

MINUTES OF BOARD OF HEALTH MEETING
October 3, 2012

Meeting was called to order by Chair Kraft at 6:02 p.m.

Board of Health Members Present: Chair Kraft, Supervisor Peer, Supervisor Rundle, Supervisor Bostwick (left at 7:00 p.m.), Dr. Peterson, and Mr. Rooney.

Board of Health Members Absent: Dr. Best, Dr. Winter, and Ms. Wade.

Staff Members Present: Karen Cain – Health Officer; Timothy Banwell – Environmental Health Director; Janet Zoellner – Nursing Director; Sancee Siebold – Nursing Supervisor South Office; Deborah Erickson – Nursing Supervisor North Office; and Geri Waugh – Account Clerk.

Others Present: None at this time.

Adopt Agenda

Supervisor Rundle made a motion to adopt the agenda. Dr. Peterson seconded the motion. MOTION APPROVED.

Approval of Minutes 9/5/12

Dr. Peterson made a motion to approve the minutes of the 9/5/12 Board of Health meeting. Supervisor Rundle 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

Chair Kraft asked why the health department ordered 34 cases of first aid kits under the Consortium Funds account. Ms. Cain stated the public health nurses give these to new parents at home visits, and Ms. Zoellner stated the health department has also presented these kits to group homes housing developmentally delayed adults.

Supervisor Bostwick made a motion to approve the bills for the month of September, 2012 in the amount of \$7,962.45; bills for the Community Transformation Grant in the amount of \$14,883.02; and bills for the

Consortium Funds in the amount of \$2,373.03. Supervisor Rundle seconded the motion. MOTION APPROVED.

There are no transfers of funds this month.

Health Department Report

North Office parking lot update: Ms. Cain stated the work being done on the north office's parking lot is slightly behind schedule. The parking area directly in front of our north office building will be redone beginning on 10/4/12, and the blacktop is expected to be put on the following week. Health department staff have parked in the Sportsmans Park parking lot in the meantime. The parking lot should be completed by the 11/1/12 Board of Health meeting.

Citizen Contribution: Ms. Cain reported a private citizen recently sent the health department a \$50 contribution for our immunization program. The citizen stated the department could put the money toward the charges for children needing vaccines who are unable to pay for them. Ms. Cain stated she sent a thank-you note to the citizen.

DNR Nitrate Study: Ms. Cain stated Dr. Winter recently contacted a WDNR employee she knows to inform WDNR that Rock County Health Department is interested in receiving funding to conduct a nitrate study in Rock County. Ms. Cain stated she appreciates Dr. Winter's efforts on behalf of the health department. The health department has not heard as yet if we will receive the grant.

Brownfields Grant: Ms. Cain stated there will be an open house in Janesville on Tuesday, October 9, 2012 from 6:00-8:00 p.m. at the Janesville Municipal Building. The purpose of the open house is for Janesville residents to give the City of Janesville their ideas and input on how the cleanup of polluted areas and run-down buildings can improve the health of Janesville residents. A representative from the federal Agency for Toxic Substances & Disease Registry (ATSDR) will be present at the open house, and will speak about the grant's programming.

Some health issues that may be related to brownfield redevelopment include: lead poisoning in children who live in older rundown housing, poor physical fitness of youth due to limited opportunities for recreation within walking distance, or exposure to toxic chemicals from older industrial sites that haven't been cleaned up. Redevelopment actions that might address these issues include: addition of affordable downtown housing, repair and maintenance of sidewalks for more walkable neighborhoods, creating more access points to the river and more parks downtown, cleanup and improvement of water quality in the Rock River, or repairing and reusing rundown properties.

Medical Assistance Audit: Ms. Cain reported the health department's Prenatal Care Coordination (PNCC) program is currently being audited by Medical Assistance for the year 2010. The health department was requested by Medical Assistance to copy 50 case records from 2010. Health Department staff then had to remove any records not related to PNCC, provide staff information on those providing PNCC services, public health nurse employment dates, nursing licenses, etc. All of the requested information was delivered to Medical Assistance in Madison today, 10/3/12.

Reminder – Date Change for November Board of Health Meeting

The usual date for the November Board of Health meeting is Wednesday, November 7, 2012. However, the public hearing on the 2013 Budget will be held on the same night, so the date for the November Board of Health meeting has been changed to: Thursday, November 1, 2012 at 6:00 p.m.

