report**

Elizabethkingia outbreak: Ms. Sandoval reported that so far there have been 57 confirmed cases of the Elizabethkingia infection, one pending, and 18 deaths associated with the infection. The associated deaths may not be directly related to the infection. The individuals concerned had other underlying health issues. There

have been no reported cases in Rock County. Dr. Winter asked if all of the cases have been in Wisconsin. Ms. Sandoval replied that there has been one reported case in Michigan, but the rest have been in Wisconsin. Ms. Sandoval stated that the Health Department has been receiving weekly updates from the State. If there is a reported case in Rock County, the State will contact Ms. Sandoval and advise her on the actions to take. Ms. Sandoval indicated that this will mostly be surveillance and sample collection. Dr. Winter asked if the associated deaths have been people over the age of 65. Ms. Sandoval replied that they were over 65 and that all of the cases have been associated with hospitals, nursing homes, or another type of assisted living home.

2016 County Health Rankings: Ms. Sandoval gave a PowerPoint presentation on the 2016 County Health Rankings.

What are the County Health Rankings?

- Collaboration between Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI)
- Compares counties within each state on more than 30 factors that impact health
- 7<sup>th</sup> year
- Tool for local communities

Key Finding:

- Dramatic differences between rural and urban counties

Rural counties have higher rates of:

- Premature death
  - 1/5 Rural counties saw rise in rates over the past 10 years, while urban counties saw consistent improvement
- Smoking
- Obesity
- Child poverty
- Teen births
- Uninsured adults

Large Urban Counties have:

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

Wisconsin is Ranked 24 Nationally

2016 Wisconsin Health Outcomes

- Rock County is ranked 61 out of 72
- How do we compare with our neighbors? [Health Outcomes]
  - Dane 11
  - Jefferson 8
  - Walworth 43
  - Green 33
- How do we compare with comparable counties? [Health Outcomes]
  - La Crosse 15
  - Brown 34
  - Racine 62
  - Kenosha 64

2016 Wisconsin Health Factors

- Rock County is ranked 64 out of 72

- How do we compare with our neighbors? [Health Factors]
  - Dane 3
  - Jefferson 13
  - Walworth 50
  - Green 12
- How do we compare with comparable counties? [Health Factors]
  - La Crosse 6
  - Brown 25
  - Racine 59
  - Kenosha 66

Improvements from 2015 → 2016

- Health Outcomes 62 → 61
- Length of Life 56 → 52
- Adult smoking 23% → 18%
- Excessive drinking 26% → 23%
- Teen Births 38 → 37
- Preventable hospital stays 53 → 48
- Some College 57.9% → 59%
- Unemployment 7.9% → 6.2%
- Physical Environment 60 → 54

Lost ground

- Health Factors 62 → 64
- Physical Inactivity 22% → 24%
- Clinical Care 45 → 52
- Uninsured 11% → 13%

6-year Trends: 2011→2016 [Improvements]

**Health Behaviors**

- Adult smoking(%) 28 → 27 → 25 → 23 -----→18 [WI=18]
- Excessive drinking(%) 26 -----→23 [WI=24]
- Teen Births 45 → 42 → 40 → 38 -----→37 [WI=27]

**Clinical Care** (Preventable hospital stays)

56 → 56 → 54 → 56 → 53 → 48 [WI=51]

**Social & Economic factors**

- High School Grad(%) 85 → 85 → 87 → 87 → 88 → 89 [WI=88]
- Unemployment (%) 12.5→11.1→9.5→8.4→7.9→6.2 [WI=6.7]

6-year Trends 2011- 2016 [worsening]

**Social & Economic Factors**

- Children in Poverty(%) 16→21→21→ 23→ 21→ 24 [WI=18]
- Children in single-parent households (%) 32→ 33→33→36 →37→38 [WI=31]