Resolution – Accepting Brownfields to Promote Health Project and Amending the 2012 Rock County Health Department Budget

NOW, THEREFORE, BE IT RESOLVED that the Rock County Board of Supervisors duly assembled on this _____ day of _____, 2012, does hereby authorize the Rock County Health Department to accept this \$148,433 grant from the Agency for Toxic Substances & Disease Registry and amend the 2012 Rock County Health Department Budget as follows:

<u>Account/Description</u>	<u>Budget</u> <u>9/26/12</u>	<u>Increase</u> <u>(Decrease)</u>	<u>Amended</u> <u>Budget</u>
<u>Source of Funds</u>			
31-3018-0000-42100 Federal Aid	-0-	\$148,433	\$148,433
<u>Use of Funds</u>			
31-3018-0000-63110 Administrative Expense	-0-	\$148,433	\$148,433

BE IT FURTHER RESOLVED, that a 0.6 FTE limited term Health Educator position be created with the adoption of this resolution.

Chair Kraft stated the work 'Grant' needs to be added to the title of the resolution, so the title would now read: Accepting Brownfields Grant to Promote Health Project and Amending the 2012 Rock County Health Department Budget.

Supervisor Peer made a motion to approve the resolution as amended. Supervisor Rundle seconded the motion. MOTION APPROVED.

Public Health Nursing

Fetal Infant Mortality Team Overview

Ms. Zoellner did a powerpoint presentation for the Board members on the Fetal Infant Mortality Team.

What is Infant Mortality?

- Death of a child under 1 year of age.
- Infant death is measured by the infant mortality rate.
- Infant mortality rate (IMR) is the number of deaths for babies under 1 year of age in a given year for every 1,000 live births in the same year.
- The IMR is measured in every county and US state.

Infant Mortality Rates Worldwide (2006)

(rate per 1,000 live births)

- Japan: 2.6
- Sweden: 2.8
- Spain: 3.8
- France: 3.8
- Germany: 3.8
- Australia: 4.7
- England & Wales: 5.0
- United States: 6.7

Infant Mortality Rate – Rock County

Infant Mortality Rate (<365 days) per 1,000 Live Births

<u>Mother's Race/Ethnicity</u>	<u>Year of Death</u>					
	<u>Rolling Average of Years</u> <u>2006-2010</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
All Selected	7.2	8.5	7.6	6.3	7.9	5.6
Non-Hispanic White	6.2	6.4	6.6	6.0	7.4	4.8
Non-Hispanic Black	17.0	24.4	18.0	0	19.7	20.7
American Indian	16.1	0	0	0	X	0
Hispanic	6.8	13.5	8.1	8.3	0	3.8
Other	7.0	0	0	34.5	0	0

What is Fetal Infant Mortality Review (FIMR)

- A collaborative effort of community, county, state, and federal resources to reduce the IMR.
- An action-oriented process that continually assesses, monitors, and works to improve community resources and service delivery systems.

Difference Between Child Death Review Team (CDRT) and Fetal Infant Mortality Review (FIMR)

CDRT

1. Cases received from the coroner, primarily injury related.
2. Cases are not anonymous.
3. No review of stillbirth or deaths before 3 weeks of age.
4. No parent interview.
5. Primarily health dept., law enforcement, social workers, fire dept., and EMS.
6. 3 weeks old through 25 years old.
7. Focus is primarily on safety and injury prevention.

FIMR

1. Cases are gestation age 20 wks through 1 yr (primarily).
2. Cases are de-identified.
3. Received from multiple sources, primarily hospitals.
4. Teams are multidisciplinary, may have community representation.
5. Includes parent interview.
6. Focus of prevention is often on prenatal care, access to care, and other social determinants of health.

FIMR is not...

- About fault finding or assigning blame for the death of the infant.
- A comprehensive quality assurance program for hospitals or clinics.
- About conducting original research on the causes of infant death.

The FIMR Process

- Data gathering
- Case review
- Community action
- Changes in community systems

What Does a FIMR Do?

- Data gathering.
- Reviews de-identified cases.
- Identifies interventions to address factors that were associated with the infant death.
- Implements community-based interventions and/or policies for change.
- Assesses the progress of these interventions and their long-term impact on reducing infant mortality.