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

Budget: Ms. Sandoval reported that the Rock County Health Department has a \$3,000 micro grant for Preparedness. This will be used to pay for a laptop and accessories as well as replacement of out of date

Preparedness materials. She also stated that the Health Department has chosen not to pursue the Robert Wood Johnson Invest in Health grant. Many of the community partners dropped out due to the large time commitment that would be required. However, the Health Department now has a proposal ready to go if the opportunity should arise in the future. In addition, Ms. Sandoval relayed that the CDC may be recalling some of the money previously allocated to Ebola preparedness. They plan to reallocate money to fund Zika and Elizabethkingia research. Local Health Departments have been asked to submit current budget and spending information.

Strategic planning: According to Ms. Sandoval, the Health Department has been working on logic models and looking into strategies and needs. This will tie into the upcoming budget process.

Personnel: Ms. Sandoval told the Board members that the Health Department has decided not to fill the vacant Public Health Support Specialist position at this time due to the strategic planning process. It has been put on hold until needs are further assessed. Ms. Sandoval said that the needs of the Health Department have changed since many offsite clinics have been eliminated due to poor attendance. There has also been a 20% decrease in immunizations each year since the Affordable Care Act. Chair Kraft asked Ms. Sandoval when the Health Department will be looking at it again. Ms. Sandoval replied that they are currently looking and evaluating to determine where the work is needed. Ms. Sandoval also reported that the Community Health Education Coordinator position was posted from February 3 – March 1. There were 84 applicants in total. Human Resources screened these applications and sent 44 of them to the Health Department. Ms. Sandoval stated that very few of these applicants had the experience that was required. Three of the applicants were invited to interview. The Health Department interviewed two of these applicants and an offer was made. The Health Department should receive a response on April 4. Further discussion followed about the potential hire. Ms. Sandoval also reported that they had only received one qualified applicant for the Public Health Nurse position, so the posting was reopened. There were four more applications received.

Annual report: Ms. Sandoval reported that the Health Department is working on the 2015 annual report. She will report on this next time.

Upcoming event: Ms. Sandoval announced that there is an upcoming regional preparedness exercise on Ebola to take place in Madison in May. This exercise will include a scenario that will be played out by attendees. This is organized by the Southern Wisconsin Regional Healthcare Coalition. Ms. Sandoval stated that the Board members are welcome to attend this exercise.

Mass clinic: The Health Department organized a mass clinic for fifth graders to try to increase immunization rates. Ms. Sandoval explained that this was also a Preparedness exercise. The Edgewood nursing students assisted at this clinic. Twenty-two students were immunized.

**Resolution – Accepting South Central Healthcare Coalition (SCHCC) Micro-grant Award and Amending the 2016 Rock County Public Health Department Budget**

NOW, THEREFORE, BE IT RESOLVED that the Rock County Board of Supervisors duly assembled on this \_\_\_\_\_ day of \_\_\_\_\_, 2016 does hereby authorize the Rock County Health Department to accept this micro-grant in the amount of \$3,000 and amend the 2016 Rock County Public Health Department Budget as follows

Account/Description	Budget 1/1/16	Increase (Decrease)	Amended Budget
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Source of Funds

31-3032-0000-46000

Other Grants and Contracts	-0-	\$3,000	\$3,000
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Use of Funds

31-3032-0000-63110

Administrative Expense	-0-	\$3,000	\$3,000
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Dr. Peterson made a motion to approve the resolution. Dr. Konkol seconded the motion. MOTION APPROVED.

**Environmental Health**

Dr. Peterson shared a recent rabies report with the Board Members.

**Childhood Lead Poisoning in Rock County Update**

Mr. Banwell did a PowerPoint presentation for the Board members:

Flint River Drinking Water Event – Flint, Michigan changed its water supply from the Detroit-supplied water from Lake Huron to the Flint River in April 2014. This was intended to save money under the direction of a state-appointed Emergency Manager. Residents soon began to complain about the color, taste, and odor of the water. Bacteria was detected and advisories were sent out off and on until September 2014. Flint began to treat the water with chlorine to rid the water of bacteria. In October 2014, General Motors announced that it would stop using the treated Flint River water because of corrosion concerns. In January 2015 the water was found to contain carcinogens caused by the water treatment, putting it in violation of the Safe Drinking Water Act. Despite this finding, officials claimed that the water was safe to drink. The city council members asked that the city be allowed to stop using Flint River water, but the Emergency Manager chose to hire water treatment consultants instead. In September 2015, researchers from Virginia Tech University tested water samples from homes and reported elevated water lead levels. Research was conducted to compare blood lead levels before and after the switch to the Flint River water. Results showed that the rate of childhood lead doubled in the fifteen month period after the switch. Genesee County officials declared a public health emergency and the mayor sent notices to the citizens. In October 2015, Flint reconnected with Detroit’s water system.

Contributing Factors

- State Was Dismissive of Citizen and Local Government Concerns
- State Focused on Cutting Costs
- Short Term Savings Were Favored Over Long Term Priorities
- Lack of Cooperation Between State and Local Officials
- Lack of Evaluation and Attention to Trends

Event Outcomes

- Childhood Lead Poisoning Rates Increased from 2.4 to 4.9%
- Possible Legionella Outbreak- 87 Cases and 9 Deaths
- Financial Costs are Far Greater Than Imagined Savings
- Cost of Long Term Health Impact is Uncertain
- Loss of Public Trust

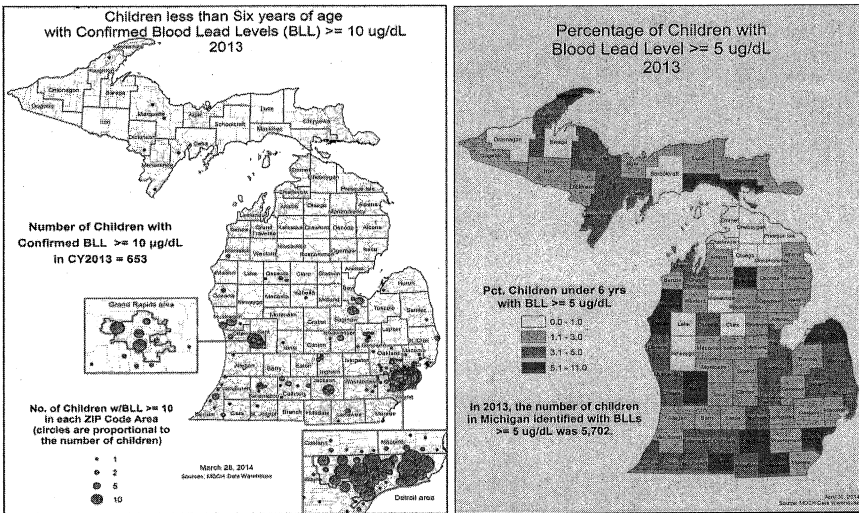
Lessons Learned

- Protect the Most Vulnerable of Your Community

- Understand the True Costs
- Develop an Organizational Culture to Make Better Decisions
- Develop Cooperative Relationship with Local & State Stakeholders
- Be Observant in Identifying Community Problems
- Be Persistent When Pursuing Solutions

Tests Show Toxic Lead Is Leaching into Flint’s Tap Water. Here’s How:

- Water Treatment Plant
  - The city draws and disinfects water from the Flint River
- Service Lines
  - Pipes connecting water mains and individual homes or businesses can be made of lead. Lead can leach directly from the pipe wall into the water
- Lead Solder
  - Copper pipe connections, especially in pre-1986 homes, can contain lead
- Lead Into Water
  - Some tap water samples are above the federal threshold for lead
- Corrosive Water
  - Researchers have found Flint water to be more corrosive to pipes than water from the Detroit system, Flint’s previous water source



### Lead Poisoning In Wisconsin: A Statewide Problem

- 1996 to 2014, more than 49,000 children with blood levels of 10 and greater.
- With the new lower CDC reference value of 5 and greater, the number is more than 200,000 children.