The FIMR Process: Data Gathering

- Notification of death.
- Case records abstraction (de-identification).
- Maternal/family interview.
- Case summary.
- Reporting information to community advisory groups.
- Changes in community systems.

The FIMR Process: Case Review Team (CRT)

- Reviews case data from medical records and family interviews.
- Identifies trends and gaps in services.
- Makes recommendations for systemic community change.

Lessons Learned from FIMR Projects

- Infant health is a measure of community well-being.
- FIMR is a community coalition.
- FIMR programs engage a diverse membership.
- FIMR programs thrive on effective group process.
- Action is key to FIMR.
- FIMR programs take on a wide range of community action.
- FIMR programs build on existing community assets.
- The FIMR process is a journey, not a destination.
- FIMR programs use population-based data.
- FIMR programs communicate to the larger community.
- FIMR programs recognize and celebrate the work of their team members.

Rock County FIMR Team Grant

- Seeking funding through Wisconsin Partnership Program through the Beloit Lifecourse Initiative for Healthy Families.
- Grant must be submitted by 10/31/12, determination of funding in February, 2013.
- If awarded, will be \$50K per year for 3 years.
- Will contain a development phase to build capacity.
- Unsure of current hospital support.
- Will have a heavy emphasis on African American infant mortality issues, BUT
- Will review all cases regardless of location in Rock County and race of the family.
- State Children's Health Alliance will provide technical assistance.
- Academic Partnership required.

Environmental Health

Onsite Food Worker Training

Mr. Banwell gave a report to the Board members on a summary of Onsite Facility Training (2010-2012).

After an initial routine inspection (R1), facility owner/operators are offered an onsite training session with their staff by one of the Rock County Health Department inspectors. The advantage of onsite training is food facility workers have the opportunity to observe safe food practices in familiar surroundings and ask questions pertinent to their daily work.

The inspector reviews the most recent inspection report with the facility staff. The focus is on high-risk food handling practices. When high-risk violations are observed on the inspection, the specific situation is discussed along with potential options for corrections at the onsite training. Development of risk management plans by the facility owner/operator may also be encouraged.

Twenty-five facilities (25) facilities received R1 inspections and onsite trainings. The following year, these facilities also received a second routine (R2) inspection. Of the original 25 facilities, 15 have received a third routine inspection (R3). Each routine inspection is conducted in subsequent inspection years. If the training has long-term impact, the scores should reflect sustained improved food safety practices.

As a group, the 25 facilities improved their average scores on the R2 inspection from 78 to 82, a difference of 4 points. The greatest change was observed in those facilities that scored below an 80 on the initial inspection. The below 80 group improved their average R1 inspection score from 72.9 to an R2 score of 79.6, a difference of 6.7 points. The facilities with R1 inspection scores at 80 or above improved from 83.4 to an R2 score of 84.4, a difference of 1.1 points.

In the R1 inspection, 12 facilities or 48% received a score of 80 or higher. The R2 inspection had 20 facilities or 80% receiving a score of 80 or more.

The 15 facilities experiencing their R3 inspection had a group R3 score of 84.8, compared to an R2 score of 84.4. In the R3 inspection, 12 facilities (80%) achieved an inspection score of 80 or greater.

It appears R2 inspection scores improved after the R1 inspection and onsite training. While only 15 of the initial 25 facilities have had R3 inspections, the average scores are not decreasing. The greatest improvement has occurred with the facilities receiving R1 scores below 80. The facilities needing the most improvement in food safety practices improved their scores.

Communications and Announcements

Dr. Peterson asked for an update on animal control in Rock County. Chair Kraft stated both the City of Janesville and the City of Beloit have ordered vehicles to be used for animal transport to Dane County, and they hope to have a contract with Dane County for the acceptance of stray animals as of 11/1/12. Both the City of Janesville and the City of Beloit will have 1.5 FTE staff persons assigned to animal control.

Adjournment

Supervisor Rundle made a motion to adjourn the meeting. Mr. Rooney seconded the motion. MOTION APPROVED. Meeting adjourned at 7:15 p.m.

Respectfully submitted,

Geri Waugh, Recorder
Not Official Until Approved by the Board of Health