Rock County, WI Childhood Lead Poisoning Confirmed Levels  $>$  10mcg/Dl Number By Year (1993 Thru 2005, Beloit Not Included): 1993 – 173, 1994 – 147, 1995 – 105, 1996 – 56, 1997 – 25, 1998 – 33, 1999 – 25, 2000 – 29, 2001 – 16, 2002 – 20, 2003 – 16, 2004 – 18, 2005 – 9, 2006 – 21, 2007 – 32, 2008 – 20, 2009 – 28, 2010 – 20, 2011 – 23, 2012 – 22, 2013 – 16, 2014 - 10

### Childhood Blood Lead Levels - Wisconsin Vs Michigan (% at 5mcg/Dl $\leq$ )

- Wisconsin Ave. = 4.5
  - Milwaukee 8.6
  - Watertown 8.4
  - Sheboygan 6.3
  - Racine 6.2
  - Rock 6.0

- Kenosha 3.9
- Brown 1.3
- Michigan Ave. = 3.9
- Mason 11.0
- Detroit, City 8.0
- Jackson 6.4
- Kent 5.3
- Genesee 2.2
- Flint, Pre 2.4
- Flint, Post 4.9

Lead in Rock County

- Source- Paint, Solder, Consumer Products
- Pathways – Air, Water, Dust, Food, Soil
- Demographics – Socioeconomic Status, Poverty
- Neighborhood Location – Urban, Rural, Near Factories
- Exposure Removal – Housing Rehab, Financial Assistance
- Testing Children – Target Neighborhoods, Educate Health Care Providers
- New & Potential Lead Risk Reduction Strategies
- Community Partners – Explore Local Resources

Supervisor Bostwick asked if the Health Department tests for lead in water. Mr. Banwell replied that they do through the State Lab. He also explained that Janesville tests thirty locations every three years. Of the 26,000 connections, 200 still have lead pipes. Mr. Banwell stressed that the lead problems within Rock County are primarily due to old homes with lead paint. Supervisor Peer asked if vinyl siding is effective in eliminating or reducing exposure to lead paint. Mr. Banwell replied that it is.

**Public Health Nursing**

**Stepping On Program**

Ms. Erickson did a PowerPoint presentation for the Board members:

Stepping On is a program through the Council on Aging and Rock County Public Health Department to build confidence and reduce falls in older adults.

How Significant is the Problem?

- Cost of fall injuries among people 65+
  - Adjusted for inflation = \$30 billion
  - Fatal falls: \$0.3 billion
  - Nonfatal injuries: \$29.9 billion
- **1 out of every 3** people, 65 years & over fall each year
- By 2020 the cost of falls injuries are estimated to be **\$32.4 billion**.

Leading Cause of Nonfatal Injuries Among People 65+ in 2010

- Total 3.7 million injuries
- 2.3 million falls
- About a quarter of these patients needed to be hospitalized for their injuries

Nonfatal Fall Injury Rates by Sex & Age in 2010

- Women have a higher rate of fall related injuries
- Men may have lower nonfatal fall injury rates due to better lower body strength
- Women are more likely to have osteoporosis

## CDC – Outcomes Linked to Falls

- 20 to 30 percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, or head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death.
- Falls are the most common cause of traumatic brain injuries, or TBI. In 2000, TBI accounted for 46% of fatal falls among older adults.
- Most fractures among older adults are caused by falls. The most common are fractures of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand.
- Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, leading to reduced mobility and loss of physical fitness, which in turn increases their actual risk of falling.

## Leading Cause of Death from Injuries Among People 65+ in 2010

- Total 41,300 deaths
- 21,649 falls

## Trends in Age-Adjusted Fall Death Rates, Men & Women 65+, 2000-2010

- Men's rates increased 64%
- Women's rates increased 84%
- Possible Reasons for Increases in Fall Death Rates: "Our population is aging and people are living longer and living with chronic diseases such as diabetes, arthritis and cardiovascular disease so they are more frail and likely to die if they do fall. Also, we know that about half of fall deaths are due to traumatic brain injury. Another factor that may be contributing to this increasing trend is the use of anti-coagulants. If somebody falls and hits their head, they are more likely to have a bleeding inside the skull which may not be detectable and can often cause death." - Judy Stevens, April 2013 webinar on STEADI

## Wisconsin Statistics

- Wisconsin ranks second in the US in the number of deaths due to falls, more than twice the national rate
- Emergency Room visits & hospitalizations
  - indicators of the burden of injuries sustained from falls
  - present the need for fall prevention efforts in Wisconsin overall & regionally
- In 2008 in Wisconsin fall-related injuries in seniors 65 and over resulted in:
  - 789 deaths
  - 17,664 hospitalizations
  - 28,750 ER visits
- Economic burden of hospitalized injuries (ER and inpatient) exceeds \$472 million annually
- Of all the people admitted to WI nursing homes, over 40% had fallen in the previous 30 days
- Falls and instability precipitate premature nursing home admissions
- Fear of falling limits physical activity resulting in:
  - loss of muscle tone, strength, balance, & loss of independence

## Projections for the Growing 65+ Population in Wisconsin, 2005 to 2035

- Rock County 2005 - 12-15% of the population was 65+
- Rock County 2035 – projected 21% or less of population will be 65+

## Stepping On: A Group-Based Multifactorial Intervention *Clemson, JAGS, 2004*

- Developed in Australia by Dr. Lindy Clemson and Megan Swann, Occupational Therapists
- Participants were age 70+, fell in last year or had concern about falling, were community-dwelling older adults
- The Program:
  - 7 weekly sessions + 1 home visit + 1 booster session
  - Goal was to improve self-efficacy, encourage behavioral change, reduce falls



- Program was led by an Occupational Therapist
- Results showed a **31% reduction in falls**; RR = 0.69 (0.5 to 0.96)

#### Adherence at 14 Months After Completing Stepping On

- Program exercises 59%
- Home visit recommendations 70%
- More program subjects had a vision check up p=0.002
- No change in total medications taken p=0.55
- Program participants were less likely to start taking a new psychotropic drug p=0.04

#### Where it Began: Wisconsin Experience with Stepping On

- 2006 - Funding from Wisconsin Partnership Program to Kenosha County Division of Aging Services to disseminate Stepping On in 5 counties
  - Developed 2-1/2 day training program (now 3 days)
  - Added co-leader based on Chronic Disease Self Management Program, preferably an elderly peer leader who took the class and benefitted from it
  - Did not restrict to leaders with health professional degrees only, i.e. OT, PT, RN

#### Wisconsin Implementation – 2006 to Present

- Programs integrated within Aging Network partners:
  - Aging and Disability Resource Centers
  - Senior Centers
  - Offices on Aging
  - Tribal Units
  - Congregate Nutrition Programs
  - Health Care Systems
  - Other partners: parish nurses, parks and rec depts.
- Manual and program content revised, leader training revised
- Stepping On now available in 13 states!

#### Results of Stepping On Dissemination in Wisconsin

- Five Years of Data Collection / Research showed:
  - 35% decrease in falls pre-post (using initial, 6 month post and 12 month post surveys)
  - Decrease of 22 Emergency Department visits due to falls (11.7% reduction)
  - Translated to a savings of \$39,468

#### Settings Where Stepping On is Delivered

- Senior center
- Library
- Hospital and clinic
- Congregate meal site
- Senior apartment complex
- Church meeting area
- Various community meeting areas/halls
- ADRC/aging unit

#### Implementation Structure Train the Trainer Model

- Faculty Trainer, Master Trainer = Health professional (OT, PT, RN, MD)
- Leaders = any professional working with older adults
- Peer Leaders = any older person 60+ who has completed the program, is comfortable sharing in a group setting and who believes that falls are preventable and benefitted from the class.

#### Stepping On Participant

- The Stepping On Falls Prevention program is ideal for older adults who:
  - Are at risk of falling for a number of reasons.

- Have had a fall in the past year, or have a fear of falling.
- Walk independently, may use a cane indoors or out, or a walker for outdoor use only
- Are cognitively intact
- Live in their own home or other independent living facility
- Are able to speak conversational English or the language in which the group is being facilitated

#### What is Stepping On?

- Small-group sessions of 2 hours each
- Balance and strength exercises each class – based on the Otago exercise program
- Discussion sessions with invited experts:
  - Starting exercise, getting out and about safely
    - **Physical therapist**
  - Environmental safety
    - **Police officer, or community safety expert**
  - Vision screens, coping with low vision
    - **Low vision expert**
  - Medication review
    - **Pharmacist**

#### Stepping On - Overview of Sessions:

- Building trust, risk appraisal, introduce balance and strength exercises
- Review exercises, moving about safely
- Home hazards
- Community safety and safe footwear
- Vision and falls
- Bone health
- Medication management
- Sleep alternatives
- Mobility mastery experiences
- Safe bus and train travel
- Home visit
- Booster session

#### Stepping On Program

- Improving self-efficacy to change behavior by:
  - Telling stories
  - Discussion using prevention framework
  - Doing “homework”
  - Using multiple modalities to learn (videos, brainstorm, handouts, display table)
  - Personalizing information to accomplish personal goals

#### Balance and Strength Exercises

- During the first two sessions, the physical therapist helps participants to learn all exercises
- Later sessions do sampling of exercises based on participants input
- Homework: balance and strength exercises are practiced at home and recorded. Balance exercises completed daily, strength exercises completed 3x/week.
- Progress the exercises as able during sessions and at home by increasing repetitions, adding weight, reducing support
- In each session, workshop facilitator leads a discussion on barriers and facilitators to implementing exercises at home

#### Modifiable Risk Factors

- Biological (Intrinsic)

- Leg weakness
- Mobility problems
- Problems with balance
- Poor vision
- Problems with gain
- Medical conditions
- Behavioral (Intrinsic)
  - Psychoactive meds
  - 4+ medications
  - Risky behaviors
  - Inactivity
  - Change in mental status
- Environmental (Extrinsic)
  - Clutter & tripping hazards
  - No stair railings or grab bars
  - Poor lighting
  - Assistive devices
  - Footwear
- The more risk factors, the increased chance for a fall.
- The interaction between risk factors can increase falls

#### Home Visit and Booster

- Not just a home safety check
  - Individual follow-up
  - Safety strategies
  - Referrals
  - Review exercises
  - Remind about Booster Session
  - Review progress
  - What are you using-what have you changed
  - Review and practice exercises
  - Review Key Issues

#### Findings from Focus Groups

- Former participants:
  - Enjoyed program overall
  - Felt it was useful for the exercises, information, resources
  - Learned from each other and made changes in their behavior and surroundings
- Former leaders:
  - Enjoyed leading it
  - Felt prior experience in group facilitation was important
  - Realized that using the “Preventive Framework” to facilitate discussion among participants made the program work and helped participants make changes in their lives

### **Communications and Announcements**

Dr. Winter asked about the results of the recent County Board elections. There are five new members on the County Board of Supervisors. Chair Kraft explained the committee choices for Board Supervisors. Supervisor Addie did not run for re-election, so there will be at least one new member on the Board of Health.

**Adjournment**

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

Respectfully submitted,

Jessica Riedlinger, Recorder

Not Official Until Approved by the Board of Health